COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 27, 2012

TO: Peggy Romo West, Chairwoman , Committee on Health and Human Needs

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division, on behalf of the Mental Health Redesign and Implementation Task Force

SUBJECT: **An informational report from the Director, Department of Health and Human Services, on the progress and activity of the Mental Health Redesign and Implementation Task Force**

Issue

In April 2011, the County Board of Supervisors passed a resolution (File No. 11-173) supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign and Implementation Task Force (Redesign Task Force) to provide the Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities.

As requested by the Committee on Health and Human Needs in September 2012, the Department of Health and Human Services (DHHS) and the Behavioral Health Division (BHD) are submitting a report on the implementation plan for the Redesign Task Force, developed in collaboration with community stakeholders and the contracted technical assistance providers.

Background

Mental health service delivery in Milwaukee County had been the subject of considerable research and scrutiny in the months and years leading up to the creation of the Redesign Task Force in April 2011. Numerous public and private entities issued reports on how to modernize and improve the mental health system generally as well as the Behavioral Health Division specifically. The County Executive and Board of Supervisors charged DHHS with assembling a group of public and private sector stakeholders – including consumers, providers, advocates and administrators – with instructions to evaluate and prioritize the various recommendations to improve the Milwaukee County mental health system and to develop an implementation plan for those recommendations.

The Redesign Task Force has worked since July 2011 under the leadership of Pete Carlson, Vice President and CAO of Aurora Psychiatric Hospital and Aurora Behavioral Health Services, and Paula Lucey, BHD Administrator. Five Action Teams were charged with addressing key areas of the redesign and how to prioritize and advance select recommendations within those key areas – Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. Each Action Team is co-chaired to encourage partnership in facilitation. The Redesign Task Force has recognized that its success will depend upon the meaningful involvement of individuals with lived experience of mental illness, as well as their family members. This is a priority in both participation and leadership in the redesign and implementation process. It is likewise essential to engage participants who represent the racial, ethnic, and cultural diversity of our community. To date, we have not been successful in recruiting adequate

participation from such key stakeholder groups, and the Redesign Task Force leaders are therefore committed to increasing the diversity of experiences, opinions, and ethnicities and cultures that are represented among the contributors to redesign and implementation.

The past and present deliberations and activities of the Redesign Task Force and the Action Teams are rooted in various proposals recognized by the County Board in its initial charge to the Redesign Task Force, including reports by the Human Services Research Institute, the Community Advisory Board for Mental Health, the Department of Audit, the New Behavioral Health Facility Study Committee and others.

The charter document of the Redesign Task Force articulates its guiding principles, which include ensuring access to high quality services and supports in community-based settings, reducing reliance on emergency services and unnecessary inpatient care, full inclusion of consumers, family members and advocates, partnership between public and private stakeholders, compliance with the integration mandate of the ADA and *Olmstead v. L.C.*, diversity and cultural competence and moving beyond the medical model to a philosophy of independent living. Lastly, and central to the redesign efforts, is adherence to SAMHSA's Guiding Principles of Recovery (http://www.samhsa.gov/recovery):

- Recovery emerges from hope.
- Recovery is person-driven.
- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationship and social networks.
- Recovery is culturally-based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibility.
- Recovery is based on respect.

Redesign activities are built around the overall BHD mission, which is to empower all individuals to live independently and to help them and their families achieve their vision of happiness by providing services that are person-centered. These redesign efforts are a major undertaking within this mission and are consistent with the values and principles of the Department of Health and Human Services:

- We respect the dignity and worth of each individual we serve and with whom we work.
- We act with honesty and integrity, adhering to the highest standards of moral and ethical principles through our professional and personal behavior.
- We strive for excellence, implementing best practices and measuring performance toward optimal outcomes.
- We work collaboratively, fostering partnerships with others in our service networks and with the community.
- We are good stewards of the resources entrusted to us, using them efficiently and effectively, to fulfill our mission.
- We honor cultural diversity and are culturally competent and sensitive.

In January 2012, responding to a directive from the New Behavioral Health Facility Study Committee (File No. 11-516), a presentation was made to the Committee on Health and Human Needs outlining the recommendations of the Redesign Task Force. Each Action Team presented the key recommendations from their area. A comprehensive presentation was also made at a public summit in February 2012,

where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance to the stakeholders in the redesign and implementation process.

Following the February summit, the Action Teams paused their work as BHD leadership, the Redesign Task Force, and its Executive Committee considered how to move forward with the recommendations that had been put forward. The Redesign Task Force resolved in March 2012 to seek technical assistance for the process of implementing the affirmed recommendations. An RFP was developed in April and issued in May. Responses were received and evaluated in June, and the County Board of Supervisors passed a resolution authorizing the DHHS Director to execute a professional service agreement with ZiaPartners, Inc. The contract began September 1, 2012, and the consultants have worked with leaders from DHHS, BHD, and the Redesign Task Force and Action Teams since that time.

Discussion

Through their review and prioritization of redesign recommendations, and by adjusting and adapting recommendations based on their expertise, the Redesign Task Force and Action Teams have yielded a thoughtful, thorough and ambitious action plan that is categorized into Targeted Improvement Areas:

1) **System of Care:** Creating a system of care with a skilled workforce and programming array that are person-centered, recovery-oriented, trauma-informed, integrated and culturally competent.
2) **Crisis System Redesign:** Creating and sustaining a community-based continuum of crisis services to reduce involuntary commitments and undue reliance on acute inpatient care.
3) **Continuum of Community-Based Services:** Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.
4) **Integrated Multi-System Partnerships**: Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.
5) **Reduction of Inpatient Utilization:** Supporting a recovery-oriented system that permits the reduction of both acute care utilization and long-term care bed utilization, both at BHD and throughout the community.

Structures Supporting Redesign Efforts

In addition to the Redesign Task Force, a number of structures are in place to support the community-wide implementation of redesign-related initiatives.

- Private Hospitals and BHD: BHD leaders meet on a monthly basis with representatives from private hospitals to improve transition care management between BHD and area hospitals and emergency departments. Participants also share data and discuss general trends, issues and ideas for improving patient care. This is an open exchange of concerns and a functioning problem-solving group that has met since 2008.

- Milwaukee Co-Occurring Competency Cadre (MC3): A dedicated and growing group of community agencies (including BHD) has committed to providing welcoming, trauma-informed, recovery-oriented and co-occurring capable programs and to delivering integrated, stage-matched, best practice, recovery-oriented, person-centered interventions for all individuals who present for services. The Person-Centered Care Action Team will meet monthly (or as needed) as a formal subcommittee of the MC3 Steering Committee, providing guidance to redesign participants and supporting the transformation of programs to align with the needs of persons and families who have complex needs. Continuous quality improvement will be emphasized on all levels in pursuit of the mission of BHD and the guiding principles of DHHS.

- BHD Crisis Service Providers: The Director of Crisis Services at BHD has initiated Community Outreach Partnerships for Empowerment, or COPE, a workgroup which involves the community-based Crisis Resource Centers, the Community Linkage and Stabilization Program (CLASP), the Stabilization Houses, Certified Peer Specialists, consumer family members, AODA providers and other partners that are motivated to help identify, change and sustain system improvements.

- Behavioral Healthcare Provider Coalition: A newly convened group of providers meets monthly to discuss shared concerns and opportunities for system-wide coordination and communication. BHD has committed to meet with this group with due frequency, upon the group's request.

- Disabilities Services Division: BHD and the Disabilities Services Division (DSD) are working together to relocate clients from Hilltop and to develop the necessary community support services for successful transitions for these clients. DSD is working to develop respite housing with a goal of providing an opportunity for clients to become stable prior to requiring inpatient admissions. BHD is also expanding its mobile team to include expertise in intellectual disabilities to support clients and their caregivers in the community. Both Divisions are consulting with the Waisman Center from Madison, a national expert on this population of clients.

- Housing Division: BHD and the Redesign Task Force maintain a close relationship with the Housing Division of DHHS. The Housing Division continues to expand the opportunities for individuals to live as independently as possible in the community. Working together, BHD and Housing staff can find the best housing and programmatic approach for clients.

- Internal Structures: The redesigned system that we are pursuing requires a seamless continuum of collaborating and integrated services. Within BHD, Crisis Services and Adult Community Services have recognized the overlap in their services and are working together closely on the design of their service system. Senior staff is attending both Crisis and Community Services staff meetings to be fully familiar and involved with the activities and innovations of each branch. Adult Community Services is also working closely with Wraparound Milwaukee to merge their quality programs and contract monitoring. Each branch purchases services from multiple vendors, and each has a need to monitor its processes and to define and evaluate outcomes.

Resources Related to Redesign

The Redesign Task Force has affirmed numerous recommendations related to the necessity of an increased investment in community resources in order to achieve the goals of decreasing reliance on inpatient care and psychiatric emergency services, reducing recidivism, and promoting prevention.

The 2012 BHD Budget included $3 million in community investment funding aimed at bolstering the mental health system community infrastructure, with a goal of building a mental health system that is more reliant on community-based services and less reliant on inpatient care. In 2012 BHD has invested these funds in the following programs:

- The **Stabilization House** (contracted with Bell Therapy for $149,000) serves adults living with a mental illness or co-occurring disorder who are in need of further stabilization after inpatient treatment or observation, as well as those awaiting a residential placement and requiring structure and support to ensure a smooth transition. 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. In addition, BHD has a Behavioral Health Emergency Service Clinician position that staffs this program ($47,000 in 2010).

- The new **Crisis Resource Center** (contracted with Community Advocates for $525,000) serves adults with mental illness, including individuals with a co-occurring substance use disorder, who

are experiencing psychiatric crises. This location complements the existing CRC on the south side. The 2012 funds include some one-time upgrades to the facility to ensure ADA accessibility.

- The **Community Linkages and Stabilization Program** (contracted with La Causa for $195,000) provides post-hospitalization extended support and treatment designed to support consumers' recovery, increase ability to live independently in the community, and reduce emergency room contacts and re-hospitalizations through individual support from a Certified Peer Specialist. This contract includes a coordinator position to oversee the entire program.
- The **Expansion of the Mobile Crisis Team**, including a new partnership formed with the Milwaukee Police Department, provides a team of first responders to calls for behavioral health emergencies. The team includes a clinician at BHD and an MPD officer with a goal of reducing emergency detentions in Milwaukee County. Total investment in this initiative in 2012 is $82,000.
- BHD has partnered with the Disabilities Services Division (DSD) to start a **DD-Mental Health Respite Program** in 2012. DSD expanded the number of Crisis Respite Home beds to provide a less restrictive service alternative for individuals with intellectual, physical disabilities or with co-occurring mental health and intellectual disabilities who live in the community and need short-term crisis intervention. This creates an alternative for BHD admissions for individuals in crisis. Total investment in this initiative in 2012 is $110,000.
- Additionally, BHD has made other investments including: hiring a new **Quality Assurance** position, providing funds for supportive services in a **Special Needs Housing** facility, sponsoring a **Redesign Summit** for community providers, hiring ZiaPartners for **Technical Assistance,** funding an **Employment Seminar** and investing in **Training and Research**.

Due to the logistics of planning and implementing these initiatives, BHD realized a one-time remainder of $1.1 million from the funds earmarked for the community investment in 2012. This was reported to the Committee on Health and Human Needs in September 2012, and the Board approved a contract with the Planning Council for Health and Human Services in October 2012 to assist BHD in using these one-time funds in 2013 for the implementation of the following distinct initiatives:

- **<u>Certified Peer Specialists Pipeline Program</u>**
  Target launch date: January 2013 – First Pipeline Program group of CPS deployed
  Estimated cost: $200,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *6.3 Expand peer support and consumer-operated services*
  - ***Mental Health Redesign:*** *Person-Centered Care and Continuum of Care Action Team recommendations*

  Through the Certified Peer Specialist (CPS) Program, Milwaukee County will help improve and systematize the training, certification, development and employment of CPS in Milwaukee County.
- **<u>Step-down Housing Alternative</u>**
  Target launch date: February 2013 – Opening of Step-Down Housing
  Estimated cost: $100,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.1.1 Integrated Community Housing; 7.3 Homeless System Partnership*
  - ***Mental Health Redesign:*** *Community Linkages Action Team*

The Step-Down Housing Alternative will fill a gap in services by providing an additional resource in the housing continuum for those who are discharged from inpatient settings or transitioned from homeless situations. The funds will be used for the County to takeover and renovate existing housing at the Autumn West location that is being vacated by Community Advocates.

- **Case Management Expansion**
  Target launch date: May 2013 – Client capacity expanded by two caseloads
  Estimated cost: $400,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.2 Expand Permanent Supportive Housing*
  - ***Mental Health Redesign:*** *Community Linkages Action Team*
    Two additional caseloads will be developed in collaboration with community stakeholders in order to fill needs that are not currently being met and make the services available to a larger client base.

- **Individual Placement and Support (IPS) Employment**
  Target launch date: June 2013 – First pipeline group of CPS available
  Estimated cost: $125,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *5.4 Expand EBPs; 6.2 Increased education and services*
  - ***Mental Health Redesign:*** *Workforce Action Team*

  IPS (Individual Placement and Support) refers to the evidence-based practice of supported employment that helps people with co-occurring disorders work at competitive employment jobs. The funds will help provide in-depth training, embedded employment specialists and transitional paths to employment.

- **Supportive Living Units**
  Target launch date: August 2013 – New units ready and available
  Estimated cost: $200,000
  Recommendations addressed:
  - ***HSRI Recommendations:*** *7.2 Expand Permanent Supportive Housing*
  - ***Mental Health Redesign****: Community Linkages Action Team*

  These additional supportive housing units represent a continued investment of funds for additional community-based supportive living units with on focus a suburban sites.

These proposals for the remainder of the 2012 community investment funds will ultimately result in some expansion of community services, though it may take several months for their impact to be realized. Given the urgency and severity of the need for community-based services, and given that these funds have been available since January 2012, we would be remiss not to explore every opportunity to further expedite our implementation processes to improve the lives of our clients. We will also continue to consult with the Action Teams regarding recommendations on future expansion of community services.

The 2013 Budget maintains funding for the above programs developed in 2012 (with the exception of the noted one-time investments), and it also includes several initiatives that are directly responsive to recommendations that emerged from or were affirmed by the Redesign Task Force. BHD will close one (1) of its Acute Treatment Units in 2013, due to increasing transfers to private hospitals and decreasing census. This reduction of inpatient beds at BHD is contingent upon appropriate services and inpatient capacity in the community, and back-up plans will be in place to address unanticipated demand. The Center for Independence and Development (formerly Rehabilitation Center – Hilltop) will also be

downsized by twenty-four (24) beds, with clients transitioning to community-based services and supports. In its Adult Community Services, BHD intends to expand its service array in 2013 to include two new psychosocial rehabilitation benefits – Community Recovery Services (CRS) and Comprehensive Community Services (CCS) – to enable smoother transitions between levels of care for consumers with changing needs. These select initiatives represent a small but significant piece of the broad system of mental health services in Milwaukee County.

In order to track our progress and determine if we are increasing access to community services, increasing independence and wellness, and decreasing use of crisis and institutional services, it is essential to have the tools in place to track service utilization, consumer satisfaction, and provider quality. Developing such tools will be a top priority and should be in place in the first quarter of 2013, aided by the contracted technical assistance providers. Additional quality assurance and independent oversight will also be key to ensuring that resources are wisely invested and that high standards are achieved and maintained for provider quality and consumer outcomes.

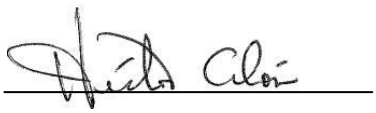
Next steps: Redesign Implementation Action Plan

With the assistance of ZiaPartners and their technical assistance team, the Redesign Task Force has developed an action-oriented and flexible framework for planning, tracking, and recording progress on all redesign implementation activities, which are aligned with Action Team and expert recommendations and grouped within the five identified Targeted Improvement Areas. The attached plan is intended to be a living document to which the Redesign Task Force and Action Teams will add content over time, including specific tasks, responsible parties, and markers of progress. Much of this content is already in place in the plan, and many tasks are already mature and well understood. BHD leadership and the Redesign Task Force are excited and eager to continue to work with community stakeholders and the technical assistance team to further develop this plan and to use it as a comprehensive guide and measurement tool to track progress toward a welcoming, person-centered, recovery-oriented mental health system. The Action Teams have regrouped and resumed regular meetings as of November 2012, and there will be a concerted effort to recruit more diverse membership, including increased participation of those with lived experience. The present work of the Action Teams is to ensure that all recommendations are put into goals that are specific, measurable, attainable, realistic, and time-bound, and to assign appropriate tasks to responsible parties.

Included with this report are three items: A list of select redesign-related accomplishments to date (**Appendix 1**); a list of past and present contributors to the redesign and implementation efforts (**Appendix 2**); a Mental Health Community Investment Expense Tracker (**Appendix 3**); and an Action Plan related to the five Targeted Improvement Areas (**Attachment 1**). BHD will report on a quarterly basis with updates on the Action Plan.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
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Jodi Mapp, Committee Clerk

APPENDIX 1:

Select Accomplishments To Date

The following is a select list (in no particular order) of some of the programs implemented and projects executed in 2011 and 2012 related to the five Targeted Improvement Areas, as well as other budget initiatives put into place beginning in 2010 toward the redesign efforts:

- Worked with Family Care and the Disability Services Division to initiate plans to begin **downsizing Hilltop**, pursuant to 2011 and 2012 budget initiatives.
- Initiated **Community Linkages and Stabilization Program (CLASP)** to improve patient discharges and reduce recidivism, utilizing person-centered and trauma-informed services provided by Certified Peer Specialists.
- Began operation of an eight-bed **Stabilization House** to provide services for adults with a mental illness or co-occurring disorder who are in need of further stabilization after an inpatient hospitalization.
- Conducted training for employers on how to train, hire, and properly utilize the services of Certified Peer Specialists in their programming and as integral members of their treatment teams.
- Involvement in the **Milwaukee Co-occurring Competency Cadre (MC3)** initiative.
- **Outsourced Targeted Case Management (TCM)** and expanded caseloads, requiring contractors to utilize Certified Peer Specialists and prioritize involvement in the MC3 initiative. Adding a minimum of one Spanish-speaking case manager.
- Issued new contract for Office of Consumer Affairs, reflecting the central role of consumer perspectives in the provision of services and the evolution of the system.
- New **supportive housing developments** at Highland Commons and Bradley Crossing.
- Added Milwaukee County to the Medicaid State Plan Amendment for **Community Recovery Services** to maximize the County's options for developing a more complete and responsive continuum of care, bridging the wide clinical gap between TCM and CSP.
- Opened a new **Crisis Resource Center** on the north side, adding geographic access for consumers with 50% more bed capacity than the existing south side location, helping reduce inpatient admissions and bouts of homelessness.
- Replaced Crisis Walk-In Clinic at BHD with new **Access Clinic** model, ensuring that all walk-in clients are seen by a clinician and referred as needed to community-based therapy or medication management services.
- Conducted **Trauma-Informed Care program assessments** and hired a **TIC Coordinator**.
- Revised BHD Assessment Policy to incorporate universal screening including Joint Commission requirement to include trauma related to exploitation.
- Educated staff on Mandt techniques to **reduce seclusion and restraint** and on sensory techniques and trauma-informed care to maintain more therapeutic environments.
- **Reconfigured inpatient units at BHD** to include a Women's Treatment Unit and an Intensive Treatment Unit, in addition to two general Acute Treatment Units. Reduced the overall census by seventeen (17) beds. Expected to close one of the Acute Treatment Units in 2013.
- Increased **transfers to private hospitals**. More than half of insured patients who require inpatient admission are being transferred from BHD to a private hospital. Aided by a private hospital opening a dedicated unit for BHD transfers.
- Conducted educational clinical series in Evidence-Based Treatment and Recovery initiated in BHD Day Treatment Program.

- Expanded on existing **relationships with area academic institutions** by creating an affiliation between the BHD Psychology Department and Marquette University's doctoral program in Clinical Psychology. Recruited and accepted three (3) Clinical Psychology doctoral students for BHD practicum experiences.
- Appointed new Director of Psychology Training at BHD.
- Hired a Director of Social Work at BHD to continue established best practice discharge standards, including continuity of care planning and alternative step-down approaches and community linkages.
- Created the **Prevention Coordinator** position within the Community Services Branch.
- Collaborated with the Milwaukee Police Department for the inclusion of **crisis-trained officers on the BHD mobile crisis team,** and participated in Crisis Intervention Team trainings to expand the pool of CIT-trained MPD officers, County Sheriff's Deputies, and corrections officers.
- Established a Cultural Competence Committee at BHD for "an assessment of service needs, strategies to reduce disparities and access, language needs, race/ethnicity and culturally competent training and commitment to a growing multicultural workforce."
- Issued RFP for language services for BHD and have implemented a contract with expanded requirements for services including a call-in option.

Began implementation of **Electronic Medical Records** for improved safety, efficiency, and interoperability.

APPENDIX 2:

Mental Health Redesign Participants and Contributors (Past and Present)

Sadiqa Abdullah – Karen Avery – Bevan Baker – Dan Baker – Barbara Beckert – Pat Bellittiere
Cindy Bentley – Jennifer Bergersen – Stacey Bielski – Danielle Birdeau – Serge Blasberg
Michelle Boknevitz – E. Marie Broussard – Beth Ann Burazin – Mary Lou Burger – Kathleen Burroughs
Shirin Cabraal – Todd Campbell – Pete Carlson – Lee Carroll – Clarence Chou – Ricardo Cisneros
Sue Clark – Sara Coleman – Héctor Colón – Kelly Davis – Chris Della – Lora Dooley – Matt Drymalski
Colleen Dublinski – Melissa DuBois – Peg DuBord – Sue Eckhart – Kathleen Eilers –Rene Farias
Michael Fendrich – Kristina Finnel – Pam Fleider – Ursula Flores – Mark Flower – Liz Ford
Rachel Forman – Mark Fossie – Sarah Fraley – Susan Gadacz – Debra Gatzke – Michelle Gehring
Scott Gelzer – Lois Gildersleeve – Meg Gleeson – Mardy Goldsmith – Martina Gollin-Graves
Paul Golueke – Shawn Green-Smith – Ann Hadley – Beth Halusan – Judith Hansen – Thomas Harding
Chantil Harris – Jonathan Hart – Nigel Harvey – Tom Heinrich – Chris Hendrickson – Rob Henken
Javier Hernández – Carol Hess – Jim Hill – Peter Hoeffel – Julie Hueller – John Hyatt – Tito Izard
Bernestine Jeffers – David Johnson – Karen Johnson – Jane Johnston – Barb Jones – Bruce Kamradt
Jonathan Kanter – Karen Kaplan – Raisa Koltun – Carrie Koss Vallejo – Alex Kotze – Debra Kraft
Jim Kubicek – Justin Kuehl – Henry Kunath – Rochelle Landingham – Walter Laux – Jon Lehrmann
Jamie Lewiston – Carl Lockrem – Cheryl Lofton – Amy Lorenz – Jeanne Lowry – Paula Lucey – Geri Lyday
Juan Macias – Lyn Malofsky – Heather Martens – Michelle Martini – Jim Mathy – James McNichol
Joy Mead-Meucci – Patty Meehan – Ronald Mendyke – Amy Moebius – Mary Moftah – Chris Morano
Paul Mueller – Valerie Nelson – Mary Neubauer – Tom Nowak – Lynne Oehlke – Jay O'Grady
Chris Ovide – Judy Pasko – Alice Pauser – Robin Pedersen – Mary Pelner – Larry Pheifer – John Prestby
Kathleen Pritchard – Vicki Provencher – Dennis Purtell – Zach Quade – Tom Reed – Laura Riggle
Leonor Rosas – Ruth Ryshke – SaAire Salton – Nick Sayner – Ken Schmidt – Doris Schoneman
Sue Schuler – Susan Sigl – Shelly Silfven – Barbee Sorensen – Vicki Spataro Wachniak – Gary Stark
Mark Stein – Mary Stryck – Yvonne Stueber – Danielle Summers – Joy Tapper – Susan Tarver-Harris
Tia Torhorst – Joe Volk –Beth Walloch – Jeff Weber – Joy Wedel – Brenda Wesley – Peggy Romo West
Paul West – Jan Wilberg – Gregory Williams – Janet Wimmer – Sally Winkelman – Jennifer Wittwer
Tracy Wymelenberg – Kenyatta Yamel – Debora Zamacona Hermsen – Nathan Zeiger

Appendix 3

Mental Health Community Investment Expenditure Tracker

Initiative	2012 Budget	2013 Annual Cost	2012 Amount	Notes
1) CLASP	**$ 405,870**			
7.5 FTE Peer Specialist Positions - contract	$ 250,000	$ 250,000	$ 125,000	July 1 start date (2012)
1 FTE Peer Specialist Coordinator - contract	$ 80,000	$ 80,000	$ 40,000	July 1 start date (2012)
1 FTE Stabilization Coordinator - Contract	$ 75,870	$ 75,870	$ 31,613	July 1 start date (2012)
Funds Remaining		**$ -**	**$ 209,258**	
2) 8-bed Crisis Respite & Staff	**$ 363,800**			
Additional Crisis Respite Facility - contract	$ 250,000	$ 298,000	$ 149,000	July 1 start date (2012)
1.5 FTE of BHESC	$ 113,800	$ 113,800	$ 47,417	Estimated Fill - August 1
Funds Remaining		**$ (48,000)**	**$ 167,383**	
3) Community Crisis Options	**$ 330,000**			
RN 2	$ 95,000	$ 95,000	$ 23,750	Estimated Fill - Oct 1
PSW	$ 85,000	$ 85,000	$ 21,250	Estimated Fill - Oct 1
MPD - Mobile Crisis	$ 150,000	$ 150,000	$ 37,500	Establish contract with MPD for one police officer on Mobile Crisis team.
Funds Remaining		**$ -**	**$ 247,500**	
4) Up to 2 North Side Crisis Intervention Programs	**$ 1,400,000**			
Crisis Resource Center contract		$ 850,000	$ 425,000	July 1 start date (2012)
Crisis Resource Center upfront costs		$ -	$ 100,000	One time cost
Funds Remaining		**$ 550,000**	**$ 875,000**	
5) Quality Assurance	**$ 85,352**			
Quality Assurance Coordinator		$ 85,352	$ 35,563	Estimated Fill - August 1
Funds Remaining		**$ -**	**$ 49,789**	
6) DD-Mental Health Pilot Respite Program	**$ 448,040**			
Contracts	$ 110,000	$ 250,000	$ 62,500	Oct 1 start date (2012)
Staffing	$ 338,040	$ 198,040	$ 49,510	Estimated Fill - Oct 1
Funds Remaining		**$ -**	**$ 336,030**	
7) Other Expenditures				
Special Needs Housing		$ (74,714)	$ (50,000)	2012 - Contract for early opening of facility. 2013 - New Community Intervention Specialist position in Housing.
Budget Adjustment		$ (100,000)	$ (100,000)	
Redesign Summit		$ -	$ (31,664)	One time cost
Cost increase adjustment		$ (50,000)		Technical adjustment for inflation
Technical Assistance		$ -	$ (250,000)	One time cost
Employment Services Seminar		$ -	$ (35,000)	One time cost
IPS Training for Employers		$ (87,500)	$ (125,000)	
Behavioral Health Prevention Coordinator		$ (96,000)	$ (24,000)	Estimated Fill - Oct 1
WRAP Training - Grand Ave club		$ (30,000)		
8) Potential Expenditures				
Waisman Center consulting		$ -	$ (100,000)	One time cost
Employment in Recovery programming		$ -	$ (25,000)	One time cost
TOTAL FUNDS REMAINING		**$63,786**	**$1,144,296**	

November 26, 2012

IMPROVEMENT AREA 1: System of Care: Creating a system of care that is person-centered, recovery-oriented, trauma-informed, integrated, and culturally competent, for all programs and persons providing care.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Convene an advisory group comprised of consumers, providers, and other stakeholders to ensure adherence to person-centered care and recovery.	Achieve and maintain representation of diverse constituencies on Redesign Task Force with consideration to lived experience and person-centered planning.	MHRITF leadership	**2011-04:** Included Action Team co-chairs on Redesign Task Force	AT-PCC
	Formally affiliate MC3 Steering Committee with Person-Centered Care Action Team to provide guidance to redesign activities and ongoing system improvements.	MC Steering Committee; AT-PCC	**2012-10:** Chartered subcommittee of MC3 Steering Committee for support and evaluation of person-centered principles in redesign.	
Improve engagement of consumers and their families.	Issue RFP and enter into new contract for BHD Office of Consumer Affairs.	BHD; Horizon Healthcare, Inc.	**2012-10:** Contract awarded to Horizon Healthcare, Inc.	HSRI; CAB; AT-PCC
Expand application of the Comprehensive, Continuous, Integrated System of Care to create accessible and therapeutic environments.	Increase buy-in and participation in MC3 Steering Committee and Change Agent activities.	MC3 Recruitment Committee	**Ongoing**	CAB; AT-PCC
	Develop metrics on how to measure CCISC-related progress for all programs.	MC3 Evaluation Committee; Dr. Drymalski; AT-Q	**2013-04:** Metrics to be developed, implementation to begin	
	Create more welcoming environments of care, including transforming physical environments to be more welcoming and therapeutic.	Administrators and facilities managers, partnering with AT-PCC	**2012-04:** Women's Treatment Unit; **2012-11:** PCS Admission Center renovated to enhance patient care and safety	
Incorporate trauma-informed care and person-centered planning into policies and procedures, hiring and training processes, and service delivery.	Hire a Trauma-Informed Care Coordinator at BHD and conduct TIC program assessments.	BHD	**2011:** Hired TIC Coordinator	HSRI; CAB; AT-PCC
	Prioritize TIC as a skill for new hires and in professional development for existing staff.	TIC Coordinator; BHD leadership; all providers	**Ongoing** (BHD)	
	Train and evaluate staff on use of motivational and person-centered approaches.	Managers system-wide	**2012 and Ongoing:** Mandt training for all BHD staff, with annual recertification	
	Foster partnership among community agencies to provide TIC system-wide.	MC3 Change Agents	**2012-01:** TIC training for Change Agents	
Expand Evidence-Based Practices consistent with SAMHSA guidance.	Integrate mental health, AODA, and other services across the system, incl. universal screening and motivational interviewing.	MC3 Steering Committee; BHD Community Services	**2012-12:** Workshop with Center for Evidence-Based Practices (Case Western Reserve University) on integrated care	HSRI; AT-CC; AT-CL; AT-Q

Workforce should be reflective of and sensitive to consumer population.	Recruit and engage providers from diverse backgrounds, including those with the lived experience of mental illness.	Management teams throughout system, partnering with AT-WF	**2012-10:** Contracted with new provider to enhance utilization of Certified Peer Specialists at BHD	HSRI; CAB; AT-PCC; AT-WF
	Conduct cultural competency training and periodic self-assessment.	Management teams throughout system, partnering with AT-WF	**2011:** Cultural Comp. Committee established at BHD; **Ongoing:** Employee education related to peers	
Make public sector entities competitive with the private sector to ensure consistently high quality services throughout the system.	Regularly review and adjust compensation to ensure competitive recruitment.	BHD; County Board; County HR	**2012:** Staffing plan submitted to County HR	AT-WF
	Utilize incentives such as student loan forgiveness and professional development opportunities.	BHD; County Board	**2012:** Meeting with Milwaukee County HR	
Promote a culture of ongoing learning, interdisciplinary fluency, and professional development.	Normalize set of minimum skill and training requirements for persons working in behavioral health, including basic knowledge of human development.	BHD and community providers; AT-WF	Orientation redesigned. Front line staff empowered as Change Agents (MC3).	AT-WF
Ensure adequate supply of qualified mental health professionals to meet current and future demand. Promote psychiatry and psychiatric nursing as a profession, and explore an expanded role for psychiatric RNs and NPs.	Create a pipeline for personnel such as psychiatrists, RNs and NPs, psychiatric RN managers and executives, psychologists, occupational therapists, and psychotherapists with substance abuse certification.	BHD; County HR; academic institutions; Nursing's Voice	**2011-2012:** Nursing's Voice activities hosted by Faye McBeath Foundation	AT-WF
	Partner with higher education institutions to aid recruitment, retention, and education of licensed professionals.	BHD; foundations; UWM School of Nursing; Nursing's Voice	**2012:** Faye McBeath Foundation supporting two nursing school faculty in residence at BHD, working alongside RN staff to provide professional development, coaching; **2013:** Psychology Fellowship at BHD; exploring MCW partnership	
	Maintain up-to-date nursing and medical curricula. Engage nursing schools about including psychiatry in core curriculum.	BHD Nursing; licensed providers throughout system; AT-WF	**2012:** Four nursing schools placing students at BHD	
	Implementation of Nursing's Voice project.	WI Center for Nursing; Public Policy Forum; nursing schools (3); major employers of RNs; advisory panel	**2011-2013:** Collaboration to improve preparation of RNs for MH jobs, upgrade skills of RNs employed in MH, operate pilot projects to connect RN educators and employers.	

Ensure timely access to qualified interpreters and translators, and educate providers on how to utilize appropriately.	Contract for language services at BHD, including a call-in option.	BHD administration	**Ongoing** (BHD)	CAB; AT-PCC; AT-WF
	Provide education for interpreters and translators to gain proficiency in person-centered care and trauma-informed care.	BHD administration	**2012-2013:** BHD to meet with Office for Persons with Disabilities	
Use consumer-directed services and peer support to assist consumers in system navigation and development of individualized recovery plans.	Include peer support as a preference/requirement in contracting for community-based services.	BHD Community Services; Contract Administration	**2012:** Peer support given priority consideration in contracting	HSRI; CAB; AT-CL; AT-PCC
	Support non-crisis peer-supported listening and referral services.	Warmline, Inc.; BHD	**2009 and Ongoing+A50**	
Expand peer support and consumer-operated services.	Peer Specialist Pipeline Program to improve and systematize CPS training, certification, development, and employment.	BHD; WI Peer Specialist Employment Initiative; UWM	**2013-01:** First Pipeline Program group of Certified Peer Specialists to be deployed	HSRI; AT-PCC; AT-CC; AT-CL; AT-WF
	Promote education opportunities for employers who work with Certified Peer Specialists.	BHD; TCM/CSP providers; WI Peer Spec. Employment Initiative	**2012-09:** Conducted educational event; assessing outcomes to plan for future opportunities	
	Support the Evidence-Based Practice of the Clubhouse model of psychiatric rehabilitation.	Grand Avenue Club; BHD Community Services	**2012-09:** Increased funding to Grand Avenue Club for training of Certified Peer Specialists as WRAP facilitators; **Ongoing**	
Establish a system-wide QA/QI Steering Committee to monitor core outcome measures, identify process indicators, and develop a dashboard for reporting.	Determine quality data to be gathered and assign responsibility for ongoing analysis, reporting, and recommendations for improvement to group of qualified representatives from community stakeholders.	TriWest; AT-Q; QA/QI staff from stakeholder organizations; MC3 Evaluation Committee	**2012-2013:** TriWest to establish community dashboard	HSRI; AT-Q
Develop a management information system to collect and report common data elements.	Work with TriWest to establish community dashboard and common acuity measures.	TriWest; AT-Q; QA/QI Steering Committee	**2012-11:** Input collected from MHRITF on types of data to be collected for community dashboard	HSRI; AT-Q
Consider QA/QI performance evaluations in the review of proposals for adult community services.	BHD Community Services to work with Wraparound Milwaukee to consolidate QA monitors.	BHD Community Services; Wraparound Milwaukee	**2012-11:** Plan developed	CAB; AT-Q
	Establish Provider Partnership Profiles.	BHD Community Services	**2012-2013 (Ongoing)**	

IMPROVEMENT AREA 2: Crisis System Redesign: Creating and sustaining a community-based continuum of crisis services to reduce involuntary commitments and undue reliance on acute inpatient care.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Support and expand mobile crisis services in collaboration with law enforcement.	Contract with MPD to include officer on Mobile Crisis Team, focusing on Districts 3, 5, and 7.	BHD Crisis Services	**2012-10:** Agreement with MPD; MOU in process	CAB; AT-CL
	Develop crisis support for persons with intellectual disabilities.	BHD Crisis Services	**2013:** Pursuing contract with Waisman Center	
Seek and evaluate opportunities for diversion from the psychiatric emergency department and inpatient admission.	Crisis training for law enforcement and health care personnel through CIT and CIP programs.	BHD Crisis Services	**Ongoing:** CIT and CIP trainings with MPD and MCSO	CAB; AT-CL
Develop and expand alternative crisis services to enable diversions from unnecessary emergency care or hospitalization.	Reorganize programs to create an integrated safety net of crisis services and other community-based programs.	BHD Crisis Services; BHD Community Services	**2012-10:** BHD Director of Crisis Services leading reorganization	HSRI; AT-CC; AT-CL
	Establish Crisis Resource Center on Milwaukee's north side with increased capacity, supplementing existing capacity at south side location.	DHHS; BHD; Community Advocates (contractor)	**2012-08:** CRC operational on north side; CRC on south side remains active	
Improve discharge planning from acute inpatient and long-term care.	Initiate and support Community Linkages and Stabilization Program (CLASP).	BHD; La Causa (contractor)	**2012-08:** CLASP initiated	HSRI; AT-CL; AT-CC
	Establish an additional eight-bed Stabilization House to provide services to adults with mental illness or co-occurring disorders who are in need of further stabilization after an inpatient	BHD; Phoenix Care Systems (contractor)	**2012-09:** Contract awarded	
	Convene a partnership with community programs to facilitate rapid transitions.	BHD Community Services, Crisis Services, Social Work; private hospitals	**2013:** Goal to establish critical pathway	
IMPROVEMENT AREA 3: Continuum of Community-Based Services: Creating and sustaining an integrated and accessible continuum of community-based behavioral health services to support recovery in the least restrictive settings.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Increase accessibility and flexibility along the continuum of care, allowing smooth transitions between types and levels of care.	Engage in State-level discussion toward the expansion of community-based rehabilitative services (CCS/CRS) offered through Section 1937 of the Social Security Act.	Cheryl Lofton and other DMHSAS staff; BHD Community Services, partnering with AT-CC	**2012-07:** BHD presentation to County Board, approved inclusion on Medicaid State Plan Amendment for CRS; **Ongoing:** Preparation to participate in CCS and CRS benefits	HSRI; AT-CC
	Continuously improve transitions from BHD to private hospitals, inpatient discharge to behavioral health "home," and ED transition care management.	Workgroup of BHD and private hospital representatives	**2012:** Ongoing problem-solving and communication	

Expand community-based services and increase their geographic diversity, including availability of counseling and medication options for uninsured and underinsured.	Implement Access Clinic model (replacing Crisis Walk-In Clinic).	BHD Crisis Services	**2011-11:** Access Clinic operational; **2012-10:** 888 individuals served to date	HSRI; CAB; AT-CC
	Outsource Targeted Case Management (TCM) and expand caseloads.	BHD Community Services, Contract Administration	**2011:** TCM services fully contracted to private providers	
Provide free and easy access to accurate information about prevention, early signs and symptoms, and the spectrum of available services.	Establish comprehensive online clearinghouse with information on prevention and available services from providers and stakeholders.	211; BHD and community providers	**2013:** Clearinghouse to go online	CAB; AT-PCC
	Maintain print materials for free distribution at geographically diverse access points.	DHHS staff	**2013:** DHHS Community Relations staff to develop/update materials	
Connect individuals with employment services as a component of their community-based recovery.	Implement employment programs such as the Individualized Placement and Support (IPS) model (Evidence-Based Practice).	BHD Community Services, partnering with AT-CL, AT-WF	**2013:** Engage first group; ongoing education; contract with Dartmouth	HSRI; AT-WF; AT-CL
	Partner with the Department of Vocational Rehabilitation to expand employment opportunities for persons in recovery.	BHD Community Services, partnering with AT-CL, AT-WF	**2013:** Pursue DVR partnership	
Prioritize benefits counseling for consumers to increase access and maximize revenue.	Benefits counseling component featured in CLASP.	CLASP contractor	**2012-08 and Ongoing:** CLASP offering benefits counseling	HSRI; AT-CC
Prevent backups and delays by creating the framework to coordinate various providers for the effective treatment of individuals with the most complex and challenging needs.	Designate a Community Intervention Specialist (CIS) as a liaison with public and private entities interacting with individuals with the most complex needs.	DHHS Housing Division	**2013-01:** CIS position funded; Housing Division in recruitment process	AT-CL
	Support a Community Interdisciplinary Consultation Team to assist the CIS at the request of providers on complex cases spanning multiple systems.	Community Intervention Specialist (Housing Division), partnering with AT-CL, AT-CC, community providers	**2013:** Team to be established with Housing Division support	

IMPROVEMENT AREA 4: Integrated Multi-System Partnerships: Create welcoming partnerships between behavioral health stakeholders and other community systems to maximize access to services that promote recovery and health.

Recommendation	Tasks / Tactics	Responsible Party	Progress Points	Source
Increase supportive housing through “blended management” partnership between Housing Division and developers, landlords, and service providers.	Leverage public and private funding to develop new supportive housing.	Housing Division; BHD; partner with AT-CL	**2012:** Highland Commons and Bradley Crossing sites developed and put into operation	AT-CL
	Develop new single family homes with Gorman & Co.	Disabilities Services Division; Housing Division	**2013:** Ongoing discussion and planning	
Maximize public dollars for construction, and forge new strategic partnership with private sector to attract additional gap financing dollars.		Housing Division	**2013:** Ongoing discussion and planning	AT-CL

Explore a new housing model as a step-down from a CBRF.	Create a housing model as an alternative to CBRF placements for individuals discharged from an institution or at risk of homelessness.	Housing Division; BHD; partner with AT-CL	**2013-02:** Opening and beginning operations of step-down housing at Autumn West location	HSRI; AT-CL
Expand Evidence-Based Practices consistent with SAMHSA guidance.	Increase permanent supportive housing.	Housing Division; BHD; partner with Pathways to Housing consultant, AT-CL	**2011-12:** Bradley Crossing opened, including peer support services; **2012-08:** Highland Commons opened, with on-site services funded in part by redesign funds; **2013-08:** New supportive housing in suburbs	HSRI; AT-CL
Data link and cross-training between BHD and the criminal justice system to facilitate better discharge planning for persons involved in both systems.	Research potential models of data sharing between mental health, substance abuse, and criminal justice systems, including legal concerns (e.g. HIPAA).	IT & clinical staff (BHD, MPD, Sheriff); Community Justice Council	Implementation dependent on Sheriff; potential opportunities with House of Corrections redesign	HSRI; CAB; AT-CL
	Conduct Crisis Intervention Team (CIT) training for service providers and law enforcement personnel.	CIT trainers; BHD; MPD and MCSO	**Ongoing**	
Improve integration of behavioral health capacity into primary health care services.	Expand FQHC behavioral health capacity. Expand MCW outpatient capacity. Expand Outreach intensive Beh. Health Services.	FQHCs; BHD; Milwaukee Health Care Partnership; Continuum of Care	**Ongoing:** CLASP efforts; **2013:** Grow outpatient capacity	HSRI; AT-CC; AT-PCC
IMPROVEMENT AREA 5: Reduction of Inpatient Utilization: Supporting a recovery-oriented system that permits the reduction of both acute care utilization and long-term care bed utilization, both at BHD and throughout the the community system.				
Recommendation	**Tasks / Tactics**	**Responsible Party**	**Progress Points**	**Source**
Gradually downsize BHD inpatient capacity to optimal size, provided that adequate community-based supports are in place and patient discharges are carefully planned and monitored. Evaluate BHD inpatient care delivery structure.	Reconfigure BHD Acute Inpatient Units, establishing Intensive Treatment Unit and Women's Treatment Unit while reducing overall bed census.	BHD	**2011:** Renovations and staff education; **2012-01:** Intensive Treatment Unit operational; **2012-04:** Women's Treatment Unit operational	HSRI; CAB; AT-CL; AT-CC
	Adjust culture and build clinical capacity among private providers to treat and support persons with severe psychiatric symptoms and complex psychosocial needs.	Private hospitals and community partners	**Ongoing:** Monthly meetings between BHD and private hospital administrators	
	Estimate optimal size and design most cost-effective delivery structure.	BHD Community Services	**2013-04:** BHD to close one Acute Inpatient Unit due to increasing transfers to private hospitals.	
	Expand case management services to serve larger client base in the community.	BHD Community Services	**2013-05:** Expanding case management services by two caseloads.	

Ensure the availability of a spectrum of community-based services for individuals with intellectual disabilities to support the downsizing of Hilltop.	Produce new housing for individuals with intellectual disabilities enrolled in Family Care.	DHHS Housing Division	**2013:** Marian Center	HSRI; CAB; AT-CL; AT-CC
	Expand small, short-term residential options for challenging behaviors among individuals with intellectual disabilities.	Disabilities Services Division	**2012:** Respite services for intellectual disabilities	
	Research funding to develop accessible housing for individuals eligible for Family Care.	Housing Division; Family Care	**2013:** Public Policy Forum study	
	Redesign of Hilltop facility into Center for Independence and Development	BHD	**2012:** Planning phase; **2013:** Full implementation	
	State downsizing committee.	Hilltop providers; BHD; State of Wisconsin	**2012:** Team in place and meeting bi-weekly	
Streamline Family Care enrollment for eligible individuals admitted to BHD or discharged/relocated from Hilltop.	Ongoing discussions with Family Care	Family Care	**2013:** Goal to facilitate more timely enrollments	CAB; AT-CL; AT-CC

HSRI: Human Services Research Institute
CAB: Community Advisory Board for Mental Health
AT-CC: Continuum of Care Action Team
AT-CL: Community Linkages Action Team
AT-PCC: Person-Centered Care Action Team
AT-Q: Quality Action Team
AT-WF: Workforce Action Team