COUNTY OF MILWAUKEE

Inter-Office Communication

DATE: September 1, 2010

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Community Advisory Board for Mental Health
Prepared by Co-Chairs: Paula Lucey, RN, and Barbara Beckert

SUBJECT: **REPORT FROM THE COMMUNITY ADVISORY BOARD ON THE INITIAL ACTIVITIES OF THE BOARD AND INITIAL RECOMMENDATIONS RELATED TO FILE NO. 10-213**

Issue

The Milwaukee County Board created the Community Advisory Board with Resolution No. 10-213. The resolution includes a requirement for the committee to submit a report to the Milwaukee County Board of Supervisors quarterly.

Action Requested

It is requested that the Milwaukee County Board of Supervisors refer the Community Advisory Board's recommendations to both the Interim Behavioral Health Division (BHD) Administrator and the Committee on Finance and Audit for review during their 2011 budget deliberations. The Interim BHD Administrator shall return with a report outlining steps to implement the recommendations, including fiscal analysis in the October cycle. It is further requested that the County Board of Supervisors accept the report as meeting the requirements set forth in File No. 10-213.

Background

In January 2010, the state and federal government conducted an investigation of the Milwaukee County Mental Health Complex Acute Care Unit, resulting in "Immediate Jeopardy" status and possible loss of federal funding. The investigators cited a number of concerns including inappropriate sexual contact between some patients (some had reported that they were sexually assaulted); failure to notify guardians of these incidents; failure to adequately monitor patients with a history of sexual aggression; inadequate documentation and inadequate primary health care. The survey concerns were further investigated by Disability Rights Wisconsin (DRW), the protection and advocacy agency for people with disabilities in our state. DRW's May 14th "Report to the Community" recommended the establishment of a Community Advisory Board to provide input to policy makers on policies regarding patient safety and mental health treatment. Although BHD has implemented a Corrective Action Plan and follow-up surveyors found that deficiencies were being addressed, the Community Advisory Board was proposed as an additional resource to review concerns and make recommendations for positive change.

In May 2010, the Milwaukee County Board of Supervisors adopted a resolution calling for the creation of the Community Advisory Board to be staffed by BHD and co-chaired by Disability Rights Wisconsin and a representative of the health care community. The mission of the Community Advisory Board related to the following issues: safety, linkages to community services and supports, the patient care culture, including Trauma Informed Care, and communication with patients and families/patient rights.

In order to achieve these missions, County Executive Walker appointed Paula Lucey, RN, currently the Executive Director of Willowglen Academy-Wisconsin and former Milwaukee County Director of Health and Human Services and Barbara Beckert, Milwaukee Office Director of Disability Rights Wisconsin to co-chair the effort.

The co-chairs submitted recommendations of potential Advisory Board and Work Group members and Chairman Lee Holloway appointed the Board and three Work Groups. The members of the Work Groups represent a diverse set of perspectives, talents, skills and experiences. As directed by the resolution, the committee includes consumers and families, advocates from the sexual assault community, law enforcement, a county board representative, peer specialists, clinicians and mental health advocates. The complete list of individuals is attached.

To initiate the work, members of all Work Groups were invited to a kick-off at which an orientation to the Behavioral Health Division was given. The group was also invited on July 20, 2010 for an educational seminar, which focused on creating a culture of care, including the benefits of Trauma Informed Care for both patients and staff. The intent was to ensure that members had a consistent approach to the work with the goal of a culture of recovery.

Work Groups

Safety Work Group

The Safety Workgroup has met twice. At both meetings, staff from BHD presented information on policies and procedures related to safety. This included a summary of enhanced assessment/screening procedures, care planning, patient education, staff training and technological/environmental tools being utilized to increase safety for consumers and staff. Members were also provided a brief presentation by Melinda Hughes, from the Healing Center, on the "Empowerment Model" utilized at the Healing Center.

Members of the workgroup have received a great deal of information and consider themselves in an educational mode – there is a lot to learn and hear about. At the last meeting, members discussed the importance of obtaining the expertise of an independent consultant or entity to provide technical assistance to the workgroup and County on these issues. The workgroup is recommending that the County budget funds to contract with a nationally recognized individual or entity to provide this assistance.

Some of the areas of concern identified by workgroup members include:

- The challenges of determining how to best address safety/security practices along with maintaining a healing/recovery-oriented environment;
- Adequate staffing, both in terms of quantity and *types* of staff (for instance, availability of Peer Support Specialists);
- Leadership issues/organizational culture (resistance to change, defensiveness, training needs);
- Many members of the workgroup have not been on the inpatient unit yet there are privacy issues that make it challenging for them to be able to tour the facilities;
- Interest in discussing the pros and cons of same gender wards and "segregation" of known sexually (and otherwise) aggressive individuals.

The workgroup will be meeting in September and is planning to hear from Candice Owley about a survey that was done with staff from BHD and is also hoping to get a report from the Sheriff's Department on their report regarding security recommendations for BHD. The co-chairs will be talking with BHD staff about possibilities for alternative methods to "view" the BHD inpatient unit (for example, through diagrams, pictures and/or video).

Patient Centered Care Work Group:

The work group has met twice. The first meeting was primarily a planning meeting, and also included a presentation on Recovery philosophy by co-chair Beth Burazin. A map was developed to reflect the work group's focus which includes trauma informed care, best practices for patients with a cognitive disability and mental illness, integrated mental health and substance abuse services, culturally proficient care, options for patients and families to report concerns, and developing a recovery culture in acute care. The second meeting included an overview by BHD staff of their Trauma Informed Care initiative and a discussion of strategies for moving this forward. There was also discussion about the role of peer specialists.

At the second meeting, the work group approved two recommendations (see attached):

- An education and mentoring initiative for all BHD staff with a focus on Recovery, Person Centered Planning, and Trauma Informed Care (TIC).
- An initiative to introduce the use of peer support in the Adult Community Services branch. Peer support services are an evidence-based mental health model of care. Peer specialists are highly trained to work directly with consumers and their recovery team.

The work group has identified several key needs and concerns:

- Milwaukee County Behavioral Health Division staff estimate that 90% of behavioral health clients have been exposed to a traumatic event and most had multiple experiences of trauma, such as sexual assault, sexual abuse, and physical abuse – this is in line with national research findings. Research further indicates that psychiatric hospitalization is often re-traumatizing. Given these needs, training on trauma informed care is a core component to patient centered care.
- Trauma informed care can be a key tool in transforming the culture and model of care in the Acute Care Unit; however, to succeed, there must be adequate staff support to coordinate the training, and to support and mentor staff and ensure accountability for implementing the training. There must be commitment to true culture change with defined outcomes and metrics.
- Staff have many demands on them, and it has been a very stressful time with heightened scrutiny and high levels of pressure. This has been a traumatic time for staff, and they may be experiencing Compassion Fatigue. TIC must also address a supportive environment for staff.
- Although peer specialists are on the staff of the Acute Care Unit, their role needs to be better defined and integrated as part of the treatment team. Peer specialists can be a resource in education and support for groups addressing recovery, wellness plans, and other related issues. Peer support provides a unique and necessary expertise, as it is the only discipline that provides tangible evidence of hope to the person receiving services.

At the next meeting, the group is hoping to have a psychologist from BHD speak about serving patients who have both a mental illness and a developmental disability, as well as hearing from work group members from Aurora Health Care who will share their experience with the Planetree patient centered care model. This work group will also be examining the options for patients and family members to reports concerns and grievances.

Community Linkages Work Group

The work group has met twice. The first meeting included an overview by BHD staff of SAIL and the services in the Adult Community Services system. The second meeting primarily focused on an overview of the discharge planning process by BHD staff. A number of issues and needs are emerging and are expected to be the focus of future recommendations. These include the following:

- Need to simplify the process for referrals to SAIL, increasing the ability to access services through SAIL and more timely decisions about approved services. This is especially important for inpatients – it should be a priority to connect them with services before they leave the hospital, including SAIL services.
- Reduce the time it takes SAIL to process a referral, especially from inpatients so a Targeted Case Management or Community Support Program can connect with a person before they are released from the hospital.

- The work group needs to define the concerns regarding the discharge planning process. Some of these include:
  - Great need for follow up after discharge, making sure people get connected to services and receive help to troubleshoot any other problems.
  - The need for better connections with family members, guardians and individual support systems that includes participation in the discharge planning process is critical.
  - Improve access to computers on the units that would allow for e-mail and sending of information to the medical staff and for looking up resources (Health Information Technology).
  - Reduce the time it takes for Family Care to evaluate and connect someone to services. The current process is very long and complex and does not support a smooth transition from the hospital to the community.
  - Concern that there is not adequate staff support to provide the level of discharge planning needed.

The next meeting will include an overview of the CRC, and the role it can play in diverting patients from the hospital and connecting them to resources. The work group will also be reviewing resource guides that are already available to determine how they can be helpful to patients and families served by BHD.

Recommendations

As the work continues, the work groups have some initial recommendations and expect to have additional recommendations as the work proceeds.

Recommendation 1: Obtain an independent safety expert assessment.
From: Community Advisory Board Safety Work Group on August 25, 2010 (updated 8/30/10)

It would be beneficial to retain an independent expert who has the knowledge and credentials to thoroughly review the effectiveness of current safety practices within the context of recovery focused patient care (including the recent changes made to address safety concerns) and can provide feedback and recommendations. We recommend exploring options to contract with a nationally recognized consultant to provide technical assistance and review efforts to date to address safety issues including the impact of new BHD safety protocols; current practices for assessment and treatment of patients with aggressive behaviors as well as patients with additional vulnerability; unit staffing, strategies for reduction and eventual elimination of seclusion and restraints; opportunities for staff and patients to confidentially report concerns, and related staff and patient education. Have new policies been effective in addressing safety concerns? Are additional changes needed? The recommendations in the *Security Survey* conducted by the Sheriff could also be included in this review.

Note: The National Association of State Mental Health Directors is a respected provider of technical assistance services in these areas and could be a resource. http://www.nasmhpd.org/

Recommendation 2: Train and mentor staff on Trauma Informed Care, Recovery and Person Centered Planned
From: Community Advisory Board Patient Centered Care Work Group on 8/16/10 (updated 8/30/10)

To better meet the need of those served by BHD, we propose an education and mentoring initiative for all BHD staff with a focus on Recovery, Person Centered Planning, and Trauma Informed Care. Ancillary staff (food service, custodial, fiscal, etc.) would participate in a shorter "basic" version of the training and direct care staff (RNs, CNAs, OTs, psychologists, psychiatrists, administrators, clergy, etc.) would participate in a longer intensive version. Mentors would be designated to support staff in implementing the training in the work place. The co-chairs of the Patient Centered Care Work Group would be available to work with key BHD staff to develop the specifics of this proposal. It is essential that consumers (Office of Consumer Affairs) play a leadership role in the planning. Trainers may be available at no charge from the State. Trainers should be reflective of the diversity in our community. For this initiative to succeed, it will require the commitment of a TIC coordinator.

Recommendation 3: Increase the use of Peer Specialists throughout the system.
From: Community Advisory Board Patient Centered Care Work Group on 8/16/10 (updated 8/30/10)

As a first step in incorporating peer specialists in the Community Services Branch, it is recommended that BHD establish a work group including peer specialists, SAIL staff, and community providers to develop a plan for use of peer specialists including defining the role of peer specialists in TCM and CSP, desired outcomes, and training for providers and peer specialists. It may also be appropriate to review the current peer support program at BHD. As a next step, we propose that BHD consider including a requirement for the use of Peer Specialists in the 2011-2012 contracts for existing programs including Community Support Programs (CSP), Targeted Case Management (TCM), and Day Treatment. Recruiting efforts should prioritize cultural diversity and strive for a work force that reflects the diversity of the consumers served.

Fiscal Impact

At this point, the fiscal impact of these recommendations has not been determined. We request the Interim Director of the Behavioral Health Division work with appropriate staff to determine costs of implementation.

Respectfully submitted:

Barbara Beckert

Paula Lucey