



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

Delivered by Moriah Iverson – MHTF Steering Committee January 28, 2021

Thank you, Chairman Lutzow and members of the Milwaukee County Mental Health Board (MCMHB) for this opportunity to comment on the Mental Health Emergency Center Joint Venture and Crisis Continuum of Care.

The Mental Health Task (MHTF) Force commends the Behavioral Health Division (BHD) for the tremendous amount of work undertaken to create services and the partnerships developed with Universal Health Services for inpatient psychiatric; the health systems for the crisis Emergency Center (Center); and the community health centers for neighborhood-based delivery of mental health services. The accomplishments involved in these initiatives were remarkable given the trying times experienced over the past year. The MHTF would like to offer these comments:

- The MHTF supports the plan to locate the Center in the city close to where many people who utilize crisis services live.
- The MHTF recommends that the Center operates the after-hour crisis line.
- The MHTF is supportive of having a continuum of services available at the Center. Often people who may come because of a crisis may be diverted from inpatient care by connecting them to community services and supports. This may include mental health and substance use disorder treatment and services, but also housing, benefits counselling etc. MHTF supports having these co-located at the center and available to community to advance prevention.
- Some key success factors for the Center include a genuine continuum of services, encouraging voluntary treatment, treating people with dignity and respect, having certified peer specialists as a resource to support people in crisis, a workforce that reflects Milwaukee's diversity and is able to communicate in a linguistically and culturally appropriate manner.
 - This should include provision of ASL interpreters for the deaf community as well as interpreters for non-English speakers.
- The need for services for children must be separate from adults to be appropriate, respectful of family engagement, and trauma informed.
- Transporting individuals experiencing crises should follow a trauma responsive approach to care.
 - The use of restraints and presence of law enforcement personnel may further exacerbate an already difficult experience.

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

- The Center should be compliant with ADA standards for accessible design. *IndependenceFirst* provides Accessibility Consultation and can be resource.
- Forms and websites should be reviewed for accessibility 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, the Center 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.

The Task Force would be remiss if we did not restate areas of concern we have previously brought before this Board. Individuals with mental health and substance use disorders are overrepresented in our criminal justice system. The Mental Health Task Force asks for your support to address the need for coordinated resources to support interventions to avoid repeated criminal justice system involvement. Needless incarceration of individuals with mental health and substance use disorders has become far too common. Expansion of problem-solving courts for non-violent offenders and the use of evidence-based decision-making is key to reducing incarceration.

- MHTF supports an agreed-upon workflow and clinical walkthrough between the Center and law enforcement to eliminate the use of jails for true crises.

Lastly, the COVID pandemic shed light on the increased need for a robust continuum of mental health and substance use disorder services with the significant increases in suicides and fatal drug overdose deaths. Addressing this loss of life is as much of an “emergency” as the construction of the new Center. BHD may wish to consider these recommendations as crisis mitigation strategies and genuine prevention efforts.

The 2020 preliminary data shared by the Milwaukee County Medical Examiner report that approximately 473 individuals have lost their lives due to fatal drug overdose. Milwaukee county has experienced an influx of inexpensive heroin and synthetic opioids, such as Fentanyl that tragically contributed to this stark loss of life. This represents a 13% increase in fatal overdose deaths from 2019. BHD recently received a \$1.5 million allocation from the state Department of Health Services to reduce the morbidity and mortality of opioid use disorders (OUD). We strongly encourage BHD’s consideration of the following:

1. Develop robust naloxone distribution to ensure that naloxone is in the hands of every client, family member, and case manager to rapidly reverse an opioid overdose and quickly save a life.
2. Ensure that every client participating in a medication assisted treatment program (MAT) or receives medications for opioid use disorder (MOUD) is dispensed naloxone as a best practice and life-saving tool.
3. Expand harm reduction and syringe services programs to reduce the spread of infectious disease and risky behavior.
4. Psychostimulant use disorders are sadly trending concurrent with OUD. Both fatal and non-fatal overdoses show a mix of methamphetamine, cocaine, and Fentanyl. BHD may wish to consider expanding the use of contingency management and cognitive behavioral therapy both are best practices for the treatment of psychostimulant use disorders.

In 2020, approximately 123 residents of Milwaukee County lost their life to suicide. This is another increase from the 115 suicide deaths in 2019. The isolation and loss of connection to one another caused by the pandemic may be a notable contributing factor. In addition, many individuals lost

employment, experienced housing insecurity, and the stigma of asking for help are huge risk factors for being suicidal. The MHTF echoes County Executive Crowley's statement that an important step is "investing upstream," or putting funding and efforts into addressing the problems that lead to suicide. Housing, food, and employment insecurity are significant contributing factors that require a multifaceted approach to addressing too many lives lost in our county. Now more than ever the development of prevention and early intervention services complement the design of the Center and strengthen a continuum of care. This is the time to explore new models of community-based care for Milwaukee County. These models of care should treat the whole person by addressing social determinants of health in an integrated manner with mental health and substance use disorders. This will require expanding new partnerships with HMOs for healthcare coverage, health systems, primary care, housing, workforce development, and employment services. While the Mental Health Task Force understands that many of these services are outside the traditional realm of BHD services, offering the same array of services through expansion will not achieve the optimal health and economic outcomes for a healthy Milwaukee.

Redesign of a mental health continuum of care is an opportunity as well as a major challenge for our community. This requires a collaborative effort with people who receive services, advocates, and community providers in redesign work groups. Milwaukee Mental Health Task Force members are ready and willing to be a resource, and to take an active role in workgroups 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, and dedicated to engaging consumers in voluntary treatment that is trauma informed and culturally competent.

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