



RACIAL EQUITY BUDGET TOOL

Date Submitted: 7/15/2020

Department: Behavioral Health Division

Please note: each response field below has a 2,500 character limit.

STRATEGIC OBJECTIVE CATEGORY 1: DIVERSE & INCLUSIVE WORKFORCE

What activities are you doing to attract and retain a diverse and inclusive workforce in your department? What are the associated costs of these activities?

Over 50% of the DHHS and BHD budgets comprise outside contracts. In 2021, DHHS/BHD is investing a combined \$50,000 (\$25,000 shared by BHD) for external evaluation of contracting practices, workgroup facilitation, diversity in DHHS contracting and the department's overall economic impact on communities of color. This is expected to create a more diverse provider network as we continue to expand services. BHD has a clinical internship program marketed towards multicultural communities. This project includes an executive assistant with extensive diversity and inclusion background to help facilitate the internship program and inclusive training documents. BHD also has an ad campaign and sign-on bonuses targeting RN's. These ad campaigns prominently show real BHD RNs, including women of color. The sign on bonus is paid after 6 months employment. We also do outreach to area universities with social work programs and participate in their career fairs.

How do you use professional development and advancement opportunities to advance equity in your department's workforce? What resources are used to support these opportunities for professional development and advancement?

All professional development/training budgets are budgeted separately in each program area. For 2021, we had hoped to centralize and expand professional development budgets, but were unable to do so within our 2021 tax levy target. We are currently undertaking a process to review all org charts with the intention to ensure that each position has a clear promotional track up through the organization. We are working with managers on proactively communicating what necessary steps staff members can take to get the skills necessary for career advancement.

STRATEGIC OBJECTIVE CATEGORY 2: PEOPLE-FOCUSED DESIGN

How and when have service users, particularly users of color, and other key stakeholders been engaged to inform decisions about your requested budget (Who was involved, what was the forum, what were the results)?

For the 2021 budget, BHD undertook a more participatory approach to community involvement in budgeting. In June 2020, all Milwaukee County residents were invited to submit an amendment to BHD's proposed budget to be voted on by the MCMHB Finance Committee. Unfortunately, BHD did not receive any amendment requests from the community. We feel that incorporating feedback from earlier community listening sessions reduced the need for many amendments. However, it is also possible that the virtual setting (due to COVID-19 concerns) may have been a barrier to some participants. We are looking forward to a more structured approach to public feedback and participatory budgeting for 2022. More targeted community engagement sessions are scheduled to take place to gather public and participant input on the psychiatric crisis redesign and new psych ER.

What are the multi-lingual needs of your department's service users? How do you use your budget to meet these language needs?

We currently struggle to adequately fund all non-English speaking service needs. BHD has all documents and pamphlets available in several languages. BHD has an interpreter service available over telephone for many programs, but it is not fully funded in all levels of care. Many of our grant and Medicaid-funded services do not separately fund translation services. We rely on a very low number of bi-lingual clinicians to meet many of our non-English language needs. We have reached out to DHS on how we might be able to fund translation services in the programs where need is highest. We anticipate needing an additional \$100,000-\$300,000 in local funding to meet this need.

STRATEGIC OBJECTIVE CATEGORY 3: EMPLOYEE PERSPECTIVE

Our employees can be a great resource for innovation and knowing what is working well and what needs work. Have you engaged a diverse group of frontline employees to inform decisions about your proposed budget changes? If yes, how was input solicited, who was involved, and what were the results?

DHHS & BHD managers and other staff are included in all levels of strategic planning. This costs a large amount of staff time, but helps align the department around a singular vision and creates a feeling of ownership among staff. Staff feedback is gathered in monthly townhall meetings and staff are brief on major budget initiatives as soon as final decisions are made.

STRATEGIC OBJECTIVE CATEGORY 4: IMPROVED PERFORMANCE & EQUITABLE PRACTICE

Describe ways in which racial and economic data was used to prioritize resource distribution. (Data can include sources found in the resources section of this tool, department collected data, or any other relevant data from other sources.)

Overall, DHHS participants include approximately 75 percent people of color. After receiving the \$2.5m tax levy targets, our top priority was in maintaining all current services. A second goal was to continue to develop the diversity and cultural competency of staff so that we can provide the highest quality service to our participants. While we were not able to make as many investments in this area we would like, we were able to fund external evaluation of contracting practices, workgroup facilitation, and DHHS's overall impact on communities of color. This will put us in a better position to purchase services that our participants need.

What are the positive or negative racial equity implications of your proposed budget changes? For reference departments may refer to the “Form 1 – Major Changes” tab of your Supplemental Forms 2021 spreadsheet. Any change with identified impacts should be described.

1. CCS Expansion - CCS currently serves 57% POC, this is expected to remain the same as we continue to expand.
2. AOT CSP Grant - CSP currently serves 60% POC, the new ACT team should have similar demographics.
5. CBRF - Increased to fund existing placements; network is currently serving 38% POC.
11. Contract evaluation and RFP reform - is expected to remove barriers and make DHHS more accessible to smaller and minority-owned provider groups
12. Merit Awards - removal of merit award funds will make it difficult to retain skilled staff.

What are the expected benefits and potential unintended consequences to disadvantaged communities of your proposed budget changes?

a. What analysis did you do to determine the expected benefits and potential unintended consequences?

BHD collects demographic data across all levels of care and has used that to inform decisions. Additionally, public feedback is collected in relation to the budget and on specific topics (such as crisis redesign) during various times of year. This is helpful in identifying blind spots of gaps in care that we may not be aware of. Most feedback spoke to shifting treatment options to be more accessible (currently addressing this through FQHC partnerships and other targeted expansions) and need for a more culturally competent workforce and translation services.

b. What will your department do to mitigate unintended consequences resulting from your proposed budget changes?

As stated in question 4, we know that we serve a substantially higher percentage of people of color in Milwaukee County than the population as a whole. Our top priority in this budget was in maintaining all current services as any service cut may have unintended consequences on racial equity in Milwaukee County. The largest unintended consequence in this budget request is the reduction of \$2.5m in local funding to support behavioral health services in Milwaukee County. With additional funding, we could make greater strides in our goal to make Milwaukee County the healthiest county in Wisconsin by putting a greater emphasis on preventative care, reducing inpatient admissions, and creating a more diverse and culturally competent workforce.