

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: August 23, 2013

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Amy Lorenz, Associate Administrator, Psychiatric Crisis Services

SUBJECT: **Informational Report from the Director of the Department of Health and Human Services regarding the Community Consultation Team (CCT) at the Behavioral Health Division**

Background

The Center for Independence and Development (formerly Rehabilitation Center-Hilltop) is a Title XIX certified facility for persons with Developmental Disabilities that provides active treatment programs and an environment specially designed for residents with dual diagnoses of developmental disability and serious behavioral health conditions. In 2013, the Behavioral Health Division (BHD) has undertaken a significant downsizing of the Center for Independence and Development (CID) (formerly Hilltop). The 2014 Requested Budget continues that initiative and includes a full closure of the program by November 2014.

In an effort to support that initiative and to reduce utilization of Psychiatric Crisis Services (PCS), BHD is working to expand the Crisis Mobile Team with staff who have expertise in serving individuals who are dually diagnosed with intellectual developmental disabilities (IDD) and mental health issues. The ability to provide support during crisis situations for individuals who are relocated from the CID will be imperative to their success in the community. To best achieve a multi-disciplinary, community based approach to address the needs of individuals with intellectual developmental disabilities and challenging behaviors here in Milwaukee County, BHD has been consulting this past year with experts from the University of Wisconsin-Waisman Center. The Waisman Center is a center of excellence dedicated to the advancement of knowledge about human development, developmental disabilities, and neurodegenerative diseases. Consultants from the Waisman Center's Community TIES (Training Intervention and Evaluation Services) program have been meeting regularly with representatives from BHD and the Disability Services Division to create and design prevention and crisis intervention initiatives. The consulting work has been focused on developing a program where new supports are added to the existing community lifestyle of the individual in need of services. The additional behavioral supports being explored are:

- Ongoing behavioral expertise within community support teams
- Individualized Behavior Support Plans
- Training of positive behavior supports and pro-active crisis prevention

- Intensive safety measures added to community programs
- Environmental adaptations and modifications
- Psychiatry with developmental disabilities expertise
- Crisis response services in the community

For more information please see Attachment A - Waisman Report for Milwaukee County.

Discussion

As a result of the work with the Waisman Center and through internal discussion at BHD, the 2014 Requested Budget includes the development of a Community Consultation Team (CCT). The CCT will be a crisis mobile team that specializes in community-based interventions for individuals with both intellectual developmental disabilities and mental illness. The goal of the CCT is to provide individuals with intellectual developmental disabilities with services in the community as a way to support their community placements and thereby reduce the need for admissions to higher levels of care such as emergency room visits and hospitalizations.

The CCT will assist in the development of individualized behavioral support plans to address challenging behaviors presented by individuals in an effort to prevent the likelihood of significant behavioral and mental health crisis. Specific services available include functional behavioral assessments of clients, development of individualized behavioral support plans, staff training, assessment of facility and staff needs, consultation and support, and serving as a liaison between stakeholders, providers, and potential providers. The CCT staff will maintain on-going involvement with clients in the community and increase or decrease this involvement as needed. All of the services will be provided in collaboration with those individuals already serving the person such as case managers, housing providers, etc.

Currently, the primary focus of CCT is to provide support to individuals who are transitioning from the CID to the community. The CCT will also provide on-going crisis intervention services to individuals who have been placed in the community from the CID. As the CID closure progresses, these services will become available to all individuals in the community with intellectual developmental disabilities and mental illness who are in need of assistance.

For more information, please see Attachment B: BHD CCT Description of Services.

Staffing

In 2013, the Community Consultation Team has a dedicated Registered Nurse II and 0.5 Clinical Psychologist. In 2014, two additional clinical staff, psychology and social work disciplines will be added to the team as the CID closes.

Next Steps

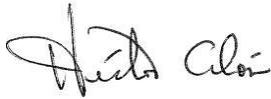
The CCT will be offering a variety of educational and support services for community providers such as Managing Threatening Confrontations and Safe Supports to Persons in Emotional and Physical Distress trainings. BHD is currently in discussions with UW-Waisman Center to select programming based upon the needs of the providers in the community and creating a training implementation program for CCT staff and service providers in Milwaukee.

The CCT, other BHD staff, and the Disability Services Division will also continue working with the UW-Waisman Center consultants and other consultants to implement system improvements of the current

service delivery system for this specific population. Some of these improvements will include ongoing behavioral consultation and support to providers, continuing to provide education programming/training, and crisis intervention services. Other possible service expansions being considered may include an outpatient clinic that provides psychiatric services for individuals with intellectual developmental disabilities and mental illness, third shift electronic monitoring of residential placements, and environmental modifications and adaptations.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

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