COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: January 23, 2013

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

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: **An informational report on the activities and action plans 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 Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities.

As requested by the Committee on Health and Human Needs in September 2012, the Department of Health and Human Services (DHHS) and the Behavioral Health Division (BHD) are submitting a report on the implementation plan for the Redesign Task Force, developed in collaboration with community stakeholders and the contracted technical assistance providers.

Background

The Redesign Task Force was authorized in April 2011 in response to various public and private reports on how to modernize and improve the mental health system in Milwaukee County. The County Executive and Board of Supervisors charged DHHS with assembling a group of public and private sector stakeholders – including consumers, providers, advocates and administrators – with instructions to evaluate and prioritize the various recommendations to improve the Milwaukee County mental health system and to develop an implementation plan for those recommendations.

The Redesign Task Force began its work in July 2011 under the leadership of Pete Carlson, Vice President and CAO of Aurora Psychiatric Hospital and Aurora Behavioral Health Services, and Paula Lucey, BHD Administrator. Five Action Teams were charged with addressing key areas of the redesign and how to prioritize and advance select recommendations within those key areas – Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality.

In January 2012, responding to a directive from the New Behavioral Health Facility Study Committee (File No. 11-516), a presentation was made to the Committee on Health and Human Needs outlining the recommendations of the Redesign Task Force. Each Action Team presented the key recommendations from their area. A comprehensive presentation was also made at a public summit in February 2012, where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance to the stakeholders in the redesign and implementation process.

In March 2012, BHD leadership, the Redesign Task Force, and its Executive Committee resolved to seek technical assistance for the process of implementing the affirmed recommendations. An RFP was developed in April and issued in May. Responses were received and evaluated in June, and the County Board of Supervisors passed a resolution authorizing the DHHS Director to execute a professional service agreement with ZiaPartners, Inc. The contract began September 1, 2012, and the consultants have worked with leaders from DHHS, BHD, and the Redesign Task Force and Action Teams since that time.

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 an action-oriented and flexible framework for planning, tracking, and recording progress on all redesign implementation activities, including those already accomplished or underway. The implementation activities were thereafter to be framed as "SMART goals" – i.e. **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imebound – to promote greater accountability and clearer reporting. The present work of the Redesign Task Force and Action Teams is aimed at finalizing those "SMART goals" for the March 2013 meeting cycle, even as implementation efforts toward those goals is ongoing.

The Chairwoman of the Committee on Health and Human Needs Committee has requested monthly informational reporting on the activities of the Redesign Task Force.

Discussion

The January 2013 meeting of the Redesign Task Force took place at St. Charles Youth and Family Services and was attended by 19 members, along with the contracted technical assistance team and 14 other visitors and staff. The Redesign Task Force was honored to welcome Supervisor Russell Stamper among the guests at the meeting.

The primary focus of the meeting was a discussion and collaborative revision of the "SMART goals" draft document and the feedback that had emerged from each Action Team in response to that draft, within their respective scopes of work. Following the meeting, the Redesign Task Force members were prompted for further critical review of the SMART goals via an online survey, to ensure consensus and adherence of the product to the affirmed recommendations and to the principles of person-centered recovery and community integration for persons with mental illness or co-occurring disorders. An additional round of Action Team meetings will also refine the goals in advance of the next Redesign Task Force meeting on February 6.

In addition to SMART goal development and revision, the Co-Chairs of each Action Team (AT) reported on the other areas of focus from their respective meetings in December and January.

- Quality AT: The group welcomed Serge Blasberg (NAMI PeerLink & Grand Avenue Club) as a new Co-Chair to join Henry Kunath (Phoenix Care Systems). The team is working closely with Dr. Andrew Keller – one of the subcontracted technical assistance consultants – and his colleagues at TriWest Group to develop a community data dashboard, incorporating input previously requested from Redesign Task Force members. Mr. Kunath also raised awareness about the culture of data and the challenges of developing trust among stakeholders in terms of sharing and utilizing data for the best of the system as a whole. Mr. Blasberg reiterated the importance of focusing on recovery, defined by SAMHSA as "a process of change through which individuals improve their health and wellness, live a selfdirected life, and strive to reach their full potential."
- Community Linkages AT: Co-Chair Kristina Finnel (Mental Health America) reported that the team heard from Tom Reed (Public Defender's Office) about ongoing efforts by the Community Justice Council to create a data link between criminal justice and mental health systems, which aligns very nicely with a redesign initiative represented in one of the SMART goals. Regarding

employment for persons with mental illness. BHD hosted a two-day seminar on Dartmouth University's evidence-based supported employment model, Individual Placement and Support, and the Community Linkages and Workforce ATs co-hosted a meeting of nearly 40 community agencies, employers, peers, and other stakeholders focusing on employment-related issues for persons with mental illness. Co-Chair Jim Mathy (DHHS Housing Division) reported on the development of a step-down level of housing from a CBRF, a project outlined in the approved plan for the $1.1M remainder from the Community Investment funds and consistent with AT recommendations. The team is looking at existing waiting lists to identify and quantify community needs, and Mr. Mathy acknowledged potential challenges upcoming related to limited availability of rental assistance vouchers.

- Person-Centered Care AT: Excellent turnout at the January meeting included MC3 Steering Committee members and representatives from Families Moving Forward, who provided valuable input related to culturally sensitive services and supports. Similar outreach and diverse participation is a continuing priority for other ATs. The team is very interested in public education and stigma reduction and proposes that County Supervisors might host information sessions within their districts, potentially assisted by Tonya Simpson from DHHS. The team might also build off of ongoing stigma reduction efforts by Rogers InHealth. Co-Chair Peter Hoeffel (NAMI) noted that research has shown that stigma reduction needs to involve people with the actual lived experience of mental illness, or else it can inadvertently increase stigma.
- Continuum of Care AT: Co-Chair Mary Neubauer (Community Advocates) reviewed some emerging positive data related to PCS activity and reductions in waitlist numbers that had been shared by BHD staff at the team's meeting. The team is conducting an informal gap analysis survey to support ongoing efforts to create a comprehensive system map and identify strengths and weaknesses therein. It was suggested that the team might make recommendations to guide the proper allocation of roughly $400K (included in the spending plan for the $1.1M Community Investment remainder) earmarked for case management.
- Workforce AT: Co-Chair Scott Gelzer (Faye McBeath Foundation) reported that the team is currently focused on Peer Specialists. Baseline data is needed to determine specific and measurable goals for enhancing utilization of peer support. In consultation with community partners, BHD staff is developing a Peer Specialist Pipeline program with $200K earmarked in the plan for the $1.1M Community Investment remainder. The demand for training and continuing education for Certified Peer Specialists continues to exceed the supply. Redesign Task Force Co-Chair Pete Carlson (Aurora Behavioral Health) shared positive news that Aurora Psychiatric Hospital signed a contract to hire a Certified Peer Specialist.

The Redesign Task Force heard and unanimously approved a motion by Mr. Gelzer for the establishment of a Resource Strategy Team with the following goals: 1) Map the existing funding "model" used for mental health in Milwaukee County, for both acute care and community services; 2) Identify effective service funding models used in other communities that support community-focused ReDesign; 3) Identify role(s) and opportunities for private funding in mental health services; and 4) Recommend sustainable funding strategies to underwrite the redesigned mental health service system. This new team will be chartered and populated in the coming weeks.

The BHD Community Services Branch reported on public presentations at BHD by 16 different provider organizations on quality improvement projects that they had completed over the past several months. Each organization assembled a storyboard depicting its change process, outcomes, and lessons learned.

Upcoming Activities

Further feedback on the SMART Goals will be collected through a survey of Redesign Task Force members and subsequent meetings of the five Action Teams. SMART Goals will be finalized in conjunction with the implementation plan to be submitted to the Committee on Health and Human Needs for the March meeting cycle.

The new Resource Strategy Team will be chartered and convened in February.

The Community Linkages Action Team will pursue collaboration with the Community Justice Council on the matter of intersystem data linkage.

The Community Linkages and Workforce Action Teams will continue their collaborative efforts toward improving employment opportunities for people in recovery.

The Workforce Action Team will reach out to stakeholders for baseline data to guide goal-setting related to expanding utilization of Certified Peer Specialists. The BHD Community Services Branch will provide additional opportunities for Peer Specialist education.

The Continuum of Care Action Team will consider the matter of how best to utilize one-time funding earmarked for case management.

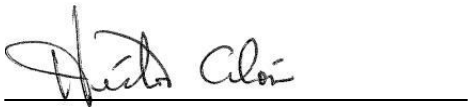
The Continuum of Care Action Team will analyze the results of its gap analysis survey and utilize the findings to contribute to a comprehensive system map, in collaboration with the Quality Action Team and Dr. Keller (TriWest Group).

The Quality Action Team will work with Dr. Keller to develop a community data dashboard to monitor quality measures and trends throughout the system.

The Redesign Task Force will meet on Wednesday, February 6, from 3:00 to 5:00. Interested parties should contact David Johnson for more information (414-257-5255 or david.johnson@milwcnty.com).

Recommendation

This is an informational report. No action is necessary.



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