COURSE CORRECTIONS
MILWAUKEE SUMMIT ON MENTAL HEALTH & CRIMINAL JUSTICE

On October 11, 2017, regional experts and leaders in behavioral health and criminal justice gathered for Course Corrections: Milwaukee Summit on Mental Health and Criminal Justice. The purpose of this gathering was 1) to address Milwaukee's urgent need for an alternative to incarceration and criminal justice system involvement for people living with mental illness and/or those who may be experiencing a behavioral health crisis, 2) to share work being done across the region to advance this work, and 3) to build consensus regarding what course corrections are most urgently required for overcoming barriers to improving behavioral health outcomes and maintaining public safety.

The participants discussed a bold **15 year vision** of outcomes of a coordinated effort to transform the community and rebalance investment of resources upstream toward health and prosperity and away from downstream law enforcement intervention, justice-involvement, and incarceration.

Successful management of mental health and substance use in Milwaukee depends on the coordination of efforts and resources along a multi-sector continuum of civic engagement including early childhood interventions, education and employment support, access to coverage and care, data integration, supportive housing, public safety officer training, access to justice, corrective detention, behavioral health management, community corrections, and reintegration.

While access to adequate behavioral health care must be a priority from early childhood onward, the effectiveness of any given health treatment is undermined when such crucial additional supports of individual wellbeing as education, employment, and housing are missing or inadequate.

15 YEAR VISION

By 2032, through persistent collaborative effort, Milwaukee will achieve unprecedented health and justice equity, reduce racial disparity in education, behavioral and mental health, employment, and criminal justice, and will decrease in the rate of incarceration by at least half.

By 2032, health providers working with educators will routinely identify paths to optimum health and resilience when responding to life's challenges, with referrals to support and care. Children's skill sets will be identified and developed, and vulnerabilities will be addressed, in order to realize individual human potential and optimize civic engagement.

By 2032, affordable and supportive housing will be more widely available, and mental health will be supported by innovations in behavioral health that advance beyond symptom suppression with pharmaceuticals.

The participants also identified key **5 year outcomes** which will indicate that necessary course corrections have been made and that progress toward the 15 year outcomes is underway. Key among these will be a marked shift toward preventative intervention, a system-wide, in-depth usage of restorative justice programs and principles in all Milwaukee schools, increased availability of affordable and supportive housing, neighborhood desegregation, and a widespread understanding that mass incarceration is not sound fiscal policy. Cross-training among groups such as law enforcement, those with lived experience, health, and faith communities to establish more aligned, civil, and sustainable engagement with the mentally ill will be increasingly prevalent. Police and safety officers will be recognized and promoted on the basis of training, problem-solving, and solution-finding without violence or incarceration.

To these ends, we recommend and urge that Milwaukee city and county health care, public safety, justice system and community leadership take coordinated steps to accomplish the following:

1. Create and deploy a public health messaging campaign to reduce stigma and discrimination associated with mental illness, substance use disorders, and other behavioral health conditions and to promote upstream interventions and civic engagement along a life-cycle continuum. Said campaign should also aim to increase awareness of the resource options available to the public, detention staff, and first responders when encountering a behavioral health crisis.
2. Pursue legislative reforms that are smart on crime, rather than tough on crime, and that are supportive of mental health parity.
3. Support and accelerate efforts to integrate data for the purposes of managing behavioral health crises within community health systems, as opposed to within the justice system.
4. Increase access to existing resources by creating a centralized database where the non-profits in Milwaukee can list their available services, or by ensuring that an existing 2-1-1 database is complete and that awareness of its existence is widespread.
5. Develop and implement pre-natal, early childhood, and school age trauma-informed interventions that support mental health and civic engagement, including resilience and mindfulness training.
6. Ensure “no wrong door” access to support and care for all who need it via integration of primary and mental health care.
7. Explore the feasibility and effectiveness of telehealth to address behavioral health provider shortages, and incentivize the growth of the provider workforce.
8. Advance efforts to provide case management, supportive housing, and supportive employment for vulnerable individuals to reduce justice-system involvement.

9. Ensure that crisis stabilization, treatment, and hospital receiving centers have the capacity and resources to manage “no wrong door” law enforcement diversion 24/7, to perform comprehensive multi-disciplinary assessment, and to provide wraparound services that can guide individuals in crisis into treatment and toward needed resources.

10. Study our approach to, practices around, and interpretation of involuntary commitments and corporate counsel’s approach. Undertake comparative analysis of approaches around the country to identify alternatives.

11. Reduce racial disparities and inequities within law enforcement and the criminal justice system through transparent and accountable data collection, and cultural sensitivity training.

12. Universalize Crisis Intervention Training (CIT) in police and sheriffs’ departments, and among judges, prosecutors, and other attorneys, making Mental Health First Aid training immediately available and when staffing resources limit CIT participation. Aptitude for success in mental health crisis de-escalation must be assessed in pre-employment screening for all roles in law enforcement for a department to be eligible for state funding. Continuing education in mental health response must be required as well.

13. Expand specialty courts--eligibility, awareness, and number of participants (e.g., mental health treatment court, drug treatment court, veterans court).

14. Prioritize vocational training programs in correctional settings--teaching job skills that lead to real jobs, and continue to cultivate and expand relationships between the Department of Corrections and workforce development entities in the community.

15. Increase access to an improved system of re-entry services, to include primary care appointments within a gap-free continuum of care, as well as accountable supports in securing employment, housing, and continued education or vocational training. Acknowledge and continue to support the role of faith communities in supporting re-entry, and in recognizing ongoing needs and preventing escalation of illness.

16. Address issues of revocation in order to better support returnees and enable them to be successful and to remain in the community. The role of parole officers is primarily to support successful reentry, not to seek out pretexts for returning people to prison.

17. Decrease collateral damage, stigma, and re-traumatization affecting people who have been justice-involved. “Ban the Box” to reduce housing and employment discrimination.

18. Create and expand support programs for parents with inadequate skills, both to empower parents to understand and accept their accountability for their children’s future, and to help break the cycle of behavior that leads to incarceration.

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