



*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 use disorder services.*

## **Milwaukee County Mental Health Task Force Testimony Milwaukee County Mental Health Board**

**Delivered by Moriah Iverson, MHTF Steering Committee Member  
March 17, 2022**

On behalf of the Milwaukee Mental Health Task Force (MHTF), thank you for this opportunity to share our priorities for the 2023 Behavioral Health Division Budget. The MHTF works collaboratively to identify issues faced by people affected by mental illness and by substance use disorders, facilitate improvements in services, give consumers and families a strong voice, reduce stigma, and implement recovery principles. The MMHTF 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 with the Mental Health Board and Behavioral Health Division (BHD) leadership at this challenging time in our community. Many of our community members are struggling with their mental health, with addiction, and to access basic needs including food, medication, and safe, decent housing and may have experience barriers to accessing supports and services. An increasing number of adults and youth with mental health needs are in our jails and prisons. The pandemic has added additional barriers and the work force shortages have created further challenges. We thank BHD staff and other service providers for their work to provide essential support and services during the pandemic and at this challenging time.

### **Emergency Mental Health Center**

The Emergency Mental Health Center is completed and well located to reach community members who need mental health and substance use disorder services. Because of delays in staffing, the opening of the center has been shifted from May to September.

#### **Recommendation:**

- Milwaukee County should use this delay as an opportunity to benefit our community and leverage the investment of public funds in the center. Develop an interim plan to immediately use the facility as a community resource center, and for outreach and education during the transition period while center staff are being hired.

As shared with you in previous testimony, we believe a critical success factor is having county staff co-located at the Emergency Mental Health Center to connect individuals to other essential services, such as an outpatient appointment, housing, and benefits counseling.

#### **Recommendations:**

- Co-locate community services at the center to expedite access, advance prevention, and to realize Milwaukee County's vision of holistic, decriminalized, de-stigmatized, and equitable mental health care.

- The Mental Health Board should take action to ensure a governance process for the Emergency Mental Health Center, that is accountable, transparent, and accessible to the public, given the significant fiscal contribution from Milwaukee County.

## **Crisis Services**

The MHTF supports BHDs efforts to expand crisis services, including expansion of the Crisis Resource Center program with additional locations, addition of CART teams, and ongoing efforts to expand mobile crisis team capacity.

Staffing shortages in Children’s Mobile Crisis and CART teams are significantly limiting access to these services. We acknowledge the work force challenges that have caused delay in filling open crisis service positions.

### **Recommendations:**

- Analyze the difficulties filling crisis services positions to identify barriers and develop a plan to address them. This may require increasing compensation and allocating additional funding from the BHD budget.
- Prioritize crisis response options that do not use law enforcement. This could include close collaboration between the BHD Mobile Crisis Team and the Housing Division Outreach Team, and adding Certified Peer Specialists. Expanding the hours of operation and capacity for crisis response should be a priority in the budget, including more proactive engagement and outreach.
- Continue to offer specialized crisis response for people with developmental and intellectual disabilities.

We commend efforts to date to work with long term care organizations (Family Care and IRIS) to provide equitable access to mental health services, including Community Support Program (CSP) and Comprehensive Community Services (CCS), for Family Care and IRIS participants.

### **Recommendations:**

- Expand these collaborative efforts and set specific goals to increase enrollment of long term care participants, including people with IDD, in CSP and CCS.
- BHD, aging and disability services should work collaboratively to ensure that our Milwaukee County Aging and Disability Resource Center (ADRC) is a resource for people with mental illness as well as for long term care members. This should be reflected in a more inclusive mission statement – the current statement is specific to people with Intellectual and Developmental Disabilities (IDD) and physical disabilities. ADRCs should serve adults with all types of disabilities, including those with a mental health diagnosis.

## **Housing**

**Recovery is not possible without safe decent housing.** Access to safe affordable housing continues to be a barrier for many community members who live with a mental illness.

### **Recommendations:**

- The 2023 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.

- We commend the work by CARS to provide training and support for case managers including establishment of housing champions and recommend that it continue and be funded as needed.
- We continue to hear from community members and advocates about the need to develop more short term emergency housing to provide a safe space for the individual in crisis, while working to support them with housing and other services. We recommend that you prioritized this in the budget.

## **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 at the 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.

Effective use of pre-charging diversion for people with mental illness facing potential criminal charges requires supporting the necessary infrastructure in the court system. Specifically, the District Attorney's office has an ADA (Assistant District Attorney) currently funded by the MacArthur Foundation Safety and Justice grant to review all cases involving mental illness. Funding for this position will lapse in December 2022.

The BHD liaison works directly with this ADA to identify cases appropriate for diversion or early resolution. Linking services to create alternative options to charging is essential. This includes emergency supportive housing. This approach is often called Post Booking Stabilization and has proven very effective in other jurisdictions. Milwaukee implemented a pilot project two years ago and demonstrated similar success. Unfortunately, the grant funding expired, but system partners agreed that it should be revived.

### **Recommendations:**

- Provide funding to continue the ADA position, which works directly with BHD to identify cases appropriate for diversion or early resolution. Other partners have been willing to assume the additional work of Post Booking Stabilization, provided that a viable program is in place. The infrastructure for Post Booking Stabilization will also be required as Milwaukee builds out its plan to expand the Mental Health Court pilot project into a full docket. Funding this infrastructure carries with it many benefits.
- Continue to fund 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.

The other necessary funding is to support data work being done to identify and appropriately track what are called "familiar faces", that is, people who continue to cycle through the mental health and criminal justice systems with increasingly adverse outcomes. The data work is very challenging because of privacy laws and some scattered data sources. Communities that have

funded this work have been able to go upstream with people and have shown greatly improved outcomes with dramatically lower costs. Some of this work is underway with the MacArthur Foundation grant but requires stable funding to achieve its results.

The budget and the crisis redesign process should address the need for coordinated resources to support interventions, to avoid repeated criminal justice system involvement. That must include a dedicated resource for police and prosecutors to respond to problematic behavior outside of psych emergency and the jail.

**Recommendation:**

- Fund a drop off center with respite beds, as well as resources from housing, behavioral health, and benefits counselling.

The number of people in the Jail and HOC have been creeping up at the same time as staffing numbers have been decreasing. The staffing challenges in both facilities are an impending crisis. The uptick of serious crimes in the community, combined with the slowness of processing cases because of COVID, as well as attorney vacancies at the DA and SPD offices, is creating a major pressure on the population management and will disproportionately impact people with mental illness that are taken into these facilities.

**Recommendations:**

- Work with justice system stakeholders, and with Wisconsin DHS to develop a plan to reduce the census at the jail. Developing a plan to divert people who could be in the community for mental health care or who should be released rather than held pending competency reviews on minor charges should be one of the highest priorities right now and for the near future.
- Prioritize funding for anything that can assist in getting people with mental illness out of the Jail because of recent worsening situations with staffing and the Treatment to Competency wait list.
- The Mental Health Task Force supports efforts to establish a "FACT" team – a forensic assertive community treatment team to provide individuals who have a mental illness and are just involved with access to wraparound support and evidence based treatment.

## **Children and Youth**

We ask the MH board to prioritize access to mental health services for our youth, and to work with partners to address the clinical and emotional needs for youth in our community across the continuum of care from prevention, early intervention, and treatment access. If we increase prevention and early intervention, we can reduce the number of youth in the child welfare or juvenile justice system.

**Recommendations:**

- Prioritize funding for prevention and early intervention for youth.
- Address workforce capacity: the lack of capacity to hire new staff as well as to address staff retention
- Support development of resources in Milwaukee County to address placement needs for youth in crisis and/or need for short term stability, Youth Crisis stabilization. There is an increase in complex needs youth and needed placements.

- Increase staffing for mobile response and stabilization services, as noted elsewhere in these comments.
- Sustain and expand provider network services (in home therapy, mentoring, Crisis stabilization, substance abuse). Pandemic have impacted the numbers of providers available.
- Continue and expand efforts to advance the no wrong door philosophy and expand community outreach.
- Increase enrollment in the Children’s Long Term Support program (CLTS) and Comprehensive Community Services (CCS).

**Family Resource Center.** Families who have a child with mental health needs or other disabilities, or a child involved with the justice system, often struggle to navigate challenging systems and access supports. Milwaukee DHHS is working to support families by providing a more holistic integrated approach to access services for children and adolescents and their families. This includes a proposal to use ARPA funds to establish a Family Resource Center to provide a community based, accessible welcoming location to connect families with county services coordinated by BHD, Disability Services, and Youth and Family Services.

**Recommendation:**

- Establish a Family Resource Center to help connect families to services and provide navigation assistance and benefits counseling. The Mental Health Task Force strongly support this proposal and we stand ready to work with Milwaukee County to help promote awareness.

**Harm Reduction Services**

We ask the Mental Health Board to work with community partners to reduce drug overdose deaths by strengthening harm reduction services. Harm reduction does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use. Harm reduction recognizes that many people are not able or willing to stop using drugs. This should include increasing access to Narcan to make it more widely available.

Just this week, we celebrated the signing of SB 600, which decriminalizes fentanyl testing strips in Wisconsin. Fentanyl is so dangerous that it has recently become the number one cause of death for adults aged 18-45 in the United States. Too many lives have been claimed by the opioid crisis. This new law can help support Milwaukee County efforts to prevent more loss. Kudos to BHD and Milwaukee County for already taking action to distribute fentanyl testing strips.

By removing fentanyl testing strips from the definition of drug paraphernalia, we are allowing people to test substances, whether illicit or not, for the presence of fentanyl. These safe, affordable, and simple tests are a preemptive measure to allow individuals to make informed decisions.

**Recommendation:**

- Work with community partners to reduce drug overdose deaths by strengthening harm reduction services including increasing access to Narcan to make it more widely available, and distribution of fentanyl testing strips.

**Employment Supports.** People with mental illness and other disabilities have been disproportionately impacted by the downturn in the economy due to COVID 19. The number of working-age people with disabilities who are employed has decreased significantly during the pandemic. The unemployment rate for adults who have experienced mental illness is close to 85%. Despite this, the vast majority express a desire to work at paid employment. Access to employment is vital to independence and recovery.

### **Recommendations**

- **Continue BHD's positive work to expand** Individualized Placement and Support (IPS), the evidence based model for supported employment program for people with mental illnesses.
- **Provide funding to support and expand the clubhouse program,** Grand Avenue Club, which helps people experiencing mental illness achieve recovery through work, education, and community life. Grand Avenue Club is based on the Clubhouse Model of Psychiatric Rehabilitation. GAC has provided Milwaukee County adults with employment opportunities with quality employers for the past 30 years.

### **Public Input Process**

While we commend the board for offering multiple public input opportunities, we are concerned that participation is so low.

#### **Recommendations:**

- Requests for public input should be more specific to help members of the public to better understand the topics to comment on. Asking specific questions for the public to respond to would help those who are not familiar with the details of the budget.
- Promote public input opportunities through the media, including social media, and through key community partners.
- Responses to public input should similarly be addressed in subsequent venues, so that there is transparency to if and how community stakeholder concerns were resolved
- Provide guidance and links on the Mental Health Board web to current and previous meeting materials. Until last week, the Mental Health Board website indicated that meeting materials and "details" are posted on the Board website. It was easy to find materials on the website. Finding recordings and materials from past meeting on Legistar is not easy or obvious.

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

*Note: Questions regarding this testimony can be referred to Mental Health Task Force Coordinator, Barbara Beckert at [barbara.beckert@drwi.org](mailto:barbara.beckert@drwi.org)*