



BHD | Behavioral
Health
Division

A Division of the Department of
Health & Human Services

PRESENTED BY:
**MILWAUKEE
COUNTY
BEHAVIORAL
HEALTH
DIVISION**

**WE ASKED YOU,
YOU ANSWERED.
WE LISTENED:
NO WRONG DOOR.**



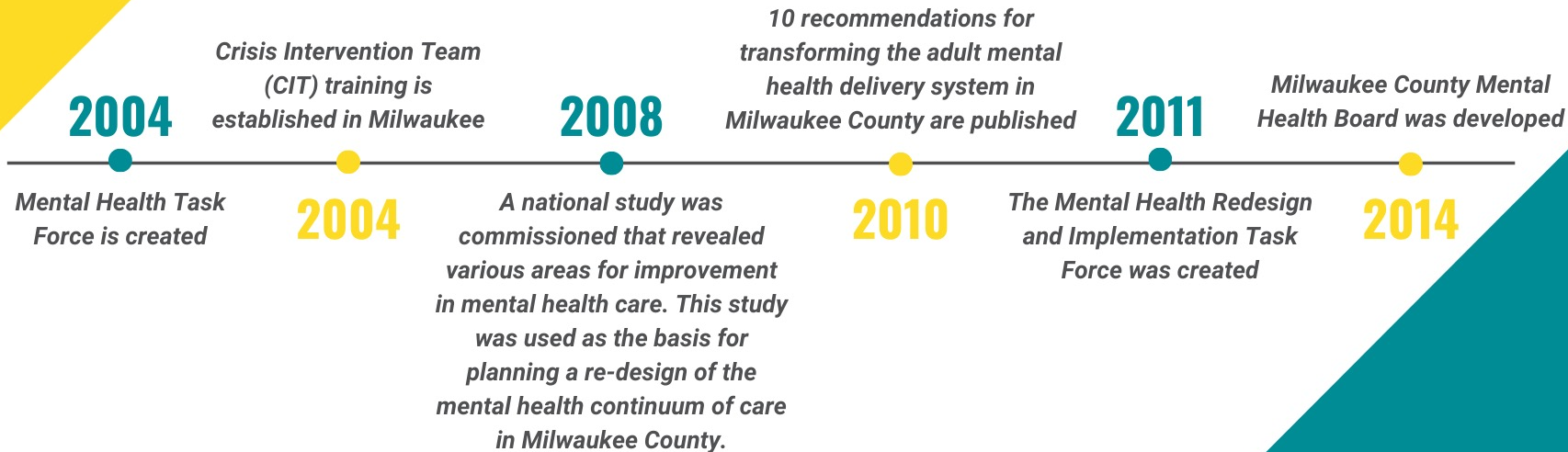
BHD AT A GLANCE

BHD's mission is to empower safe, healthy and meaningful lives by ensuring everyone has access to excellent behavioral health care, a full array of community resources and peer support services, focusing on wellbeing and recovery.

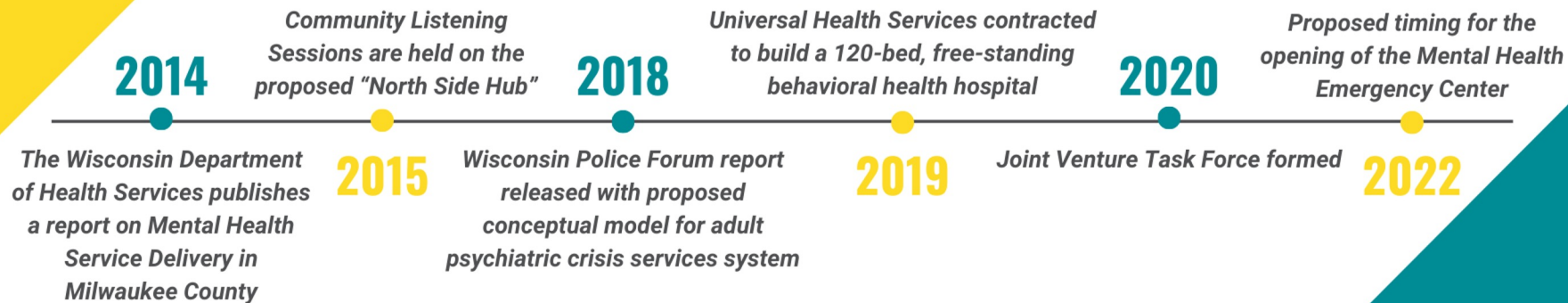


KEY MILESTONES

IN BHD'S REDESIGN JOURNEY



KEY MILESTONES IN BHD'S REDESIGN JOURNEY



PROJECT OVERVIEW

PROJECT:

Community engagement project to get input, aspirations, and insights on important topics - to fulfill our goal of developing community-informed programs and services.

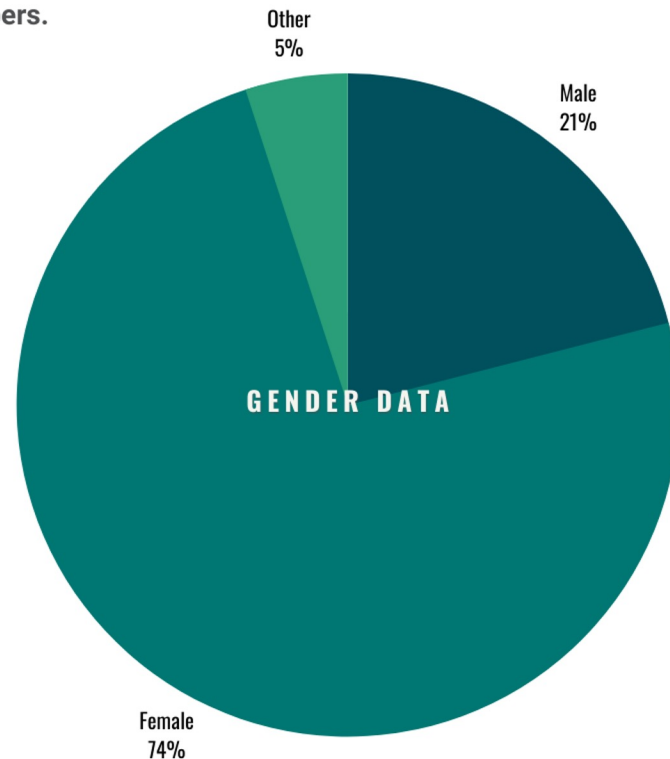
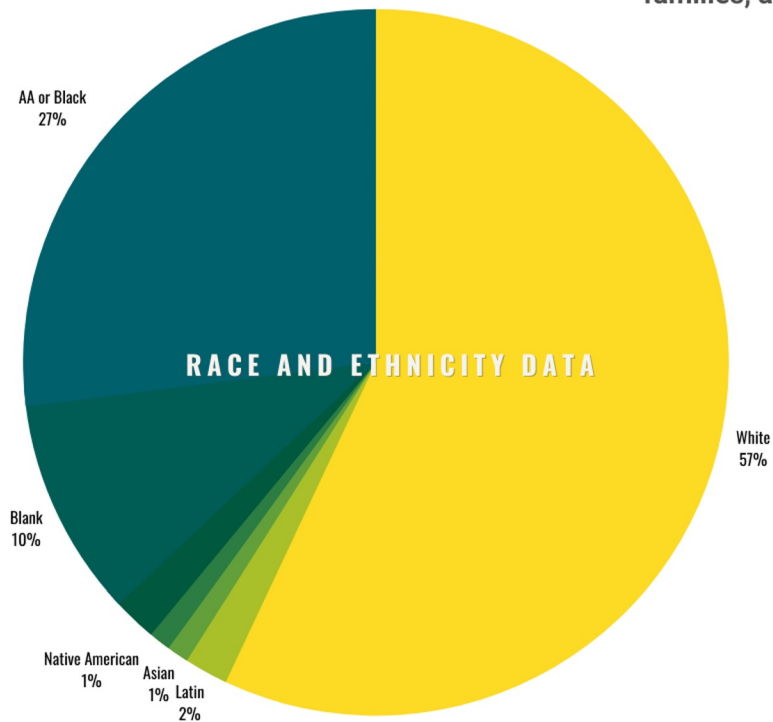
GOALS:

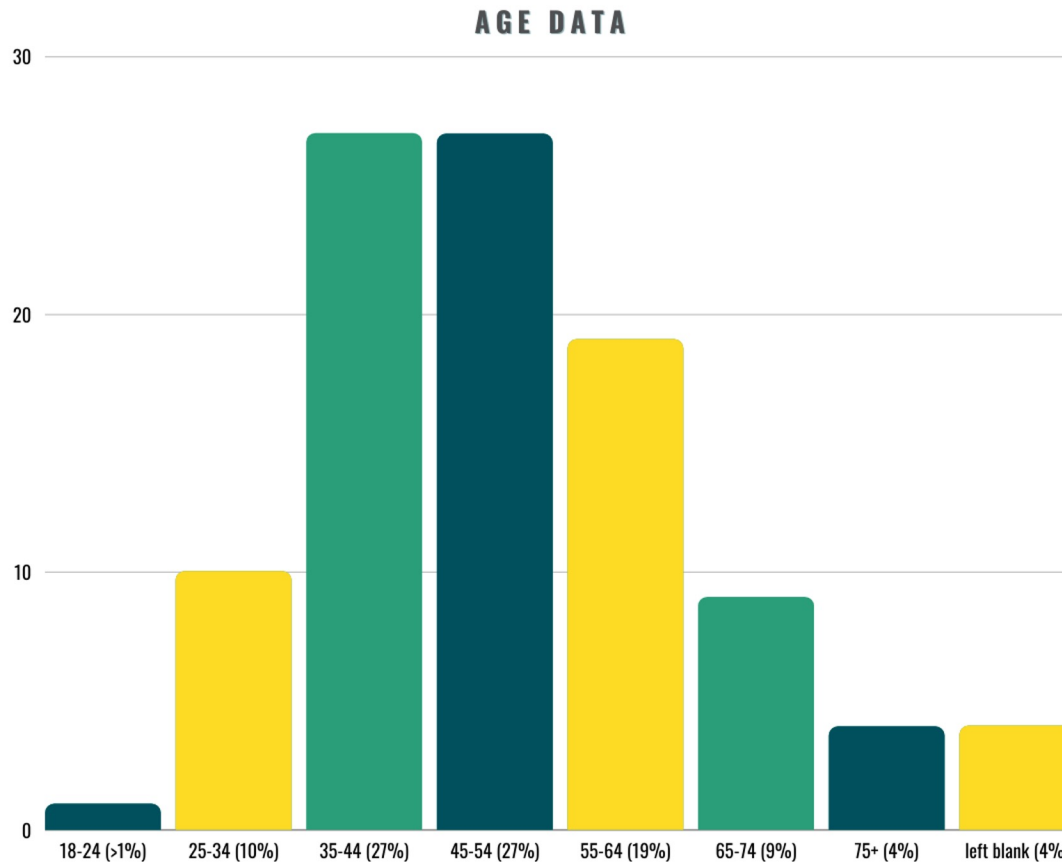
- To educate the community and build awareness of the psychiatric crisis service redesign process and the programs and services BHD continues to offer.
- To gather systems-level and specific element input from diverse key stakeholders.
- To use stakeholder input to redesign the continuum of psychiatric crisis services that are available to Milwaukee County residents.



PARTICIPANTS

144 key behavioral health stakeholders including BHD staff, law enforcement partners, mental health advocates, providers, consumers, families, and community members.





The data on gender, ethnicity and age represents only community conversation participants who completed the optional post-survey.



PROJECT STRATEGY

- 90-minute Community Conversations for 15 to 20 participants with targeted questions asked by trained facilitators from the Zeidler Group.
- Pre- and Post- Community Conversation Surveys to assess participants' confidence that psych crisis services will continue, their understanding of the psychiatric crisis redesign process and their awareness of what psychiatric crisis services are available to the community.
- Online Stakeholder Surveys to get inputs from stakeholders who were not able to attend community conversations. The survey questions were the same as the community conversation questions.

KEY FINDINGS

PRE & POST COMMUNITY CONVERSATION SURVEY

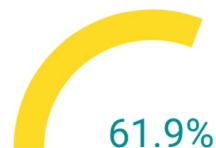
I feel that psychiatric crisis services will continue to benefit the community:



I have a clear understanding of the changes being made to psychiatric crisis services:



I know which psychiatric crisis services are currently available to the community:



 = PRE DATA

 = POST DATA

BHD STAFF:

1
Access to
Services

3
Lack of Staff
and Services

2
Lack of Integration
or Communication

BRIGHT SPOTS:

- *Knowledgeable CRC staff*
- *Services are collaborative with other community agencies such as law enforcement*
- *CART follows national best practices*

COMMUNITY MEMBERS:

1

Access to
Services

2

Educational
Services

3

Lack of
Diversity

BRIGHT SPOTS:

- *Knowledgeable crisis services and other staff who are approachable*
- *Other community services such as Disability Rights Wisconsin and NAMI provide good resources and work well with families in their time of need*

LAW ENFORCEMENT PARTNERS:

1

Access to
Services

2

Standards
of Care

3

Mental Health Staff
and Institutional
Inconsistencies

BRIGHT SPOTS:

- *Quick response time by the CART, Crisis Care Managers, Crisis Mobile Teams and Access Clinic*
- *Community collaboration and BHD's partnership with law enforcement partners benefits clients*

MENTAL HEALTH ADVOCATES & PROVIDERS:

1

Access to
Services

2

Lack of Needed
Services and
Health Insurance

3

Lack of Diverse
Providers and
Resources Available
to the Community

BRIGHT SPOTS:

- *Crisis services provides a safe place for clients and they have excellent de-escalation and stabilization care*
- *Peer Support Specialists make a difference in the standard of care for clients and their families*

SOLUTIONS

- **Increase Accessibility** - through outreach, transportation assistance, hiring interpreters, expanding telehealth, providing support for uninsured clients and locating facilities closer to the communities being served
- **Staffing** - additional training for staff, increase diversity and cultural competency of staff and hire more psychiatrists, psychologists, psychotherapists, nurse practitioners and peers, with a focus on professionals of color
- **Services** - alternative crisis procedures, funding for proactive programs, family-focused approach, additional programs to deter the need for crisis services and/or police involvement and 3rd shift Crisis Mobile Team hours
- **Training Programs** - to educate clients on services, train police on crisis services and de-escalation and increase the cultural competency of providers
- **Better Standards of Care** - improved communication and collaboration with stakeholders, community campaigns to destigmatize mental health and increasing transparency, consistency, and accountability

