In Spring 2009, SAMHSA’s Center for Substance Abuse Treatment (CSAT) released four requests for application (RFA) discretionary grant announcements to serve the adult population. The four RFAs were: Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need-Local Recovery-Oriented Systems of Care, Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts, Offender Reentry Program, and Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Treatment for Homeless). BHD responded to all of the RFAs in collaboration with other Milwaukee County departments including Milwaukee County Circuit Court for the Adult Drug Treatment Court. SAMHSA funded three of the four applications submitted by Milwaukee County: Treatment for Homeless, Offender Reentry Program and Adult Drug Treatment Court. The total amount of the awards for all three grants is $3.85 million over the life of the grants.

**Treatment for Homeless**
The purpose of the Milwaukee County Behavioral Health Division’s proposed *Milwaukee Welcome to Income, Sobriety and Housing (MI-WISH)* project is to develop a recovery-oriented integrated system of care to provide homeless (primarily African American) adults with substance abuse disorders or co-occurring substance abuse disorders and mental health disorders with treatment and recovery support services; and to help them develop a stable income so that they can sustain housing.

**Offender Reentry Program**
The Milwaukee Behavioral Health Division (BHD) proposes to build on the success of its Access to Recovery-funded re-designed service delivery system, to expand and enhance its services for adult offenders reentering Milwaukee from prison. The *Milwaukee Linking Individuals to a New Chance (MI-LINC)* project will build on existing linkages between BHD and the Wisconsin Department of Corrections (DOC) to serve (primarily African American) adults with substance abuse disorders.

**Adult Drug Treatment Court**
The Milwaukee County Adult Drug Treatment Court targets high risk/high need non-violent offenders with significant substance abuse problems who are charged with a felony or are chronic misdemeanants, are willing to participate in treatment, and who would otherwise face a District Attorney’s Office recommendation for incarceration. Once accepted into the program, participants are assigned to a case manager and placed in treatment through the WIsor Choice provider network. Regular appearances before the Drug Court judge represent a core element of the process as individuals are called to account for their treatment participation and other behavior or, as is often the case, receive praise and positive reinforcement for treatment progress. If participants successfully complete Drug Treatment Court, their initial case is dismissed.
1915i Update

On Thursday October 12, 2009 staff from BHD/SAIL met with Morgan Groves from the Bureau of Prevention Treatment and Recovery (BPTR) Division of Mental Health & Substance Abuse Services (DMHSAS) Department of Health Services (DHS) and two consultants from PCG. The discussions were related to cost reporting and rate setting for CRS.

Items on the agenda included 1915(i) Program and Financial Requirements, which included the discussion of the setting of interim rates and cost reporting requirements.

BHD/SAIL will follow up with completion of budget forms, cost reports, utilization statistics and sample contracts and agreements. As the process proceeds, providers will be involved in some of these data gathering activities.

Areas of risk were also discussed including discrete WICUR reporting.

The next steps out of this meeting will BHD/SAIL further towards implementation of CRS.

Milwaukee County Housing Division Updates, by Lesley Schwartz-Nason

Jim Mathy of the Milwaukee County Housing Division has advised staff that there are currently two major housing initiatives that are available to the people served in the AODA and mental health networks.

**United Methodist Children Services**
- New construction development of 24 three bedroom apartment units with 10 set aside for BHD consumers
- Units are subsidized through the Housing Division's Project Based Section 8 vouchers
- On-site services include day care provision, parenting classes, and other supportive services
- Occupancy will be for January 1st, 2010

**Homeless Prevention and Rapid Rehousing**
- Federal stimulus funds given to the Housing Division starting on September 30th
- Provides individuals with security deposits, six months of rent assistance, and case management services provided by Health Care For The Homeless
- Will work in conjunction with BHD's SAHMSA grant, MI WISH, that was recently awarded

New Samaria is under new ownership and management. Cardinal Capitol, the developer of United House, has acquired and extensively renovated the room and board. Under their management and with the help of the Housing Division, Project Access CSP, the BHD Southside CSP, and SAIL, the residence has become a safer and quieter home for all tenants. Applications for tenancy may be made through Cardinal.
Recent analyses of consumer satisfaction surveys for both the WIser Choice alcohol and other drug abuse treatment program and a range of SAIL mental health programs showed high levels of consumer satisfaction for almost all aspects of these programs.

207 consumers enrolled in WIser Choice submitted valid responses to a 14-item survey conducted in the late spring and summer of 2009. The survey asked about satisfaction with clinical treatment, recovery support coordination, and recovery support services. (A separate survey conducted in alternate years asks specifically about satisfaction with the WIser Choice Central Intake Unit process.) In all four of the domains of satisfaction into which responses were grouped, consumers answered either “agree” or “strongly agree” to positively-phrased items over 80% of the time. In satisfaction research, 70% agreement is generally considered “good/satisfied” while over 80% agreement is considered “high,” so the levels of satisfaction for WIser Choice were uniformly high. The table below summarizes averages for Residential AODA clinical providers and Outpatient-Day Treatment clinical providers (note not all consumers specified which type of these services they’d received), and for all consumers who turned in surveys for four domains: Access to services, Quality and Appropriateness of services, Outcomes of services, and General Satisfaction with services.

<table>
<thead>
<tr>
<th>Program</th>
<th>Access Domain</th>
<th>Outcomes Domain</th>
<th>Quality and Appropriateness Domain</th>
<th>General Satisfaction Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIser Total</td>
<td>207</td>
<td>88.5</td>
<td>89.0</td>
<td>85.0</td>
</tr>
<tr>
<td>Residential</td>
<td>59</td>
<td>91.3</td>
<td>89.9</td>
<td>87.0</td>
</tr>
<tr>
<td>Not specified</td>
<td>90</td>
<td>86.7</td>
<td>88.6</td>
<td>85.0</td>
</tr>
<tr>
<td>Outpatient-Day Tx</td>
<td>58</td>
<td>88.4</td>
<td>88.4</td>
<td>83.0</td>
</tr>
</tbody>
</table>

Some individual items on the survey attracted particularly strong agreement. Over 90% of all respondents expressed agreement with the following statements: “I like the services I receive from my substance abuse treatment agency,” “As a result of the services, I am making progress in reaching my life goals,” “As a result of the services, I am getting along better with people I care about,” and “I believe I have the ability and resources to stay clean and sober.”

Meanwhile, consumer satisfaction surveys in SAIL mental health programs, now in their seventh year, continued to show consumer satisfaction with most aspects of services, particularly among consumers of SAIL’s most-utilized community programs, Targeted Case Management and Community Support Programs, as well as among consumers enrolled in BHD’s two Day Treatment programs. Average agreement (either “agree” or “strongly agree”) with positively worded items across the same domains utilized in the AODA survey, as indicated in the following table:

<table>
<thead>
<tr>
<th>Program</th>
<th>Access Domain</th>
<th>Outcomes Domain</th>
<th>Quality and Appropriateness Domain</th>
<th>General Satisfaction Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSP</td>
<td>212</td>
<td>80.1</td>
<td>72.5</td>
<td>75.8</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>41</td>
<td>85.3</td>
<td>75.0</td>
<td>87.6</td>
</tr>
<tr>
<td>Residential</td>
<td>84</td>
<td>73.2</td>
<td>74.6</td>
<td>67.8</td>
</tr>
<tr>
<td>Supported Apts</td>
<td>29</td>
<td>82.8</td>
<td>66.0</td>
<td>65.1</td>
</tr>
<tr>
<td>TCM</td>
<td>142</td>
<td>82.7</td>
<td>74.2</td>
<td>79.7</td>
</tr>
<tr>
<td>SAIL Total</td>
<td>508</td>
<td>80.3</td>
<td>73.2</td>
<td>75.9</td>
</tr>
</tbody>
</table>

As with substance abuse treatment, some items on the satisfaction survey for mental health also showed particularly high percentages of “agree” or “strongly agree” answers. The highest rated items across all SAIL programs combined were:

- Services were available at times that were good for me (83.8%).
- Staff encouraged me to take responsibility for how I live my life. (82.8%)
- I like the services that I received here. (82.1%)
- Staff were willing to see me as often as I felt it was necessary. (82.1%)
- Staff returned my call in 24 hours. (81.8%)
- Staff here believe that I can grow, change and recover. (80.9%)
- Staff respected my wishes about who is and who is not to be given information about my treatment. (80.7%)
It is clear that consumers of services offered in the WIser Choice network for alcohol and substance abuse recovery and consumers of services in SAIL’s community mental health programs are very appreciative of the quality and value of the support they are being given in their recovery efforts.

The Milwaukee County Behavioral Health Division (BHD) is embarking on many challenges, projects and initiatives. BHD has a long-standing tradition of involving mental health and AODA consumers in its daily operations and activities.

During the past year (and previous years) Peer Support Specialists and Consumers have been involved in significant roles that include:

- **The Mental Health Advisory Council**

- **Standing members on various 1915i committees (1915i is a new Community Recovery Services funding for individuals with a mental illness).**

- **Consumers participate on Request for Proposal (RFP) panels. RFP panels include community representation and county staff, to review funding request from agencies.**

- **Consumers work at the Price Is Right Shoppe and the Blue Dove Gift Shop. Both shops are located at the Milwaukee County Behavioral Health Division.**

- **Consumers participate as presenters at the Basics to Community Treatment (BCT) Core Modules Training.**

Peer Support Specialists are trained consumers who, because of their own experiences, assist and support others with a mental illness.

Peer Support Specialists work at supported apartments, crisis respite, acute inpatient settings and other social services and community settings.

*Sincere thanks and gratitude to all Consumers and Peer Specialists for their dedication!*
Hot off the press, the CSP network is moving into a new millennium. Family Care will soon be available for qualified individuals age 18 to the grave.

Family care, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of: giving people better choices about where they live and what kinds of services and supports, improving access to services, improving quality through a focus on health and social outcomes, and creating a cost-effective system of the future.

CSP is joining forces with Family Care to provide dual services for individuals who are functionally and financially eligible for waiver services and who need CSP services to assist the member in maintaining their mental health, quality of life, and to provide continuity of care. CSP services are a “carve out” service provided by Family Care.

As the Community Services Branch moves forward with this initiative, the CSP network participated in an in-service on electronic billing. Elizabeth Teske, Service Provider Training Specialist, was the trainer. The training was a huge success and was monumental in closing the payment gap.

The dynamic duo strikes again. The Helen C. Cary Lecture sponsored by Milwaukee County Behavioral Health Division and Helen Bader School of Social Welfare was a huge success.

Presentation by Dr. Michael Fendrick “Epidemiology of Substance Use and Mental Illness: Treatment Implications dazzled the audience with current research and statistics. His research focuses on the epidemiology of substance abuse, with particular attention to issues related to the measurement and assessment of risk factors, as well as, the correlation and consequences of substance abuse in the community.

Mark Herstand who is the Executive Director, NASW Wisconsin, gave opening remarks. He gave a brief commemoration of the life of Helen C. Carey who was the Director of Psychiatric Social Services for Milwaukee County and a part-time instructor in the Helen Bader School of Social Welfare. The lecture brought together academicians, practitioners, and other professions to honor Ms. Carey’s accomplishments.

In honor of Helen C. Carey, a scholarship for $1000 was presented to a UWM– social work student, Julie Lauters, to assist with furthering her education in social work.

A special thanks to Dr. Thomas Harding (Response to Lecture) and Walter Laux (Closing Remarks) for making this celebration an outstanding commemoration of Helen C. Carey’s dedication to serving those with mental illness.
Through the end of the third quarter the Community Services Branch has placed clients in services as reflected in the following tables.

### Community Mental Health

<table>
<thead>
<tr>
<th>Program/Level of Care</th>
<th>Admits 2009 through 09/30/2009</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBRF</td>
<td>41</td>
<td>11</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>CSP</td>
<td>69</td>
<td>26</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>DAYTX</td>
<td>57</td>
<td>23</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td>665</td>
<td>191</td>
<td>372</td>
<td>102</td>
</tr>
<tr>
<td>PAYEESHIP</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>TCM</td>
<td>176</td>
<td>64</td>
<td>53</td>
<td>59</td>
</tr>
</tbody>
</table>

### WISer Choice - AODA

<table>
<thead>
<tr>
<th>Program/Level of Care</th>
<th>Admits 2009 through 09/30/2009</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Enhanced Residential</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Case Mgmt &amp; After Care Support</td>
<td>2974</td>
<td>953</td>
<td>1007</td>
<td>1014</td>
</tr>
<tr>
<td>Day Treatment (75.12)</td>
<td>682</td>
<td>209</td>
<td>224</td>
<td>249</td>
</tr>
<tr>
<td>Detoxification (75.07)</td>
<td>2678</td>
<td>868</td>
<td>913</td>
<td>897</td>
</tr>
<tr>
<td>Intensive Outpatient (75.13)</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Med. Monitor Residentl (75.11)</td>
<td>26</td>
<td>10</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Methadone</td>
<td>52</td>
<td>12</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Outpatient (75.13)</td>
<td>2381</td>
<td>774</td>
<td>828</td>
<td>779</td>
</tr>
<tr>
<td>Pre WISer Choice Care Coord</td>
<td>13</td>
<td>8</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Recovery House Plus OP/DT</td>
<td>123</td>
<td>24</td>
<td>48</td>
<td>51</td>
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<tr>
<td>Recovery Support Coordination</td>
<td>1365</td>
<td>424</td>
<td>454</td>
<td>487</td>
</tr>
<tr>
<td>Transitional Residentl (75.14)</td>
<td>533</td>
<td>182</td>
<td>176</td>
<td>175</td>
</tr>
</tbody>
</table>
What’s new in the Mental Health CBRF’s? Crisis Services are being provided in a number of the mental health group homes with a select number of clients. This involves working collaboratively with the BHD Crisis Team, developing a crisis plan for each client, and staff members at the group homes following the crisis plan in their day-to-day interactions with each client. A Utilization Review Process is going on in each of the group homes, which looks at each client to determine if the group home remains the appropriate level of care for the client. A Level of Care Indicator tool is completed on each client, which looks at their functioning in all areas of their life, such as self care, health care, community living skills, interpersonal skills, psychological symptoms, and any maladaptive behaviors.

This Level of Care Indicator tool determines if the client continues to need the CBRF Level of Care. This is being done on each client residing in the group homes every 6 months, or two times per year. For some clients, that no longer need this level of care, this has meant being able to move the client to a different level of care such as a Supported Apartment. Working collaboratively with the Housing Division has resulted in some clients from the group homes moving into an Adult Family Home. SAIL is committed to encouraging Recovery for each client that is living in the group homes. Any questions about the mental health group homes, contact Jena Scherer at 257-7331.

Quality Assurance Team
Chuck Sigurdson, Management Information Systems 257-7361
Rochelle Ladingham, Contract Services Coordinator 257-7337
Jena Scherer, Service Manager/Quality Assurance 257-7331
Stefanie Erickson, Quality Assurance Specialist 257-7354
Cheryl Neils, Quality Assurance Specialist 257-7409
Paul Neymeyr, Stop Payment on Checks 257-7912
Zenny Danileson, Explanation of Benefits 257-7225

One more to go...Basics of Community Treatment

Wednesdays 1:30pm – 4pm
December 2nd, 2009
Helen Carey Auditorium
Milwaukee County Behavioral Health Division
9455 West Watertown Plank Road

The 12 sessions that have been completed have been a huge success with greater turn out this year than last year. It’s not too late to register for the final session which will be just as dynamic as the previous 12. Although BCT is designed for clinicians new to the AODA and mental health networks, there may be individual sessions that seasoned Recovery Support Coordinators and Case Managers would like to attend and may do so. To register please contact:

Bridget Wallace, PHR
Manager of Human Resources
St. Charles Youth and Family Services
brobinson@stcharlesinc.org *email preferred
414.358.4160
Milwaukee Walks for Recovery
2009

The first annual Milwaukee Walks for Recovery was a huge success. Over 200 people from the Milwaukee community walked for recovery on 9-24-09. People involved in all aspects of recovery cheered and supported one another as they walked a 2.4 mile route, starting from the Milwaukee War Memorial, to the ALANO Club and back again. It was a great day to walk and the enthusiasm couldn’t have been stronger!

A big thank you goes to Mitch from CRC River Shore Clinic, Heather and Stacey from Horizon’s Inc., Nicole Jackson from Genesis, Daniela from Unlimited Potential and thanks to UP for donating the beverages for all of the walkers. Thank you to Pat and Shawn with Faith Partnership Network, Becky from ATTIC, Katie and Terri from St. Charles and thank you to Air It Up Airbrushing for the donation of T-Shirts. Thank you to the ALANO Club for opening its doors for walkers to purchase food and beverages and for showcasing their wonderful home. We hope to see you next year! If you are interested in helping plan next year’s walk, please contact Janet Fleege @ janet.fleege@milwcnty.com.

Don’t forget, recovery from addiction is possible.