

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: March 4, 2013

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
*Prepared by Paula Lucey, 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, requesting authorization for the Behavioral Health Division to implement the initiatives outlined in the Mental Health Redesign SMART Goals**

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.

In December 2012, the Committee on Health and Human Needs passed a resolution (File No. 12-1003) receiving and placing on file an informational report from the DHHS Director and BHD Administrator regarding the progress and activity of the Redesign Task Force, including an action-oriented implementation plan. The Committee further requested an actionable report to authorize the implementation plan with specific objectives and target dates. Monthly informational reporting on the activities of the Redesign Task Force was also requested.

Background

The Redesign Task Force first convened in 2011, establishing a charter and delegating five 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 Action Team co-chairs presented their 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. BHD leadership, the Redesign Task Force, and its Executive Committee resolved in March 2012 to seek technical assistance for the process of implementing the affirmed recommendations. The ensuing RFP led to a professional services contract with ZiaPartners, Inc., which took effect in September 2012. The consultants have worked with leaders from DHHS, BHD, and the Redesign Task Force and Action Teams since that time, and Wilberg Community Planning, LLC, has provided regular on-site technical assistance as a subcontractor.

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. The implementation activities were thereafter to be framed within SMART Goals – Specific, Measurable, Attainable, Realistic, and Timebound – to promote accountability and clear reporting.

Discussion

Each Action Team (AT) met in January to finalize the SMART Goals and discuss other matters. The Continuum of Care AT consulted with BHD Community Services Director Susan Gadacz on potential pathways toward implementing Community Recovery Services in Milwaukee County. The team also provided input on the allocation of Community Investment funds earmarked for case management.

Jim Mathy (Housing Administrator) worked with community partners to fulfill another Community Linkages AT recommendation; the Housing Division will contract with Our Space and Milwaukee Center for Independence to provide services at a new “step-down” level of housing. The team is pursuing ways to support the Community Justice Council in maintaining a data link between the behavioral health and criminal justice systems.

The Workforce AT researched and discussed the education and credentialing standards for Certified Peer Specialists in Wisconsin. Additional work is needed to establish a baseline for target objectives related to utilizing Certified Peer Specialists. Ms. Gadacz met with a group of Certified Peer Specialists and other community partners on how to use the earmarked Community Reinvestment funds to effectively establish a “pipeline” for peers to be trained, certified, and employed in appropriate roles in the mental health system.

The Quality AT and County staff are providing input to Dr. Andrew Keller and the TriWest Group in their ongoing development of a pictorial system map and a community data dashboard.

The Person-Centered Care AT discussed more outreach and public education with suggestions to work with churches and schools and to utilize the stories of individuals with positive experiences receiving services. The team is also eager to flesh out the idea of County Supervisors hosting public education forums in their districts. In addition, staff and consultants are working with interested parties to establish a Resource Strategy Team.

The Redesign Task Force met on February 6 at Highland Commons in West Allis. The primary focus of the meeting was to collaboratively revise and finalize the SMART Goals document. Co-chairs from each AT presented feedback from their teams to the full Redesign Task Force. Following the meeting, the technical assistance team worked with County staff to ensure that the timelines and numerical targets were feasible and meaningful. The completed document represents substantial input from diverse stakeholders, collected by e-mail, online surveys, telephone, and numerous face-to-face meetings.

Next steps

These SMART Goals outline targets, tactics, and responsible parties (including “BHD Lead Staff” to provide support for each of the goals) for redesign-related initiatives and enhancements to be achieved in 2013 and 2014. Because the SMART Goals are oriented toward future activities, they are not necessarily inclusive of various redesign-related enhancements that have already been partially or wholly achieved since 2011 by the Behavioral Health Division, Housing Division, Disabilities Services Division, and other community partners. Periodic progress reports to the County Board on behalf of the Redesign Task Force will maintain a record of redesign-related accomplishments.

Recommendation

It is recommended that the County Board of Supervisors authorize the DHHS Director and the BHD Administrator to implement the initiatives outlined in the Mental Health Redesign SMART Goals in collaboration with the Redesign Task Force and community stakeholders.

Fiscal Effect

No fiscal effect is anticipated as a result of this action. A fiscal note is attached.

Respectfully submitted,



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Raisa Koltun, County Executive's Office
Kelly Bablich, Chief of Staff, County Board
Don Tyler, Director, DAS
Craig Kammholz, Fiscal & Budget Administrator, DAS
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Antionette Thomas-Bailey, Fiscal & Budget Analyst, DAS
Jennifer Collins, County Board Analyst

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4 (ITEM *) Report from the Director, Department of Health and Human Services,
5 requesting authorization for the Behavioral Health Division to implement the initiatives
6 outlined in the Mental Health Redesign SMART (Specific, Measurable, Attainable,
7 Realistic, and Timebound) Goals document, by recommending adoption of the
8 following:

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10 **A RESOLUTION**

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12 WHEREAS, the Director of the Department of Health and Human Services (DHHS)
13 is requesting authorization for the Behavioral Health Division (BHD) to implement the
14 initiatives outlined in the Mental Health Redesign SMART (Specific, Measurable,
15 Attainable, Realistic, and Timebound) Goals document; and

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17 WHEREAS, in April 2011, the County Board of Supervisors passed a resolution
18 (File No. 11-173) supporting efforts to redesign the Milwaukee County mental health
19 system and creating a Mental Health Redesign and Implementation Task Force
20 (Redesign Task Force) to provide the Board with data-driven implementation and
21 planning initiatives based on the recommendations of various public and private entities;
22 and

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24 WHEREAS, the Redesign Task Force first convened in 2011, establishing a charter
25 and delegating five Action Teams to prioritize recommendations for system
26 enhancements within the key areas of Person-Centered Care, Continuum of Care,
27 Community Linkages, Workforce, and Quality; and

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29 WHEREAS, the Action Team co-chairs presented their prioritized recommendations
30 to the Committee on Health and Human Needs in January 2012 and at a public summit
31 in February 2012, where consultants from the Human Service Research Institute (HSRI)
32 provided feedback and guidance; and

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34 WHEREAS, BHD leadership, the Redesign Task Force, and its Executive
35 Committee resolved in March 2012 to seek technical assistance for the process of
36 implementing the affirmed recommendations with the ensuing request for proposals
37 (RFP) leading to a professional services contract with ZiaPartners, Inc., which took
38 effect in September 2012; and

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40 WHEREAS, the consultants have worked with leaders from DHHS, BHD, and the
41 Redesign Task Force and Action Teams since that time; and Wilberg Community
42 Planning, LLC, has provided regular on-site technical assistance as a subcontractor;
43 and

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45 WHEREAS, in December 2012, the DHHS Director and BHD Administrator
46 presented an informational report to the Committee on Health and Human Needs on the
47 progress and activities of the Redesign Task Force, including a framework for planning,
48 tracking, and recording progress on all redesign implementation activities; and

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WHEREAS, this was followed up by meetings of each Action Team as well as the Redesign Task Force to collaboratively revise and finalize the SMART Goals; and

WHEREAS, these SMART Goals outline targets, tactics, and responsible parties (including "BHD Lead Staff" to provide support for each of the goals) for redesign-related initiatives and enhancements to be achieved in 2013 and 2014; and

WHEREAS, the use of extensive staff time will be required; and

WHEREAS, there are no direct expenditures related to approval of this request; and

WHEREAS, any future specific initiative related to this request that will require an expenditure of funds will be brought before the County Board in accordance with existing requirements; and

WHEREAS, there is no tax levy impact associated with approval of this request; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to implement the initiatives outlined in the Mental Health Redesign SMART (Specific, Measurable, Attainable, Realistic, and Timebound) Goals document in collaboration with the Redesign Task Force and community stakeholders.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: March 4, 2013

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization for the Behavioral Health Division to Implement the Initiatives Outlined in the Mental Health Redesign SMART (Specific, Measurable, Attainable, Realistic, and Timebound) Goals

FISCAL EFFECT:

- | | |
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| <input checked="" type="checkbox"/> No Direct County Fiscal Impact
<input checked="" type="checkbox"/> Existing Staff Time Required
<input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget
<input type="checkbox"/> Decrease Operating Expenditures
<input type="checkbox"/> Increase Operating Revenues
<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures
<input type="checkbox"/> Decrease Capital Expenditures
<input type="checkbox"/> Increase Capital Revenues
<input type="checkbox"/> Decrease Capital Revenues
<input type="checkbox"/> Use of contingent funds |
|--|--|

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization for the Behavioral Health Division (BHD) to implement the initiatives outlined in the Mental Health Redesign SMART (Specific, Measurable, Attainable, Realistic, and Timebound) Goals.

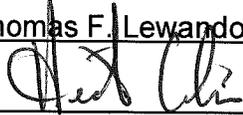
Approval of this request will allow BHD to embark on the multi-year process of system redesign as outlined in the accompanying Mental Health Redesign Task Force SMART Goals pdf document.

B. While the use of extensive staff time will be required, there are no direct expenditures related to approval of this request. Any future specific initiatives that will require an expenditure of funds will be brought before the County Board in accordance with existing requirements.

C. There is no tax levy impact associated with approval of this request.

D. No assumptions are made.

Department/Prepared By Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.