September 2025

MILWAUKEE COUNTY:

Addressing Health Equity through Re-building Local Human Services and Behavioral Health

Introduction

In 2019 Milwaukee County became the first in the nation to declare racism a public health emergency. An ambitious strategy for major programmatic and policy changes with substantial community engagement emerged within a year in time to face its first major test with the onset of the Covid pandemic. Lauded subsequently for its collective impact work with the City of Milwaukee in responding to Covid, the County leadership and its public and private partners doggedly pursued a multi-pronged strategy, achieving substantial equity-focused service delivery, policy, and financing changes even as they acknowledge the areas that are still aspirational.

Annual reports and the recently issued five-year analysis provide ample evidence of the commitment to transparency that the community has demanded and the County has embraced. Two areas of substantive change are the focus of this report: the restructuring of the county human services delivery and the transformation of the county behavioral health system. Many other equity developments, including new low-income and first-time owner housing are also noted.

The following sections describe these efforts; the plans and frameworks that set the stage; numerous enabling circumstances that presented and supported opportunities for change; select strategies undertaken by the County and its various community and private sector partners; and the progress and ongoing challenges.

> Our premise is that racism is perpetuated through institutional structures, policies, and processes... Insiders must be willing to acknowledge and question unequal policies and practices and subsequently institute remedies through culturally competent stewardship."
>
> — **MILWAUKEE COUNTY STRATEGIC PLAN, 2020**

Northeastern University

Robert Wood Johnson Foundation

Prepared by Jean McGuire, PhD and Kristin duBay Horton, MPH under a grant from the Robert Wood Johnson Foundation

Planning for Equity

In 2020 the County codified its commitment to addressing racism in Chapter 108 of the County Code of General Ordinances, Achieving Racial Equity and Health. Unique in its reach, the new code established racial equity as a top priority across the County government, paving the way for alignment in three focus areas intended to drive inclusive personnel policies and culture change; shifts in contracting processes and providers; and pathways to system delivery transformation and investment.

Strategic Focus Areas

Create Intentional Inclusion

- Reflect the full diversity of Milwaukee County at every level of county government.
- Create and nurture an inclusive culture across Milwaukee County.
- Increase the number of Milwaukee County contracts awarded to minority and women-owned businesses.

Bridge the Gap

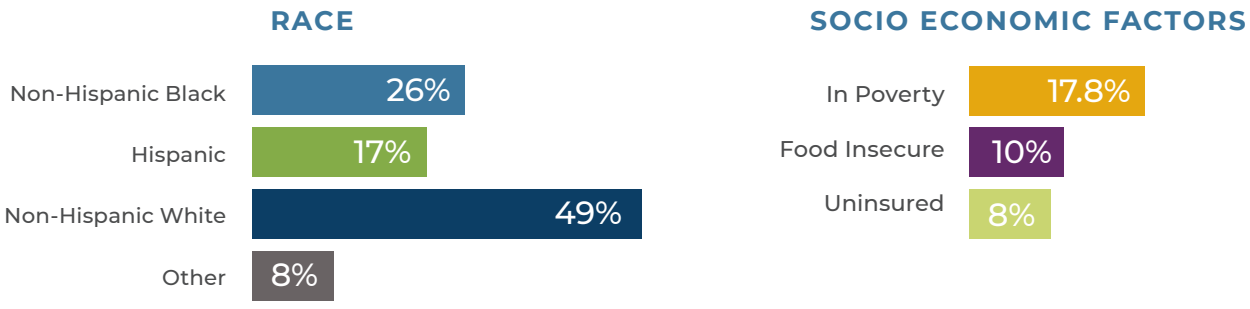
- Determine what, where and how we deliver services based on health disparity resolutions.
- Apply a racial equity lens to call decisions.
- Break down silos across Milwaukee County government to maximize access and quality of services offered.

Invest in Equity

- Invest "upstream" to address root causes of health disparities.
- Enhance Milwaukee County's fiscal health and sustainability.
- Dismantle barriers to diverse and inclusive communities.

Milwaukee County 2024

(Population 918,661)



Those domains informed the 2020–2025 DHHS Strategic Plan: Creating Healthy Communities, published after extensive community input in early 2021. Explicitly, it provided a roadmap for how DHHS planned to improve individual and community health by addressing social determinants of health and working toward racial and health equity.' From the beginning there were intentional efforts to link the overall pillars of the County's equity agenda with the specific strategies evolving within the Department of Health and Human Services, including the asks that would be needed to achieve change (From the DHHS WHITE PAPER 2020).

MILWAUKEE COUNTY PILLARS	DHHS THEMES	DHHS ASKS
• Organizational Excellence • Fiscal Health • Integration	• Integration of services to decrease duplication, serve participants based on need, at root cause — requiring changes to structure and positions • Better participant service through a single front door, with a sophisticated financial back end to support needs through mix of revenue sources	• Capital dollars, support on securing location and making moves • Technical Assistance on change, training, implementation • Increased flexibility from HR and fiscal perspective to make changes
• Racial Equity • Addressing Social Determinants	• Addressing racial equity and social determinants in DHHS internally through changes to positions, pay, etc. • Addressing racial equity and social determinants externally through collaboration with other County departments and with system partners to move systems toward equity, addressing root causes	• Increased flexibility from HR and fiscal perspective to make changes • Support of Strategy #2 — whether through seed moneys, or through grant support • County alignment on a single set of metrics that County departments collaborate on affecting • Support in operationalizing Racial Equity learnings

The DHHS White Paper, the precursor to the 5-year Strategic Plan, was developed by a 25-member team of internal and external stakeholders; it sought to define a future state that could concomitantly be a goal and a driving force. In what could have been a risky proposition, they established a timeframe — and benchmarks for achieving transformation. The timeline assumed necessary changes in practice models; technology development and use; program integration; facility management; and leveraged use of external developments, including anticipated and emerging federal and state legislative, regulatory, and revenue changes.

Two over-arching approaches drove the 5-year plan: 'No Wrong Door/Integrated Services and Care' focused on alignment and coordination for the management of human service needs and the risks associated with social determinants; and 'Population Health and System Change,' through which the DHHS committed itself to being 'a change agent to address racial equity and increase prevention in human services systems.' This commitment included considerable community consultation and public reporting of progress, challenges, and changes which began in 2021.

Planning for Equity

The collaboratively built White Paper articulated Transformational Beliefs and Commitments, affirmed equity-focused principles and frameworks to which were tied planned internal and external county practice change. The goal was to transform both participant and population level strategies and experiences. The principles animate the system change frameworks the DHHS has been seeking to apply, including prevention; person-centered and consumer-driven whole-person care; care integration and continuity across the lifespan; no-wrong-door service access; and least restrictive environment in service provision. All of these are in the service to equity through what they characterized as Targeted Universalism.

None of these ideas are new, but many of them have not been operationalized in the context of achieving equity in public and private health and human services care delivery. Commitment to doing root cause analyses across presenting challenges and applying the findings to transformational action has been part of what DHHS has sought to do. Equally important have been efforts to translate disparity evidence, consumer and community concerns, and governmental and non-governmental change strategies into easily understandable and accountable actions.

Using a System of Care approach and evolving a Practice Model for the Department helped define what actual change would look like for 'recipients and providers: relationship building; fewest number of handoffs possible; getting needs met; care linkage and transition support; and capacity building, among others.' The intent was to link those actions to specific circumstances and objectives, including, among others, reducing the carceral footprint; decreasing housing instability; placing services closer to need; aligning child and adult service delivery systems; and reducing unnecessary behavioral health hospitalizations. They sought to start where people are and figure out how to bridge the gap to equity, including when it required cross-sector and upstream collaborations.

DHHS GUIDING PRINCIPLES

- Collective Action
- Partnership
- Cultural Reverence & Racial Equity
- Community-based & -driven
- Strength-based
- Unconditional Care
- Refinancing & Resourcefulness
- Safety

TRANSFORMING DHHS: KEY STRATEGIES TO SUCCESS, 2020

Targeted Universalism is an approach that supports the needs of the particular while reminding us that we are all part of the same social fabric. Targeted universalism rejects a blanket universal which is likely to be indifferent to the reality that different groups are situated differently relative to the institutions and resources of society. It also rejects the claim of formal equality that would treat all people the same as a way of denying difference.

The Way Forward: Equity-driven Initiatives

Multiple initiatives have been undertaken to drive equity under the DHHS plan. All of them have required significant community engagement and considerable internal and external knowledge development and service delivery reorientation. Core to the DHHS' ongoing work to *operationalize equity* across health and human services has been the internal process of changing staff's hearts and minds to be open to doing things differently. Not only did DHHS develop several approaches to engaging, training and empowering staff to understand — and in fact lead — the transformation, they also put in place over time both new employee support and overall accountability mechanisms. DHHS recognized the barriers staff could — and sometimes still do — pose to embracing community engagement and a racial equity lens that would require change in the way they did business. Their changes included deliberate efforts to hire more diverse staff, including community members, to transform the prior workforce asymmetry with the population: 70% of the county workers were white.

These efforts reflected the overall County commitment to Create Intentional Inclusion and incorporated a corollary process with external partners and community members that relied upon developing shared understanding of existing disparities; identifying multiple avenues for community involvement; relying on a collective impact model to support change strategies; and identifying and supporting credible messengers. Having shared language and mechanisms for engagement helped both the governmental and the non-governmental partners through considerable change.

(Leadership) was transformative to integrity and doing the right things. (They) shifted the provider mix and the accountability.

CHANGING DHHS HEARTS & MINDS

- Do the Right Thing training
- Racial & Health Equity Leadership development
- Ambassadors for Change & Change Champions
- Vendor Leadership Diversity Training
- Engagement in RFP re-design
- Increasing staff & vendor accountability

The following sections provide a summary of two of the major equity initiatives.

1. Restructuring county human services delivery: programs, policies, people, places, and money

Milwaukee's commitment to System of Care (SOC) strategies reaches back to 1995 and the development of Wraparound Milwaukee, an integrated care delivery system for children with significant emotional and behavioral health needs. Like SOC development nationally, that effort has relied upon aligning public and private sector eligibility, enrollment, financing, service access, and care management in what continues to be a work in progress. Over the last 30 years, a similar approach shaped the County's CARS program (Community Access to Recovery Services) for people with addiction and mental health challenges, albeit often with inadequate resources.

Both efforts continue to inform the restructuring of the DHHS human service delivery for children and adults along with related strategies that have evolved within SOC and elsewhere in health and human services care delivery, including whole person / family-centered care; no wrong door; and service delivery location proximate to the populations. Increasingly, the issue of aligning cross-sector access to and delivery of services has been identified as a crucial equity related strategy.

- ***Program realignment:*** DHHS leadership was — and continues to be — determined to get rid of agency and programmatic silos as a major component of *embedding equity throughout and across lifespan*; their goal is to achieve *a greater reach and impact for the community.* Leadership sees cross-agency collaborations as most critical to their strategies. DHHS also hopes that this will lead to greater efficiencies. Their approaches have included active restructuring of the existing department agencies; cross-DHHS agency and cross-county department alignment and care integration (where possible); and collaborative efforts with external partners, including behavioral health providers and healthcare systems.

  Centering children was an early commitment of the Strategic Plan; administrative and programmatic restructuring was in service to that outcome. Children's disability programs were combined with the youth justice services division into an agency now known as Children, Youth and Family Services. Establishing a combined agency was not well-received by disability advocates initially. However, Department data analytics showed disproportionate behavioral health and other disability among children in the youth justice services; this created a strong prevention argument for improved alignment to assure early identification, intervention, and diversion as appropriate. The desire was to *keep kids out of the deep end*, both to give children better support and a better chance, and to realign resources to upstream efforts.

There was a 47% increase in kids' enrollment in LTSS in one year.

DHHS also facilitated cross-agency collaboration with their Behavioral Health Division in the care and support of both children with other disabilities and those who had become justice-involved. There is an ongoing effort to establish care coordination within all HHS divisions and with external county and private sector partners.

Centering children's wellbeing has led to DHHS integrating and aligning other services important for stabilizing families. As a result, housing coordination has been located within the CYF Services and child support has been recently moved under DHHS. Moving child support has facilitated new opportunities to remove economic burdens families faced from county and state regulatory and cost recovery efforts; and all past birth recovery payment requirements were eliminated.

Similar restructuring and re-alignment of services has occurred in the integration of Aging, Veterans, and Adult Disability Services. Some of those efforts have faced challenges at the front end: *Integration of adult protective and elder services failed*, according to initial assessments. However, an extended implementation period at the County's request resulted in improved outcomes and the integration process continues.

- ***No Wrong Door:*** Agency restructuring is an often necessary but always insufficient strategy for addressing the inequitable access and outcomes deeply associated with the confusing pathways — and frank barriers — to services access. The long history of Wraparound Milwaukee shaped the DHHS commitment to reducing the wrong door experience. First, the Department used the tools that were most readily available: redesigning staff roles, re-training and reassigning personnel internally, and outplacing county employees into community provider sites. Coordinated intake and enrollment teams were established, starting in children and family services. Initial assessments were standardized to support early identification of multi-service and referral needs. Locating housing coordination in CYF Services and locating county behavioral health staff in the community health centers were additional early strategies lauded by external partners.

The systems are easier to navigate… They eliminated a lot of barriers and they are doing a lot of communicating.

DHHS also developed new mechanisms to improve pathways to services, including hiring and procuring system navigators and peer support specialists and investing in a department-wide call center. Change is underway — understanding how it matters is still uncertain: across the Department, there is an *increase in who is coming in. But now we are trying to get to impact — are people better off with the resources we are providing?*

- ***Changing what and how services are purchased:*** Restructuring human services ultimately also required changing what — and from whom — services were procured. Building buy-in and creating the impetus for change required multi-pronged internal and external efforts. Central to the outcome was a report by Kairo Communications and researchers at the University of Wisconsin who reviewed existing contracting processes with an equity lens; assuring equitable distribution of resources and opportunity was a major goal. DHHS leadership opted for considerable transparency in the process, despite expressed internal concerns.

The Racial Equity Contracting Report which emerged in 2021 both highlighted significant bias and disparities in existing service contracting and articulated important principles for addressing racial equity through redesigned service delivery and purchasing processes, capacity building, increased accountability, and meaningful community engagement. 'In the end, DHHS must hear the voice of the consumer, the recipient of service, and encourage their contributions to systems change and plan implementation. DHHS must value the opinions of their marginalized constituents regarding service, outcomes, and impact; this must be central to an assessment of achievement of excellence and equity.'

Extensive community review of the findings and ongoing work within DHHS has led to many changes: multi-faceted internal personnel training and contracting process changes; community and provider engaged new service development and RFP review; data-driven program funding and location; BIPOC and small community provider capacity development and technical assistance, including grant-writing support; and earmarked budget items that were responsive to community priority setting. *The report gave (DHHS) cover to get money to smaller community entities* and to further target new resources that came in through Covid-related ARPA and opioid settlement funds. In the first two years after the report, there was a 20% increase in the diversity of contractual service providers. The ability to have new resources shielded the Department and the community from what are likely to be tougher transformation decisions in the future. The Department has been recognized *for having done a great job in terms of expanding the contracting and putting a good process in place as well as making change in terms of trying to hold the service providers more accountable.*

RACIAL EQUITY CONTRACTING REPORT RECOMMENDATIONS

1. Eliminate structural barriers in DHHS by restructuring divisions, increasing diversity hiring to mitigate the historical and negative impact of segregation and other social issues.
2. Increase contract opportunities by improving the RFP and appeal process, refining the provider network and fee for service processes, reviewing the pay rate for providers' front-line staff, and creating strategies to increase opportunities in the informal contracts for BIPOC providers.
3. Support the development of innovative services and ensure quality outcomes, measurement, and accountability.
4. Increase DHHS community presence through culturally competent community engagement and outreach activities.
5. Implement a provider development program to create greater organizational capacity.

Some stuff we may have to stop — maybe it is someone else's lane? We do need other types of revenue beyond Medicaid. We've tried to build some boutique things that can hopefully attract philanthropic dollars to support future growth.

Two critical tools continue to inform annual governmental decision-making and community and provider engagement in equitable resource allocations: the Milwaukee County Racial Equity Budget and the Health and Racial Equity Accelerator Toolkit.

- ***Place Matters:*** Both DHHS staff and community members recognized the equity-related importance of transforming the locations — as well as the physical spaces — where services were delivered. Co-location of services and personnel to assure more integrated and accessible service delivery was one strategy. Taking services to where people were through mobile access was another, put in place primarily for behavioral health interventions. The development of new settings was a third mechanism, represented through the opening of two new youth crisis stabilization facilities, as well as through the establishment of two adult Mental Health Emergency Centers, opened in 2022 and 2024 respectively.

  The biggest physical site transformation had been planned through development of a new Marcia P. Coggs Health and Human Services Center, a very inaccessible and inadequate 1910 building originally constructed as a retail store. For more than 2 decades a new building had been planned but not brought to fruition. The county and DHHS equity action plans placed emphasis on the quality — and accessibility — of the sites of care, both for residents themselves and for the workers. Decision-making about where to locate the new building benefited from considerable data analysis regarding where people who used services lived, and many community consultations, some of which were strategically convened by external leaders, like the local alderman. ARPA funds provided an important impetus for new construction and rehabilitation.

  Governments struggle with where to locate services, both in terms of the financial investment of acquiring and re-developing property and from NIMBY and other concerns that arise around neighborhood, parking and other potential impacts. Internally, the county was initially inclined to make use of an industrial park within their jurisdiction but not proximate to downtown. Ultimately, consumer residence, transit availability, and the opportunity to leverage adjacent property both for the Mental Health Emergency Center and for planned low-income housing development tipped the scales about location; ground for the new Center was broken in the fall of 2023. The community also approved: *Locating the campus close to the housing division… was really an equitable response.* ARPA funds and city, state, and federal housing resources were all brought to bear to support adjacent low income and affordable housing development, another component of the County and DHHS equity planning.

We didn't want to build a building that no one would come to.

2. Building a more equitable behavioral health system

The County's racial equity commitments brought added impetus to many long-standing health and human service access and quality concerns. Nowhere was that truer than in the behavioral health system which had been, for decades, under federal and state scrutiny, repeated litigation, and multiple improvement efforts, including the state-mandated oversight of a County Mental Health Board. While the long-awaited closure of the public psychiatric hospital created both resources and personnel that could be reallocated to new delivery strategies, it was the demand for culturally appropriate and locally available

emergency and other behavioral health services that drove the configuration of the still evolving delivery system.

- ***Creating change: getting beyond litigation: building coalitions, consumer engagement, cross-sector collaboration, and compelling data:*** Almost 50 years ago, Milwaukee County district court altered the course of mental health law nationally with a ruling that ushered in major changes in involuntary commitment statutes across the country. Nonetheless, Milwaukee, and Wisconsin more broadly, have since struggled to achieve the aspirations of the 1976 decision in *Lessard v. Schmidt*, including the anticipated transfer of savings from institutional care into developing meaningful community service alternatives. As recently as 2019, a report from the Substance Abuse and Mental Health Administration still noted Wisconsin as having the highest involuntary commitment rates in the country.

  For Milwaukee, that history aligned with racialized public safety practices, resulting in considerable police involvement in both differential incarceration and involuntary commitment of African Americans with mental health problems. A crisis at this intersection of the police and behavioral health, among other issues, prompted the development in 2004 of the Mental Health Task Force. A multi-sector advocacy and oversight coalition, administered by Disability Rights Wisconsin, the Task Force continues today and includes in its membership the County governmental behavioral health leadership.

While the history of attempted improvements in Milwaukee's behavioral health system is long, the last twenty years have seen accelerated efforts that laid the foundation for changes currently underway and provide a reminder of the multiple mechanisms that pushed transformation forward. The new MH Task force quickly held a major summit to engage consumers, community members, providers, and others in response to the crisis in inpatient psychiatric services that had evolved and *exposed major gaps in Milwaukee's system of mental health care*. Their report to the community, Critical Juncture, called for training of police in crisis intervention along with the building of community partnerships; establishment of a Crisis Resource Center; and enhanced prevention services, including peer support and jail diversion. Some public safety and County Behavioral Health Division (BHD) improvements began quickly.

A 2006 year-long series in the Milwaukee Journal Sentinel brought greater public attention and outrage to ongoing problems in the delivery of inpatient and other behavioral health services and revealed the barriers substandard housing for persons with mental illness were posing to meaningful community care. Additionally, it became apparent that the four local healthcare systems and the County were insufficiently responsive and uncoordinated in their efforts to address the community's behavioral health and broader healthcare needs; this compelled the development of the public-private Milwaukee Health Care Partnership which continues today.

> The Mental Health Task Force works collaboratively to identify policy issues faced by people affected by mental illness, facilitate improvements in services, give consumers and families a strong voice, reduce stigma, and implement recovery principles.
>
> — MILWAUKEE MENTAL HEALTH TASK FORCE

CURRENT MILWAUKEE HEALTH CARE PARTNERSHIP

- Ascension Wisconsin
- Aurora Health Care
- Froedtert Health
- Children's Hospital System
- 4 FQHCs
- Medical College of Wisconsin
- Milwaukee Health Department
- Milwaukee County DHHS
- WI Department of Health Services

2010 HSRI REDESIGN RECOMMENDATIONS

- Downsize & redistribute inpatient capacity
- Involve private health systems in a more active role
- Reorganize crisis services
- Reduce emergency detentions
- Expand and reorganize community-based services
- Enhance housing supports
- Enhance quality assessment & improvement programs

Within a year, the Partnership, along with the County's BHD, and the Medical Society engaged the national Human Services Research Institute in a multi-phase behavioral health system redesign project. In collaboration with the Wisconsin Policy Forum and the Technical Assistance Collaborative, HSRI produced a redesign plan in 2010 that has become the basis for ongoing program development, resource allocation, and service delivery transformation and evaluation. Significant community and provider engagement has informed the process. Throughout, their work relied upon the principles of consumer-centered, recovery-oriented, community-based, and equitable service development. As a County representative noted: *We established a goal to create a system less reliant on inpatient and institutional care, that meets people where they are with streamlined services, better access, culturally competent care, No Wrong Doors. and emphasizes proven practices like holistic and trauma informed care, stigma reduction and racial equity.*

- ***Getting to yes: plans, partnerships, leadership, and opportunity:*** Progress in addressing the 2010 redesign recommendations benefited from other policy, community engagement, and research developments. Passage of the ACA compelled hospitals to develop Community Health Needs Assessments. Milwaukee County became the first jurisdiction in the country to develop a multi-hospital public private CHNA through the Milwaukee Health Care Partnership; behavioral health and racial disparities were top priorities. In 2012, a new community voice, MIRACLE (Mental Illness Raising Awareness with Church and Community Leaders Everywhere) began addressing stigma regarding mental illness, particularly in communities of color. Still an active voice in behavioral health concerns, MIRACLE has three of their members sitting on the state-appointed County Mental Health Board. Established in 2014, the Board assumed oversight of the county's mental health and substance abuse services, bringing added expertise, albeit with some added administrative challenges. That same year, the Mental Health Task Force, which had kept aggressively pushing for change, issued its first ten-year report while HSRI and the Wisconsin Policy Forum continued conducting ongoing consultations and assessments, further shaping the redesign.

Measurable improvements in the first few years (a 23% lower utilization of psychiatric crisis services and 30% decrease in adult admissions to inpatient units) led to a 2014 reduction in county inpatient beds with a plan to transition resources to less restrictive settings; momentum regarding eventual closure of the County's psychiatric hospital increased. The next year, the last of the residents with developmental disabilities exited the hospital. However, despite new crisis intervention and other community resources, a damning 2015 HSRI report said the County mental health services were still challenged by 'issues of fragmentation, complexity of provider types, a rapidly changing policy environment, multiple levels of governance, and limited resources.' Additionally, officer-involved shootings and inappropriate management of people with mental illness, particularly African American men, continued.

State and local revenue challenges, ongoing difficulties with the local private sector hospital systems, and slow and insufficient community capacity development continued to impede progress; especially problematic were enduring barriers to closing the public hospital. While County Executive Abele finally issued a procurement for a new acute psychiatric

hospital in 2015, privatization concerns and objections from the Mental Health Board and others delayed final decisions; it would take until 2018 to finally outsource the inpatient services and four more years before the new acute facility would open. HSRI's report that year, Psychiatric Crisis Service Redesign, noted numerous positive changes since their original proposal that were paving the way for a new community system of care: the expansion of crisis response capacity, including Crisis Assessment Resource Teams (CART), jointly staffed by police and behavioral health clinicians; the opening of an Access Clinic for uninsured individuals which provided comprehensive assessment, short term recovery planning, care coordination, psychotherapy, prescriber services, assertive outreach and follow-up; the expansion of community-based residential settings for short and longer term stabilization; and the addition of one Crisis Resource Center. Peer specialist and short-term post hospitalization support were also put into place.

Abele's declaration of racism as a public health emergency in 2019 brought added attention to the racialized aspects of much of Milwaukee County's services, including the behavioral health system. The next year, former state representative David Crowley became the County's first black executive; he quickly appointed Shakita La-Grant McLain, an African American woman and veteran county manager, as head of Health and Human Services, which includes the Behavioral Health Division. Jointly and with other department heads they produced ambitious equity plans responsive to Abele's declaration. Needed change in behavioral health and in related community services and housing development became part of the County's strategies to operationalize equity for people with mental health and substance abuse challenges. Kick-starting their plan was a 2020 agreement between the County and the four major health systems to jointly stand up a new Mental Health Emergency Center where the County would bear 51% of the costs and the rest of the Joint Venture Task Force would cover the remaining costs with the County providing the land and one of the systems managing the service delivery.

2020 BHD PSYCHIATRIC REDESIGN COMMUNITY ENGAGEMENT RECOMMENDATIONS

- Increase accessibility of services for the communities being served
- Address diversity through personnel hiring; service contracting; culturally sensitive & linguistically & ability appropriate services development
- Improve standards of care through better stakeholders' communication, community campaigns to destigmatize mental illness
- Adopt strategies to increase transparency, consistency, and accountability

That same year, the BHD conducted extensive community consultations in conjunction with external consultants regarding the ongoing behavioral health community services design. The recommendations mirrored core concerns identified in the broader equity plans regarding system transformation. Among other things, the five-year DHHS plan had similarly emphasized addressing needs in the least restrictive environment via collaborative partnerships and community-based service development.

- ***Identifying progress:*** A high level summary of the behavioral health developments over the 2020–2024 period reflected the long-term redesign goals:

  + **Reduce and replace institutional services:** In 2021, the new 120-bed Granite Hills Hospital opens; in 2022 the Regional Center finally closes.

  + **Increase community-based emergency mental health services, especially in geographic areas of greatest need:** In 2021–2022, three more Access Clinics open. Crisis Mobile Services, Crisis Resource Centers, and CART Teams expand; adult and child crisis teams merge to better support family systems;

and suicide prevention services are expanded. In 2022, the first Mental Health Emergency Center and a new girls crisis stabilization facility open. In 2023, two new crisis stabilization houses for adults and the second MHEC open; a Mental Health Emergency Center Psychiatric Residency Program with the Medical College of Wisconsin begins.

+ **Increase and improve non-emergency community-based behavioral health support:** Between 2020 and 2021, ten sober houses for 60 men, women, and families open. In 2020, BHD begins outplacing staff in FQHCs to improve behavioral health and primary care integration and referrals. In 2022, a new County Mental Health Clinic opens, and substance abuse prevention support expands, including harm reduction vending machines and the Better Ways to Cope program which re-grants governmental addiction prevention funds to small community organizations. Housing navigators are hired to support residential transitions for behavioral health clients. MHEC and community agency staff receive training to support successful recruitment and retention of personnel who are ethnically and racially diverse.

+ **Increase information, transparency, and support:** A public-facing website regarding available services and treatment beds and a mental health navigator program launch in 2022, contracting services with diverse community providers, including an African American woman-owned agency based in Harambee. Community substance abuse prevention education and recovery support services expand. Internal DHHS and external community trainings seek to address stigma associated with both mental illness and substance abuse. Joint public safety and behavioral health community meetings continue.

Even as developments continue, supportive community leaders appreciate the distance between the goals and the current realities: *The county wants to sing the praises of the MHECs… they are new, good, but still probably too small for the need.* Capacity continues to be a challenge.

Making Change Necessary — and — Possible

Multiple histories, strategies, people, and policy choices over time created the environment within which the DHHS — and its community collaborators — have been able to set into motion efforts to create a more equitable County.

- ***Histories of racism and poor treatment of people with behavioral health disorders:*** Milwaukee County's equity commitment — and the community's pressure and responses — grew out of decades of intersecting histories of discrimination and activism in what has simultaneously been the most racially and ethnically diverse County in Wisconsin, the most racially segregated in the United States, and a place that has also clung persistently to an antiquated and unresponsive behavioral health system. While the 2016 police shootings and subsequent riots most imminently prompted development of the Office of African American Affairs and the eventual declaration that racism was a public health crisis, it was the accumulated effects of inequitable practices that propelled change forward: disparate social, economic, and health opportunities; discriminatory housing and other service access; and differential institutionalization and incarceration of people of color, particularly African Americans. Local, state, and national advocacy and civil rights groups brought ongoing pressure regarding both disability and race related discrimination, creating both evidence and momentum.

- ***Organizing and collective impact experiences:*** The County's efforts to *operationalize* equity benefited substantially from earlier and ongoing work in the disability and in the African American communities. Groups organized community members and their churches, service agencies, and other institutions; established both private and public sector coalitions, boards, and other structures to move change policy forward and monitor progress; elected and helped get appointed sympathetic and knowledgeable individuals; litigated discriminatory practices; and forced transparent and community-engaged plans. A backdrop to their work, and to the current strategies of the DHHS, has been decades of efforts to shape collective impact approaches across multiple sectors, including community development, education, social services, housing, juvenile justice, and healthcare arenas. Crucial to supporting collective impact efforts have been local and national philanthropic organizations, including the Greater Milwaukee Foundation, United Way of Greater Milwaukee and Waukesha County; other foundations in the local Funding Collaborative; and national funders, like the Robert Wood Johnson. Strong organizing and collective impact experiences were foundational to the community engaged decision-making and transparency that shaped the County's equity plans and the various service redesign efforts.

- ***Frameworks that compel practice change:*** DHHS adopted — and made public — a series of practice frameworks and principles in the strategic plan and in other critical administrative documents like the behavioral health redesign. These were largely co-designed with external partners; they facilitated both the County's ability to point to agreed-upon approaches to move sometimes reluctant staff, county board members, funders, and other decision-makers and for community members to hold the County accountable and to engage more meaningfully some of the challenging choices that would emerge. No wrong door; whole person, community-driven and integrated care, and service development and care location based on differential need, among other equity-focused principles, shaped the 2020 Practice Model and provided a platform for development that continues today: internal agency and service realignment; public and private personnel equity-focused training and leadership development; community-engaged contracting review and major procurement changes; as well as new program development, investment, and location. Central to these efforts has been the development of indicators against which to benchmark progress.

- ***Willing leadership, innovation experience, new funding and the willingness to use it:*** Despite obstacles, the prior 10 years saw County and department leadership move the needle on problems as diverse as the hospital closure, public safety collaboration, and service integration. Interviewees characterized the last three County managers as progressively bringing more sophisticated business management and more responsive community relationship-building and service development strategies. The election of Manager Crowley, his appointment of Shakita La-Grant McLain, and her hiring of David Muhammed brought all-black senior leaders to the still struggling health and human services arena. Besides bringing critical relevant experience, they have also been willing to take risks, always relying on an equity lens and community engagement.

  They also, though, have been strategic in building upon crucial innovation successes that underpin their current work including: the long history of Wraparound Milwaukee; evolving crisis resource center development; and the more recent service restructuring for justice-involved-youth. Their innovation approaches were thus located in positive experiences of service realignment, care management, and service integration which they saw as critical to achieving equity. They also articulated and embraced a crucial pillar of the County's strategic plan in 2020, to Invest in Equity. This mandate gave administrators the ability to make differential funding choices that could address the harms and disparate outcomes faced by people of color and others. As one of the interviewees said, it provided cover for making change in areas as diverse as RFP development and contracting rule changes through actual resource allocation. Capacity development and funding of new and smaller community organizations as well as ongoing review of minority and other funding distribution has started to move the needle on the provider base. The commitment to invest in equity also permitted more upstream service funding and targeted use of new funds that presented themselves through COVID interventions, ARPA recovery dollars, and the Opioid settlement funds.

Ongoing Challenges

Milwaukee County DHHS and its community collaborators face many of the barriers in building a more equitable future that seem inevitable in major structural and other change efforts: aspirations that are not aligned with necessary resources; governmental and private sector resistance and desire to maintain the status quo; the lack of cross-sector alignment in the goals, financing, or delivery mechanisms for achieving change; and engagement fatigue. A few of the issues noted by participants provide useful reminders of sometimes unexpected or overlooked difficulties in change-making.

- ***Change across sectors is hard.*** This was true within different parts of County government, in collaboration with community groups and agencies, and, at times, in between different sectors of the community. For example, church and other groups wanting to be funded as part of the investment in new and diverse providers found their history of abstinence-only addiction programs in conflict with the requirements to incorporate harm reduction and medication-assisted treatment. They and other new providers also struggled with the level of public oversight and reporting required.
    + *There is misunderstanding about different cultural, practice, and other pressures faced by various sectors even as they are willing to engage in change.*
    + *There was a lot of tension between the county execs and the county boards.*
- ***Frameworks need ongoing development and communication support, especially if they are to successfully undergird change-making processes.*** Socializing the new strategies across different stakeholders requires targeted and repeated communication. Additionally, sometimes the pace of government decision-making — both when it is grindingly slow and when unexpected opportunities demand fast responses — can mean that fully adhering to an articulated framework may not be possible.
    + *The equity framework is driving the work; but fewer people have heard of it than one would think.*
    + *The process is informed by strategies, but it is not always that intentional.*
- ***Deficit financing is a historic challenge in human services.*** Especially in new program development, the inability to adequately fund service delivery can erode the very trust upon which the strategy was built. Some see it as intentionally setting up strategies for failure.
    + *Were the proper amounts of investments made to maximize the likelihood of success? Was it the right amount or is this more of doing it on the cheap, under-investing?*
    + *There is still a whole culture of providing a service by trying to squeeze and leverage free services rather than coming from a perspective of excellence.*
- ***Trust-building is a fragile enterprise and histories of discriminatory and unreliable relationships can frustrate progress.***
    + *The stereotype seems to be engaging the community as an add-on instead of embedding them in the process. And because it is a long-standing circumstance in the city/county it frustrates efforts.*
    + *Erosion of trust when benchmarks and timeframes are not met.*

Moving Forward

There has been demonstrable change in the five-year period since Milwaukee County's overall equity plan and the DHHS strategic plan were announced. Internal personnel equity-related policy, training, and reassignment changes continue to occur; engagement of people with lived experience in the Credible Messengers program and in specific service development is expanding; resources have slowly shifted to new providers and to new settings proximate to populations most at risk; multiple accessible, supported, and affordable housing options have been developed, including ground-breaking for 120 new single-family homes to increase BIPOC home ownership; and there has been considerable expansion and restructuring of child and adult disability and behavioral health services and sites of care. In 2024, twenty seven new positions were added to the Department of Health and Human Services (DHHS) Aging & Disability Resource Center (ADRC) to expand services focusing on youth-to-adult transition, options counseling, veterans' benefits specialists, and community outreach. In all of these — and other service delivery changes, including the Access Centers, the Crisis Mobile Teams, the addiction related supports, and the public safety collaborations — development continues to reflect the strategic plan's emphasis on low threshold, No Wrong Door, System of Care approaches with a focus on locating new capacity in the most underserved areas. There is a lot to applaud.

And yet, community and gun violence, including officer-involved shootings, continue to challenge both governmental and non-governmental partners; workforce recruitment and retention is a cross-sector barrier to service expansion; and, as the DHHS noted in their 2024 County Board report, innovations that relied upon ARPA funding will be facing a financial cliff in 2026. The transparency of the Department is on display in that report where they publicly characterized both the enabling factors of their progress and the circumstances that will hinder ongoing development and potentially fracture trust. The community is largely rooting for them, staying engaged, and noting improvements. But both community members and government colleagues know that increasing who comes in for services is not enough to secure the future; they need to be able to *get to impact*; they want to be able to show that *people are better off with the resources they are providing*. They are operationalizing equity and expect it to make a difference.

(We) value their vision of no wrong door for community members and hope this vision will be realized. It's certainly a work in progress. Some progress has been made, but for many community members, the experience continues to be no right door.

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