The Milwaukee Mental Health Task Force is committed to being a leader in identifying issues faced by all people affected by mental illness, facilitating improvements in mental health services, giving consumers and families a strong voice, reducing stigma, and implementing recovery principles.

Milwaukee Mental Health Task Force Testimony

Milwaukee County Mental Health Board Meeting –

Jeanne Lowry – MHTF Co-chair

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Thank you, Chairman Lutzow, and members of the Milwaukee County Mental Health Board (MCMHB) for this opportunity to comment on redesign of psychiatric crisis services. We also want to thank BHD Administrator Mike Lappen, DHHS Director Mary Jo Meyers and Milwaukee Health Care Partnership Executive Director Joy Tapper for their leadership to date of the redesign process and the recent briefing for the Mental Health Task Force.

As Co-chair of the Milwaukee Mental Health Task Force (MHTF), I am pleased to share with you this testimony and to partner with you in this important work.

Redesign of a crisis services is an opportunity as well as a major challenge for our community. The Milwaukee Mental Health Task Force is eager to be a resource, and to be at the table to ensure that new crisis system supports prevention on the front end, is easy to access and navigate, treats community members with respect and dignity, is committed and innovative in engaging consumers in voluntary treatment, is trauma informed and culturally competent.

So much is at stake with this redesign. Our first and foremost message to you today is to recommend strong stakeholder involvement in the crisis redesign and transition process including people who use crisis services, the continuum of service providers (mental health, AODA, housing, shelter system, etc), advocates and attorneys, law enforcement, and family members. This must include representation from diverse communities. We stand ready to serve on work groups and to work with you on this important charge.

This is a major system change which will require significant fiscal and human resources, a wide array of partnerships, and time to develop new resources and to transition to a new system. We are anxious to see the next level of analysis addressing the fiscal implications, timeline, and roles and responsibilities? Public funds currently used for crisis services should be reallocated to support a wider range of community based crisis services. The Mental Health Board as the steward of those funds must ensure that the amount of funding does not diminish and also consider the possibility that additional funding is needed – and look at the options for securing it.

As our time is so limited today, we have included in our comments, results of our survey on crisis redesign, as well as questions to pass on to the Crisis Redesign work groups. We will continue to add to this list and to share it with you and with BHD leadership.

Thank you for your consideration of our testimony and for your service on the Mental Health Board.

RESULTS OF SURVEY ON CRISIS REDESIGN

To inform our comments, we offered MHTF members an opportunity to complete a survey to share their perspective. 60 individuals completed the online survey, and several others submitted handwritten comments. A document with survey results is attached and results are summarized in this testimony.

Summary of Survey Results

Survey respondents were asked to respond to the three primary recommendations in the Wisconsin Policy Forum report as listed in the summary on their web site, and to identify the types of community based services and supports that should be prioritized in the redesign.

1. Of those who responded, 54% are service providers, 14% are peers, 31% are advocates or attorneys, and 24% are family members. Over 10% use crisis services; over 10% had a family member who used crisis services, 37% support clients who use crisis services.

2. 100% of respondents agreed with the recommendation to invest in crisis prevention and resolution "upstream". Comments noted concern about the timeline; the need for significant expansion of services; the impact of the workforce shortage; and the shortage of mobile crisis teams.

3. Respondents were asked to indicate the types of community services that should be prioritizing, selecting from a list. All were seen as priorities. The five services most highly ranked were:
    - Mobile crisis teams
    - Crisis resource centers
    - Outpatient mental health services
    - Substance use disorder treatment
    - Supported housing

   The consensus was that the continuum of services listed are critical to the success of crisis redesign. Comments reinforced the importance of access to housing as a key success factor for crisis redesign and prevention.

4. 85% of respondents agreed with the recommendation to have a "dedicated psychiatric emergency room as part of the continuum of psychiatric crisis services, " 5% disagreed, and 10% indicated that they didn't know.

   Some themes in the comments included the following:
   Have all of the hospital ERs serve as access points, or designate multiple hospitals
   Concern that retaining a central ER will result other hospitals deflecting their responsibility with "PCS all over again".
   A dedicated psychiatric ER is needed and plays an important role; there should be multiple locations.

5. 78% agreed with the recommendation to increase private emergency department service capabilities, 10% disagreed, and 12% were not sure.
   While the majority participants felt that all of the healthcare systems should be a point of access for all community members, others shared concerns.

   Some comments included:
   - As long as they have the resources and expertise and don't discharge without a plan in place.
   - Private hospitals will cream the least involved people and leave BHD to handle the most involved cases.
   - Private hospitals are burdened and the county does not work well with them
   - PCS needs to be available for all. Private hospitals do not have the training or support staff that is currently present in PCS.

6. The survey provided an opportunity for respondents to note any questions or concerns. The responses are included in the survey results in your packet. The comments are wide ranging and for that reason, we cannot summarize them.

   One theme that came through in the comments and the survey is a sense of urgency about the timeline, and the need to move quickly to expand services and to make the system more accessible, and ensure it is easier to get help before a crisis occurs.

Additional Questions Regarding Crisis Redesign from the Briefing Attendees and Steering Committee

1. How will this plan support diversion from jail on the front end, and re-entry when people return to the community?
2. How will this plan address the need of people with developmental disabilities, such as autism, who are in crisis? How will crisis services be coordinated with Wisconsin's long term care system, including Family Care and IRIS?
3. Our systems are complex. How will people know where to go and how to access services? Will there by navigators? What is the front door for people who don't need to go to the ER?
4. If people are in crisis but do not meet the criteria for an emergency detention, what strategies will be used to engage them in treatment and to offer supports? How will peer support be used?
5. Significant capacity development is essential to support this plan. What is the timeline and budget? What additional funds will be available?
6. How will this plan meet the needs of people with substance abuse needs, as required by Chapter 51.
7. How will the system support families?
8. How will consumers be decision makers in the redesign?
9. How will the treatment director function especially in private emergency departments?
10. Who will ensure safe transfer to new systems
11. There is a courtroom at BHD for individuals who have been detained and have a hearing. This allows the individual and their attorney to be present in the courtroom. Family members are sometime present, as well. How will this be addressed in the future?
12. What will be the role of peer support?
13. How will private hospitals interact with individuals in crisis and community providers who may support them? Will community providers be invited to share their historical knowledge of the individuals at time of service?
14. Will private hospitals be required to have in place a "safe" discharge, and not discharge people to the street or to a shelter?
15. Community agencies who serve individuals who are experiencing homelessness often serve individuals in crisis. How will they be engaged as partners in the crisis system moving forward?
16. Restrictive Wisconsin DHS regulations re telepsychiatry
17. Unreasonable licensing and reimbursement rules on telepsychiatry and telemedicine
18. How will law enforcement be trained to respond to individuals in crisis? How will they be trained to and motivated to support diversion and outcomes other than jail?
19. Needs of youth and teens must be prioritized, including substance abuse treatment and parenting skills.
20. What will be done to support access to alternative therapies and develop capacity?
21. What strategies will be used to reduce reliance on emergency detentions, and encourage voluntary treatment?