

# Progress on HSRI 2011 Report Recommendations

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## **HSRI Rec 1: Downsize & redistribute inpatient capacity**

- BHD has continually reduced the number of inpatient units and the total occupancy.
  - *Closed a unit (43D) in 2012, a 24 inpatient bed reduction.*
  - *On the Acute Inpatient Units, in 2011 BHD staffed 108 beds. In 2013 those beds the number of staffed beds was down to 78. That is a 39% reduction in the total number of beds.*
  - *There has been a 41% reduction in the average daily census from 2008 – 2013.*
  - *Care has been redistributed to private institutions and community providers.*
- DHHS/BHD has also worked with the State to develop and implement plans to phase down the long term care units (Hilltop & Central).
  - *On the long term care units, 18 individuals have been relocated to the community from Hilltop through the downsizing relocation plan from 2012.*
  - *In February 2013 the County Executive announced plans to close the long-term care units. This summer the State approved closure plans for both Hilltop and Central Services to be delivered in smaller community homes with support.*
  - *In September 2010 the census at Hilltop was 68; in November 2013 the census is 50.*
  - *In September 2010, the licensed bed capacity at Central was 70 and the current census as of November 2013 is 50.*

## **HSRI Rec 2: Involve private systems in a more active role**

- BHD has been working with private providers to build clinical capacity to treat persons with more severe psychiatric symptoms and needs.
  - *In 2012 Aurora opened a 24 bed unit specifically dedicated to take higher acuity patients from BHD.*
  - *BHD is in discussions with private health system providers in the community to establish contracts to taking on indigent persons in need of mental health services.*
  - *28% of individuals were transferred from our Psychiatric Crisis Service to private treatment facilities.*

## **HSRI Rec 3: Reorganize crisis services & expand alternatives**

- Since 2012, BHD has two Crisis Resource Centers centrally located in order provide easier access for consumers.
- In 2012, two additional crisis stabilization/respite homes were opened. One respite location for individuals with intellectual disabilities and one stabilization home for individuals who live with mental illness.
- As of November 2013 there are 39 crisis stabilization beds, with 14 more planned.
- The Community Linkages and Stabilization Program (CLASP) launched in 2012. CLASP is a program that focuses on a successful discharge planning and community reintegration that is delivered in a peer-to-peer approach.
- Mobile Crisis Team expanded to provide a maximum amount of availability with the goal of moving to 24/7 coverage. In 2013, Milwaukee Police Department also added a member to the Mobile Crisis Team and will enhance their partnership with BHD by adding another member in the upcoming year.

## **HSRI Rec 4: Reduce emergency detentions**

- There has been a 19% decrease in Emergency Detentions since 2010 (based on projections for 2013).
- Currently advocating for a change to state statutes that would broaden the definition of who is authorized under Chapter 51 to make Emergency Detention determinations.
- The Housing Division is working more closely with private hospitals and the House of Corrections to enhance successful discharge planning via a newly hired Community Intervention Specialist position, which was developed out of the Community Linkages Action Team.

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## HSRI Rec 5: Expand & reorganize community-based services

- Received authorization to implement the Community Recovery Services benefit via the 1915i Medicaid Waiver and the first participant was enrolled in November 2013.
- BHD made a significant investment in shifting resources to community-based services and expanding community-based capacity.
  - CEX \$3 million in 2012, some of the funded initiatives included:
    - *CLASP*
    - *Northside CRC*
    - *Crisis Respite for individuals with an intellectual disability*
    - *Crisis Stabilization Home for individuals living with at mental illness*
    - *Expansion of Targeted Case Management to serve 90 additional individuals*
    - *Created the Community Intervention Specialist , Quality Assurance Coordinator, and Behavioral Health Prevention Coordinator positions*
    - *Pathways to Permanent Housing*
    - *Additional Supported Housing units*
    - *Peer Pipeline Infrastructure*
- Increased the use of evidence based practices with the Individual Placement and Support (IPS) supported employment program.
- In 2014 will pilot four Community Support Programs to adopt an Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT) model.
- Developed a continuum of care in Targeted Case Management (TCM) so individuals in need of TCM service have more choice that is based on clinical acuity; there are now three levels of TCM service. Level I is outreach based case management and care coordination that assists individuals with referrals and information; Level II, is intensive clinic based case management services; and, Level III which is called Recovery Case Management for clients who require less intensive services than what is provided in Level I such as those in need of case management services that reside in a supported apartment.
- Budgeted in 2014 to expanded Targeted Case Management to individuals with a substance use disorder.
- Improved discharge planning for acute inpatient stays by completing a discharge conference with every individual prior to release to collaboratively review the discharge plan, discuss community resources, and address questions.
- BHD has implemented a multipronged approach toward benefits counseling to ensure maximum revenue to fund services.
  - Social workers work with clients on financial questions and connect individuals with the fiscal department to assist with some components of the benefits application.
  - In addition, Winged Victory Program staff, all of whom are certified application counselors (CAC) for ACA, work with clients in the hospital, PCS, and the Access Clinic to enroll in Medicaid, the Marketplace, and/or social security benefits.
  - Social workers across the network assist clients with the insurance enrollment process.
  - The Community Services Branch has 5 CAC and has worked with our community providers to answer Medicaid and ACA enrollment questions.

## HSRI Rec 6: Promote a recovery-oriented system through person-centered approaches & peer supports

- Milwaukee currently has 81 certified peer specialists- the most in the state.
- Offered training though Our Space, Inc., and continuing education opportunities for Certified Peer Specialists.

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- All contracted TCM providers utilized Peer Specialist services and all Community Support Programs will do likewise by 2014.
- Division of Housing utilized peer specialist in their supported housing programs
- In September 2012, held a summit for employers on how to recruit/hire/utilize Peer Specialists, second summit occurred in November 2013 and showcased the newly developed Employer Tool Kit
- Sponsored training for local peers to be trained facilitators in developing individualized person-centered Wellness Recovery Action Plan (WRAP).
- Training for bilingual Certified Peer Specialists.
- One community partner, Our Space Inc., employs 25 peer specialists.
- Crisis Services has had significant gains in the number of clients with individualized crisis plans on file with an increase of 157%.
- Peer Pipeline website was created and is maintained by Mental Health America, with up-to-date resources on educational and employment opportunities for peer specialists.
- Aurora Behavioral Health hired their first peer specialist in November 2013.

## **HSRI Rec 7: Enhance & emphasize housing supports**

- Opened Pathways to Permanent Housing program in June 2013.
- Permanent supportive housing options have been expanded through an increased number of permanent supportive housing units in the community, in addition to scattered site supportive housing options.
- Housing Division has created case management slots for homeless veterans to give individuals access to Shelter Plus Care rental assistance funds. Homeless prevention activities will also be funded from this contract.
- Funds have been committed in 2013 to provide supportive housing for individuals who are aging out of the foster care system and are receiving services through Wraparound. These units will be placed in service in early 2014.
- Finally, as part of establishing a full and active partnership with the homeless service system the Division of Housing has a community intervention specialist who is dedicated to be that bridge between the homeless and mental health systems.

## **HSRI Rec 8: Ensure cultural competency**

- Cultural Intelligence Action Team (CQAT) established in June 2013 and playing an active role in system redesign efforts.
- Families Moving Forward and the Faith Partnership Network developed and implemented preventative intervention strategies for the African American community in Milwaukee and delivered these interventions in environments needed for effective service.
- United Community Center (UCC) in partnership with the 16<sup>th</sup> Street Clinic (an FQHC) developed and implemented a collaborative engagement, screening and referral pilot project called *Familias Sanas*. The collaborative project was designed as the pilot for developing systems to increase participation in integrated treatment services (Medical, Mental Health and Substance Use Disorder (SUD) services) for Hispanic population within Milwaukee County.
- A major part of the SMART goals has been enhancing the inclusion of diverse perspectives and increasing the cultural intelligence of mental health and substance use disorder professionals and the public at large.

## **HSRI Rec 9: Ensure trauma-informed care**

- A division-wide Trauma Informed Care (TIC) Committee was created.
- Providing BHD staff ongoing TIC based education such as the Mandt System.

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- As part of The Joint Commission accreditation preparation process, BHD has updated Division policies and procedures to reflect our trauma informed care approach.
- Incorporated trauma related questions into our universal screening process.
- The Community Services Branch has trained over 500 clinical and recovery support providers on the use of TIC with the curriculum developed by Stephanie Covington.

### **HSRI Rec 10: Enhance quality assessment & improvement programs.**

- Created an Office of Compliance, Safety & Integrity and have a Chief Compliance Officer overseeing the quality assurance and safety for the Division.
- Revised and improved our QI process to improve the tracking of patient outcomes and effectiveness of methods being utilized.
- Implementing the EMR system (Avatar) which is a major change to our whole division's management information systems that allows us to collect and report common data.
- With technical assistance from SAMSHA, BHD implemented a self-assessment tool that is being used in 60% of the behavioral health programs.
- Safety and prevention has been a major focus exemplified in the Falls Prevention program which has helped to significantly reduce the number of fall incidents among our residents.
- Adding a Quality Assurance Specialist in 2014 dedicated to crisis services.