

**1. Attendance and affiliation of participants**

Members in Attendance:

Mr. John V. Doherty– Chair, Combined Community Services Board  
Ms. Karen Avery, Independence *First*  
Ms. Cynthia D. Bentley, Consumer  
Ms. Shirin Cabraal sitting in for Liz Ford, Disability Rights Wisconsin  
Reverend Luci L. Gaynor Hunter, Consumer  
Ms. Nealy Rothe, Consumer  
Ms. Cathy Simpson, Combined Community Services Board  
Ms. Deanna Tapio, Consumer  
Supervisor Peggy A. West, Milwaukee County Board of Supervisors

Staff Representatives:

Ms. Joyce Binder, iCare  
Ms. Debra R. Davis, MSHCM, iCare  
Ms. Geri Lyday, Department of Health and Human Services  
Mr. Mark Stein, Department of Health and Human Services  
Mr. Corey Hoze, Department of Health and Human Services  
Ms. Maria Ledger, Milwaukee County Department on Aging

Guest Presenters:

Ms. Monica Deignan, State Department of Health and Family Services  
Ms. Janet Fleege, Milwaukee County Behavioral Health Division  
Mr. Jim Hennen, Milwaukee County Department on Aging  
Ms. Lonna Kruse, Planning Council for Health and Human Services  
Mr. Walter Laux, Milwaukee County Behavioral Health Division  
Ms. Lesley Schwartz Nason, Milwaukee County Behavioral Health Division  
Ms. Barbara Simmons, Milwaukee County Behavioral Health Division

**2. List highlights of discussion from agenda:**

Communication Plan Update

- It was noted that Milwaukee County hosted a bilingual Long-Term Care Reform Information Forum on January 16th, 2008, at the United Community Center (UCC) for residents with disabilities between the ages of 18-59, their families and guardians.
- A comment was made, thanking the County for hosting a Forum for the Spanish-speaking population with long-term care (LTC) needs.

Milwaukee County Behavioral Health Division (BHD) Service to Access Independent Living (SAIL) presentation

- It was noted that SAIL is an entity within BHD. Substance abuse and mental health are the two main components of SAIL.
- It was noted that there is not enough money in the system to serve everyone with a behavioral health issue.

SAIL-Substance Abuse

- The Wiser Choice Program has three central intake units in the community and serves adults 18-59 with substance abuse issues; pregnant women with substance abuse issues are a priority in this program. It was noted that 80-85% of people that are seen in the intake unit receive treatment. It was recommended that people call before coming to an intake unit. It was further noted that the screening process can take up to one and one half hours to complete.
- Access to the Wiser Choice Program begins with a comprehensive screen, which looks at the whole person, not just their substance abuse issues. A level of care is determined (day

treatment, outpatient, etc.) and the consumer then looks at the Provider Directory to determine from which agency he / she would like to receive services. Each consumer is linked with a Recovery Support Coordinator (RSC). The RSC meets with the consumer every 30 days, unless something changes and it is necessary to meet sooner. The consumer and the RSC identify other needs the consumer may have. The Wiser Choice Program recognizes that consumers are often in numerous systems (child care, food stamps, etc.) and it tries to work collaboratively with these other systems, for both the consumer's benefit and to maximize resources.

- A comment was made emphasizing the need to serve the whole person. An example was given that a woman might have a substance abuse issue, but may also have a disability and may be experiencing abuse as well. All issues need to be addressed.
- A question was asked regarding people who are receiving substance abuse services, but also need help with activities of daily living (ADL). Specifically, it was asked if the mental health provider would be responsible for providing these services or if the person would need to coordinate these services on their own. It was noted that the consumer's needs would be identified in her / his meeting with their RSC; support would be provided, as needed.
- A question was asked regarding whether or not treatment agencies are accessible for persons with disabilities. It was noted that there is a Provider Directory which lists every provider and whether or not their agency is accessible. A comment was made that any agency that receives funding from the Federal government must be accessible; therefore, the question was asked why all of these providers in the Wiser Choice Program are not accessible. It was noted that if agencies are not accessible, then they must make other accommodations, like meeting in a difference location.
- A question was asked regarding whether or not transportation is provided to consumers seeking substance abuse services. It was noted that transportation is currently provided to consumers on a discretionary basis. BHD / SAIL staff are working on coming up with better criteria to determine who should get transportation and under what circumstances.
- A question was asked regarding whether or not staff for the Wiser Choice Program would recommend that people go to Alcoholics Anonymous (AA). It was noted that it would depend on the person.
- A comment was made that IndependenceFirst has a project that works on improving AODA services for persons who are Deaf, Deaf-Blind or hard of hearing. It was offered that the Project Coordinator could work with staff of the Wiser Choice Program to improve services for this population.
- A question was asked as to whether or not receiving substance abuse treatment is voluntary. It was noted that for the most part it is, except under Chapter 51. However, BHD is working with the Corporation Council to explore what can be done for people who do not voluntarily seek services, but who may have others seeking services for them. It was noted that BHD has an Advisory Council made up of providers and consumers, and this Council is also looking at this issue.
- A question was asked as to what mechanism is in place for people who are not committed to changing their behavior. It was noted that BHD / SAIL staff are currently looking into this issue. It was further noted that people do cycle through the system, but the County restricts the number of times they can be screened.

SAIL-Mental Health

- SAIL-Mental Health is located in the Mental Health Complex and serves persons ages 18-60 with severe and persistent mental illnesses.
- To access SAIL-Mental Health services, a four page referral form would need to be filled out by a provider. A screener would examine the information to determine if the person qualifies for services and, if so, they would also determine the level of care needed. If the person is 60 years of age or older, and they have not already tried to access the Milwaukee County Department on Aging's (MCDA's) Family Care program, they would automatically be referred to MCDA. A care coordinator would either meet with the individual or talk with them over the phone in order to determine what services are needed. A person may receive targeted case management (TCM) services, be enrolled in the Community Support Program (CSP), or receive residential services at either a supportive apartment or CBRF. These services are listed in order from least intensive to most intensive. It was further noted that there is a crisis walk-in clinic, which is intended for people with mental health issues that do not have insurance. People that come to the crisis walk-in clinic are referred to outpatient treatment at either Health Care for the Homeless Milwaukee (HCHM) or the Medical College of Wisconsin (MCW).
- A question was asked regarding how someone that is not already in the service system would know about these options. It was noted that oftentimes people get bounced around the County before they receive the services that they need. However, it was noted that County staff have recently held informational forums to prevent this. Moreover, BHD / SAIL brochures are available in hospitals and schools, and BHD / SAIL staff routinely give informational presentations to the community about its services and how to access them.
- A question was asked as to how to go about connecting persons who have mental health issues with primary care physicians. It was noted that this is a challenging task, as many people with severe and persistent mental illnesses do not like to go to the doctor. Currently, it is up to care managers to encourage their consumers to seek medical attention.
- A question was asked as to whether or not staff from the SAIL program and staff from MCDA's Family Care program communicate regularly, since referrals would be sent between them. It was noted that staff from these programs do have considerable contact with each other.

State Department of Health and Family Services (DHFS) presentation

- It was noted that a diagnosis of mental illness alone would not qualify someone for the Family Care program. However, the Aging and Disability Resource Center (ADRC) should be able to connect people to the services that they need. It was further noted that 50% of people in Family Care have a diagnosis of mental illness, though it might not necessarily be severe and persistent. Therefore, even though the Family Care program is not designed to care for persons with mental health issues, it does. Family Care does not cover inpatient or physician services, nor does it cover psychological services. Because Family Care is now only available for people who are eligible for Medicaid (MA), MA would be billed directly for these services. Non-MA eligible persons who need help, should contact the ADRC to find out their options.
- Dr. Jack Melton of MCDA's Care Management Organization (CMO) is helping the State get information together regarding best practices for behavioral health issues in the Family Care program.
- A question was asked as to whether or not it is clear to the person seeking services where they should go or who they should call to get services. It was noted that the expectation of the ADRC is that it will have the necessary connections to ensure that the system is seamless for

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**Milwaukee County Long-Term Care Planning**

consumers. Agreements between County departments and other agencies will need to be established and submitted to the State Department of Health and Family Services (DHFS).

- A comment was made that due to the high prevalence of mental health issues in people who are disabled or frail elderly, the ADRC has to have good connections with BHD and other mental health services.
- It was noted that it is challenging for current Family Care members to access CSP services; CSP and Family Care programs both provide care management, but CSP also includes psychiatric services. It was noted that Milwaukee County needs to work on coming up with a solution. There were divergent opinions regarding whether or not CSP services could be unbundled. It was noted that if the Family Care program subcontracts with CSPs, consumers should be able to access these services.
- A comment was made that all people should receive the services that they need. A question was asked as to what can be done to make sure that the State Legislature does not drop these programs. It was noted that though it was not the charge of this group to change State laws, it is important for all individuals to be politically active and to work to meet their own individual needs. Another comment was made that people need to come first, not money.
- It was noted that MCDA's Family Care CMO has Care Management Units (CMUs) that serve consumers with behavioral health issues. Ten percent of MCDA's Family Care population, persons who are frail elderly, also have behavioral health issues. MCDA's CMO works closely with BHD for residential providers and CSP services. MCDA and Disabilities Services Division (DSD) have many shared providers. It was noted that input is needed from this group and others regarding how to design the provider network to accommodate the DSD population.

**3. Acronyms used:**

AA	Alcoholics Anonymous
ADL	activities of daily living
ADRC	Aging and Disability Resource Center
BHD	Behavioral Health Division
CMO	Care Management Organization
CMU	Care Management Unit
CSP	Community Support Program
DHFS	Department of Health and Family Services
DSD	Disabilities Services Division
FAQ	Frequently Asked Questions
HCHM	Health Care for the Homeless Milwaukee
LTC	Long-Term Care
MA	Medicaid
MCDA	Milwaukee County Department on Aging
MCW	Medical College of Wisconsin
RSC	Recovery Support Coordinator
SAIL	Service to Access Independent Living
TCM	Targeted Case Management
UCC	United Community Center

Staff person(s) recording: Lonna Kruse, Pat Linnane and Janice Weeden