



MILWAUKEE COUNTY AMERICAN RESCUE PLAN ACT Community Support Program Proposal

Safer Milwaukee Proposal – Community Trauma Response Support

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)

The County's Trauma Response Team (TRT) consists of two care coordinators under the supervision of a clinician that have been working 1st shift with MPD since 2015 and with additional community partners since 2018. The Trauma Response Team receives referrals from MPD and community partners (e.g., Office of Violence Prevention, District Attorney's Office, Sojourner Family Peace Center, and the Milwaukee Fire Department) after the officer or community member recognizes that a youth may have been exposed to or witnessed a potentially traumatic event, such as an accident, battery, child abuse, domestic violence, fire, shooting, sudden death, etc. TRT clinicians contact the referred families with the goal of offering support and providing recommendations for additional help as guided by the parameters of comfort expressed by each family. The support and services can include providing information on the possible array of mental health services in the community, psychoeducational information on trauma and possible trauma-related symptoms, and recommendations and/or referrals to community providers

Current Context:

- **Situation now:** The topic of violence and crisis in communities has garnered feedback and input across affected communities, including a number of advocacy groups and community-led efforts that have advanced recommendations. As the team looks to implement across ideas presented in this document, it will be critical to engage with both affected community members and advocacy organizations to ensure that key elements are prioritized and implemented in a manner that aligns with need and cultural competency
- **Description of current responses:** Different organizations and community engagement bodies exist across the community. It will be critical to resource involving these bodies in this work, as well as finding opportunities to involve community members

Opportunity:

- Investment in affected communities, providing technical assistance, stipends, and staffing to use the proven frameworks of public health and human services so those in affected communities can confidently engage in budgeting, design, and implementation of public safety programs

- Evaluation of implementation of prevention focused efforts related to resilience factors and care coordination
- **Alignment with strategic goals**
 - Both the County Strategic Plan and the DHHS Future State uphold the need for community involvement to determine disparities that need to be met in order to make the County the healthiest in Wisconsin. The Future State specifically calls out the need to center the community in how resources are allocated, and how programs are implemented
 - The OVP Blueprint lists as one of its key principles the need to be informed by the community most impacted by violence. The success of interventions is dependent on the power, connection, and engagement of every resident in making Milwaukee one of the safest cities in the country.” These resources will support the principle of the Blueprint
 - The County/hospital system Psychiatric Crisis Redesign aims to move supports upstream (away from emergency rooms and inpatient, where possible). The initiative recognizes the need for services to be informed and prioritized by those that are served by the system. In 2020-2021, a number of input sessions have been sponsored by the Redesign to inform expansion, and this funding request would support the implementation of the work
 - TRT would expand to 2nd shift and potentially 3rd shift response to traumatic events. This expansion would involve a larger referral pool of clinicians, serve multiple districts (or possibly not be tied to a specific district) and provide more impactful early intervention because of facilitated access day and night

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)

- **Increase referrals to the Trauma Response Team by expanding and diversifying the number and types of referral sources**
- **Quicker response by team and access to service for youth and families.**
- **Number of community and sector partners trained**
- **Number of community response and public engagement events**
- **Number of sessions and Medicaid reimbursable service connections made**
- **Participant surveys of outcome improvements and satisfaction**
- **Acceptance rate of services**
- **Collaborative partnerships for community referrals and trainings**

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).

Milwaukee County has identified racism as a public health crisis and has invested in programs and activities to achieve racial equity as a pathway to becoming the healthiest county in Wisconsin. The wellbeing of County residents is impaired by racial inequity and slows the ability to enhance quality of life here. Healing practices supports the work of empowering our communities that face challenges

Trauma response that is delivered in neighborhoods through culturally competent services and providers orchestrates services and aids in navigating people who have experienced trauma. Doing so in ways that resonate with those in need holds promise to reduce the experience of racism at a system level. Further, these approaches foster the collective action required to heal at the community level

Responds to calls for proactive prevention efforts and immediate response to individual and community needs post-incident. TRT promotes healing, behavioral health, and trauma reduction.

The County/Hospital partnership Psychiatric Crisis Redesign aims to move supports upstream and increase resolution of crisis in order to prevent future crises, as well as an increase in trauma-informed practices. Expansion of healing supports aligns directly with this need. This will allow psychiatric systems to keep functioning, decreasing need to utilize State resources (e.g. law enforcement transfers to Winnebago Institute) Increase partnership with system and build trust

- **Expanded training to system partners in community need, best practices, trauma informed service delivery, and restorative justice**
- **Builds individual and collective community capacity to both prevent and intervene in crises**
- **Builds connection both between community members and with mental health providers/agencies**
- **Expansion of DHHS capacity to retain diverse staff and collaborative healing initiatives**

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)

- **Research has proven that exposures to community level trauma and traumatic experiences in early childhood have a significant impact on brain development.**
- **The shift is informed by the Adverse Childhood Experience Study, which analyzed the relationship between childhood trauma — such as abuse, neglect, and drug and alcohol abuse in the home — and health and behavior problems in adulthood.**
- **A collaborative study between the Centers for Disease Control and Prevention and Kaiser Permanente, found the more adverse childhood experiences a person had, the more prevalent and more serious problems emerged in adulthood.**
- **Early exposure to community level violence increases the likelihood of using violence as a social norm**

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)

\$275,000 annually from 2023, 2024 is the current cost of supporting a Mobile Crisis Team. These funds would add additional support and aid DHHS efforts to recruit staff. We are challenged currently to recruit and retain clinicians of color in addition to mental health professionals. This would allow us to take a blended approach with Peer Support, Clinicians doing response to community level trauma incidents, and community and partner trainings to increase referrals.

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
Personnel Expenses (including fringe benefits)		
1. Salaries and benefits		\$450,000
2.		
Professional Services		
1. Community Training		\$50,000
2.		
Supplies & Equipment		
1.		
Capacity Building Resources for Implementation		
1.		
Total Calculations		
Direct Expenses Total		\$450,000
Indirect Expenses (10%)**		\$50,000
Total Expenses		\$550,000

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
Total Other Revenue Amount	\$0	\$0