

ARCW

AIDS RESOURCE CENTER OF WISCONSIN

Excellence in HIV Health Care

To: Members; Finance, Personnel and Audit Committee

From: Bill Keeton, Vice President Government and Public Relations; ARCW

Date: October 9, 2013

Re: Restore County Levy Funding for HIV and Opiate Overdose Prevention

As you know, HIV and opiate overdoses continue to be significant public health challenges in Milwaukee County. We are grateful for the \$100,000 contract the Milwaukee County Board of Supervisors fought hard to make available to ARCW and remain steadfast in our commitment to provide culturally competent, aggressive and effective HIV and overdose prevention programs.

Unfortunately, the County Executive did not include funding to continue this contract in his proposed 2014 budget, even at a time when the State of Wisconsin and City of Milwaukee are increasing their efforts in these areas.

Now is not the time to shirk away from the fight against AIDS and opiate abuse. As you consider amendments to the County Executive's proposed budget, I encourage you to restore the \$100,000 in county levy support ARCW needs to continue to reach as many people at-risk for HIV and opiate overdose as possible.

HIV/AIDS In Milwaukee County

Milwaukee County is the epicenter of the AIDS epidemic in Wisconsin. Since 1983 there have been 5,271 cases of HIV infection reported in Milwaukee County, with more than 3,900 people living with HIV in the county today.

Two groups – young African American men of color who have sex with men (MCSM) and injection drug users (IDUs) – account for significant numbers of people who are either living with HIV or who are at the highest risk for contracting HIV in Milwaukee County.

Young Men of Color who Have Sex with Men (MCSM)

Young African American MCSM in Milwaukee County continue to experience the greatest increases in the proportion and number of new cases of HIV; are contracting HIV at a younger age; and have the highest HIV prevalence of any demographic group.

Most alarming are the following statistics that reflect the growing and troubling nature of this trend:

- **Reported cases of HIV among young African American MSM tripled between 2003 and 2012.**
- **Young, African American MSM accounted for one-in-three (31%) of the new HIV cases in 2012, compared to 6% in 2002.**
- **Half of the African American MCSM diagnosed with HIV in 2012 were younger than 24 years old.**

- **Between 20%-40% of African American MCSM ages 15-59 years old in Milwaukee County may be HIV-positive.**

Injection Drug Use

In 2012, deaths related solely to heroin overdose surpassed cocaine overdose deaths for the first time.

Among HIV-positive individuals in Milwaukee County, approximately 16% have reported injection drug use. IDUs engage in high-risk behaviors that place themselves, those they engage in drug abuse with, their sexual partners and infant children at high risk of contracting or transmitting HIV. These behaviors include having unprotected sex, having multiple sex partners and sharing needles.

While there are many adverse health consequences associated with injection drug use, opiate overdose remains the major cause of death among IDUs. Opiate-related death rates are both a public health issue and a growing social problem. Fatal opiate overdose affects families, government, law enforcement, service providers and the general community. It is estimated that every year in Wisconsin more than 500 people die of opiate overdoses that could have been prevented.

The ARCW Response to HIV and Overdose trends in Milwaukee County:

Demand for ARCW services among people at-risk for HIV and among IDUs continues:

- **In 2012, ARCW provided 113,003 condoms and 585 HIV tests to people at-risk for HIV infection in Milwaukee County.**
- **In 2012, ARCW provided HIV and AODA prevention outreach and services to 17,645 IDUs in Milwaukee County.**
- **In 2012, ARCW trained 471 IDUs how to administer Naloxone to an individual experiencing an opiate overdose. Trained individuals reported using Naloxone 459 times to save a life.**

*The above outcomes were reached prior to Milwaukee County's investment for services in 2013. So far this year, with the additional \$100,000 of funding made available to ARCW in 2013, we are on pace to exceed all of the above benchmarks significantly:

- **Compared to 2012, in 2013 ARCW is on pace to provide 17% more condoms, reach an additional 2,000 IDUs and train more than 100 new individuals on how to use Naloxone.**

Proposal:

ARCW is requesting \$100,000 in funding from Milwaukee County to reduce new HIV infections, prevent needless opiate overdoses deaths, and lower health related costs resulting from new HIV infections and opiate overdose shouldered by the public.

With this continued funding, ARCW will continue to provide aggressive, effective and culturally competent HIV prevention to young MCSM and IDUs who are at highest risk for contracting HIV. This work will be accomplished by two separate staff positions at ARCW who will focus on the respective at-risk communities.

SHELTER TASK FORCE

SUBSTANTIAL FUNDING CUTS TO EMERGENCY SHELTER AND HOUSING SERVICES THREATEN TO CRIPPLE SERVICES TO MILWAUKEE'S HOMELESS

An estimated \$585,000 in core Federal funding for Milwaukee's emergency shelter services has been cut. Funding has been reduced as follows:

- U.S. Department of Housing and Urban Development (HUD) Emergency Solutions Grant (ESG) funding was decreased by 21%. The City of Milwaukee lost \$255,423 in ESG funds, and these funds were used to support Milwaukee's frontline shelters, homeless prevention services and rapid rehousing programs.
- The State's allocation of U.S. HUD ETH direct service funds has also been cut by 15%, with the City of Milwaukee losing \$118,802 in housing support (\$25,957 in shelter and \$92,845 in rapid re-housing, prevention, and outreach).
- City CDBG funds have decreased by 24% in 2013, including \$108,000 in core homeless service grants and \$200,000 in anticipated re-programming dollars not assigned as match dollars due to ESG funding cuts.
- In 2012, U.S. Department of Homeland Security's Emergency Food & Shelter Program (EFSP, formerly FEMA) was cut by \$103,311 or 34% compared to 2010. In addition, there has been no word on an allocation for 2013, leaving agencies guessing at whether these funds totaling nearly \$200,000 will come through at all.

These extensive funding cuts follow unprecedented delays in governmental contract issuance and cost reimbursement, which alone has significantly damaged the cash flow and financial resources of many homeless service providers. The second half of EFSP grant awards from 2012 finally became available in just the last week. The combined impact of extensive contract delays and unanticipated deep funding losses is crippling homeless services providers and resources:

- In an effort to maintain the current (and still insufficient) level of emergency shelter care bed capacity, agencies are being forced to close or scale back other related supportive services and lay off case management and other direct service staff. Direct client support – including food and basic supplies – are also being reduced or eliminated.
- Other essential sources of shelter funding (i.e., State Shelter Subsidy Grants) are increasingly in jeopardy due to staff and service reductions now being made.
- The loss of critical supportive services results in more frequent and increased shelter stays and longer waiting lists for homeless individuals with the greatest need – more homeless people will end up on the streets and homelessness prevention will be more difficult to achieve.

This significant loss of comes at a particularly challenging time in Milwaukee:

- Calls to IMPACT 2-1-1 for shelter care are now averaging 2,000 per month, and these requests for emergency housing have increased each month and by nearly 18% since 2012:

| | <u>Year 2007</u> | <u>Year 2008</u> | <u>Year 2009</u> | <u>Year 2010</u> | <u>Year 2011</u> | <u>Year 2012</u> |
|-------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Emergency Shelter Calls | 10,364 | 10,993 | 11,774 | 15,971 | 17,066 | 20,147 |
| Change from Prior Year | NA | 6.1% | 7.1% | 35.6% | 6.9% | 18.1% |
| Change from Year 2007 | NA | 6.1% | 13.6% | 54.1% | 64.7% | 94.4% |

- As evidenced in the January 2013 Point In Time (PIT) bi-annual survey of Milwaukee's homeless citizens, nearly 1,500 individuals were homeless the night of the survey, and from July 2012 to January 2013 increases of 4.7% and 23.6% were reported in the number of mentally ill and chronically homeless people.
- The link between homelessness and mental illness is well established and extensive, and the diminishment of homeless services will have a direct impact on Milwaukee County's Behavioral Health Division and their SMART System Re-Design efforts relating to community resources and service coordination improvements.

In October 2013, Milwaukee is set to launch a **Coordinated Entry System** for its continuum of homeless services, a central component of its **10-Year Plan to End Homelessness**. Under the leadership of United Way and with IMPACT 2-1-1 serving as the system's point of entry and managing agency, Coordinated Entry will change the community's homeless services systems and improve its efficiency and effectiveness with its emphasis on homelessness prevention, community-based case management, rapid re-housing, and housing access. These are all critical front-end resources to the Coordinated Entry system and are now vulnerable as a result of the substantial funding losses detailed. Coordinated Entry **NEEDS** front end services in order to reach its potential of being the most effective model of service delivery for individuals in a housing crisis.

| Agency | Total 2013 Funding | % of Total Funding | Total Funding Loss |
|----------------------------------------|-----------------------|-----------------------|-----------------------|
| Cathedral Center | \$ 160,890 | 6% | \$ (70,233) |
| Community Advocates | \$ 919,132 | 33% | \$ (345,750) |
| Daystar | \$ 45,152 | 2% | \$ (5,739) |
| Guest House of Milwaukee | \$ 378,253 | 14% | \$ (77,313) |
| Hope House of Milwaukee | \$ 242,326 | 9% | \$ (35,298) |
| LaCausa | \$ 47,112 | 2% | \$ (6,023) |
| Legal Action of WI | \$ 40,038 | 1% | \$ (28,862) |
| My Home, Your Home | \$ - | 0% | \$ (19,757) |
| Outreach Community Health Center | \$ 43,386 | 2% | \$ 23,629 |
| Pathfinders | \$ 80,676 | 3% | \$ (15,168) |
| Salvation Army | \$ 297,367 | 11% | \$ (119,487) |
| Sojourner Family Peace Center | \$ 322,125 | 12% | \$ (57,590) |
| St. Aemilian-Lakeside | \$ 23,546 | 1% | \$ 5,446 |
| Walker's Point Youth and Family Center | \$ 115,055 | 4% | \$ (24,786) |
| YWCA of Greater Milwaukee | \$ 80,167 | 3% | \$ (8,605) |
| Funding Source Totals | \$ 2,795,225 | 100% | \$ (785,536) |
| Minus \$200,000 in re-programming | | | \$ (585,536) |

Shelter Task Force Member

| SUMMARY | | |
|-----------------------|--|--------------|
| FEMA cut - \$ | | \$ (103,311) |
| FEMA cut - % | | -34% |
| ESG/ETH/CDBG cut - \$ | | \$ (691,421) |
| ESG/ETC/CDBG cut - % | | -21% |
| City ESG cut - \$ | | \$ (255,423) |
| City ESG cut - % | | -21% |
| State ETH cut - \$ | | \$ (127,998) |
| State ETH cut - % | | -16% |
| City CDBG cut - \$ | | \$ (308,000) |
| City CDBG cut - % | | -24% |

| Agency |
|----------------------------------------|
| Cathedral Center |
| Community Advocates |
| Daystar |
| Guest House of Milwaukee |
| Hope House of Milwaukee |
| LaCausa |
| Legal Action of WI |
| My Home, Your Home |
| Outreach Community Health Center |
| Pathfinders |
| Salvation Army |
| Sojourner Family Peace Center |
| St. Aemilian-Lakeside |
| Walker's Point Youth and Family Center |
| YWCA of Greater Milwaukee |
| Funding Source Totals |

| ESG 2012 | ESG 2013 | ESG Change |
|--------------|-------------|---------------|
| \$ 71,364 | \$ 56,580 | \$ (14,784) |
| \$ 305,771 | \$ 282,072 | \$ (23,699) |
| \$ 27,704 | \$ 21,965 | \$ (5,739) |
| \$ 177,728 | \$ 140,911 | \$ (36,817) |
| \$ 96,491 | \$ 36,860 | \$ (59,631) |
| \$ 29,075 | \$ 23,052 | \$ (6,023) |
| \$ 38,900 | \$ 30,842 | \$ (8,058) |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - |
| \$ 39,765 | \$ 31,527 | \$ (8,238) |
| \$ 254,527 | \$ 201,801 | \$ (52,726) |
| \$ 89,802 | \$ 71,199 | \$ (18,603) |
| \$ 18,100 | \$ 14,350 | \$ (3,750) |
| \$ 42,237 | \$ 33,487 | \$ (8,750) |
| \$ 41,539 | \$ 32,934 | \$ (8,605) |
| \$ 1,233,003 | \$ 977,580 | \$ (255,423) |

| State ETH 2012 | State ETH 2013 | ETH Change |
|-------------------|-------------------|--------------|
| \$ 39,514 | \$ 37,433 | \$ (2,081) |
| \$ 456,736 | \$ 346,427 | \$ (110,309) |
| | | |
| \$ 139,046 | \$ 134,039 | \$ (5,007) |
| \$ 39,514 | \$ 34,358 | \$ (5,156) |
| | | |
| \$ 30,000 | \$ 9,196 | \$ (20,804) |
| \$ 19,757 | \$ - | \$ (19,757) |
| \$ 19,757 | \$ 43,386 | \$ 23,629 |
| | \$ 9,358 | \$ 9,358 |
| \$ 19,757 | \$ 32,285 | \$ 12,528 |
| \$ 19,757 | \$ 9,358 | \$ (10,399) |
| \$ - | \$ 9,196 | \$ 9,196 |
| \$ - | | |
| \$ - | | |
| \$ 783,838 | \$ 665,036 | \$ (118,802) |

| |
|----------------------------------------|
| Cathedral Center |
| Community Advocates |
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| St. Aemilian-Lakeside |
| Walker's Point Youth and Family Center |
| YWCA of Greater Milwaukee |
| Funding Source Totals |

| CDBG 2012 | CDBG 2013 | CDBG Change |
|--------------|--------------|----------------|
| \$ 38,250 | \$ 12,750 | \$ (25,500) |
| \$ 459,298 | \$ 262,198 | \$ (197,100) |
| \$ 23,187 | \$ 23,187 | \$ - |
| \$ 94,396 | \$ 73,996 | \$ (20,400) |
| \$ 110,694 | \$ 150,694 | \$ 40,000 |
| \$ 24,060 | \$ 24,060 | \$ - |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - |
| \$ 37,580 | \$ 27,580 | \$ (10,000) |
| \$ 94,350 | \$ 31,450 | \$ (62,900) |
| \$ 251,066 | \$ 228,966 | \$ (22,100) |
| \$ - | \$ - | \$ - |
| \$ 79,845 | \$ 69,845 | \$ (10,000) |
| \$ 47,233 | \$ 47,233 | \$ - |
| \$ 1,259,959 | \$ 951,959 | \$ (308,000) |

| FEMA 2010 | FEMA 2012 | FEMA Change |
|--------------|--------------|----------------|
| \$ 81,995 | \$ 54,127 | \$ (27,868) |
| \$ 43,077 | \$ 28,435 | \$ (14,642) |
| \$ - | \$ - | |
| \$ 44,396 | \$ 29,307 | \$ (15,089) |
| \$ 30,925 | \$ 20,414 | \$ (10,511) |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ 18,499 | \$ 12,211 | \$ (6,288) |
| \$ 48,220 | \$ 31,831 | \$ (16,389) |
| \$ 19,090 | \$ 12,602 | \$ (6,488) |
| \$ - | \$ - | |
| \$ 17,759 | \$ 11,723 | \$ (6,036) |
| \$ - | \$ - | \$ - |
| \$ 303,961 | \$ 200,650 | \$ (103,311) |

Shelter Task Force Member

Catrisha Goodman testimony

BHD worker for 26 years

My name is Catrisha Goodman, and in November I would have worked at BHD for 26 years. On September 19th, I had to retire given my physical health. From working as a C.N.A for 26 years, the work load takes an extreme toll on your body. In 2008 and 2009 I had to have surgery on my rotator cuffs because of the amount of stress I had put on my body because of the work I did.

On any given day at BHD we could experience 3 to 4 code ones, which are physical aggressions. When patients act out in such a manner we risk injury and unpredictable instances of violence which is a frightening situation for anyone regardless of your experience.

One morning I was in the dining room passing out breakfast and drinks for all the patients. One of the patients got out of their chair and karate kicked me in my side while I was taking patients hot coffee and juice for breakfast, causing me to fall over and hit the floor. Thankfully we had all the morning staff in the dining room and they were able to stop the patient. This same patient also attacked their social worker because they didn't receive off-ward privileges, because they are a high risk patient that was prone to violence. Allowing them access to other units leaves the rest of the staff and patients at risk of injury or worse.

This is a prime example of the patients we take care of day in and day out. They are not only a danger to the staff, but to other patients and to themselves. Many of them have lived at BHD all their lives; this is the only home and family they know. To place them in a group home/community setting with no one they are familiar with leaves them in a high risk situation where they would act out.

At BHD we have the support to handle patients when they become violent and act out. In most group homes staff is outnumbered by the patients and don't have the resources the County has. A perfect example is an incident that occurred in West Allis at a community setting group home. One of the residents of the group home suffered from Schizophrenia, they heard voices and thought people were out to get them. One day the voices were so bad, he attacked the resident who lived across the hall from them and ended up killing them. This is one incident out of hundreds throughout the country.

Mental health care is not a place the County can afford to short change the residents on. For many patients BHD is all they know, in some cases the patients were sent to BHD because their families couldn't afford to care for them. Around 95% of the patients in long term care don't have any family other than the staff at BHD. To move high risk patients that are prone to violence into community settings and groups homes not only puts staff at risk but the community at risk. Many of the patients won't be able to survive such a drastic change in setting and could end up in the street, jail or even worse; dead because they don't have the support they receive at BHD.



Tuesday, October 8, 2013

To: Milwaukee County Board Finance & Personnel Committee
From: Boyd McCamish Executive Director District Council 48
Nicole Collazo-Santiago AFSCME "Take Back America" Project Organizer
Re: The downsizing of Milwaukee County's Behavioral Health Division

AFSCME represents workers at the Milwaukee County Department of Health and Human Services' Behavioral Health Division. This memo describes our concerns about the resident relocation proposal initiative and includes some policy recommendations for you.

AFSCME has traditionally represented Wisconsin workers at institutions as varied as nursing homes, mental health facilities, the state centers for the developmentally disabled as well as correctional institutions. We've also represented workers in non-institutional long term care settings -public and private.

Many of the employees are single mothers and women of color who hold family-supporting jobs. The downsizing of BHD will affect literally hundreds of working families in Milwaukee County.

Many BHD employees have been employed at BHD for a long time. They are "human infrastructure" of BHD. Their longevity provides some predictability for the clients, a critical ingredient in dealing with people with severe behavioral issues. In our experience, the same cannot be said for community settings where turnover is high, compensation is inadequate, oversight is scant and accountability is lacking. These are serious shortcomings for policy makers who are deciding the fate of individuals with severe mental illness and behavioral challenges.

AFSCME has literally decades of experience with federal, state and local government decisions involving the downsizing of institutions. We've learned some things along the way.

Here is a list of our "best practices" recommendations for legislators and Milwaukee County policy makers:

1. Ensure that any placement made from BHD be a "voluntary placement". Define "voluntary placement" as a placement made with the explicit written approval and consent of the resident, or his or her responsible family member or guardian.
2. Ensure that all relocation plans developed for individuals relocated from BHD be developed in consultation with professional and direct care staff at BHD.
3. Require the county to provide to residents, responsible family members or guardians of individuals relocated from BHD information on the appeals and grievances processes.
4. Require Milwaukee County's DHHS to submit an annual report to the Milwaukee County Board of Supervisors on the status of all individuals that were placed in the community from BHD since 2011. Specify that the report should include the following:

Man charged in fatal stabbing says he heard voices

By Bruce Vielmetti of the Journal Sentinel
May 22, 2013

A 48-year-old man with a history of mental illness has been charged with stabbing his neighbor 36 times.

Barbara Blong was found Friday lying outside the door to her apartment at 7402 W. Washington St., West Allis. She had been stabbed multiple times in the back, according to a criminal complaint charging John Vegas with first-degree intentional homicide.

According to the complaint:

Blong's roommate told police Blong was sitting in the apartment when the roommate went to take a nap. The roommate later awoke to yelling from Vegas, who lived across the hall. She said it was not unusual to hear Vegas yelling to himself.

When she didn't see Blong, she opened the door and found Blong bleeding in the hallway and called 911.

When police arrived, they checked other apartments to make sure no one else was in danger. Officers noticed Vegas had blood on his finger and asked to look in his apartment, where they saw a bloodied yellow jacket. They then sought a warrant for a more thorough search, the complaint says.

Vegas later told detectives he had no idea how Blong had died, but that he was taking medication because he often heard voices that tormented him.

In a second interview, Vegas told detectives he did see Blong at her apartment door and that the voices in his head "got him going," and that he then stabbed her several times with a kitchen knife that he washed off and put back in his kitchen drawer after the attack.

He said the voices earlier had caused him to smash the windows of his apartment, and stab a recliner he thought was occupied by spirits, the complaint states.

Find this article at:

<http://www.jsonline.com/news/crime/man-charged-in-fatal-stabbing-says-he-heard-voices-b9916702z1-208510421.html>

☐ Check the box to include the list of links referenced in the article.