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June, 2021 Joint Committee on Finance Paper #371

Community Based Behavioral Health System Grants (Health Services -- Community Based Behavioral Health)

[LFB 2021-23 Budget Summary: Pages 299 through 303, #2 through #15]

CURRENT LAW

Publicly-funded mental health and substance abuse services (collectively, "behavioral health") are provided through a variety of state and county programs, or by tribal governments, for members of tribal nations.

Chapter 51 of the Wisconsin Statutes requires every county to establish a county department of community programs or participate in a multi-county department for the provision of behavioral health services. These county agencies are usually part of a county department of human services.

Although counties are required to establish an agency to administer services, counties are responsible for addressing program needs only within the limits of available state and federal funding and county funds. Each county establishes its own program and budget for these services, and may limit service types and establish waiting lists to ensure that expenditures do not exceed available resources. For these reasons, the type and amount of available services varies among counties.

There are currently 67 agencies serving the state's 72 counties, including 64 single-county agencies, and three multi-county agencies (Forest/Oneida/Vilas, Grant/Iowa, and Langlade/ Lincoln/Marathon). There are 11 tribal human service agencies in Wisconsin.

The Department of Health Services has primary responsibility for state mental health and substance abuse programs. The Department's Division of Care and Treatment Services oversees and provides guidance to county mental health and substance abuse programs and administers several grant programs, using state and federal funds, to supplement behavioral health services offered by county and tribal governments.

DISCUSSION POINTS

1. In Wisconsin, counties (or tribal governments, where applicable) have the primary responsibility for coordinating and delivering publicly-funded behavioral health treatment services for their residents. For most counties, these services are administered by a county human service department (or, in some cases, a "department of community programs") that serves only one county; in a few cases, a multi-county collaborative agency has been established to provide these services.

2. Publicly-funded behavioral health services are generally targeted to individuals who are either enrolled in the state's medical assistance (MA) program or who are uninsured or underinsured. However, some services may be provided to any resident, including services not covered, or only partially covered, by insurance. This would include behavioral system crisis programs or programs designed to prevent substance abuse or mental health crisis.

3. County behavioral health programs are financed primarily through a combination of county funds and, where applicable, payments made by the MA program or other health insurance coverage. According to data collected by DHS from county program participation reports, in 2019 counties spent a total of $698.6 million for mental health services and $87.6 million for substance abuse services. These totals include revenues from all sources that flow through the county, including services provided by the county and reimbursed under MA. It does not include all MA services provided to individuals for which the reimbursement is made directly to a provider that is not a county, such as a private hospital, practitioner, or clinic.

4. The county contribution to these programs may consist of its own tax revenues, but the counties may also allocate a portion of the funding received under the community aids program to behavioral health programs. DHS distributes a total of approximately $170.0 million per year under the basic county allocation component of the community aids program and $24.3 million under a separate mental health allocation component. Basic county allocation funds can also be used for social service programs that are not related to behavioral health, such as programs serving the elderly and disabled and child welfare programs.

5. Another source of funding for behavioral health programs are targeted grants administered by the Department of Health Services. In some cases, these programs provide funding for county or tribal human services agencies, while in other cases, the funds are used to support statewide or regional services that supplement human service agencies' efforts. Targeted grant programs administered by DHS serve several purposes in the behavioral health system.

6. The following are some examples of the Department's behavioral health grant programs (with current annual funding): (a) the child psychiatry consultation program ($1,500,000 GPR); (b) the addiction medicine consultation program ($500,000 GPR), youth crisis stabilization facility grant program ($l, 178,500 PR); (d) opioid and methamphetamine center program ($3,016,000 GPR); and (e) peer-run respite center grants ($1,324,800).

7. In addition to targeted state grants, DHS also distributes federal grant funds to local governments and nonprofit entities under two block grant programs--the community mental health services block grant (MHBG) and the substance abuse prevention and treatment block grant (SABG).

Federal law establishes certain conditions for the receipt of these funds. For instance, the state must develop, and submit for federal approval, plans for delivering behavioral health services. The state must also establish advisory councils (one for mental health services and one for substance abuse services) to review and provide recommendations for the state plans. MHBG funds must be used only for services for adults experiencing serious mental illness or youth experiencing serious emotional disturbance, both of which are defined by federal regulations. In addition, these funds may not be used for inpatient services or for the purchase or construction of any building.

8. In recent years, Wisconsin has received approximately $27 million annually under the SABG and approximately $12 million annually under the MHBG. These two federal programs are administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services.

9. Both state and federal grants are typically intended to supplement county efforts for behavioral health programs, usually fulfilling one or more state policy objectives. These objectives are varied and somewhat overlapping, but can include the following: (a) providing supplemental funding in areas of high need (geographic or specific condition), where the incidence of behavioral health conditions exceeds what counties can adequately address with their own resources; (b) providing incentive funding to encourage counties to adopt best practices for services or expand their capacity; (c) filling gaps in the system, to provide more uniform level of service across all areas of the state; and (d) providing supportive funding to maintain a baseline of service availability in sparsely-populated areas.

10. Despite the funding available from state and federal grants, many behavioral health advocates, county human service agencies, and behavioral health clinicians assert that the capacity of the behavioral health system is not sufficient to meet the need for treatment and supportive services. In addition to various national studies of the gaps in the behavioral health system, there are recent studies conducted by or for DHS that support this view.

11. In 2018, DHS contracted with the UW Population Health Institute to conduct a study with the purpose of identifying any gaps in the state and county behavioral health system. The study authors used interviews, surveys, and focus groups, collecting data and perspectives from a range of system providers, administrators, and consumers. In addition to identifying system gaps, the report assesses their relative impact on individual and population health, and summarizes the recommendations for improvement suggested by both providers and service consumers. The following points summarize the key findings of the report, which was published in August of 2020.

12. The Behavioral Health System Gaps report identified several specific system gaps, based on interviews with providers and administrators: (a) a shortage of child and geriatric psychiatrists; (b) shortage of inpatient and residential beds for the treatment of substance use disorders; (c) difficulty in finding transportation to access care; (d) inadequacy of crisis stabilization services; (e) overreliance on law enforcement officers to respond to mental health crisis situations; (f) a shortage of medication-assisted treatment providers; (g) long waiting times to receive services; (h) shortage of translation services; and (i) a lack or shortage of comprehensive supportive services, like housing and employment, for consumers and their families to promote recovery.

13. Based on surveys and interviews with consumers, the study authors identified the following barriers to accessing behavioral health services: (a) cost and insurance coverage; (b) geography (travel time or distance); (c) cultural mismatch between service providers and consumers; and (d) workforce and treatment facility shortages. In addition, perceptions of the stigma associated with behavioral health conditions was also identified as a barrier that keeps some persons from seeking services.

14. According to the gap analysis report, certain populations are more likely to face barriers to receiving services. Marginalized social groups, particularly racial and ethnic minorities, are both more likely to face conditions that contribute to or worsen existing behavioral health challenges, and to also confront barriers to accessing care, including lack of trusted providers. In rural areas, an increase in social and geographic isolation contributes to an increased risk for behavior health challenges and creates difficulties in accessing care.

15. The Behavioral System Gaps Report was a one-time report with the explicit purpose of gathering perspectives from system stakeholders, and was based primarily on qualitative analysis of interviews and focus groups. Another perspective on the functioning the behavioral health system is the Department of Health Services' biennial Mental Health and Substance Use Needs Assessment. The needs assessment, in contrast with the system gaps report, is a description of the current system, based on quantitative data collected from system usage reports and population surveys. The Department publishes this needs assessment primarily to inform the planning process used for submitting the application for the federal block grant programs (MHBG and SABG). The 2019 report (the latest available) is generally based on data from 2017.

16. The DHS behavioral health needs assessment examines three areas: (a) the prevalence of behavioral health conditions in the population; (b) the usage of system, to assess the adequacy of access to services; and (c) the number of behavioral system providers and their geographic distribution. One of the key indicators of need in the needs assessment is the "treatment gap," which is the difference between the estimated number of individuals who have a mental health or substance use disorder and the number of individuals who receive treatment services. In 2017, DHS reports that an estimated 47% of adults and 37% of youth with mental illness did not receive treatment services. In addition, an estimated 69% of adults with substance use disorder did not receive services (this calculation was not performed for youth).

17. There are several reasons that individuals with a behavioral health problem do not receive services, although not all are related to the service delivery system itself. The DHS report includes national survey data on the reasons that persons with a mental health or substance use diagnosis do not access services. Among the most frequent reasons given by respondents is lack of time, a belief that they can handle the problem without professional help, and perceived stigma associated with seeking treatment. Other reasons that may indicate gaps in the delivery system include not knowing where to go for service, an inability to afford the cost, and a perception that the services available would not help.

18. In recent months, mental health and substance use experts have noted that the COVID-19 pandemic has increased the need for treatment services, and that these effects may linger. A study published recently in the Journal of the American Medical Association Psychiatry found that during

the period from late March, 2020, to October, 2020, the rate of weekly hospital emergency department visits related to all mental health conditions increased by 18% compared to the same time period in the previous year. For emergency department visits for suicide attempts and drug overdose, the rate increased by 25% to 30% during this period. Similarly, the Centers for Disease Control published findings from survey data that the prevalence of anxiety, depression, substance abuse, and suicidal thoughts showed a marked increase during the pandemic.

19. These findings were recently corroborated in a memo from the Governmental Accountability Office (GAO 21-437R). Relying on a variety of sources, including household surveys, data reported by health care providers, and interviews with practitioners, GAO reports that "longstanding unmet needs for behavioral health services persist and were worsened by new challenges associated with the COVID-19 pandemic." The memo cites survey data indicating a large increase in the percentage of respondents who report experiencing anxiety and depression, compared to the year before, as well as emerging data showing an increase in suicide and overdose deaths.

20. In response to calls for more funding to address the need for more treatment resources, Congress has recently passed legislation to increase behavioral health funding to states. Both the Consolidated Appropriations Act (CAA) of 2021 and the American Rescue Plan Act (ARPA) of 2021 provide increases to the community mental health services block grant program and to the substance abuse prevention and treatment block grant program.

21. The following table shows the supplemental amounts that the state received under the block grant programs under both COVID-19 relief acts, in comparison with the state's regular allocation under these programs for federal fiscal year 2020-21. The regular allocation is similar to the annual amounts the state has received over the past several years.

Federal COVID-19 Relief Bill Supplements for Block Grant Programs
($ in Millions)

	FFY 2020-21	COVID-19 Act Supplements	
Block Grant Program	Allocation	CAA	ARPA
Mental Health Block Grant	$12.4	$14.3	$24.6
Substance Abuse Block Grant	27.2	25.5	22.0
Total	$39.6	$39.8	$46.6

22. As shown in the table, the federal COVID-19 legislation provides a significant increase for the block grant programs, equaling or exceeding the state's regular annual allocation. In providing the block grant funding, the Consolidated Appropriation Act of 2021 states that the purpose of the supplements is "to prevent, prepare for, and respond to coronavirus, domestically or internationally." The purpose for the block grant supplements provided under the American Rescue Plan Act are not indicated, although the Act does specify that the funds must be used by September 30, 2025.

23. The federal grant supplements are generally intended to respond, with one-time funds, to an immediate increase in treatment needs associated with the COVID-19 pandemic. Federal

guidance for these programs (applicable generally to the programs, not the supplements specifically) indicates that states are encouraged to assist individual grant recipients to transition to other funding sources to support ongoing operations, such as Medicaid, Medicare, and other health insurance payments. Thus, block grant funds may be viewed as a means to assist recipients with up-front costs associated with initiating new treatment programs or expanding treatment program capacity.

24. The Department indicates that it plans to allocate the bulk of the block grant funds received under the CAA to counties (the first round of supplements), although it is awaiting federal approval of a final plan. The Department indicates that it has been in consultation with the mental health and substance abuse advisory councils, as well as other system stakeholders, on how block grant funding received under ARPA will be allocated.

25. Assembly Bill 68 and Senate Bill 111 includes several proposals for new or expanded state behavioral health grants administered by DCTS. Generally, these initiatives can be divided into three categories: (a) initiatives for improving behavioral health crisis systems; (b) substance abuse treatment enhancements; and (c) general system enhancements. The following table lists the proposals, along with the proposed funding increase. With the exception of the crisis intervention training program (base funding of $125,000), mobile crisis grant program (base funding of $125,000), and the child psychiatry consultation program (base funding of $1,500,000), these would be new initiatives. Following the table is a brief description of the proposal, along with the stated purpose, need, or system gap that the grant would address.

Proposed Behavioral Health Grant Initiatives, GPR Funding

Proposed Grant or Initiative	2021-22	2022-23	Biennial Total
Behavioral Health Crisis Initiatives			
Behavioral-Law Enforcement Collaboration	$1,250,000	$1,250,000	$2,500,000
County Crisis Call Center	923,600	923,600	1,847,200
Milwaukee Mobile Crisis Unit	850,000	850,000	1,700,000
Crisis Intervention Training	375,000	375,000	750,000
Milwaukee Trauma Response	450,000	450,000	900,000
Peer-Run Respite Phone Line Support	313,800	313,800	627,600
Behavioral Health Bed Tracker	100,000	50,000	150,000
Substance Abuse Treatment			
Medication-Assisted Treatment	$500,000	$1,000,000	$1,500,000
Substance Use Harm Reduction	250,000	250,000	500,000
Methamphetamine Addiction Treatment	150,000	300,000	450,000
Substance Use Treatment Platform	0	300,000	300,000
System Enhancements			
Behavioral Health Technology	$0	$2,000,000	$2,000,000
Deaf and Hard of Hearing Behavioral Health	0	1,936,000	1,936,000
Child Psychiatry Consultation	500,000	500,000	1,000,000
Total	$5,662,400	$10,498,400	$16,160,800

26. Behavioral Health-Law Enforcement Collaboration Grants.

Description: Provide $1,250,000 GPR annually to establish and enhance behavioral health services emergency response collaboration. Grant recipients must provide at least 25% matching funds.

Purpose, needs, or system gap: There is growing interest in establishing a collaborative team approach to responding to mental health crisis situations. Several advocates of this approach cite the benefits for both law enforcement, county social service agencies, and individuals experiencing crisis. They credit these teams for a reduction in the need for involuntary commitments and a reduction in tension between law enforcement officers and community members in need of crisis support.

If these benefits are achievable, some counties and law enforcement agencies may establish these arrangements without the need for state grant support; several municipalities and county human service agencies in Wisconsin have already taken this approach. However, some law enforcement agencies may not have the resources to devote officers to collaborative teams since this reduces personnel available for other law enforcement duties. The availability of grant funds may allow more teams to be established.

27. County Crisis Call Center

Description: Provide $923,600 GPR annually to contract for a statewide crisis call and consultation center, and specify that any county that utilizes the call center must provide at least 10% of the cost of the services.

Purpose, needs, or system gap: According to a 2019 DHS survey of counties, many agencies report a lack of staff and high turnover as problems confronting telephone crisis services. At the same time, calls to crisis lines have increased rapidly in recent years. Nine counties only have crisis lines available during business hours. The proposed statewide call center would fill gaps in smaller counties that are unable to staff a full-time call service and provide back-up support for other counties during periods of high volume. Having a backup crisis line may allow those counties to be certified to receive medical assistance reimbursement for their crisis service programs.

The federal Substance Abuse and Mental Health Services Administration has established the Suicide Prevention Lifeline, but in most Wisconsin counties this service is usually staffed by national network representatives, rather than by a local or state call center. There are some other call services available that may handle mental health crisis situations if a county crisis line is unavailable. The 211 call center, for instance, fields some calls related to mental health crisis.

28. Milwaukee Mobile Crisis Unit Enhancement

Description: Provide $850,000 GPR annually to enhance mobile crisis teams in Milwaukee County.

Purpose, needs, or system gap: The use of mobile crisis teams, when accompanied by robust follow-up treatment referral and supportive services, has been demonstrated to reduce the need for

hospitalization and achieve better outcomes compared to when emergency response is done by law enforcement officers alone. Milwaukee County has established mobile crisis teams, but the capacity of these teams is not sufficient to provide rapid response at all locations in the county and at all times.

29. Crisis Intervention Training

Description: Provide $375,000 GPR annually for mental health crisis intervention training for law enforcement and correctional officers. This funding would be for the existing program, increasing annual funding from $125,000 to $500,000.

Purpose, needs, or system gap: Law enforcement officers are frequently the first to respond when a mental health crisis is reported, since the capacity of mobile mental health crisis teams is limited. Likewise, during the course of conducting policing duties, officers may need to interact with individuals who have mental illness, substance use disorder, or dementia. The existing program was created to increase training in techniques for addressing these situations. Many law enforcement agencies in the state have had their officers complete training in crisis response and de-escalation techniques provided through this program. Currently the program has the capacity to provide training in 26 counties. DHS reports that some agencies, particularly in more rural areas of the state have not received training.

30. Milwaukee Trauma Response Grant

Description: Provide $450,000 GPR annually to expand the capacity of the Milwaukee Trauma Response Team.

Purpose, needs, or system gap: There is a significant body of research on the association between traumatic events experienced by children (often called "adverse childhood experiences" or ACEs) and long term negative consequences for emotional and physical health. The Milwaukee Trauma Response Team initiative is a joint project of the Milwaukee Police Department, the City of Milwaukee, and Wraparound Milwaukee (a managed care organization for children with serious emotional disorders). The teams provide support and counseling to children and their families in the aftermath of a traumatic event. The goal of the trauma team intervention is to help minimize the lingering emotional and social effects associated with witnessing violence or other trauma. The grant is intended to increase the capacity of the team to cover evening hours.

31. Peer-Run Respite Phone Line Support

Description: Provide $313,800 GPR annually to establish phone line support to supplement phone service provided by peer-run respite centers.

Purpose, needs, or system gap: Currently, the Department provides grants to support the operating costs of four peer-run respite centers in the state. These facilities provide services, including short-term residential stays, to individuals who need support to cope with mental illness or substance abuse. The peer-run respite centers are staffed by individuals who have successfully completed mental health or substance abuse treatment. In addition to in-person service, the peer-run respite centers provide a 24-hour non-emergency phone line to assist individuals. In 2019, the peer-run respite

centers received an average of 33 calls per day at the three peer-run respite centers that were in operation during that year. However, answering these calls takes peer specialists away for in-person support. The proposed grant would be used to contract with six additional peer specialists to expand in-person and phone service at the peer-run respite centers.

32. Behavioral Health Bed Tracker

Description: Provide $100,000 GPR in 2021-22 and $50,000 GPR in 2022-23 to establish and maintain a statewide system to track bed availability for residential treatment, peer-run respite, crisis stabilization, and inpatient psychiatric hospital beds.

Purpose, needs, or system gap: The Department currently makes a payment of $30,000 annually to the Wisconsin Hospital Association to maintain an inpatient psychiatric hospital bed tracking system. The proposal would provide funding to develop and maintain a bed tracking system for space in other behavioral health settings, including peer respite, crisis stabilization, and residential treatment facilities.

33. Medication-Assisted Treatment Expansion Grant

Description: Provide $500,000 GPR in 2021-22 and $1,000,000 GPR in 2022-23 for grants to develop or support entities that offer medication-assisted treatment (MAT) for opioid use disorder.

Purpose, needs, or system gap: In February of 2020, DHS published the results of an examination of gaps and barriers in treatment systems for opioid use disorder. DHS found that there are several parts of the state, particularly in northern Wisconsin, where the opioid overdose incidence is high but where there are no providers of medication-assisted treatment within a 30 minute driving distance. With grant funding, DHS would support the establishment of new MAT providers or establish mobile MAT services.

34. Substance Use Harm Reduction Grant

Description: Provide $250,000 GPR annually for substance abuse harm reduction grants.

Purpose, needs, or system gap: While treatment for substance use disorder is intended to end a person's addiction to harmful substances, this can be a lengthy process and is not always successful. Alongside a treatment approach, a harm reduction strategy seeks to reduce or eliminate adverse events associated with addiction. Among the strategies employed are offering clean needles for injection to reduce the risk of infection with hepatitis and HIV, provide naloxone to block the effects of opioid overdose, and provide test strips to allow opioid users to detect the presence of fentanyl in the drugs. Many local public health, law enforcement, and EMS departments employ harm reduction strategies, but DHS reports that there is a shortage of such services is some parts of the state.

35. Methamphetamine Addiction Treatment Grants

Description: Provide $150,000 GPR in 2021-22 and $300,000 GPR in 2022-23 for grants to provide training to substance use disorder treatment providers on treatment models for methamphetamine addiction.

Purpose, needs, or system gap: In the past five years, the number of individuals seeking treatment through county social service agencies for methamphetamine addiction increased by more than 100%. Although the incidence of methamphetamine addiction is lower than addiction to other substances, such as opioids or alcohol, it is growing faster. Unlike treatment for opioid use disorder, there are no medication assisted treatment approaches for methamphetamine addiction. Instead, treatment takes a number of approaches that include cognitive behavioral therapy, motivational interviewing, group support, relapse prevention, and regular drug testing. Because of the lower incidence of methamphetamine addiction, some substance abuse treatment providers are not as familiar with the most effective treatment methods. The proposed grant program would fund a vendor to provide training on these methods.

36. Substance Use Disorder Treatment Platform

Description: Provide $300,000 GPR in 2022-23 for the development of a substance use disorder treatment platform that allows for the comparison of treatment programs in the state.

Purpose, needs, or system gap: With a shortage of providers and treatment options, individuals who need and want treatment may find it difficult to locate available treatment options, or may be unaware of what options are available. The proposed initiative would allow individuals seeking behavioral health treatment, treatment practitioners, or case managers to locate available treatment options throughout the state.

37. Behavioral Health Technology

Description: Provide $2,000,000 GPR in 2022-23 for making grants to behavioral health providers to implement electronic health records and to establish linkages with the state's health information exchange.

Purpose, needs, or system gap: Nearly all physician practices and hospitals have adopted electronic health records systems (EHRs), but, according to surveys conducted by DHS, only about one-half of behavioral health providers use EHRs. While federal funding has been made available to help some health care providers adopt EHRs, behavioral health providers have not been eligible for this assistance. Without an electronic health records system, the exchange of patient information between providers is inhibited, complicating the delivery of coordinated care.

A health information exchange is a central database of health records that allows a provider to access their patients' records, such as test results, prescribed medications, and services patients received, including information relating to services rendered by other providers. The Wisconsin Statewide Health Information Network (WISHIN) serves as the health information exchange for providers in Wisconsin. DHS indicates that participation in WISHIN, which is a subscription-supported service, is uncommon for behavioral health providers.

The proposed behavioral health technology program would provide grants to providers to adopt an electronic health records system and to encourage WISHIN participation by paying the initial subscription fees.

38. Deaf, Hard of Hearing and Blind-Deaf Behavioral Health Service

Description: Provide $1,936,000 GPR in 2022-23 to allow DHS to establish a statewide behavioral health service for individuals who are deaf, hard of hearing, or blind-deaf. Under the proposal, the Department would contract with a vender to employ healthcare providers who are fluent in American Sign Language (ASL), to provide services. The funding is based on the estimated cost of supporting eight staff members for providing and coordinating services.

Purpose, needs, or system gap: The Behavioral System Gaps report indicates that there are significant barriers to accessing behavioral health services for individuals who are hearing impaired. If a mental health practitioner who is fluent in ASL is not available, deaf and hard of hearing consumers must rely on the services of an ASL interpreter to receive counseling or other treatment, and providers are required to provide interpretation services under state and federal law. However, even if interpreters are provided, the report notes that there may be an obstacles to establishing a trusting relationship between the practitioner and the consumer if the provider does not have training or experience in the unique issues confronted by many individuals deaf and hard of hearing community. Moreover, the presence of an interpreter may inhibit the client-clinician relationship.

39. Child Psychiatry Consultation Program

Description: Provide $500,000 annually to increase from $1,500,000 to $2,000,000 the annual funding for the child psychiatry consultation program. Under the program, DHS contracts with the Medical College of Wisconsin to provide professional consultation services to assist primary care physicians and clinics in providing care to pediatric patients with mental health care needs.

Purpose, needs, or system gap: The child psychiatry consultation program was established by 2013 Act 127 to address a shortage of child psychiatrists in the state. Act 127 included a requirement that, beginning in 2016, the Department must establish service hubs to expand the program statewide. The 2019-21 budget increased funding for the program by $500,000, allowing the service to extend to 57 counties. The proposed funding would be intended to provide consultation services in all counties, meeting the statutory mandate.

40. The Committee may decide, with any of these grant proposals, that providing additional state funding is warranted to address a significant need or gap in the behavioral health system. These proposals, as included AB 68/SB 111, are presented as alternatives at the end of this paper.

41. The Committee may decide that with additional federal funding provided to respond to COVID-19, the administration could elect to fund some of these initiatives with block grant funds if state GPR funding is not provided. This may mean that some initiatives that are not a good fit for federal funds, including some that require a sustained, ongoing commitment, will not be funded. In addition, using supplemental federal block grant funds to the new initiatives represented by these programs would divert block grant funding that may otherwise be used for immediate, direct treatment needs within the current county system framework.

ALTERNATIVES

		GPR Fiscal Effect		
		2021-22	2022-23	Biennial Total
Behavioral Health Crisis Initiatives				
1.	Behavioral-Law Enforcement Collaboration	$1,250,000	$1,250,000	$2,500,000
2.	County Crisis Call Center	923,600	923,600	1,847,200
3.	Milwaukee Mobile Crisis Unit	850,000	850,000	1,700,000
4.	Crisis Intervention Training	375,000	375,000	750,000
5.	Milwaukee Trauma Response	450,000	450,000	900,000
6.	Peer-Run Respite Phone Line Support	313,800	313,800	627,600
7.	Behavioral Health Bed Tracker	100,000	50,000	150,000
Substance Abuse Treatment				
8.	Medication-Assisted Treatment	$500,000	$1,000,000	$1,500,000
9.	Substance Use Harm Reduction	250,000	250,000	500,000
10.	Methamphetamine Addiction Treatment	150,000	300,000	450,000
11.	Substance Use Treatment Platform	0	300,000	300,000
System Enhancements				
12.	Behavioral Health Technology	$0	$2,000,000	$2,000,000
13.	Deaf and Hard of Hearing Behavioral Health	0	1,936,000	1,936,000
14.	Child Psychiatry Consultation	500,000	500,000	1,000,000

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