

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**INTER-OFFICE COMMUNICATION**

**DATE:** October 3, 2011

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

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
*Prepared by Paula Lucey, Administrator, Behavioral Health Division*

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

**ISSUE**

In April 2011, the County Board of Supervisors passed a Resolution supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign Task Force to provide the County Board with data-driven implementation and planning initiatives (File #11-173). Included in the final Resolution was a directive for the Interim Director, Department of Health and Human Services, and the Administrator, Behavioral Health Division, to create and make appointments to the Mental Health Redesign Task Force from stakeholder organizations. It also requested quarterly reports on the activities of the Task Force.

**BACKGROUND**

Within the past year, a number of reports, studies and advisory committees have emerged with recommendations related to the future design of the Behavioral Health System in Milwaukee County, including recommendations regarding public and private inpatient, outpatient and community care services. The existing reports and studies represent the work of multiple public and private planning efforts. The formation of this Task Force recognizes that it is now time to coordinate those recommendations and shift the activity to prioritization and implementation of new mental health system design ideas and innovative strategies.

**DISCUSSION**

The Task Force Co-Chairs, Paula Lucey of BHD and Pete Carlson of Aurora Behavioral Health Services, have launched the Task Force and its executive committee. First efforts

included the development of a charter (attached) based on the County Board resolution, which outlines the work of the Task Force. Ground rules were also established. The Task Force was established to provide all stakeholders and involved parties an opportunity to partner and shape this important work. Such a partnership is essential as this important discussion and work moves forward. Members of the Task Force have varying levels of knowledge about the Milwaukee services therefore the first two meetings focused on orientation to the system and defining the charge of the Task Force. Information was shared related to the services provided by community private hospitals as well as a verbal report on the services provided by Federally Qualified Health Centers (FQHC) with a focus on Health Care of the Homeless.

A time line has also been established to launch the Action Teams and outline expected work products. The timeline is aggressive but the Taskforce has committed to doing their best to achieve the goals. In addition, the Executive Committee is meeting every other week to review the work of the Action Teams and define, set priorities and develop the agenda for the Redesign Task Force group.

#### **Task Force Structure:**

The Task Force has Action Teams that focus on five key areas:

- Patient Centered Care
- Continuum of Care
- Community Linkages
- Quality
- Workforce

Maintaining the focus on public/private partnerships, the Executive Committee worked to populate the Action Teams with persons possessing expertise in both the public and private sectors. It was also important to the Executive Committee that the Action Teams have strong consumer involvement.

These five action groups all have co-chairs, one of whom identifies as a consumer of mental health services that report back to the entire Task Force.

The Action Teams and their co-chairs are as follows:

#### **Person Centered Care:**

- Objective: To ensure the centrality of recovery principles, consumer choice and trauma-informed care in the redesign process
- Co-Chairs: Beth Ann Burazin (United Health) and Peter Hoeffel (NAMI Milwaukee)

#### Continuum of Care:

- Objective: To define the approach used to increase community-based services and support decrease reliance on inpatient care
- Co-Chairs: Lee Carroll (Health Care for the Homeless) and Mary Neubauer (Community Advocates)

#### Community Linkages:

- Objective: To identify and optimize the necessary linkages between behavioral health and external systems, such as housing, law enforcement, medical homes, and vocational opportunities
- Co-Chairs: Kristina Finnel (Mental Health America) and Jim Mathy (DHHS-Housing)

#### Workforce:

- Objective: To assess the workforce and the necessary skill sets therein in the context of the shifting continuum of care
- Co-Chairs: Scott Gelzer (Faye McBeath Foundation) and TBD

#### Quality:

- Objective: To define performance standards within the redesigned system – considering the implementation plans of the other Action Teams – and determine how those standards will be monitored
- Co-Chairs: Karen Avery (Independence First) and Henry Kunath (Phoenix Care Systems)

The recommendations compiled from the Community Advisory Board, the New Behavioral Health Facility Study Committee, Chairman Holloway's Mental Health Pilot Project, the HSRI report, the Department of Audit Patient Safety Audit, the Sheriff Site Safety Report, the Mixed Gender Unit Study and 2011 Budget initiatives have been sorted and assigned to one or more Action Teams. The items related to BHD operations or that have already been implemented will not go the Action Teams but will remain the responsibility of BHD administration. The final step will be putting together a fiscal action team to assess the fiscal impact related to the recommendations of the Action Teams and Task Force.

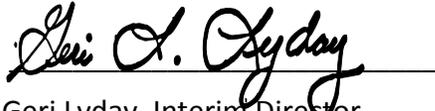
BHD also convened a group of clinical and administrative staff and developed an RFI for enhanced community services. The Executive Committee reviewed the draft RFI and had input into the final product. The RFI will be released the first week in October.

## **NEXT STEPS**

To meet the deadlines defined by the New Behavioral Health Facility Study Committee, a timeline was developed. Each of the Action Teams and the Task Force has specific tasks to complete. We anticipate that the next quarterly report to the committee will represent a defined vision for the Redesigned Behavioral Health Center and have specific timelines and benchmarks of achievement.

## **RECOMMENDATIONS**

This is an informational report only. The next quarterly report will be submitted in January 2012.

A handwritten signature in black ink that reads "Geri Lyday". The signature is written in a cursive style and is positioned above a horizontal line.

Gerri Lyday, Interim Director  
Department of Health and Human Services

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