

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 24, 2013

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Kathie Eilers, Interim 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 on the current activities 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.

The Chairwoman of the Committee on Health and Human Needs requested monthly informational reporting on the activities of the Redesign Task Force.

Background

The Redesign Task Force first convened in 2011, establishing a charter and delegating Action Teams to prioritize recommendations for system enhancements within the key areas of Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. The co-chairs of the Action Teams presented their initial prioritized recommendations to the Committee on Health and Human Needs in January 2012 and at a public summit in February 2012, where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance. The Redesign Task Force, its Executive Committee, and DHHS and BHD leadership resolved in March 2012 to issue a Request for Proposals for technical assistance in implementing the affirmed recommendations. DHHS entered into a professional services contract in September 2012 with a team of consultants including ZiaPartners, Inc., and three subcontractors.

In December 2012, the DHHS Director and BHD Administrator presented an informational report to the Committee on Health and Human Needs on the progress and activities of the Redesign Task Force, including a framework for planning, tracking, and recording progress on all redesign implementation activities, including those already accomplished or underway. The implementation activities were thereafter framed within SMART Goals – Specific, Measurable, Attainable, Realistic, and Timebound – to promote greater accountability and clearer reporting. In March 2013, the County Board of Supervisors passed a resolution (File No. 13-266) authorizing the DHHS Director to implement the initiatives outlined in the SMART Goals in collaboration with the Redesign Task Force and community stakeholders. With that authorization, the Redesign Task Force, Action Teams, and their staff partners are presently at work on the numerous tactical objectives of the SMART goals, in pursuit of the specific performance targets to be achieved in 2013 and 2014.

Discussion

The Redesign Task Force convened its monthly meeting on May 8 at the Milwaukee County Mental Health Complex. Co-Chairs Pete Carlson (Aurora Behavioral Health) and Sue Gadacz (BHD Community Services) put in place a new process to ensure the efficiency and effectiveness of the monthly meetings, including parameters and deadlines for Action Team (AT) reports and agenda setting. The details of the process are posted at <http://county.milwaukee.gov/MHRedesign/Calendar.htm>.

Addressing Goal 1, the Person-Centered Care AT convened a second meeting of a workgroup to review the tools used to gauge the satisfaction of individuals participating in services at BHD, including MHSIP surveys and interviews by Vital Voices. Task Force members advised that the focus should not be on system-wide uniformity of satisfaction surveys but rather that surveys be conducted effectively and that changes be made in response to substantive feedback. The workgroup will meet again in May to consider common elements or enhancements that may apply to multiple measurement tools to ensure their congruence with the principles of trauma-informed care and person-centered recovery.

On Goal 2, a workgroup of the Person-Centered Care AT will meet on May 28 to develop the curriculum for public education and stigma reduction events in each supervisory district. The curriculum and duration of the events may evolve after the initial events, but presentations will likely include personal stories, facts about mental illness, available resources in the community, and information on the redesign initiatives.

On Goal 3, the Workforce AT will reconvene in June in conjunction with a briefing from the Nursing's Voice project on survey results related to mental health nursing and the attitudes and interests of nursing students.

On Goal 5, the Resource Strategy Team will meet again in late May to focus on the resources, staff time, and technical assistance needed to map the existing funding model used for all mental health services provided by BHD.

On Goal 8, the BHD Access Clinic is on pace through 1Q to achieve the performance target of maintaining a high volume service. The Clinic had 6,536 client encounters in 2012 and is on pace for 6,576 in 2013.

On Goal 9, the Continuum of Care AT reports that performance targets 1 and 2 have been achieved. In April 2013, contracts were awarded to Bell Therapy for Level I Targeted Case Management (TCM) and to Milwaukee Mental Health Associates (MMHA) to pilot Recovery Case Management. Two Level I TCM caseloads were added for Bell Therapy for a total capacity of 50 additional individuals. Recovery Case Management – a new level of care – allows case managers to maintain a caseload of 40 clients who require less intensive services than what is provided in Level I TCM. MMHA will pilot Recovery Case Management for individuals who require case management services as a condition of their residential living arrangement such as Shelter Plus Care, permanent supportive housing, or a supported apartment. MMHA realigned their existing case management caseloads and identified those clients that could benefit from the Recovery Case Management level of care and also made this level of care available to other TCM agencies thus allowing for additional Level 1 capacity. There is now a service continuum within TCM that did not exist before. Level II is the clinic-based model of TCM and is the most intensive level of TCM, followed by Crisis TCM, Level I TCM, and Recovery Case Management. Intensity is defined by service provision and availability and caseload capacity.

On Goal 12, Community Linkages AT Co-Chair Jim Mathy reported that the Housing Division continues to put in place policies and procedures in the Community Development Block Grant (CDBG) program to use economic development funds for small business to expand and, in turn, create new jobs for consumers.

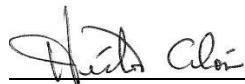
On Goal 13, Pathways to Permanent Housing has received a five-year occupancy permit from the Milwaukee Board of Zoning Appeals with no opposition from the neighborhood or Alderman. Construction is almost complete. The rooms have been completely remodeled, and all new furniture has been delivered. The only remaining rehab to be completed is the kitchen area. Once that is complete, individuals may move in, which is projected to be in May.

The Person-Centered Care Action Team welcomed representatives of the Families Moving Forward coalition, who presented a proposal to the Task Force for a new SMART Goal and associated Action Team that focus specifically on cultural intelligence. The Task Force voted to approve the motion to add the SMART Goal to the existing list of fifteen, pending some clarifying modifications to be made with the assistance of the contracted consultants.

County officials and any other interested parties are encouraged to visit the website that has been designed to house resources and updates related to redesign activities, including a meeting schedule for the Redesign Task Force and Action Teams. The site is <http://county.milwaukee.gov/MHRedesign.htm>. Comments or inquiries about redesign activities may be directed to David Johnson at 414-257-5255 or david.johnson@milwcnty.com).

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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