

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 13, 2014

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

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Susan Gadacz, Director, Community Services Branch Behavioral Health Division, Co-Chair 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 County 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, delegating Action Teams (AT) to prioritize recommendations for system enhancements within the key areas of Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. The AT co-chairs presented their initial prioritized recommendations to the Committee on Health and Human Needs in January 2012 and at a public summit where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance in February 2012. The Redesign Task Force, its Executive Committee, and DHHS and BHD leadership resolved in March 2012 to issue a Request for Proposals (RFP) for technical assistance in implementing the affirmed recommendations. DHHS subsequently contracted with a consultation team comprised of ZiaPartners, Inc., and three subcontractors from September 2012 through July 2013.

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 then 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 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, ATs, and their staff partners continue to work on the numerous Tactical Objectives of the SMART Goals in pursuit of specific Performance Targets for 2013 and 2014.

Discussion

The Redesign Task Force held its final meeting of 2013 on December 4 at the Behavioral Health Division (BHD). The Quality Action Team presented the draft version of an online data dashboard for review and revision by the Task Force. When approved by the Task Force (and all data owners), the dashboard will be a public, permanent, and consistently updated presentation of data relating to the mental health system. The intent is to demonstrate the progress that the public and private redesign stakeholders are making toward a more community-based, recovery-oriented, person-centered system.

The development of the dashboard is responsive to SMART Goal 6 – “Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals” – as well as the HSRI recommendation to enhance quality assessment and improvement programs. The dashboard will be embedded within the County website as a slideshow (similar to Microsoft PowerPoint) navigated by users either with the arrow keys or a drop-down menu of the slide titles. Following revisions and additions suggested by the Task Force in December, the dashboard will be comprised of 15-20 slides and will go “live” to the public in January or February 2014, updated quarterly (or as new data become available) thereafter.

Some of the content in the draft dashboard was drawn from data presented at the all-provider meeting in the Community Services Branch (CSB) in November. A CSB program analyst presented these data to the Task Force at the meeting in conjunction with the draft dashboard, showing increasing requests for mental health services as well as strong positive outcomes for Targeted Case Management, Community Support Program, and Wiser Choice services. Additionally, the data show significant provider engagement in change initiatives to improve co-occurring capability, supported by the Milwaukee Co-Occurring Competency Cadre, or MC3.

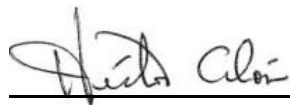
The Person-Centered Care Action Team completed Goal 1, Performance Target 1, Tactical Objective 1.1 with the revision of the MHSIP survey to have a more person-center approach. A highlight of some of the changes include: 1) Revised formatting for improved readability and user friendliness; 2) Encouragement of participation; 3) Three additional background "framing" questions at the beginning of the survey; 4) A statement emphasizing the importance and value of participants giving feedback; 5) Opportunities at the end of each section to provide comments; 6) Removal of six items that did not glean the kind of differences between agencies to provide ample value; and 7) The addition of six carefully developed survey questions to cover key areas we felt the former MHSIP survey was missing. The revised MHSIP survey tool will be piloted in 2014.

The Task Force discussed its 2014 workload and schedule and it was decided that the January 8, 2014 meeting date would be used to convene a smaller group to plan and prepare for a one-day summit for redesign stakeholders. This summit is tentatively scheduled for the first week of March 2014. The purpose of the summit is to provide a one-year progress update on the SMART Goals and to organize the necessary action and expertise to address cross-cutting issues and complete the remaining work on the SMART Goals in 2014. The planning group will work with the Task Force co-chairs and Jan Wilberg to set an agenda and prepare the logistics for the event.

The next meeting of the full Redesign Task Force will be Wednesday, February 12 from 3:00 to 5:00 p.m. at BHD, Room 1045. It is anticipated that the Task Force will not meet on a monthly basis in 2014. The schedule will be finalized at the February meeting.

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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