

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 3, 2012

TO: Chairman Lee Holloway, Milwaukee County Board of Supervisors

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: **From the Director, Department of Health and Human Services, submitting an informational report regarding the progress and recommendations of the Mental Health Redesign and Implementation Task Force**

Background

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. The Redesign Task Force commenced monthly meetings in July 2011, and quarterly reports were requested on its activities.

In September 2011, the County Board passed a resolution (File No. 11-516) endorsing a plan submitted by the New Behavioral Health Facility Study Committee (Facility Committee) which directed the Director of the Department of Health and Human Services (DHHS) and the Administrator of the Behavioral Health Division (BHD) to return to the Committee on Health and Human Needs in the January 2012 meeting cycle to report on the recommendations of the Redesign Task Force.

In October 2011, the DHHS Director and the BHD Administrator submitted an informational report to the Health and Human Needs Committee on the progress of the Redesign Task Force, including the development of a charter document and the appointment and initiation of five Action Teams (AT). The Redesign Task Force is co-chaired by Pete Carlson, Vice President and CAO of Aurora Psychiatric Hospital and Aurora Behavioral Health Services, and Paula Lucey, BHD Administrator.

Each AT's membership was developed by nominations from the Redesign Task Force and self-nominations. The teams were co-chaired to encourage partnership in facilitation. A sincere attempt was made to ensure that individuals with "lived experience" were involved at all levels – including leadership – and to represent all aspects of the community.

The ATs were tasked 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. As previously reported, there were challenges in garnering broad, diverse community participation on the ATs within the timeframe dictated by the Facility Committee.

Discussion

The deliberations of the ATs were rooted in various proposals recognized by the County Board in its initial charge to the Redesign Task Force:

- *Transforming the Adult Mental Health Care Delivery System in Milwaukee County* by Human Services Research Institute in partnership with the Public Policy Forum and the Technical Assistance Collaborative, Inc.
- Reports to the Milwaukee County Board of Supervisors from the Community Advisory Board for Mental Health
- *System Changes are Needed to Help Ensure Patient and Staff Safety at the Milwaukee County Behavioral Health Division* by the Milwaukee County Department of Audit
- *Follow-Up Report to BHD Administrator: Mixed-Gender Units* by the Gender Unit Work Group
- *Milwaukee County Executive's Mental Health Vision and Initiative* by Chairman Lee Holloway, Milwaukee County Board of Supervisors
- Reports to the Milwaukee County Board of Supervisors from the New Behavioral Health Facility Study Committee

These thoughtful studies yielded over 120 recommendations, which were categorized and assigned to the ATs for review. Some of the recommendations were consistent with each other, some had the same concept but different nuances, and still others were in direct conflict. The ATs were given these recommendations as a basis for their work. Thus, the Redesign Task Force has been inclusive of all the previous work and has synthesized those efforts to create consensus in defining an approach to a redesigned system.

The ATs held a total of 20 meetings beginning in early October 2011 and continuing through early December 2011. The ATs involved more than 90 participants from over 40 public and private entities. Participants included service providers, advocates, consumers, administrators, and various others. The Continuum of Care and Community Linkages ATs met five times each; Person-Centered Care met four times; Workforce and Quality were launched later in the process and met three times each. Co-chairs for the ATs presented at the December 8th meeting of the Redesign Task Force on the consensus vision and recommendations that had emerged from the discussions of their respective groups. There was significant overlap in many of the themes running throughout the five AT reports (see *attached documents from each AT*).

The Person-Centered Care AT is notable for the general guidance it offers for the system on how to provide services that are consumer-driven and recovery-oriented. Many of the values affirmed by that team were consistently echoed in the reports of other ATs.

The full reports will be utilized to create implementation plans. Greater detail and background is included in the AT reports, summarized below are the consistent themes only. While the summaries are concise, each of the concepts is powerful and represents a significant opportunity to change the way that mental health services are delivered in Milwaukee County.

Guiding values

Individuals served by the system should be empowered to live independently and make informed choices with maximized options. Therapeutic and welcoming environments in which individuals receive care that is timely, accessible, culturally competent, person-centered, co-occurring, and trauma-informed should characterize the system. Trauma-informed care is emphasized in the reports as a necessary subject for initial and ongoing training and evaluation of service providers. Consumers should be active participants in the planning, provision, and evaluation of services at both the individual and system levels. Because individuals should experience recovery in the least restrictive setting, the expansion of community-based services is a central tenet and top priority of the redesign.

Shifting continuum of care

The ATs affirm the goal of downsizing inpatient units, concurring with earlier discussions of system redesign. However, the ATs urge the Redesign Task Force and policymakers to focus first on the expansion and enhancement of the community-based services and supports necessary to facilitate responsible patient discharges and ensure consumer stability and independence. Consumer-directed services should be developed, and use of Peer Specialists should be expanded. The expansion of accessible outpatient therapy and medication services is a top priority. Mobile crisis teams should be enhanced and should collaborate closely with the criminal justice system to connect individuals with appropriate resources and promote diversions from expensive emergency or inpatient care. The ATs also urge the development of additional crisis resource centers in high-need areas. Specialized supports must also be developed and sustained for people dually diagnosed with developmental disabilities and mental illness – individuals typically served at the Hilltop facility – to meet their unique needs and enable them to be successful in their communities.

Consistent with previous discussions and actions, a high value is placed on public/private partnerships and arrangements to move clients within the overall system as their care dictates.

The 2012 Budget actions are consistent with this direction. Community investment funds that were proposed by the County Executive and approved by the County Board will allow for a number of initiatives including a discharge care coordination program employing Certified Peer Specialists, increased community crisis support, and respite opportunities. During discussions with the County Executive and County Board, it was noted that the programs identified in the budget may be modified based on the work and recommendations of the Redesign Task Force.

Integrated approach & community-wide education

Every effort must be made to integrate mental health care with other essential health services such as primary and dental care. Such integration is presently outside the scope of the ATs and Redesign Task Force, but many participants in the process stressed the importance of the matter. Clear, timely, accurate communication between providers and interacting systems will yield the best outcomes. The ATs likewise emphasized the value of publicly accessible information and outreach about mental health and the resources that are available in the community. Information campaigns can reduce the stigma of mental health care and promote early intervention to improve outcomes and reduce system costs.

Social support

Research indicates that 40% of an individual's health is related to non-health care related factors commonly called the social determinants of health. Within behavioral health, these factors are critical for the success of clients to live an independent and meaningful life in the community. The ATs recommend that strong emphasis needs to continue in the area of supportive housing and recognizes that much progress has already been made in this area. One recommendation relates to the development of an intermediate level of housing to assist clients in learning living skills.

Greater emphasis needs to be placed on promoting employment and providing access to employment services. Individuals with severe and persistent mental illness are frequently unemployed or underemployed. Milwaukee County should move forward with programs that fund integrated employment services up to and including pathways to competitive employment, such as the Community Recovery Services § 1937 Benchmark Plan. The benefits of employment offer individuals access to financial support as well as creating a structured lifestyle that promotes healthy habits and self-care. Access to benefits counseling should likewise be prioritized, as it improves access to health care while also bringing in significant Federal funding to lessen reliance on County tax levy.

Workforce

The importance of preparing a workforce to meet the needs of a shifting continuum of care cannot be overstated. The challenges in this area include workforce supply (especially prescribers such as doctors and advanced practice nurses), skill sets (especially in the area of community care coordination), diversity, and stigma. Efforts are needed to educate current providers to embrace culture and system change. Recovery and health maintenance will be driven by consumer-centered *teams* that involve multiple disciplines and Peer Specialists; the education, recruitment, and retention of sufficient numbers of skilled personnel for such teams requires thoughtful planning and investment by all public and private stakeholders. Competitive wages and opportunities for professional development will be essential to successfully maintain an enhanced community workforce. Peer Specialists are specifically emphasized by the ATs as an important component of the mental health workforce.

Peer Specialists

Certified Peer Specialists are persons who have not only lived the experience of mental illness but have also had formal training in the Peer Specialist model of mental health supports for adults. They use their unique set of recovery experiences in combination with skills training to support peers who have mental illness. The experiences and expertise of Peer Specialists should be put to their optimal use throughout the system to reduce service refusals, promote better navigation of the system, and improve consumer satisfaction. High quality certification programs must be further developed to meet the demand for Peer Specialists. Peer Specialist roles within multidisciplinary care teams should be well delineated and understood by all team members. Ongoing education and evaluation of performance standards for Peer Specialists is essential to maintain system-wide professionalism and consistency on par with that of other licensed professions within the continuum of care.

Quality

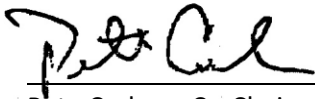
Strong quality assurance and quality improvement processes are essential to the success of a community-based mental health system and must be adequately resourced. As the Redesign Task Force and system stakeholders proceed in the implementation of the redesign initiatives, processes and outcomes will need to be monitored and evaluated to ensure adherence to the principles of the redesign, monitor consumer satisfaction and quality of life, affirm the value of the specific initiatives, and respond to any unforeseen issues that may arise. The ATs – Quality in particular – could serve well in this capacity.

Next Steps

The Redesign Task Force proposes that a summit be held in early 2012 to bring together AT participants, policy makers, consumers, system stakeholders, members of the broader community, and invited guests for an assessment of the work that has been done and an appraisal of what lies ahead. The invited guests at the summit would include experts in mental health models, policy and data analysis, and change management to help strategize for the implementation phase and determine technical assistance needs. Representatives of the Human Services Research Institute are proposed as a resource for the summit, due to their experience helping other communities implement plans to transition to a community-based mental health system. Community Advocates' Public Policy Institute and the Comprehensive, Continuous, Integrated System of Care are also proposed as invited guests.

Action Requested

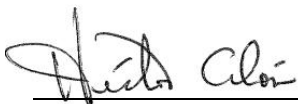
This is an informational report. No action is necessary.



Pete Carlson, Co-Chair
Mental Health Redesign and Implementation Task Force



Paula Lucey, Co-Chair
Mental Health Redesign and Implementation Task Force



Héctor Colón, Director
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Redesign Task Force & Action Team participants

(* Redesign Task Force member)

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Bevan Baker – City of Milwaukee Health Dept. *
Dan Baker – TLS Behavioral Health
Barbara Beckert – Disability Rights Wisconsin *
Cindy Bentley – People First of Wisconsin *
Stacey Bielski – DHHS Special Needs Housing
Danielle Birdeau – TLS Behavioral Health
Serge Blasberg – NAMI / Grand Ave. Club
Beth Ann Burazin – Our Space
Mary Lou Burger – IndependenceFirst
Kathleen Burroughs – BHD Psychology, Acute
Shirin Cabraal – Disability Rights Wisconsin
Todd Campbell – The Bridge Health Clinics
Pete Carlson – Aurora Behavioral Health *
Lee Carroll – Health Care for the Homeless *
Clarence Chou – BHD Crisis Services
Ricardo Cisneros – Catholic Charities
Sue Clark – Vital Voices for MH
Sara Coleman – BHD Crisis Services
Chris Della – Stay In Balance
Lora Dooley – BHD Medical Director's Office
Matt Drymalski – BHD Day Treatment
Colleen Dublinski – Wisconsin Community Svcs.
Peg DuBord – TLS Behavioral Health *
Sue Eckhart – Justice 2000
Michael Fendrich – UWM CABHR
Kristina Finnel – Mental Health America
Mark Flower – Dry Hootch
Liz Ford – Disability Rights Wisconsin
Sarah Fraley – WI Dept. of Health Svcs. *
Scott Gelzer – Faye McBeath Foundation *
Lois Gildersleeve – BHD CSP South
Martina Gollin-Graves – Mental Health America
Paul Golueke – Alzheimer's Association
Beth Halusan – BHD Day Treatment
Judith Hansen – WI Center for Nursing
Thomas Harding – BHD Medical Director
Tom Heinrich – Medical College of WI
Chris Hendrickson – WI Dept. of Health Svcs. *
Carol Hess – Wheaton Franciscan Mental Health
Jim Hill – Milwaukee Center for Independence
Peter Hoeffel – NAMI
Edith Hudson – Milwaukee Police Department *
Jane Johnston – BHD / Our Space
Bruce Kamradt – Wraparound Milwaukee
Jonathan Kanter – UWM & LHNHA
Karen Kaplan – BHD Nursing Administration
Debra Kraft – Community Advocates
Jim Kubicek – BHD Crisis Services

Justin Kuehl – BHD Crisis Services
Henry Kunath – Phoenix Care Systems
Walter Laux – Community Advocates
Jon Lehrmann – Medical College of WI *
Jamie Lewiston – Aurora Health Care
Amy Lorenz – BHD Crisis Services
Paula Lucey – BHD Administration *
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Lyn Malofsky – Warmline, Inc.
Heather Martens – BHD Psychology, Adult
Michelle Martini – WI Pathways to Independence
Jim Mathy – DHHS Special Needs Housing
James McNichol – Milwaukee Police Department
Joy Mead-Meucci – Aurora Behavioral Health
Patty Meehan – BHD Quality Assurance
Amy Moebius – BHD Adult Community Svcs.
Chris Morano – Wraparound Milwaukee
Mary Neubauer – Community Advocates
Tom Nowak – Midwest Community Svcs. *
Lynne Oehlke – St. Catherine Residence
Jay O'Grady – Medical College of WI
Chris Ovide – BHD Legal Services
Robin Pedersen – Mental Health Task Force
Mary Perner – Aurora Behavioral Health
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John Prestby – BHD Day Treatment
Dennis Purtell – Office of the Public Defender
Zach Quade – NAMI
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Peggy Romo West – Board of Supervisors *
Leonor Rosas – UMOS
Nick Sayner – Justice 2000
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Vicki Spataro Wachniak – ARC Greater Milwaukee
Gary Stark – BHD Rehab Central & Hilltop
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