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COMMUNITY ADVOCATES
Where Meeting Basic Needs Inspires Hope

Referred
JUN 11 2013
County Board
Chair

June 28, 2013

Marina Dimitrijevic
Chairwoman, Milwaukee County Board
Milwaukee County Courthouse
901 N. 9th Street, Room 201
Milwaukee, WI 53233

Dear Chairwoman Dimitrijevic:

First let me thank you and the rest of Milwaukee County Board of Supervisors for your support over all these years. It has been a privilege to provide services to vulnerable citizens of Milwaukee County under your leadership.

Also let me thank many of your colleagues on the Board for sharing Hector Colon's reply to your inquiry concerning the closure of the Crisis Resource Center. At the risk of starting a never ending dissent down the rabbit hole of audit minutia, I would like to reply to Mr. Colon's comments.

First, please find included in this email our response to the audit presented to you by Mr. Colon. If you follow closely you will see that internally the audit findings are inconsistent or even nonsensical.

Now let me respond to the specific points Mr. Colon references in his email to you:

1. **Incomplete Client Crisis Plans:** While at the CRC the auditors only viewed client file for CURRENT residents. The clients at the CRC turn over rapidly with an average stay of only 3-4 days. In most cases, it is not possible to complete a crisis plan the moment someone walks through the door. The administrative code states that the individual assisting the client to fill out their crisis plan will also seek collateral contacts as well, such as case managers, family, friends, etc. Therefore, an incomplete crisis plan may simply be a plan still in development until more data is collected. As many of the current clients of the CRC have only been there a few days or even hours it is quite understandable that there would be incomplete plans.

2. **No Medical Director on Staff:** This requirement is new to us as of about two weeks ago. There is nothing in the original RFP that mentions the need for a medical director as well as there is nothing in our RFP response. BHD has approved two personnel budgets (one at the beginning of the program in 2012 and the second for 2013) which list all staff positions by title and which have not contained the position of medical director.
3. **Clinical Staff Not Having Proof of Licensure:** Mr. Colon makes it sound like no staff had evidence in their personnel file of appropriate licensure. I have asked my HR staff to review the files of all nurses, peer specialists, and clinicians working at the CRC and I have been informed that all such evidence was in the file. The audit report states on Page 6 that out of 8 clinical staff personnel files reviewed 1 did not contain proof of licensure. Without knowing which file that is I cannot comment further.
4. **Incomplete Caregiver Background Checks:** Again, Mr. Colon makes it sound as if we were not doing background checks. In fact, the actual audit states that out of 21 personnel files reviewed 17 contained all of the required documents. The audit states that 2 files were missing at least one of the required documents. My HR staff in reviewing the files cannot determine what might be missing without knowing which files are being referred to.
 - Lastly, we believe there is an employee who should have been run under an alias as she uses a hyphenated last name including her maiden name. We admit we did not deal correctly with the "alias".
5. **No Proof of Education for Staff Members:** Again, Mr. Colon makes it sound like there was nothing in the files. In fact all 19 out of 21 had educational transcripts in the file but only four of those were official transcripts. The two files that did not have transcripts involved older African American women who attended high school in the rural south and who were experiencing difficulties retrieving transcripts from school districts that had merged or ceased to exist.
6. **Staff Unable to Produce Policy and Procedures Upon Request:** Yes, there is a big blue binder that moves around the building which does get misplaced from time to time. However, that is because we choose to use 21st century technology and put the policy and procedure manual on the server public drive so that it can be accessed by all staff- even many staff at the same time as all staff have their own computer.

In closing, what I would point out to you is that there is nothing in Mr. Colon's comments that relate to actual client services. No client complaints, no mistreatment, no sexual assaults, no injuries. Rather Mr. Colon focuses all his efforts to describe the shortcomings of the program as problems with "what's in the files". I would again direct you to the Vital Voices Consumer

Marina Dimitrijevic
Chairwoman, Milwaukee County Board
Page 3

Satisfaction Report commissioned by BHD as the true reflection of what this program was accomplishing. Yes we missed some things in the files that should have been there-but we were getting better at that- all the while providing a high level of service to a most vulnerable population.

Again, thank you for your support. We look forward to presenting before the Health and Human Needs Committee on July 8th.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Volk', written over a vertical line that serves as a separator between the signature and the typed name below.

Joseph L. Volk
Chief Executive Officer

JLV/cj

Cc: Milwaukee County Board of Supervisors



COMMUNITY ADVOCATES
Where Meeting Basic Needs Inspires Hope

June 24, 2013

Kathie Eilers
Interim Division Administrator
Milwaukee County DHHS Behavioral Health Division
9455 W. Watertown Plank Road
Milwaukee, WI 53226

Dear Ms. Eilers:

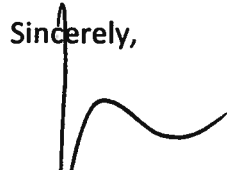
We were disappointed to learn that your reply for a meeting concerning the CRC was instead termination of the contract. You based the termination on findings from an audit that you did not allow us to respond to or even view until it was sent with the termination letter. We have serious concerns with the findings but are loathe to spend much more time in a reply that will surely fall on deaf ears. Following are specific serious problems with the audit. While there are many more - again it did not seem worth the time to mount a full rebuttal.

- BHD identified that 100% of clients had the prescribed BHD Crisis/Response Plan on file (p. 2, #11), yet BHD had a finding of 100% that there wasn't an amendment on file to the Crisis Plan (p. 3, #8) *that was just created upon admission to the CRC.*
- BHD identified that 6 of 9 clients (67%) did not have a weekly review (p.4, #1), even though only 1 client was in the CRC for longer than one week that would warrant such a review (it appears BHD transposed the N/A for No columns).
- BHD identified that 89% of the client files did not have an assessment on file indicating that services were medically necessary (p. 4, #2), yet also identified that 100% of the Response Plans on file generated from the assessment were approved as medically necessary services (p. 4, #3).
- BHD identified that results of clinical tests were missing from 100% of the files (p.3, #11), yet identified that 100% of the referenced tests were completed and in the file (p. 5, #s 4 & 5).
- CA has come to learn in this audit that BHD now requires the program to hire a physician (p. 6), when this clearly was not a requirement in the RFP or part of the program budget approved by BHD last year.

Kathie Eilers
June 24, 2013
Page Two

We acknowledge that there were documentation issues related to one staff member who has since been replaced. BHD staff was aware of this issue and were informed as to how we were moving forward to correct it. At the end of the day I would again point you to the Vital Voices Consumer Satisfaction Report as a better indicator of the services we were providing to this vulnerable population.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph L. Volk'. The signature is written in a cursive style with a prominent vertical stroke on the left side.

Joseph L. Volk
Chief Executive Officer

JLV/cj

Cc: Hector Colon, DHHS Director
Amy Lorenz, BHD Crisis Director
Susan Gadacz, BHD, CSB Director



COMMUNITY ADVOCATES
Where Meeting Basic Needs Improves Lives

For Immediate Release

Contact: Joe Volk

E: joev@communityadvocates.net

T: 414-333-7393

LOCAL CRISIS RESOURCE CENTER CLOSES DOORS, DESPITE GLOWING CONSUMER SATISFACTION REPORT

Milwaukee, WI – Community Advocates announced today that the Crisis Resource Center (CRC), opened last September 2012, will be temporarily ceasing operation on July 15th 2013. On June 4th 2013, Community Advocates CEO Joe Volk wrote to Milwaukee County Behavioral Health Division (BHD) officials:

“Community Advocates was pleased to receive the Evaluation of Consumer Satisfaction produced by Vital Voices for Mental Health under contract to Milwaukee County BHD. Clearly this evaluation shows the program is meeting client needs in a most profound way. However, it is our impression that Milwaukee County Behavioral Health staff is displeased with the level of service Community Advocates is providing at the CRC. If in fact that is the case and it is your desire to transition this contract to another vendor we stand ready to assist in that transition to ensure seamless service delivery. Therefore we respectfully request a meeting to discuss the future of the CRC contract with Milwaukee County BHD.”

Rather than being granted a meeting, Volk was informed by Kathy Eilers, Interim Administrator of BHD, via email that funding would no longer be available for the program.

Todd Campbell, PH.D President/CEO of The Bridge Health Clinics and Research Centers Inc. and Clinical Supervisor for the CRC stated: “It’s a very good program that was just hitting its stride in delivering community based care for some of our most vulnerable citizens - exactly the type of care that has been consistently and desperately called for. Community Advocates did a commendable job in responding to BHD in an attempt to help them during this crisis in mental health care. It is more than unfortunate that BHD ended funding for these quality services. Of course there were some issues - the program was only nine months old - but these were issues that could have been easily rectified and the program could have continued to develop and serve the clientele with top quality services as evidenced by the most important data sources: the clients actually served by the CRC.”

Volk pointed to the *Vital Voices Evaluation of Consumer Satisfaction* conducted earlier this year in March and April: "This is an evaluation performed by an entity that BHD picked - not Community Advocates," said Volk. He continued "I think it speaks for itself as to the quality of the program. In this era of person- centered care shouldn't the real measure of the success of a program come from the consumers themselves?"

Volk continued, saying: "We had a basic philosophical difference with BHD as to what the mission and operation of this program should look like," said Volk. "I think they wanted to create us in their image. I think BHD staff wanted the CRC to be an extension of the County Psych Hospital and PCS. We wanted it to be a community resource. BHD just never understood what we were trying to do. We were hoping for one last meeting, one last attempt to try to work out our differences."

Walter Laux, Director of Behavioral health Services for Community Advocates and former Director of Community Services for BHD stated: "To not continue a program after only nine months, when the consumer verdict is so clear seems at odds with where we want to go in providing mental health services in the community." Noting that BHD planned to drastically reduce the CRC budget by 41% in 2014, Laux continued: "There really didn't seem to be much of a future for us here."

In Community Advocates' efforts to assist the BHD in their quest to serve Milwaukee County residents who live with a mental illness and are in need of crisis intervention and/or short term stabilization rather than hospitalization, staff has worked around the clock to meet the needs of people suffering a mental health crisis and providing an alternative to admission to the county's mental health facility.

"Our staff has created a nurturing environment of patient – centered care at the CRC that focuses on client stabilization and safety," said Volk. "They've devoted their professional lives to helping those individuals who often have nowhere else to go...and meeting their needs in a caring, cost-effective manner."

Finally, Volk noted: "Community Advocates was on track to run a significant deficit operating this program - that is the kind of commitment we have to the people we serve, because we will only operate quality programs. Although the CRC is closing Community Advocates will continue to develop and deliver cutting edge programs for vulnerable populations."

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COMMUNITY ADVOCATES
Where Meeting Basic Needs Inspires Hope

June 4, 2013

**Susan E. Gadacz, MS
Assistant Administrator,
Adult Community Mental Health & AODA Services
Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226**

**Amy Lorenz, MSSW, LCSW
Director, Crisis Services
Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226**

Dear Ms. Gadacz and Ms. Lorenz:

Community Advocates was pleased to receive the Evaluation of Consumer Satisfaction report produced by Vital Voices for Mental Health under contract to Milwaukee County BHD as it relates to the North Side Crisis Resource Center. Clearly this evaluations shows that the program is meeting client needs in a most profound way. As CEO of Community Advocates it is gratifying to see that we are making such a positive difference in the lives of those with mental illness. In case you have not seen the report I am including it as an attachment to this letter.

Additionally, I am aware of the tremendous amount of time, effort and energy put in by Community Advocates CRC staff not only to get this facility up and running but also to provide quality services on a daily basis. While clearly a "work in progress" the CRC continues to meet the needs of Milwaukee County's most vulnerable persons.

However, it is our impression that Milwaukee County Behavioral Health Division staff is displeased with the level of service Community Advocates is providing at the Crisis Resource Center (North). If, in fact, that is the case and it is your desire to transition this contract to another vendor we stand ready to assist in that transition to ensure seamless service delivery.

Therefore, we respectfully request a meeting to discuss the future of the Crisis Resource Center (North) contract with the Milwaukee County Behavioral Health Division.

Sincerely,

A handwritten signature in black ink, appearing to be 'JL Volk', written over the printed name.

Joseph L. Volk
Chief Executive Officer

JLV/cj

Attachment



**Vital Voices
for
Mental Health**

Advocates For Excellence
in Mental Health Services

912 N. Hawley Rd.
Milwaukee, WI 53213
414.771.4368
fax 414.771.4415
vitalvoices@sbcglobal.net

Evaluation of Consumer Satisfaction

AGENCY: Community Advocates-Vine St.

PROGRAM: Crisis Resource Center (CRC)

DATES: March 2013-April 2013

VISIT: 1

CONTACT: Latrice Hogan or SaAire Salton

INTERVIEWERS: Inger Carr, Shana Mahoney, Carol Knabe, and Lorri Mason

NUMBER OF INDIVIDUALS SURVEYED: 20

VVMH NOTES:

Vital Voices began interviewing individuals residing at the Vine St. Crisis Resource Center (CRC) on March 5, 2013. Twenty interviews were completed between that date and April 29, 2013. The Vine St. CRC is a temporary place to stay for those who may be experiencing a psychiatric crisis and could benefit from a short-term crisis intervention. Males and females who are 18 years or older are allowed to stay. The CRC has a total of 15 beds and the census fluctuates. The average length of stay is 6-7 days; however, recently the length of stay has been 2-3 days. Those individuals that are residing at the CRC have regular contact with a comprehensive peer support team which includes a clinician, peer support specialist and nurse. A discharge plan is developed once someone is admitted and is worked on throughout their stay. Individuals are also provided a Wellness Recovery Action Plan (WRAP) before they leave. In addition, an individual is given information for community supports such as housing, job help, and counseling. There are a few differences between Becher St. CRC and Vine St. CRC.

One of these differences is that Vine St. serves individuals with both mental illness and substance use disorders.

Vital Voices was not provided with names of those residing at the house. There were scheduled visit times which allowed individuals to participate in the interview if they desired. All interviews were conducted face-to-face in a private room. Questions had possible answers of "Yes," "Somewhat," "No," or "Not Applicable (N/A)." Those interviewed were asked to give comments about their answers. They were also asked to give any additional comments at the end of the interview.

Of those interviewed, 13 were African-American, 3 were Caucasian/White, 1 was Italian, 1 was Hispanic, 1 was African-American/Caucasian, and 1 was African-American/Caucasian/American Indian. There were 9 females and 11 males. There was an age range of 22-66 with an average age of 42 for those interviewed. Additionally, the length of stay ranged from 1 day to 13 days with an average stay of 6 days. Various complaints were voiced during the interview process which were addressed with SaAire Salton.

On 5/20/13, Vital Voices staff met with SaAire to review the report. Her comments are reflected in the report as "*Comments from SaAire Salton.*"

In general, are you satisfied with the services at the Crisis Resource Center (CRC)?

Summary: Individuals were asked if they were satisfied with the services they received at the Vine St. CRC. Seventeen of twenty individuals said they were satisfied. There were comments about the services received while there, and on the support and kindness of the staff. Three people were somewhat satisfied and one of these people felt unwelcomed during admission. No one reported they were dissatisfied with the services.

Survey Outcomes: 17 Satisfied
3 Somewhat Satisfied
0 Dissatisfied
0 N/A

Reasons for Satisfaction:

- “Everything is good. The environment is great. Staff is outstanding and knowledgeable. Cleanliness is great, peer and clinical staff is great. Everything is great.”
- “They are very helpful, very supportive. There is good food. They are very caring.”
- “I have somewhere to be out of the cold. I have shelter and food. They are helping with housing and medications especially for my blood sugars. They gave me vouchers for clothing.”
- “They welcomed me; they took the time to care for individual needs.”
- “They are helping me realize that my behavior is from depression, and helping me get meds, and having me understand what depression is.”
- “Staff is personable, helpful, knowledgeable and resourceful, not like other places. We had cake and ice cream for my birthday.”
- “They care about my safety. It is better than being in a crisis on the street. People are working with me.”
- “It seems to be a peaceful place. It is quiet and clean. It is a safe environment.”

Reasons for Somewhat Satisfaction:

- “We talked, but I haven’t seen any action yet.”

- “I believe the rules put in place are rude and dispositioned. I was accused of being psychotic during admission and I felt unwelcomed.” (Individual did not want brought up.)
- “It is somewhat fair. I don’t have any other issues. I don’t need a lot of services here.”

Comments from SaAire Salton: (In regard to the individual stating they were accused of being psychotic at admission). SaAire stated that at times they receive walk-ins that are unstable and unable to stay at the CRC. They do make arrangements for these individuals, such as providing transportation to BHD. They let the individuals know that once they become stabilized, they are able to return to the CRC. SaAire indicated that no one has brought to her attention being called psychotic and it would be addressed immediately if it was witnessed or brought to her attention.

Are you satisfied with safety?

Summary: Individuals were asked if they felt safe while staying at the CRC. Seventeen of twenty individuals reported that they felt safe both in the house and the neighborhood. Some people commented that they liked having to be buzzed into the building. Three people felt somewhat satisfied with safety. One of these people mentioned concern with the neighborhood and another mentioned feeling uneasy around coed staff due to past trauma.

Survey Outcomes:

17	Satisfied
3	Somewhat Satisfied
0	Dissatisfied
0	N/A

Reasons for Satisfaction:

- “There are cameras everywhere. The rules and policies are explained. I know where the fire exit is. They’d call police if needed. The neighborhood is great.”
- “I feel safe here. I can function better because I feel safe. I feel safe in the neighborhood, but I wouldn’t walk the streets at night.”
- “They made sure I was able to get to emergency exits. They make sure my medications don’t make me too drowsy. They make sure I get to bed okay.”
- “They walk around at night to make sure you are in your room. Plus, they have buzzers to be let in.”
- “The house is secure with locked doors and buzzers. I grew up on the north side so the neighborhood does not bother me.”
- “The doors are locked so the wrong people cannot get in. There is a fire alarm system, no smoking, they have to buzz you in, and there is a curfew.”
- “There is a sign that says no weapons allowed. They make sure you are not drinking and they check for weapons when we return from the community.”
- “They have a lot of safety and everything is locked. Confidentiality is good and no one knows that you are here unless you want them to. They did go over a safety plan and the other house guests are nice.”

Reasons for Somewhat Satisfaction:

- “I don’t feel like this is a safe neighborhood. I don’t have a reason to go out at night. I feel safe in the home.”

- “I feel safe everywhere I am at.” (Vital Voices asked this individual if they wanted to change their answer to satisfied, but they declined.)
- “I’m a survivor of molestation so the coed staff makes me feel a little uncomfortable, but I am okay. As long as I can go to my room it’s okay.”

Comments from SaAire Salton: SaAire indicated that when someone discloses to her or other staff that they have a history of trauma, such as sexual abuse, they make sure that the individual feels safe and comfortable. For example, the female staff takes care of the women and she informs the male staff so they are sensitive to the matter as well and do not go on the women side of the building.

Are you satisfied with supportive environment?

Summary: Individuals were asked if they felt that staff welcomed them and offered support, and if their basic needs were met while staying at the CRC. Seventeen of twenty individuals felt supported and commented that their needs were met and staff was helpful. Three people felt somewhat satisfied and one person said that one of the nurses was insensitive.

Survey Outcomes:

17	Satisfied
3	Somewhat Satisfied
0	Dissatisfied
0	N/A

Reasons for Satisfaction:

- “Not only do they listen, they provide resources and I need to follow through. When someone here says they will do something, they do it.”
- “Staff here take care of me; they waited for me to get here. The nurse is very nice especially Bob. He explains things nicely.”
- “They have been supportive. I was a wreck when I came in and I am better now.”
- “I have had conversations with most of the staff. They have been lifting me and understanding of me. One person on 3rd shift is kind of cranky.”
- “They listen to me. Last week I received a disturbing phone call and shut down and went to my room. They came to get me and wanted me to talk about it.”
- “The staff introduced themselves when I was admitted and now they introduce themselves when they start their shift. The clinician, peer support specialist and doctor all work together so whoever put this program together had some insight.”
- “Everyday they were concerned about how I am feeling, what is going on with me, and they care about my welfare and well-being.”
- “They are caring and concerned. I feel welcomed and supported. I trip out and they trip out with me in a good way. I wish I could stay longer.”

Reasons for Somewhat Satisfaction:

- “I choose to interact with those who I can get along with.”
- “They follow their guidelines.”

Are you satisfied with medication?

Summary: Individuals were asked if they felt that staff was helpful when they received medication and if they were given the correct medications. Fifteen of twenty individuals were satisfied and commented that medications were received on time, they were correct, and staff was helpful if there were questions. Three people were somewhat satisfied and two commented they were waiting for medication from a doctor. The remaining people said this question did not apply as they do not take medication.

Survey Outcomes:

15	Satisfied
3	Somewhat Satisfied
0	Dissatisfied
2	N/A

Reasons for Satisfaction:

- “I am on psychotropic and physical meds. They are knowledgeable especially the nurses and clinical staff.”
- “It is on time. I have a memory problem and they will wake me up so that I take them.”
- “They make sure I am on time with my meds. The nurse makes sure it’s the right dose. It is good. It makes me feel good that they help me and understand why I take my insulin.”
- “I am taking the meds as prescribed. They ask about side effects and whether they are working. They give out meds on time.”
- “They take care of it. I talked to the nurse about an increase in one med and she will talk to the doctor. They have a photo of me in my record to ensure they are giving meds to the right person.”
- “They give me meds at the proper time. The first 2 days of taking my meds there was one side effect, it made me sleepy. They come to the room and check on me. They monitor me.”
- “They give you meds and they look over meds to make sure it is right.”
- “It is at the right time and the right dosage. They give me water to take them and are calm.”

Reasons for Somewhat Satisfaction:

- “They give me the correct dose at the right time.”

Are you satisfied with crisis prevention planning?

Summary: Individuals were also asked if they were satisfied with crisis prevention planning and if they knew what to do in the event of a crisis. Seventeen of twenty individuals said that they were satisfied with the planning and understood what to do if they had a crisis. Some people commented they would call the crisis line or their case manager. Two people were somewhat satisfied and one person said that a clinician was supposed to provide a list of resources, but had not. One person said that this question did not apply even though they mentioned going over a plan and signing it.

Survey Outcomes: 17 Satisfied
2 Somewhat Satisfied
0 Dissatisfied
1 N/A

Reasons for Satisfaction:

- “We went over the rules. I’d call my case manager.”
- “They went over a plan with me. I can always come back here. They make doctor appointments. I have a crisis number.”
- “I have the number here. I also have my sister’s number. I have other shelter’s info too.”
- “We went over a plan. I can contact my pastor, sibling and other family and friends. They gave me a packet with the crisis number.”
- “They gave me a brochure with all the crisis numbers. Frank gave me a list of all agencies and I feel that I am resolving my crisis situation.”
- “I have the number here and for the south side. I have a card with information and a suicide prevention card.”
- “I have a peer specialist from CLASP that comes here too. The first day we did it (the crisis plan). I got the suicide line in my purse in a folder.”

Reasons for Somewhat Satisfaction:

- “The clinicians wrote down some information when I arrived here. They said that they would get back to me, but I have not heard from her. She was supposed to give me a list of resources, but did not follow through. That was one week ago.” (Individual did not want brought up.)

- “I don’t have a plan. 211 won’t accept me.” (Individual did not want brought up. Vital Voices mentioned to staff member Allyson about going over the plan with this individual.)

Reason for N/A:

- “I went over it and signed it.” (Vital Voices prompted this individual to change their answer, but they did not want to do so.)

Comments from SaAire Salton: SaAire noted that at admission everyone has a crisis plan done. All staff must read and sign the plan and SaAire looks over them as well. She also stated that the Peer Specialists are like resource specialists and are proactive in getting them resources. Clinicians should be letting the individuals and peer specialists know what those needs are.

Are you satisfied with the peer specialists?

Summary: Individuals were also asked if they felt that the peer specialists were attentive, understanding or responsive to needs. Seventeen of twenty individuals were satisfied and commented on their availability and helpfulness. One person was somewhat satisfied saying the peer specialists were trying to help with housing. Two people said this question did not apply as they had not met with one yet. These individuals had resided at the CRC for an average of 5 days.

Survey Outcomes:

17	Satisfied
1	Somewhat Satisfied
0	Dissatisfied
2	N/A

Reasons for Satisfaction:

- “They do help, they go beyond. Olivia helped with AODA case management. She helped me make phone calls. They helped connect me. I had help washing clothes.”
- “I met with all of them. They are very understanding and listen. They are on top of it. I asked for legal help and help with housing.”
- “We talk and we play games. It is nice because they have been through this too. It is nice that they are positive.”
- “I am grateful for Frank. He helped to try to find me a place to stay. Frank sometimes doesn’t listen that well.” (Vital Voices addressed with SaAire who said that she would talk to all staff and remind them to make sure they were giving individuals their full attention. Vital Voices followed-up with this person and they felt more comfortable.)
- “I am trying to do things on my own, but when I don’t ask for help they come to find me. They are informative and gave me resources.”
- “They are both good. They help us with our recovery and help us believe in our recovery.”
- “They are so wonderful. Frank went out and bought cigarettes when no one else had any. They are good listeners and responsive.”
- “Olivia and Jonathan are awesome. They are what’s up.”

Reason for Somewhat Satisfaction:

- “I am fairly new here and they are working on housing. I have income so it should not be that hard.”

Reasons for N/A:

- “I need to talk to Frank. I am supposed to meet with him today.”
- “I have not met them yet.”

Comments from SaAire Salton: SaAire stated it was hard to believe that an individual had been at the CRC for 5 days without speaking to a Peer Specialist. She will address this with them. She also stated that Olivia and Frank do a great job getting consumers involved and finding people resources. She stated that they really make themselves available.

Do you feel the Crisis Resource Center is meeting your needs for crisis planning?

Summary: Individuals were asked if they felt that the CRC helped them to develop crisis prevention plans to use after discharge. These plans can include crisis numbers or links to other community services. You will see comments in the next question.

Survey Outcomes: 15 Plan Discussed
5 Plan Somewhat Discussed
0 Plan Not Discussed
0 N/A

If yes or somewhat, please explain how the CRC is meeting your needs.

Summary: Individuals gave various responses about their crisis planning. Most people mentioned that the CRC helped with medication or housing. One person said that the CRC has been a blessing for them while another mentioned staff gave hope for a better life.

Comments from those whose plan was discussed:

- “Staff are extremely knowledgeable and professional in assisting with my AODA housing, medication stabilization, peer support, food and shelter. This transitional crisis model has been exemplary. Should I go into crisis, I have a WRAP plan and resources.”
- “They are telling me resources; they help me with goals for a better life. They help me cope with my disability and problems. They help with my budgeting of money and how to be civilized. They give me hope for a better life. I think staff is good.”
- “They are very helpful providing resources and helping with my needs of a new home and other areas in my life such as with kids and family counseling.”
- “They are talking to me and they gave me a crisis packet.”
- “They are getting meds for me, helping with my depression and understanding it, and helping with housing and finding work.”
- “Jobs, legal referrals, and crisis line info.”
- “It has been fine. The clinician was supposed to meet with me, but has not done that.” (Individual did not want brought up.)
- “They have truly been a blessing to me in every aspect in meeting my needs.”

Comments from those whose plan was somewhat discussed:

- “They work with my issues in house and outside. Some of the issues they can work with. This place is on top of its game. The other agencies are dragging their feet and not doing what they should be doing to meet the needs. CRC is trying to work with them.”
- “I am trying to find permanent housing and they are talking about another shelter. They are using my resources for other things and I want to use it for housing.” (Individual did not want brought up.)

Have you been linked to appropriate Community Support Services, both formal and informal?

Summary: Individuals were also asked if they had been referred to any formal or informal community support services such as shelter/housing, medication, substance use disorder treatment or medical and health care services. Sixteen of twenty people said that they had been referred to these types of services. Two individuals said they had somewhat been linked to these services while one person said they had not been given information. The remaining individual said that this question did not apply. You will see comments in the next question.

Survey Outcomes: 16 Referred to services
2 Somewhat referred to services
1 Not referred to services
1 N/A

If yes or somewhat, please explain what Community Support Services were explained.

Summary: Individuals gave various responses on services to which they were referred. Most people mentioned being referred to housing or a doctor/therapist. Others also mentioned being referred to job help or schooling. The person who said that this question did not apply had not resided there long (3 days) and already had some services in place.

Comments from those referred to services:

- “All staff, clinical, nurses, CSS and the cook have all assisted with meeting and going, in my opinion, above and beyond to assist me with all my needs. If I mentioned that I wanted inpatient they provided the resources. I was encouraged and not mandated to go. I felt supported. They linked me to NA/AA, bipolar help group, and therapist in the community.”
- “They helped with housing, legal aid, family counseling, doctors, therapists, and support groups. They help you out a lot. They help out step-by-step. I think they go beyond their duties to help. They also helped with furniture for my apartment too.”
- “They have resources with low-income housing. They referred me to AODA treatment. They are in the process of helping with medications.”
- “Legal services, job and career services, low-income housing, community recreation is a therapeutic service, shelters, transportation for things concerning my crisis, and medical services.”
- “The only resource they have given me was bus tickets on Friday to go to Tomah.”
- “They are giving me contacts to community housing by making phone calls on my behalf. I needed to get help after the fire burned everything that I had.”
- “They are helping me get into a class to teach me how to read. Olivia will link me to services today.”
- “Olivia is helpful. They are helping with low-income housing and the Healing Center as I want to attend outpatient there for molestation. Also, places to get furniture and appliances. Olivia also hooked me up with schooling. I am one test away from my GED.”

Comments from those somewhat referred to services:

- “They gave me information about housing. I am going to Impact to access services.”
- “It seems as if I am procrastinating. I also talked with Frank about doing an inpatient AODA program. They helped me retrieve my W-2 form and last week I applied for an extension. They helped with meds and I already have a job.”

Comment from the individual not referred to services:

- “They have not helped with housing yet.” (This was addressed in the last question.)

Comment from the person who said question did not apply:

- “I have not been here long and I already had some in place. I want some faith based services and I will set them up for myself.”

Comments from SaAire Salton: SaAire indicated that housing is always a concern. Their main goal is to focus on psychiatric stabilization while the person is at the CRC, but realize the need for housing. They do have resources that they offer individuals, and have a huge success rate with linking individuals to long term housing. They have a good relationship with Thompson House and Gill's House.

Would you receive services here again or recommend it to a friend or family member?

Summary: Individuals were also asked whether they would come back to the CRC again or recommend it to others and to comment on their reasons. All twenty individuals said that they would either use the services again and/or recommend the CRC to others. Some people commented on the quality of staff and that needs were met.

Comments:

- “This model of and for crisis intervention and stabilization, in my humble opinion, should be utilized nationwide.”
- “It is really nice here. There is no disagreement with anything. Staff is always there to talk.”
- “I have not been here long, but it seems like a good program.”
- “It is very helpful and a deterrent to being in the hospital. It is more community-based.”
- “They actually care about you and they show it. They make you want to care about yourself.”
- “They help me and do not judge me. Most places judge us.”
- “It is a low anxiety environment and soothing.”

VITAL VOICES SURVEY RESULTS¹

Site: Community Advocates-Vine St. (CRC)

Date: March-April 2013

Number: 20

		Yes		Somewhat		No		N/A ²
1.	<u>In general, are you satisfied with services at Vine St.?</u>	17	(85%)	3	(15%)	0	(0%)	0
2.	<u>Are you satisfied with the following?</u>							
	<u>Safety</u>	17	(85%)	3	(15%)	0	(0%)	0
	<u>Supportive Environment</u>	17	(85%)	3	(15%)	0	(0%)	0
	<u>Medication</u>	15	(83%)	3	(17%)	0	(0%)	2
	<u>Crisis Prevention Planning</u>	17	(89%)	2	(11%)	0	(0%)	1
	<u>Staff</u>	17	(85%)	3	(15%)	0	(0%)	0
	<u>Groups</u>	16	(80%)	4	(20%)	0	(0%)	0
	<u>House/Environment</u>	19	(95%)	1	(5%)	0	(0%)	0
	<u>Peer Specialists</u>	17	(94%)	1	(6%)	0	(0%)	2
3. A	<u>CRC meet needs for crisis planning?</u>	15	(75%)	5	(25%)	0	(0%)	0
4. A	<u>Linked to formal and informal supports?</u>	16	(84%)	2	(11%)	1	(5%)	1
5.	<u>Attend again or recommend?</u>	20	(100%)	0	(0%)	0	(0%)	0

¹ Percentages do not always add up to 100% due to rounding.

² N/A means no answer or not applicable.

Additional Comments?

Summary: Lastly, individuals were given a chance to make any final comments about their stay at the CRC. Seven people made positive comments about their stay and mentioned that staff had been supportive. You will see comments below.

Comments:

- “Staff management from Latrice and her staff have been extremely helpful and their commitment to meeting and exceeding consumer education and their follow through is again exemplary.”
- “Keep it up. It is a good program. I think it should be more long-term like 30 days. Some of us need more time.”
- “They are very helpful. If I have any problems or issues again I would come back here to receive help.”
- “Staff is wonderful. I enjoy the time we spend together.”
- “It is a good program. We are working on goals. I am letting them know what I want and that I am motivated.”
- “I am very grateful that this place and places like this are now available.”
- “Staff have been supportive and helpful in answering my concerns.”

Other Comments:

- “There is a lot of slightness of staff towards me by the long-term women, but only a couple of them.”
- “We should be able to bring food in and stay out later like the other CRC.”
- “I like it here, but the nurse Tom is scary. I was taking a bath and I left the door open a little. Tom opened the door while I was in the shower naked. He was trying to give me my meds. I told them immediately and they will tell SaAire. I have complete confidence that they will take care of it.” (Individual did not want brought up. During a follow-up conversation about another topic this individual reported that SaAire addressed the concern to their satisfaction.)

Comments from SaAire Salton: SaAire indicated that they request individuals be in the house by 5:00 pm due to the neighborhood not being safe, but it is not mandatory. If individuals need to be out past 5:00, they allow it. She also stated that food is an issue as well. People smuggle it in and they have to worry about pests. SaAire noted that their facility is known for health, mind, body, and soul. They try to teach healthy habits so when they leave the CRC they can continue.

VITAL VOICES SURVEY RESULTS¹

Site: Community Advocates-Vine St. (CRC)

Date: March-April 2013

Number: 20

		Yes	Somewhat		No	N/A ²		
1.	<u>In general, are you satisfied with services at Vine St.?</u>	17 (85%)	3 (15%)	0 (0%)	0 (0%)	0		
2.	<u>Are you satisfied with the following?</u>							
	<u>Safety</u>	17 (85%)	3 (15%)	0 (0%)	0 (0%)	0		
	<u>Supportive Environment</u>	17 (85%)	3 (15%)	0 (0%)	0 (0%)	0		
	<u>Medication</u>	15 (83%)	3 (17%)	0 (0%)	2 (10%)	2		
	<u>Crisis Prevention Planning</u>	17 (89%)	2 (11%)	0 (0%)	1 (5%)	1		
	<u>Staff</u>	17 (85%)	3 (15%)	0 (0%)	0 (0%)	0		
	<u>Groups</u>	16 (80%)	4 (20%)	0 (0%)	0 (0%)	0		
	<u>House/Environment</u>	19 (95%)	1 (5%)	0 (0%)	0 (0%)	0		
	<u>Peer Specialists</u>	17 (94%)	1 (6%)	0 (0%)	2 (10%)	2		
3. A	<u>CRC meet needs for crisis planning?</u>	15 (75%)	5 (25%)	0 (0%)	0 (0%)	0		
4. A	<u>Linked to formal and informal supports?</u>	16 (84%)	2 (11%)	1 (5%)	1 (5%)	1		
5.	<u>Attend again or recommend?</u>	20 (100%)	0 (0%)	0 (0%)	0 (0%)	0		

¹ Percentages do not always add up to 100% due to rounding.

² N/A means no answer or not applicable.