



## MILWAUKEE COUNTY AMERICAN RESCUE PLAN ACT Community Support Program Proposal

### Milwaukee County Emergency Mental Health and Healing Campaign

#### PROJECT DESIGN

Provide an overview of how the community support project being proposed addresses an urgent community need brought on by the COVID-19 pandemic. Demonstrate how the project provides a feasible solution to the demonstrated need and is being coordinated with partners. Include any collaboration that will occur during the project. Explain how the proposal falls within Milwaukee County's scope of services. (500-word limit)

#### Milwaukee County Community Emergency Mental Health and Healing Campaign

- **Expand number and mobilize Community First Responders**
  - Identify, convene/connect/educate/organize grassroots community first responders
  - Resource Crisis Intervention Training for grassroots community first responders (training models: CIT, CIP, Mental Health First Aid, etc.)
  - Develop countywide Community First Responders Emergency Response Plan
  - Partner with MKE Black Grassroots Network for Black Health Equity to coordinate community first responders (they already are doing some of this work low scale. Grassroots providers are a part of the network; network has fiscal sponsors to receive and disburse grants, network is an outgrowth of the Community Resilience Imperative; network has an actionable Community Change Agenda aligned to the County's health and racial equity vision.
- **Expand the County's mental health workforce**
  - Recruitment campaign with HR, media, and community outreach partners
  - DHHS-BHD open positions with sign on bonus - target outreach to black and brown communities to fill vacancies
  - Radio recruitment campaigns on WNOV, The Truth 101.7, 98.3, adds in community newspapers
  - Work with CRI/other community partners to connect position opportunities
  - County workforce fairs
  - Work with MPS/area school districts/MATC, etc. on workforce pipeline campaign

- **Expand community grantmaking for emergency mental health crisis prevention, intervention, and supports with a focus on BIPOC communities**
  - **Expand County CARES grantmaking model specific to mental/behavioral health and prevention services**
  - **Suggest a grantmaking fund that is at-least \$1M a year, 2022-2024 to build community capacity. We can leverage ARPA investment into the fund to get others partners to grow the fund**
  - **Expand philanthropic partnerships to do direct community grantmaking**
- **Pilot mental/behavioral health crisis response innovation**
  - **Engage MERA model, align model with County assets and resources to build capacity, measure impact and grow to scale. City has committed funds contingent on County match**
- **Community crisis/mental health emergency planning and infrastructure development**
  - **Engage key community and systems partners to build trust and plan countywide community crisis response plan**
  - **Align existing plans on the shelves with innovations - include community in defining/critiquing plan**
  - **Build community infrastructure and capacity of community partners, and align resource investments for rapid response community mobilization.**
- **Expand prevention/intervention and mental health supports for Black men/boys, Black women, and families**
  - **This is where it hits the most and where we need to push to scale investment into Black partners and programs with models we know work.**
  - **We also need to wrangle them, support them, and help build their capacity.**

***CRI and Black Grassroots Network are key stakeholders to engage right now. They have components of a plan that can scale quickly with County partnership and investment.***

### **TRACKABLE PERFORMANCE INDICATORS**

Provide an overview of the project's goals, objectives, outcomes, and/or outputs that will be achieved by December 31, 2024. Please ensure that proposed project outcomes align with the Milwaukee County vision to achieve racial equity and eliminate health disparities. (250-word limit)

- Number of participants accessing behavioral health care (before and after transition)
- Proportion of participants accessing behavioral health care from vulnerable zip codes (before and after transition)
- Measure of awareness and accessibility of service locations
- New grassroots providers/partners established

- Diverse candidate recruitment numbers
- Participant and Community Survey Information

### **INVEST IN EQUITY & INTENTIONAL INCLUSION**

Provide an overview of how the proposed project supports historically underserved, marginalized and/or adversely affected groups. Demonstrate how this proposal supports any or all of the County's strategic objectives. If applicable, include how this proposal was informed by community input and builds capacity of community organizations. (500-word limit).

**As Milwaukee County works to execute its strategy, Milwaukee County Department of Health and Human Services (DHHS) is advancing a vision of customer services for everyone with its “no wrong door” integrated care & services strategy. Meaning every person, no matter age or ability, can and will be served regardless of which “door” individuals may enter. This vision involves serving people across their lifespan with quality care that elevates dignity regardless of race, gender, age, or socio-economic status. The approach is centered on easier access to quality, person-centered care; giving people not only what they need to survive but to thrive. DHHS in partnership with the Office on Equity, is committed to placing community at the center of its efforts to advance racial and health equity. In order to operationalize racial and health equity we work to ensure effective engagement of residents who are traditionally marginalized.**

**DHHS will serve as an anchoring institution to support this collaborative effort with the Office on Equity in this campaign to serve Milwaukee's vulnerable populations with resources, linkages to operational capacity, and utilizing community feedback to drive decision-making and services delivery. We have already begun to convene impacted residents, community-based organizations, faith partners, health clinics, municipal public health partners, and health advocates committed to health equity and addressing the health and social needs of the most vulnerable populations in Milwaukee County. Their mission is to eliminate racism and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all social determinants of health.**

**This campaign will target Black Indigenous People of Color (BIPOC) individuals/racial minorities, persons who are underinsured, uninsured, institutionalized populations, LGBTQAI+ persons, older adults, caregivers, and persons from impacted communities. We will also focus on the community of Milwaukee County to promote mental wellness and healing strategies in ZIP code areas (53216, 53215, 53208, 53206, 53210, 53205,53204) with a history concentrated inequity.**

**Increasing access and tailoring our services to vulnerable populations is a reflection of Bridging The Gap. There is opportunity here to contract with diverse vendors for the implementation and promotion of these services.**

### **EVIDENCE-BASED STRATEGY**

Please describe the research and/or evidence-based studies that informed the development of this strategy. Indicate if the project was developed using strong evidence, moderate evidence, or preliminary evidence. Local program evaluation data may be used as preliminary evidence. (250-word limit)

**Social determinants of health are the key driving factors of individual health outcomes, which include structural racism and social factors that perpetuate barriers for people. Obstacles such as access to quality**

mental health services shapes one's health outcomes. We will address these through two proven strategies.

**Strategy #1: Health Literacy** | Health literacy is an important indicator of health status. Strategies to improve health literacy are critical in preventing and mitigating disease burden. Health literacy is understood as the degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others. Health literacy focuses on delivering information and messages that result in the use of health information, adopted health behaviors and improved health outcomes. It positions community members to act with fuller knowledge of health, their choices, as well as consequences, and facilitates a sense of accountability among systems to ensure that health environments, including policies developed, work toward improved health and social outcomes. This effort will develop information and resources that are community-centered and promote partnership with various community organizations (incl. grassroots, faith-based, etc.) and community service providers. Key Health Literacy activities will include:

- Supporting community events that align health promotion and civic engagement
- Expanding the reach of public awareness efforts within conventional and non-traditional networks and communications channels, particularly reaching the grassroots
- Serving as translators, brokers, and connectors so that targeted audiences can have information that is delivered by a credible source.

**Strategy #2: Community Coalition** | This effort promote access and awareness to Mental Health services through community partnerships that facilitate cooperation, foster community cohesion, and address power dynamics among groups across different sectors regarding health and racial equity through utilization of a community coalition. Key Community Coalition activities will include:

- Providing technical assistance to build capacity and competence among member organizations to address community issues.
- Convening conversations with community leaders and members to expand knowledge of the problem, needs, barriers, assets.
- Facilitate and coordinate community partnership to mobilize resources effectively and equity.
- Create greater opportunities for contracting and professional services to address structural inequities related to mental health services.

### **ARPA REPORTING REQUIREMENTS**

Provide describe the department's experience managing federal funds and contracts to ensure reporting deadlines are met. (250-word limit)

DHHS is a department with an annual budget of over \$330 million serving over 80,000 people through many federal and state mandated services throughout Milwaukee County. Approximately \$150 million of this is distributed through provider network contracts. Over the period of 2010 to 2019 the department contracted over \$1.2 billion to providers and community partners. DHHS operates a complex

management of procurement and contracting system with significant capacity to ensure adherence to local, county, state, and federal requirements.

**ARPA FUNDS REQUESTED**

Provide the total request amount to be spent between 2022 – 2026. Explain how funds will be incurred and encumbered by December 31, 2024. Include a description of any matching funds/resources. (250-word limit)

**This effort would cost approximately \$272,800 annually from 2022 to 2023 for a total request \$545,600. This amount is comparable to current outreach effort and media campaigns with the Behavioral Health Service Area. The goal is to resource this effort, similar to the Community Resilience Initiative for smaller contracting and media related public health outreach, staff recruitment efforts, and contracting of grassroots organizations.**

**BUDGET**

Complete the short-form budget and provide a formula for your calculation by defining the expense item, number of units, and cost per unit for the requested project period. In the table below, outline any matching funds or resources.

Expense Item	Description	Total Cost
<b>Personnel Expenses (including fringe benefits)</b>		
1. Salary and benefits		146,000
2.		
<b>Professional Services</b>		
1. Contracted Services		\$300,000
2.		
<b>Capacity Building Resources for Implementation</b>		
1. Community Trainings		\$50,000
2.		
<b>Total Calculations</b>		
<b>Direct Expenses Total</b>		\$0
<b>Indirect Expenses (10%)**</b>		\$49,600
<b>Total Expenses</b>		\$545,600

\*\*10% de minimis indirect cost rate for ARPA projects includes rent/space allocation costs, utilities, support and administrative staff time across **County departments**, cost of databases and software, etc.

Other Revenue Source(s)	Committed or Available Revenue Amount	Potential Revenue Amount
<b>Total Other Revenue Amount</b>	<b>\$0</b>	<b>\$0</b>