



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

Milwaukee Mental Health Task Force Testimony
Milwaukee County Mental Health Board Finance Committee Public Hearing
Priorities for the 2021 Behavioral Health Division Budget
April 20, 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.

- 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
- 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.