

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: June 19, 2012

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: Status Report from the Director, Department of Health and Human Services, Regarding the Mental Health Redesign and Community Resource Investment

Issue

The 2012 BHD Budget included over \$3 million for a Mental Health Redesign and Community Resource Investment, which included six specific initiatives aimed at expediting the necessary groundwork for a mental health system more reliant on community resources and less reliant on inpatient care: a community-based crisis stabilization program, an additional stabilization house, increased community crisis investment, a crisis resource center expansion, a developmental disabilities-mental health pilot respite program and a quality assurance component. This report provides a status update regarding the actions that have been taken related to those budget initiatives.

Background

Multiple efforts have been undertaken in the past few years to study the existing mental health delivery system in Milwaukee County and offer recommendations for a possible redesign. In the spring of 2011, DHHS was given responsibility for establishing a Mental Health Redesign Task Force to be comprised of stakeholders from the public and private sectors, as well as providers, advocates and consumers. The Task Force was charged with coordinating the recommendations put forth, and prioritizing and implementing the new mental health system design ideas and innovative strategies. One of the points made by the Mental Health Redesign Task Force, as well as numerous other reports, was that in order to achieve the goals of decreased reliance on inpatient care and the Psychiatric Crisis Services area, it was necessary to increase community resources.

In light of this recommendation, the 2012 Budget included funding aimed at expediting the necessary groundwork for a mental health system more reliant on community resources and less reliant on inpatient care, including for programs such as the expansion of the stabilization house program and crisis resource center, development of a discharge assistance program, expansion of the mobile crisis team and initiatives aimed at assisting in the downsizing of Hilltop. BHD has been working on implementing all of these initiatives in 2012.

Discussion

In June 2012, BHD brought forward three recommended contracts. These were based on a Request for Proposals (RFP) let in March 2012 for Stabilization House, the crisis resource center and the Community Linkage and Stabilization Program (CLASP), which is a new level of care that currently does not exist in the service continuum.

All of the recommended programs will provide a safe, welcoming, and recovery-oriented environment, and all services will be delivered in a person-centered, trauma-informed, culturally competent, and recovery-oriented focus of care. The following contracts were recommended:

Stabilization House:

The stabilization house will serve adults who reside in Milwaukee County who live with a mental illness or co-occurring disorder and are in need of further stabilization after an inpatient hospitalization. It is also warranted for individuals who are awaiting a residential placement and require structure and support to ensure a smooth transition into the residential placement. Stabilization house services may also provide temporary supported accommodation for people with mental health needs during a crisis or when they need respite from living at home.

Goals and Desired Outcomes

The primary goals of the Stabilization House programs are:

- Prevent people from going into the hospital when they experience a crisis in their mental health or social circumstances, or need respite accommodation
- Stabilize individuals in a more home-like and less-restrictive environment than a hospital setting
- Provide brief, individualized crisis interventions and support to promote the acquisition of skills necessary to transition to a more permanent living situation
- Assist with linkage to community resources, housing and movement to a more independent living environment in conjunction with the individual and the individual's support network

BHD, based on the County Board action in June, is still reviewing these RFP responses and will return to the Board for final approval later in 2012.

Community Linkages and Stabilization Program (CLASP):

This program will provide post-hospitalization extended support and treatment designed to support consumers' recovery, increase ability to function independently in the community and reduce incidents of emergency room contacts and re-hospitalizations through individual support from a state-certified Peer Specialist.

Goals and Desired Outcomes

The primary goals of CLASP are to:

- Improve quality of life for consumers
- Promote consumers' recovery in the community
- Increase consumers' ability to effectively deal with problems and resolve crises
- Increase consumers' ability manage stressors outside an inpatient hospital setting
- Help consumers navigate between various system access points and levels of care

The CLASP program is an innovation and we expect that it will decrease the recidivism of clients.

BHD recommended that La Causa be awarded the CLASP contract for \$165,000 from July 1, 2012 through December 31, 2012. The program anticipates serving 50 individuals in 2012.

Crisis Resource Center:

A crisis resource center on the north side of Milwaukee County to serve adults who reside in Milwaukee County and who live with a mental illness and are in need of crisis intervention and/or short-term

community-based stabilization rather than hospitalization. The crisis resource center will serve adults with mental illness and may include individuals with a co-occurring substance use disorder who are experiencing psychiatric crises.

Goals and Desired Outcomes

The primary goals of the crisis resource center are:

- Provide early intervention and short-term, intensive, community based services to avoid the need for hospitalization
- Stabilize individuals in the least restrictive environment
- Assist in crisis resolution
- Work with individuals to develop a comprehensive crisis plan
- Connect individuals to peer support from a Certified Peer Specialist
- Link individuals to appropriate community-based resources so that they may live successfully in the community

BHD recommended that Community Advocates be awarded the crisis resource contract for \$425,000 from July 1, 2012 through December 31, 2012. The program anticipates serving approximately 300 individuals in 2012.

BHD has also worked on other 2012 programs and initiatives related to the Mental Health Redesign and Community Resource Investment, including:

The Mental Health Summit – February 2012:

A Mental Health Summit was held on February 14th, to share the recommendations of the Mental Health Task Force Action Teams with the greater community. Approximately 150 people attended. National speakers with expertise in mental health redesign and consumer-driven care were invited to participate. The cost of this program was \$31,664.

Technical Assistance:

Members of the Mental Health Task Force and associated Action Teams have requested technical assistance to implement the recommendations put forth by the group. An RFP was issued in May 2012 to secure that assistance. BHD is submitting a separate Board report for review in July recommending a contract for these services for a total of \$242,087 for ZiaPartners, Inc.

Housing:

Permanent supportive housing has been shown to have a positive impact on the recovery of individuals and their stability. The Housing Division had a supportive housing development come to completion prior to the anticipated date; therefore they did not have funds allocated for client support staff in that building. BHD dedicated \$50,000 to cover the costs related to staffing for these 50 housing units, allowing them to open early.

Next Steps

Consistent with the 2012 Budget and the Mental Health Redesign Task Force recommendations, BHD is anticipating the following additional actions this year.

Mobile Crisis:

BHD has a desire to improve the Chapter 51 Emergency Detention process and procedure. BHD Administrators have been active participants in several legislative council studies attempting to include the option of a clinician having the ability to detain individuals in need of emergency mental health care. This has not been successful to date. BHD is currently investigating an option of having law enforcement join the Mobile Crisis Team so that emergency detention calls would have both a clinical and law enforcement component. BHD is analyzing this option and working on identifying the exact amount of funding needed for this model. BHD will continue to move forward with this initiative and will update the Board in the next status report.

Intellectually Disability Respite Beds:

The Disabilities Services Division issued a Request for Proposals in June 2012 to add a four-bed ADA accessible crisis stabilization home specifically dedicated to clients with developmental disabilities/mental health diagnoses. It is anticipated that this contract will come before the Board in September 2012 and will have an approximate annual cost of \$250,000.

Employment Services:

Employment is an essential component of recovery. To encourage engagement in employment, BHD is planning to work with the Housing Division to launch a major employment initiative. BHD and Housing will report on this initiative to the board in September.

To begin the initiative, BHD/DHHS will host a seminar with employers related to employment of individuals in recovery, especially related to the employment of Certified Peer Specialists. Topics of discussion will include job descriptions for peer specialists, working with employees who have a mental illness, challenges related to employees who have disability benefits and how to avoid any stigma with other employees. The estimated initial seminar cost is \$35,000.

In addition to the seminar, BHD also plans to invest in education for employers related to employment and rehabilitative services in Milwaukee County. The goal of this is to create an infrastructure and prepare employment specialists to implement this model of supportive employment, which is reimbursable from Medicaid. This model, Individual Placement and Support (IPS), was developed at Dartmouth and it is required that a certified trainer complete any model education. BHD anticipates that the cost of this education and development of the infrastructure will be a total of \$175,000 over 2012 and 2013.

Prevention Specialist:

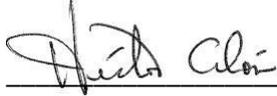
BHD plans to create a new substance abuse and mental health prevention coordinator/specialist position to work to promote mental health wellness throughout the community. The position would focus on primary prevention, early intervention and address prevention activities. BHD plans to bring a request to create this position forward in September and the anticipated cost, including fringe benefits, is approximately \$96,000 annually.

Fiscal Impact

Attachment A includes an overview of 2012 and 2013 committed funding related to this 2012 Budget Initiative.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

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