



The Milwaukee Mental Health Task Force is the voice of the community on issues related to the quality and responsiveness of mental health and substance abuse disorder services.

Date: April 29, 2020

Re: Congratulations and Opportunities to Collaborate

To: County Executive Elect David Crowley

From: Mary Neubauer & Christine Apple, Mental Health Task Force Co-chairs
Barbara Beckert: Mental Health Task Force Coordinator

The Milwaukee Mental Health Task Force (MHTF) congratulates you on your election as Milwaukee County Executive. We deeply appreciated your participation in our January 14th Candidate Forum at Independence**First**, and your strong commitment to the health and well-being of community members. We wanted to reach out to offer our expertise and partnership as a resource for you and your administration.

We are a coalition of over 40 community organizations and include people who receive services, advocates, service providers, family members, and policy makers. We stand poised to assist you as you identify and prioritize issues related to health and human services within the county. We ask that you consider the formation of a Community Advisory Council, to include representation of key community stakeholders, including from the MHTF.

Provision of quality mental health and substance use disorder services is essential to the health, resilience, and productivity of our community. SAMHSA estimates that approximately 20% of adults and children have significant mental health needs, and prevalence is greater in urban areas such as Milwaukee where there is a high incidence of trauma. Milwaukee County has a vital role to play in improving access to these services and ensuring quality.

Attached is our concept paper that identifies principles and strategies to ensure that people can live in their own homes and have jobs, families, and opportunities to participate fully in their communities. Our recommendations for the 2021 BHD budget are also attached and we welcome the chance to discuss these with you. Priorities include:

- Address Racial and Ethnic Disparities in Services
- Increased Diversion from the Criminal Justice System and Re-entry Support
- Invest in Quality Community-Based Services
- Address Trauma
- Begin with Prevention and Early Intervention
- Utilization and Inclusion of Peer Support Services
- Address Social Determinants: Housing, Transportation, and Public Benefits

The MHTF ask you to prioritize these goals, and we offer our front line experience and insight to support you. Your decision-making will significantly impact the effectiveness of mental health and substance use disorder services delivery in our county. We are here to help you and our community to make this a successful endeavor. For follow-up, please contact MHTF Coordinator Barbara Beckert at 414-719-1034 / barbara.beckert@drwi.org.

Congratulations and we look forward to a strong partnership.



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Key Principles and Strategies for Addressing Mental Health and Substance Use Disorders in Milwaukee County (4/2020)

The new Milwaukee County Executive has the opportunity to improve the lives of county residents by increasing access and effectiveness of mental health and substance use disorder services. The Milwaukee Mental Health Task Force represents people with mental health, substance use, and other disabilities, and works to advance their rights and interests. We offer these key principles and strategies to guide the development of your Executive Platform. They support our vision of a community-based, recovery-oriented system of care where all community members can easily access high quality, culturally intelligent mental health and social services, leading to increased recovery and health.

Milwaukee County's health and human services system is complex and confusing. The time is now for systems transformation, a new health and human service business model that keeps those we serve and their families uppermost in policy and decision-making. Consolidating administrative oversight may help ease the burden for those attempting to access services.

Effective services help ensure that people can live in their own homes and have jobs, families, and opportunities to participate fully in their communities. We welcome the chance to work with you to ensure that your Executive Platforms reflect those goals.

Principles and Strategies

- **Address racial and ethnic disparities:** Milwaukee is the most segregated city in the country for African Americans. People of color who experience mental health crises are disproportionately subjected to coercive and punitive responses including involuntary treatment, jail holds, and incarceration. Ensuring that voluntary community services are culturally and linguistically appropriate and easily accessible to people of color needs to be a priority. Such services need to be in neighborhoods and areas of the county that are easily accessible to diverse communities.
 - The Milwaukee County Office on African American Affairs (OAAA) could work in partnership with the county Department of Health and Human Services to play a pivotal role to address health disparities. Consideration should be given to expand the function of OAAA to emphasize mental health, substance use disorders, and major health disparities for the African American members of our community.
- **Nothing about us without us** is a guiding principle of the disability rights movement. People with mental health needs and other disabilities who receive services must be included in policy decisions that impact their lives and independence. Robust stakeholder involvement is essential, including developing your platform in consultation with individuals who have lived experience with mental health and substance use disorders, advocates, providers, and other organizations representing their interests, and who reflect the diversity of our community.
 - Commit to forming a Community Advisory Council to ensure voice, access, and ownership of invested stakeholders regarding health and human services in the county.

- **Address trauma:** Trauma plays a significant role in early childhood school disruptions, the development of psychiatric disabilities, and affects overall health across individuals' lifespans. Ensuring that mental health services reflect principles of trauma-informed care and trauma-responsive practice is necessary to health our community and prevent the long-term effects of intergenerational trauma.
 - Repurpose existing revenues to screen for trauma using the Adverse Childhood Experiences (ACE) short survey test. Information is crucial in addressing lived experiences before children enter adulthood. Train service providers to deliver trauma informed practices in all life stages. This will assist in the development of coping strategies to manage stress and navigate relationships.

- **Invest in quality community-based services, including social determinants:** Expanding community-based services reduces incarceration and psychiatric hospital admissions and decreases the need for emergency department and acute inpatient care. Treatment must use a science to service model of care, be comprehensive, meet the needs of the entire family. Treatment, including medications for opioid use disorders, must be available and timely, and voluntary to the greatest extent possible.
 - Develop proposals to expand mental health and substance use disorder services that focus on community-based care and include a continuum of housing, mobile crisis, supported employment, peer support services, and children's wraparound services. Social determinants such as access to accessible, affordable housing; transportation; and benefits counselling are as critical to recovery as medication and therapy.

- **Begin with prevention and early intervention:** A service model that allocates most of the funding for deep end services is not sustainable and sends an incorrect message about seeking help. Expansion of prevention and community services will decrease the need for emergency services and inpatient care, as well as reducing incarceration. These services can help ensure that people can live as independently as possible, maintain a job, and have opportunities to participate fully in their communities. Research on effects of adverse childhood experiences provides the evidence for the provision of early interventions.
 - Develop and promote prevention and early intervention programs targeting preschool and school-age children to identify children at risk for future mental health problems and prevent problems from progressing into serious long-term conditions.
 - Develop Peer and Family Navigators to reduce barriers and make it easier for individuals and families to access services.

- **Integration of mental health and substance use disorders with primary care:** Individuals with mental health and/or substance used disorders frequently struggle with coexisting chronic health conditions such as diabetes, hypertension, heart disease, and tobacco use. Adopting a holistic model of wellness improves the overall health of individuals and their families and results in improved health outcomes.
 - Partner with community health centers, hospitals, and healthcare plans to provide integrated care in one location. Partner with the state Division of Medicaid Services to promote this type of integration and include mental health screenings in all wellness check visits.

- **Competitive Work Focus:** Employment is a vital therapeutic tool. Employment and employment related activities result in resiliency, self-sufficiency, and improved quality of life for self, family, and the community.
 - Increase partnerships with employers to hire individuals with disabilities. Ensure that recovery activities have a dedication to positive, immediate, and consistent employment.

- **Expand inclusive school-based services:** Mental health services for children in school should be voluntary, individualized, and available to all students. Recognize mental health and wellness as essential to physical health. This requires services to be trauma-informed, culturally competent, respectful of student privacy, and focused on all tiers of positive behavior support.
 - Provide students with tools to support their emotional regulation, academic success, social inclusion, self-determination, and transition to adulthood. Ensure that information offers a non-stigmatizing message about mental health, wellness, and mindfulness. Services should support communities of care to allow students to be educated in regular classrooms alongside their non-disabled peers.

- **Reduce justice involvement of people with mental illness:** Needless incarceration of youth and adults with mental health symptoms and disabilities has become far too common; between 21-35% of people in custody at the Milwaukee County Jail and House of Corrections are taking psychotropic medications.. Work with the CJC to safely reduce safely reducing the number of individuals with mental illness who are incarcerated by early identification in the jail booking process, increased information sharing, and (re)connection to community-based Responses to mental health crises should include mobile crisis services, CART teams, crisis stabilization and crisis resource centers, and peer-run respite centers and avoid law enforcement involvement absent a serious public safety concern.
 - Expansion of problem-solving courts for non-violent offenders and the use of evidence-based decision-making is key to reducing incarceration. Improving collaborative dialogue with hospital systems, particularly emergency departments, will help identify alternatives for true non-emergency medical issues. Linkages to community health centers with urgent care crisis services capacity should be promoted.

- **Enforce the ADA:** Enforce the Americans with Disabilities Act (ADA), including its integration mandate, so that individuals with mental disabilities—including mental health disabilities—can live, work, be educated, and receive services in the most integrated setting appropriate, and be protected from discriminatory treatment in the workplace, in public services and places of public accommodation.

The Milwaukee Mental Health Task Force shares your investment in and dedication to our county. Your Executive Platform determines what you do, and the Task Force is your key partner in improving and impacting the quality of life for our community members.



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on issues related to the quality and responsiveness of
mental health and substance abuse disorder services*

Milwaukee Mental Health Task Force Testimony
Milwaukee County Mental Health Board Finance Committee Public Hearing
Priorities for the 2021 Behavioral Health Division Budget
Rev. April 29, 2020

On behalf of the Milwaukee Mental Health Task Force (MHTF), thank you for this opportunity to share our priorities for the 2021 Behavioral Health Division Budget. The MHTF works collaboratively to identify issues faced by people affected by mental illness and by substance abuse disorders, facilitate improvements in services, give consumers and families a strong voice, reduce stigma, and implement recovery principles. The MHTF includes over 40 community organizations and comprises service providers, individuals who live with a mental illness or substance use disorder, advocates, family members, and other stakeholders.

We appreciate the opportunity to share our frontline perspective regarding community needs with the Mental Health Board and Behavioral Health Division (BHD) leadership at this very difficult time in our country. The pandemic has created additional challenges for many people who live with a mental illness or substance use disorder; they may be struggling to access basic needs including food, medication, and safe, decent housing and have difficulty getting assistance. Mental health services they rely on may not be available or may be limited to due to restrictions on in-person contact. Mental health clinicians, peer specialists, case managers, crisis workers, and other service providers are also facing tremendous challenges as they struggle to meet the needs of clients in a manner that protects the client's health, as well as their own health and that of their staff.

We thank BHD staff and other service providers who are working so hard to provide essential support and services during this difficult time. This crisis will have long term implications for revenue and funding that Milwaukee County and BHD rely on. We provide these recommendations with the caveat that they may need to be updated as the budget and policy environment evolves.

As BHD leadership and the Mental Health Board move forward with the 2021 budget and crisis redesign, we urge that this occur in partnership with stakeholders including people with lived experience of inpatient and crisis services, advocates, providers, family members, law enforcement, and others. MHTF members are ready and willing to be a resource, and to take an active role in work groups and planning to ensure that new crisis system supports prevention on the front end, is easy to access, treats community members with respect and dignity, is dedicated to engaging consumers in voluntary treatment, and is trauma informed and culturally competent.

Our recommendations for the 2021 budget are informed by the results of the MHTF Crisis Redesign Survey which we conducted earlier this year. Results were shared with you in January 2020. As you move forward with redesign of the crisis and inpatient system, it is vitally important to invest in significant expansion of community-based services including expanding the continuum of crisis services. Additional investment and expansion are needed. This major system changes justifies the need to draw down additional funding from reserves to develop the needed capacity. As you plan for the 2021 BHD budget, the Mental Health Task Force recommends a focus on the following priorities which emerged from the survey:

1. Increase Focus on Preventative Care, with the goal of reducing the need for Crisis Intervention
2. Increase Community Access to Crisis, Treatment, and Disability Services
3. Support and expand Jail Diversion and Re-entry Services
4. Address the Social Determinants of Health and Wellness
5. Locate services in the community close to those being served. Partner with trusted community providers.

Crisis Prevention Services

Expansion of prevention and community services will decrease the need for emergency services and inpatient care, as well as reducing incarceration. These services can help ensure that people can live as independently as possible, maintain a job, and have opportunities to participate fully in their communities.

- Expansion of Peer Support, including Parent Peer Specialists and Navigators
- Invest in peer run services such as Peer Run Respite, Warmline, Living Room Model Centers, and Clubhouse Programs.
- Integrate mental health and substance use disorder services with primary care. The MHTF supports co-locating BHD services at Community Health Centers clinics. This will support the integration of primary, specialty, dental, mental health and social support services to offer a more comprehensive continuum of care that meets the whole person's needs.
- Maintain and expand community-based outpatient mental health service clinics, addressing needs of uninsured and underinsured, including expanding providers who accept Medicaid.
- Increase access to diagnostic services for children and youth, such as the Next Step Clinic, which address mental health and developmental needs of underserved Milwaukee children and families, who often face barriers like long waiting lists and lack of clinics travel to clinics located outside of the city.
- Expand Teen/Youth wellness and treatment programs and services.
- Expand CIT training for Law Enforcement county wide and provide CIP Training for other first responders.

Increase access to Crisis, Treatment, and Disability Services

- Expand Mobile Crisis Services. This should include increasing the number of Mobile Teams and expanding the hours of operation. Continue to offer specialized crisis response for people with developmental and intellectual disabilities.
- Develop a county wide CART Team (Crisis Assessment Response Team) based out of the Milwaukee County Sheriff to provide flexibility to deploy CART county wide.
- Maintain and expand Crisis Resource Centers with a priority on expanding capacity on the north side.
- Ensure that PCS and the future "central" psychiatric emergency room are an access point to support voluntary patients. Other services should be co-located at the ER including: Access Clinic, Team Connect, Benefits Specialists, Housing Specialists, advocacy assistance.
- Expand psycho-social rehab programs including Comprehensive Community Services (CCS) and Community Support Program (CSP). End waiting lists for CSP and increase quality and oversight for this program which serves community members who need the most intensive support.
- Expand access to programs for children and youth with mental health and substance use disorder needs including CCS, CLTS, CCOP, Reach, O'Yeah, CORE, and others.
- Increased access to Substance Use Disorder Treatment services including medication assisted treatment.
- Partnerships with IRIS, Family Care, and Family Care Partnership, and SSI Medicaid HMOs.
- Partner with Milwaukee County Disability Services to increase awareness of and access to Disability Benefits Counseling Services
- Increase access to Tele psychiatry/Telemedicine Services, with the flexibility to allow clients to access these services from their home.
- Prioritize efforts to recruit and retain mental health professionals and all professions in health and human services. This should include addressing the need for rate increases on the state and county level.

Jail Diversion and Re-Entry services

Anywhere between 21-35% of people in custody at the Milwaukee County Jail and House of Corrections are taking psychotropic medications. Criminal justice stakeholders within Milwaukee County are committed to safely reducing the number of individuals with severe and persistent mental illness from the local jail by early identification in the jail booking process, increased information sharing, and appropriate (re)connection to community-based treatment. If diversion occurs at this point and individuals are connected to quality, community mental health

services we will have dramatically better outcomes and reductions in lengthy jail and inpatient stays. Milwaukee County must build on the progress to date by maintaining a significant commitment to funding pre-trial services.

- Work with community partners to develop a plan for a Community Justice Center for justice involved persons with mental health needs. This drop off center would include respite beds, resources for housing, behavioral health, and benefits counselling, and resources from law enforcement and the justice system.
- Maintain funding for the behavioral health liaison at the Milwaukee County Jail; now funded by time limited grant funds. The position works with individuals who have a mental illness, serving as a liaison with community providers and BHD, to support continuity of care and ensure individuals are connected with services when they return to the community.
- Develop a Forensic Assertive Community Treatment (FACT) team to serve justice involved individuals with significant mental health needs. FACT builds on the evidence-based assertive community treatment (ACT) model by making adaptations based on criminal justice risks and needs.
- Invest in training and employment for Forensic Peer Support Specialists
- Address benefits enrollment and case planning before discharge. Fund an additional Milwaukee County Disability Benefit Specialist position to assist justice involved individuals who have a mental illness or other disability, with a focus on supporting re-entry for the population at the Jail and House of Corrections.
- Continue and expand BHD's partnership with the Milwaukee Community Justice Council
- Sustain funding for pre-trial services which are vital to supporting jail diversion and re-entry services. This includes use of risk assessments, monitoring of people in pre-trial status, supporting operation of drug treatment court, and supervision of individuals subject to drug treatment court agreements.
- Maintain and expand CIT and CIP training for law enforcement. This should include CIT or CIP training for Milwaukee County Sheriffs' staff including Correctional Officers at the Milwaukee County Jail and House of Correction.

Social Determinants of Health and Wellness:

The 2021 budget and redesign plan should address the following social determinants. These are as critical to recovery as medication and therapy.

- Address racial and ethnic disparities. Milwaukee is the most segregated city in the country for African Americans. People of color who experience mental health crises are disproportionately subjected to coercive and punitive responses including involuntary treatment, jail holds, and incarceration. We must ensure that voluntary community services are culturally and linguistically appropriate and easily accessible to people of color, in neighborhoods and areas of the county that are easily accessible.
- Recovery is not possible without safe decent housing. Access to safe affordable housing continues to be a barrier for many BHD clients. The 2021 budget should continue to support collaboration with the Milwaukee County Housing Division, including support for Housing First, partnership with the Emergency Shelter Network, and training for case managers about housing services and client rights.
- Maintain transportation funding for BHD clients who need and request this support
- Promote and expand Benefits Counseling to assist with access to public benefits including SSI, SSDI, Medicaid, Food Share and other programs.

Racial and Ethnic Equity

Milwaukee continues as the most segregated city in the country for African Americans. People of color who experience mental health crises are disproportionately subjected to coercive and punitive responses, including involuntary inpatient and outpatient treatment. BHD should prioritize addressing racial and ethnic equity.

- Ensuring that voluntary community services are culturally and linguistically appropriate and easily accessible to people of color should be a priority.
- Access to services must be expanded to ensure equity for diverse communities, and to be easily accessible for those areas that utilize services most.
- Continued effort is needed to develop and support a workforce that reflects the diversity of our community.

Accessibility

All crisis services, and health and human services and facilities should be fully accessible and welcoming to people of all abilities.

- All facilities should be compliant with ADA standards for accessible design. *IndependenceFirst provides Accessibility Consultation and can be resource.*
- Forms and web sites should be reviewed for accessibility, and to ensure that they can be read by a screen reader.
- Any videos, or other use of audio on websites and social media should be captioned to ensure access by deaf and hard of hearing. Videos should also have visual description to be accessible to blind and visually impaired individuals.
- To reduce the health care inequities that deaf individuals often experience, BHD, private hospitals, and other providers should have culturally and linguistically competent deaf providers educate their staff on how to ensure that deaf individuals receive appropriate language assistance and accommodations. Education should address the provision of appropriate, effective, and quality communication to deaf individuals, including the need to provide either qualified deaf and culturally competent providers or qualified sign language interpreters. Use of friends and family members as interpreters, should be avoided due to lack of impartiality, unfamiliarity with medical terminology and interpreting strategies, and difficulty in communication during times of highly sensitive medical topics or duress.
- Service providers should be educated on addressing the needs of people with intellectual and developmental disabilities in a manner that is disability informed.

Provider Quality: As BHD transitions from becoming a provider of services to a purchaser of services, it is essential to have a high level of provider accountability to assure high quality, timeliness, and responsiveness to client needs. This should include the following:

- Additional oversight and quality assurance.
- Targeted rate increases. Current reimbursement for some community mental health services as well as for substance use treatment, including residential services, are not competitive and harm the ability to attract and retain quality staff, and contribute to frequent turnover and lack of continuity of care. We continue to hear concerns that the fee for service rate for Targeted Case Management is unsustainable. There is a correlation between rates and quality.
- Expand the provider network, including ancillary services for CCS and the therapist network for children and adults.
- Expectation that providers proactively provide information on client rights including how to file a complaint, and options for obtaining advocacy assistance.

Thank you for your consideration of these recommendations for the 2021 BHD budget, and for your service on the Mental Health Board. Please feel free to contact us for additional information.