

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: December 27, 2024

To: Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

From: Shakita LaGrant-McClain, Director, Department of Health and Human Services

Subject: An informational report from the Director, Department of Health and Human Services, providing an update on the status of the integration between DHHS and Aging

File Type: Informational Report

BACKGROUND

Over the past few years, DHHS has been implementing a “No Wrong Door” customer service approach meaning that everyone gets access to the services they need, regardless of which entry point to DHHS was used. Our motto has been: How do we get to “Yes?” Our vision is to create a fully integrated human service model that seamlessly serves people across the lifespan. “No Wrong Door” aligns to Milwaukee County’s Strategic Initiative 2B: Breaking down silos.

DHHS has made significant progress toward this effort since introducing the No Wrong Door approach. The work undertaken is identified below:

Children’s Resource and Referral Line

In 2020, as part of Children’s Integration and creating a Children’s System of Care, the phone lines for children’s mental and behavioral health and children’s disabilities merged into one. This was designed to streamline the intake and referral process for anyone seeking resources for children.

The chart below shows the significant increase in the total number of inquiries made to the Resource and Referral Line as well as the number of referrals to services and community resources provided.

	2020* (Mar - Dec)	2024* (Jan - Oct)	Difference
# of Voicemails	1,043	851	-192
# of Live Calls	164	4,047	3,883
# of Online Requests	21	228	207
# Referrals	373	1,559	1,186
# of Community Resources Provided	45	846	801
*Totals include both the Spanish and English Line			

No Wrong Door Campaign

In 2023, to build awareness and normalize the No Wrong Door approach, DHHS implemented an internal campaign to define and build awareness for the concept.

To provide clarity, No Wrong Door was defined as: Once connected with DHHS, people are treated with dignity and have access to holistic care as well as services and resources provided by our community partners. The belief is that if we continue to implement this No Wrong Door approach we will:

- Improve the customer experience of engaging with DHHS
- Better serve residents across the age continuum
- Get to “yes” faster in addressing somebody’s needs
- Better address the root causes of someone’s needs
- Further our countywide equity goals

To create awareness, we designed a logo, started all departmentwide meetings with a description, sent examples of “No Wrong Door” successes out to staff, and had a door decorating contest. When the campaign began, staff described confusion or lack of knowledge around the concept. In 2024, staff expressed understanding of the No Wrong Door approach and their role in it. The campaign, while internal, reached external partners as well. No Wrong Door is now often used to describe the work of DHHS.

Complex Care Access Team Pilot

In July of this year, a pilot was launched that brought representatives from each Service Area into one DHHS-level team with the skill, creativity, and authority to work as one team and get the person connected to a cooperative team to serve their needs.

Often, when people with complex care needs are seeking services, their needs and eligibility cross multiple service areas within DHHS. In our current state, this creates a complicated set of multiple doors that the person must walk through to put together their care plan. Sometimes, this is done in partnership with one person coordinating care. Often, it is done through a series of warm handoffs between services areas to create a (somewhat disjointed) team providing services. Each person on their team has their distinct purpose based on the funding and program they represent. While this may be a coordinated effort to support the person, it ultimately falls short of a true multi-disciplinary team working in concert to serve them.

The team met weekly until the end of September to discuss design, provide feedback, and create necessary tools and process improvement opportunities. The pilot wrapped up at the end of September at which time there was a formal evaluation process of the team's successes and the barriers they encountered. This evaluation produced a report that included recommendations and considerations for enhancing our No Wrong Door approach.

No Wrong Door Navigators

In May of this year, DHHS reclassified three positions and brought two additional positions together to create a navigation team from five key service areas: Housing, Behavioral Health, Aging and Disabilities, Children, Youth, & Family, and Child Support. These individuals were identified because they were already seen as the front door to services and were already supporting participants to navigate the complexities of DHHS. This included the need for services that were outside their service areas.

In September, this team began meeting bi-weekly and continues to do so now. These meetings serve as a place to obtain information on resources across DHHS, share ideas, swap tips, and identify the future needs and role of the group. The program areas that have come to present on the services offered include: Aging and Disability Resource Center (ADRC), Community Access to Recovery Services (CARS), Housing Services, and Impact Connect.

The work of this team is ongoing with current focus on providing information about the different services offered and available to the individuals the navigators encounter.

FISCAL EFFECT

This item is informational and has no fiscal effect.

VIRTUAL MEETING INVITES

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