Mental Health Redesign and Implementation Task Force

Milwaukee County Mental Health Complex – Room 1045
Wednesday, October 31, 2012
3:00 – 5:00 p.m.

Representatives: Barbara Beckert (Disability Rights Wisconsin), Beth Burazin (Person-Centered Care Action Team, Mental Health America), Pete Carlson (Task Force Co-Chair, Aurora Behavioral Health Services, Héctor Colón (DHHS), Peg DuBord (TLS Behavioral Health, Continuum of Care Action Team), Kristina Finnel (Community Linkages Action Team, Mental Health America), Rachel Forman (Grand Avenue Club), Susan Gadacz (BHD Community Services), Scott Gelzer (Workforce Action Team, Faye McBeath Foundation), Peter Hoeffel (Person-Centered Care Action Team, NAMI), Raisa Koltun (County Executive Staff), Henry Kunath (Quality Action Team), Cheryl Lofton (State of Wisconsin), Paula Lucey (Task Force Co-Chair, BHD Administrator), Jim Mathy (Community Linkages Action Team, Housing Division Administrator), Mary Neubauer (Continuum of Care Action Team, Community Advocates), Tom Nowak (Midwest Community Services), Joy Tapper (Milwaukee Health Care Partnership), Joe Volk (Community Advocates)

Staff/Guests: Jennifer Bergersen, Serge Blasberg, E. Marie Broussard, Jennifer Collins, Meg Gleeson, Thomas Harding, David Johnson, Meg Kissinger, Jim Kubicek, Ruth Ryshke, Tracy Wymelenberg

RISTAT: Chris Cline (ZiaPartners), Ken Minkoff (ZiaPartners), Jan Wilberg (Wilberg Community Planning, LLC)

Welcome and introductions

Reviewed agenda and approved October 3 minutes. Task Force and guests introduced by name, affiliation, constituency. Welcomed Raisa Koltun as new representative from the County Executive's office. Review of events since previous meeting, including reporting requested by the Health and Human Needs Committee of the County Board.

Outline Indicators for Successful Meeting Outcomes

Dr. Cline introduced process and content indicators for a successful meeting, which were to be revisited to evaluate outcomes at the conclusion of the meeting. In discussion of additional objectives for the meeting, members raised the issue of the importance of diversity in redesign discussions – including voices of lived experience as well as race and class diversity – and the lack of such diversity at the present meeting. A member also suggested that a pictorial depiction of the system and its many interacting components could be a valuable tool for meetings, allowing Task Force discussions to include visualization of changes are accomplished, in progress, or in planning.

MH Redesign: The Big Picture and Critical Steps to Success

Drs. Minkoff and Cline presented six areas for further discussion (PowerPoint slides attached): Mission/Charter; Functioning of the Task Force; Seeing/Measuring Progress (CQI); Assigning Responsibility for All Implementation Activities; Positioning, Coordinating, and Supporting Action Teams; Achievable Objectives for Each Action Team.

Focused Discussion on Mission, Structure, and Process

The Task Force returned to an earlier discussion on the differing perspectives about how "redesign" is defined and what the scope of the Task Force's discussions and actions should be. One member expressed that the "public/private partnership" had not always seemed authentic, due in part to conflicting messages and timelines. The stress of short and ever-changing timelines was echoed. Another member indicated that redesign was essentially a public sector initiative – chartered by and accountable to the County Board – but had "tentacles" into the broader community. Various systems and stakeholders are represented, but that representation is not formally chartered by the governance in the private systems. Another member affirmed the value and effectiveness of the public/private partnership through the example of BHD being able to close an acute inpatient unit due to the expanded capacity of private sector partners.

Drs. Minkoff and Cline discussed the need for transparent partnership and participatory communication. Action Teams flesh out the specifics of implementation plans for each recommendation, staff and consultants help in tracking, measuring, and reporting progress on all activities relevant to redesign, and the Task Force coordinates the "big picture." Participants on the Task Force are to act as representatives of their constituencies rather than simply individual members. Ms. Lucey indicated that a representative of Family Care may join the Task Force. Members also reiterated the need for stronger representation of service recipients, including persons who are deaf or hard of hearing. Racial and ethnic minorities are also underrepresented. The timing and location of Task Force meetings was mentioned as a potential barrier to participation for those who could not attend meeting during the work day or could not conveniently get to the Mental Health Complex.

Task Force members raised the issue of whether the scope and mission of the Task Force was related to BHD only, or to the broader partnership in Milwaukee County that addresses the needs of individuals and families with behavioral health issues that rely on the public sector (and private provider partners). Mr. Gelzer commented that this would be a very important framework to think through, and recommended that the Task Force needs to spend time on this issue. Because of time considerations, further discussion of the scope and mission of the Task Force was tabled for the next meeting.

Focused Discussion on Implementation: Seeing Progress and Assigning Responsibility for Action

A draft framework for an inventory and organized implementation plan for redesign initiatives was presented to the Task Force, and feedback was invited on the structure and content of the framework in preparation for it to be presented to the Health and Human Needs Committee on December 12. Initial feedback was to be received by November 5. A revised draft would be shared with the Task Force on November 8, and further feedback would be received by November 12. The submitted versions of the spreadsheet framework and an accompanying narrative report are to be shared with the Task Force prior to its December 5 meeting.

Supporting and Positioning the Action Teams: Assigning Measurable and Achievable Objectives

All Action Teams will meet with Jan Wilberg in November to hone their Scopes of Work for targeted action to implement the recommendations and flesh out the essential details (e.g. responsible parties, time frames) of the implementation plan. The Quality Action Team will work with Dr. Andrew Keller of the TriWest Group on developing a community data dashboard. Action Team co-chairs will report back to the Task Force on December 5.

The Person-Centered Care Action Team co-chairs reported on the team's formal affiliation as a subcommittee of MC3. The Action Team will work to expand membership and to develop an evaluation framework for progress across the system in person-centered, co-occurring capable, trauma-informed care.

The Continuum of Care Action Team has a new co-chair, Peg Dubord. This team is looking at focusing on the issue of how consumers can flow through a continuum of recovery support and case management services more "seamlessly".

The Community Linkages Action Team will be focusing on flow through the housing continuum, and on expanded access to employment. The team indicated a need for greater diversity and representation of lived experience, as well as a representative from the Department of Vocational Rehabilitation.

The Workforce Action Team will be looking at issues related to core competencies for all staff, may be addressing recruitment of certified peer support specialists, and will be looking at facilitating recruitment of nursing into the public sector. This will coordinate with another nursing project being funded by Faye McBeath Foundation.

Facilitated Discussion

Evaluated the success of the meeting based on the indicators and outcomes that were introduced at the outset, and identified opportunities for improvement, including: Doing more to help Task Force representatives see the "big picture" and understand short- and long-range objectives in pursuit of that mission; providing PowerPoints and documents prior to the meeting; understanding the focus of the next meeting ahead of time; preparing and planning for a "mission" discussion at the next meeting; setting up a Web-based secure environment for materials.

Next steps

<u>Co-Chairs, Staff, and RISTAT</u>

Before November 13:

- Collect and incorporate Task Force input into the report/plan
- Send out draft report/plan for review prior to November 8, feedback by November 12
- Provide suggestions to each AT on its initial focus, Scope of Work

Before December 5:

- Review the process for planning the meetings and the work of the Task Force to expand partnership and increase efficiency. Schedule AT co-chairs' pre-meeting
- Plan the agenda for the next meeting to reflect the work that is being done, and to incorporate feedback from today's meeting
- Set up initial meeting with TriWest for Quality Action Team and new partners to join that AT to work on a "dashboard" for performance at different levels of the system
- Continue work on the report/plan (beyond December 5) to reflect the full spectrum of redesign over time.

<u>Task Force representatives</u>

Before November 13:

- Feedback on the report/plan submitted to HHN. Identification of redesign activities and any working groups and teams that are responsible for producing these activities
- Input to Dr. Keller (TriWest) on what metrics should be included in the dashboard

Before December 5:

- Be available to help each AT to identify the right members to accomplish their objectives

- Be available to be brought into a process to help plan and design the agenda for the December 5 meeting
- Set up phone meeting with ZiaPartners via David if not done already

Action Team co-chairs

Before November 13:

- Review suggested priorities for action
- Meet with Jan to discuss and adapt Scopes of Work, and plan for next AT meeting
- NOTE: We want the November 13 plan to include (as best as we can) what each AT actually wants to work on, can work on, and feels it can accomplish in a meaningful timeframe.

Before December 5:

- Each AT will have a facilitated meeting with Jan
- Objectives and outcomes for each AT meeting will be delineated and reported back to the TF
- At each AT meeting, further activities in the direction of implementation of specific objectives will be planned for each AT, so that each AT has achievable objectives and time frames
- Similar help (facilitation TA and content TA) is available for any other group working on redesign activities