



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 2023- 2025 Biennial Budget

April 5, 2023 – Joint Finance Committee

Thank you for the opportunity to share budget priorities from the Milwaukee Mental Health Task Force (MHTF). In addition to submission of these detailed comments, Steering Committee members Montréal Cain and Nicole Damiano will be speaking at the Waukesha Public Hearing to share highlights of our budget priorities.

The Milwaukee 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. 55 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.

The MHTF recommends the following investments to address access to mental health services support recovery:

- **Increase funding for Peer Recovery Centers and Peer Run Respite** to sustain current programs and allow expansion to ensure more equitable access statewide. Peer delivered services provide opportunities for people to access voluntary services to receive needed support. Peer Run Recovery Centers and Respite employ people who are living in recovery from mental health and substance use challenges to serve as a resource for adults with similar life experiences to find or sustain recovery. These services allow people to gain hope, access help sooner and reduce reliance on crisis and inpatient services and provide an opportunity for peers to utilize their lived experience to help others.
- **Expand access to peer support** by making a statutory language change to include certified peer specialists and certified parent peer specialists as Medicaid eligible service providers. This would expand access to peer support, and expand employment options for Certified Peer Specialists.
- **Support Suicide Prevention efforts** including establishment of a Suicide Prevention Program to coordinate prevention efforts across the state, provide educational materials, and public awareness campaigns. and
- **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 supported a proposal in the Executive Budget to contract with a provider to coordinate, 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.
- **Fund the Community Support Program.** Fund the nonfederal share of the Medicaid Community Support Program (CSP) which is currently funded by counties. Eliminating the County match for CSP would allow Counties to maintain CSP programs and use county funds to make investments in their CSP teams to improve the quality of the programs and move towards achieving the evidence-based practice of Assertive Community Treatment (ACT) to provide treatment, rehabilitation, and support for participants.

- **Fund Forensic Assertive Community Treatment (FACT) Teams.** FACT teams provide community-based support for individuals with serious mental illness who are involved with the criminal justice system. This evidence based program provides wraparound support with the goals of improving participants' mental health outcomes; reducing recidivism; diverting individuals in need of treatment away from the criminal justice system; reducing reoccurring arrest, incarceration, and hospitalization; and increasing public safety.
- **Support youth crisis stabilization facilities.** The state has recently developed three crisis stabilization facilities to support youth experiencing a crisis. Provide funding to sustain these services for our youth and reduce the need for more intensive treatments.
- **Provide targeted increases for mental health and substance use disorder services** to address workforce shortages, including increased Medicaid reimbursement rates for outpatient mental health and substance use disorder services, autism services, and child/adolescent day treatment. Increases in reimbursement are important to addressing the growing need for mental health services, an increase in struggles with substance usage, increase in suicide attempts, and continuing inequities in access for communities of color.
- **Address shortages in the mental health workforce.** Budget proposals to address the shortage include increasing funding for the Qualified Treatment Trainee Grant Program and expanding the Child Psychiatry Consultation Program into a broader mental health consultation program.
- **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.

Substance Use Disorder Services

The MHTF recommends the following investments to improve access to treatment and recovery for Wisconsinites who live with a substance use disorder.

- Allow Medicaid to cover residential substance use treatment room and board coverage and provide GPR funding to support this important service.
- Develop integrated behavioral health stabilization, intoxication monitoring, detox facilities; and fund Substance Use Harm Reduction Programs Grants.
- **Access to Narcan.** The FDA recently approved Narcan as an over the counter product without the need for a prescription. However, the cost of this vital life-saving medication may be a financial hardship for many individuals struggling with an opioid use disorder and their family members. Please consider statewide implementation of price subsidies for naloxone purchases, regulating copays for the insured, and issuing coupons targeting the uninsured. Without subsidy, this cost of this life saving medication remains a significant impediment, particularly for the uninsured.

- **Xylazine test strips.** Xylazine is in Wisconsin; there are no known uses for this drug in humans. Xylazine is a sedative used by veterinarians but when used by humans it can cause people to stop breathing, and often cause severe skin ulcers. Xylazine test strips became available recently and offer a way to detect "tranq" in the drug supply. Yet, the definition of "drug paraphernalia" for xylazine test strips in Wisconsin remains vague. We commend the legislature for removing fentanyl test strips last year from the definition of drug paraphernalia, we ask for your consideration in covering xylazine test strips to allow the drug supply to be tested with every tool that is available.

Education and Student Mental Health

Students with mental health needs and other disabilities have experienced an erosion of quality special education services due to lagging funding for special education categorical aid over the last decades while costs have increased significantly.

The MHTF recommends the following:

- **Increase special education categorical aid to 90%.** After reaching historic lows, Wisconsin's special education reimbursement rate has crept upward only slightly in the past two budget cycles, leaving districts hard-pressed to meet the educational needs of students with disabilities.
- **Increase the categorical aid for pupil services staff** by \$18 million per year, from \$12 million to \$30 million, simultaneously expanding the scope of the program to cover pupil services professionals besides social workers, including nurses, school psychologists and counselors.
- **Student Mental Health.** Of kids who receive mental health treatment, it is estimated that 75% of the time they receive care at school. Wisconsin schools have a shortage of funding and staff to meet these growing needs.
 - The MHTF recommends increasing the funding for the Collaborative School-Based Mental Health Services Grant program by \$3.25 million 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.

The MHTF recommends 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, access health care, worship, participate in support groups, access basic needs, vote, and have an independent life in their community.

- Increase funding for transit, paratransit, specialized transportation, and mobility management to help support independence and recovery, including access to healthcare and to employment. 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. Given the rising cost to deliver services, and service reductions in many communities, we recommend an increase of 10 – 20% in funding for each of these programs.

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 increased funding for homelessness prevention programs, rental assistance grants for veterans, .and funding for homeless case management services to shelters.

Support local government services

Counties and municipal government play a vital role in funding and administering essential services including mental health and substance use disorder services, transportation, disability services, public safety and much more. With rising inflation and increased demand for services, local governments require additional and sustainable state resources to maintain infrastructure, public safety investments, and human and social services.

The MHTF recommends an increase in shared revenue to address revenue shortfalls, and supports additional flexibility to allow local government to generate revenue to sustain vital services.

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.