



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
Priorities for the 2021- 2023 Biennial Budget
April 28, 2021 – Joint Finance Committee
Mary Neubauer – Co-chair**

The Mental Health Task Force was established in 2004 and 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. Our coalition of over 40 organizations includes peers, advocates, service providers, and family members. Our budget recommendations are informed by our experience on the frontline of the mental health system.

State government plays a vitally important role in providing a safety net for our most vulnerable community members including many people who live with a mental illness or substance use disorders, as well as other disabilities. **We ask you to support the following priorities in the state budget, to help advance the independence and recovery of youth and adults with mental health and substance use disorder needs.** These are smart investments which will support opportunities for Wisconsinites with mental health needs and substance use disorders, to be contributing members of the community.

Sustain and Expand Medicaid

The Mental Health Task Force strongly supports the proposed to expand Medicaid to 138% of the Federal Poverty Level and to access the additional federal dollars available through the Affordable Care Act. Expansion will directly benefit many people with a mental illness or substance use disorder who will be eligible to access Medicaid. Medicaid covers medication, therapy, psychiatric care, primary care doctors, as well as other supports not covered by private insurance such as peer support, personal care, employment supports, and case management.

Prioritize access to mental health and substance use disorder treatment and crisis services

Limited access to community based mental health treatment and supports has resulted in people with mental illness being placed in costly out of home and institutional settings or confined in jails or prisons. 51 of Wisconsin's 72 counties are designated as "mental health professional shortage areas". Access to psychiatric services is at a crisis point in much of the state; the shortage of child psychiatrists is particularly acute. Access to psychiatrists is especially problematic for people covered by Medicaid, and extremely severe in rural areas.

We ask for your support for the following:

- Sustain funding levels and provider rates for mental health services, and provide targeted increases to address workforce shortages, including increased Medicaid reimbursement rates for outpatient mental health services, and substance use disorder treatment. The public health crisis of COVID-19 has contributed to a growing need for mental health services and elevated the importance of improving access for communities of color.
- Support access to treatment and recovery for Wisconsinites who live with a substance use disorder. Fund Room & Board Coverage for Residential Substance Use Disorder treatment, fund a Medication Assisted Treatment rate increase and Expansion, and fund Substance Use Harm Reduction Programs Grants.
- Support development of local community-based crisis services. Transporting people in crisis across the state to Winnebago is traumatizing and costly. Wisconsin should invest in funding for regional crisis stabilization centers, as well as improve state funding to sustain Medicaid crisis intervention services delivered by counties, and to support Peer Run Warmlines. The MHTF also strongly supports the proposed Milwaukee County Crisis Mobile Team Grant, and Milwaukee Trauma Response Team expansion. These investments are urgently needed.
- Address the lack of equitable access to mental health services for people with hearing loss. Wisconsin has a serious lack of mental health and substance use (MH/SU) disorder service providers who can offer accessible services that address the experiential and linguistic needs for the wide range of persons with hearing loss. There are less than ten individuals in the entire state who have the skills and experience for direct communication. To address this disparity, advocates from the deaf community have proposed creating and funding a statewide office with responsibility for coordinating, training, and supporting MH/SU disorder service delivery for people with hearing loss in all state and county settings (outpatient, inpatient, crisis and emergency detention settings, schools, prisons). The program will support access to direct treatment from a provider fluent in American Sign Language and educated on the culturally unique challenges faced by the deaf, hard of hearing, and deaf-blind community. The proposed program provides Wisconsin with the opportunity to address this alarming disparity and increase access to culturally and linguistically appropriate mental health services.
- Support funding of **Forensic Assertive Community Treatment Teams**. The program is intended for individuals with serious mental illness who are involved with the criminal justice system and is designed to improve clients' mental health outcomes; reduce recidivism; divert individuals in need of treatment away from the criminal justice system; manage costs by reducing reoccurring arrest, incarceration, and hospitalization; and increase public safety.
- Continue to advance statewide expansion of the Child Psychiatry Consultation Line. Wisconsin is experiencing a severe shortage of child psychiatrists - A total of 48 out of 72 counties in Wisconsin do not have a child psychiatrist. Expanding the consultation program statewide provides an opportunity to expand access.
- Extend to every child with a significant disability a system that supports their development, fosters family life, and encourages full participation in community life by fully funding the Children's Long-Term Support (CLTS) program, so all eligible children have access to needed services.

- **Student mental health.** Student mental health concerns were already a pressing issue before the pandemic and have been increasing in the face of inequity-related social unrest and the challenges of the pandemic. The MHTF recommends increasing the funding for the Collaborative School-Based Mental Health Services Grant program by \$3.25 million in order to support more school districts in connecting youth to needed mental health services. Wisconsin's schools are also understaffed in the area of pupil services, where many student mental health needs can be addressed. The MHTF recommends increasing the pupil services categorical aid and simultaneously expanding the scope of the program. In addition to social workers, pupil services should include professionals such as nurses, school psychologists and counselors.

Advance Justice Reform

Youth and adults with mental illness are overrepresented in the justice system. Conservative estimates suggest that over 50% of the prison and jail population have a history of mental illness and/or substance use. Wisconsin youth with disabilities are overrepresented throughout the juvenile justice system. For example, 2016 data indicated at least 70 percent of the then current population at Lincoln Hills and Copper Lake could be classified as having one or more disabilities; the majority having a mental health diagnosis or emotional disorder.

We ask for your support for the following:

- **Opening Avenues to Reentry Success (OARS).** Expand the OARS program to meet the need statewide. OARS assists individuals with mental illness to successfully return to their community after release from a correctional setting.
- **Treatment Alternatives and Diversion (TAD).** Expand the TAD program. This program offers treatment as an alternative to incarceration and significantly reduces both recidivism and costs. Expand TAD eligibility to include people who have a mental health diagnosis, and who do not have a substance use disorder. This will allow programs such as veterans courts, mental health courts, and other diversion programs to be funded through the TAD program.
- **Involve community stakeholders in the continued planning to close Lincoln Hills and Copper Lake and restructure secure juvenile facilities.** Invest in the development of small community-based facilities with a focus on evidence-based approaches that address mental health and special education needs and will prepare youth to successfully live in the community as quickly as possible. Sufficient funding is essential to ensure safe and adequate facilities and appropriate staffing to provide ongoing comprehensive programming.
- **Return 17-year-olds to the juvenile justice system and reallocate funds from incarceration of youth to invest in local community-based prevention, early intervention, and supervision.** Our state is now one of only three in the country that still practices this harmful form of injustice. We urge support for this change in the budget, along with an allocation for counties to serve our youth in a manner that is consistent with their level of development. A small investment for counties to meet the needs of these youth now, ensuring they will receive educational and mental health services that can stabilize their lives will save money later.

Invest in Transportation

Because so many people who live with a mental illness do not drive or have a vehicle, transportation services are vital to an independent life and to recovery. Limited access to transportation ranks as the number one concern for many people with disabilities, and can limit their options to work, vote, worship, participate in support groups, access basic needs, and have an independent life in their community.

Investing in transit and paratransit will help to support independence and recovery. The budget should include increases for public transit operating and capital costs, paratransit, and specialized transit, with the goal of expanding access and maintaining or reducing fares.

Housing is Healthcare

A high percentage of those experiencing homelessness have significant mental health needs. Recovery is not possible without safe, affordable housing.

- Wisconsin policymakers should prioritize the need to develop and expand programs and policies to relieve homelessness and promote *Housing First*. **Housing First** connects individuals and families experiencing homelessness to permanent **housing** without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. The MHTF supports funding for the homeless prevention programs recommended by the Interagency Council on Homelessness, but at higher funding levels to reflect ongoing needs.

Thank you for your consideration of our recommendations, and please let us know if we can be helpful as you deliberate on the biennial budget or other policy questions. For additional information, please contact Mental Health Task Force Coordinator Barbara Beckert at barbara.beckert@drwi.org.