

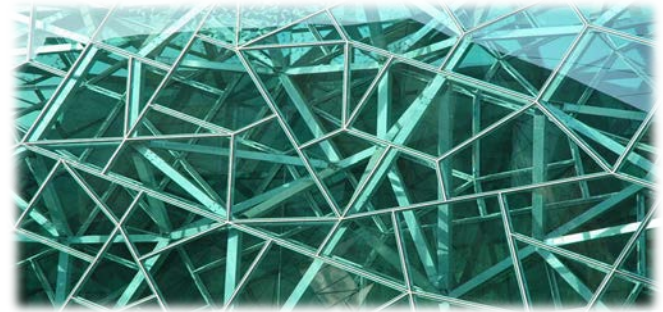
Transforming the Adult Mental Health Care Delivery System in Milwaukee County

Project Update – October 4, 2010

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Milwaukee County Mental Health Care Delivery System

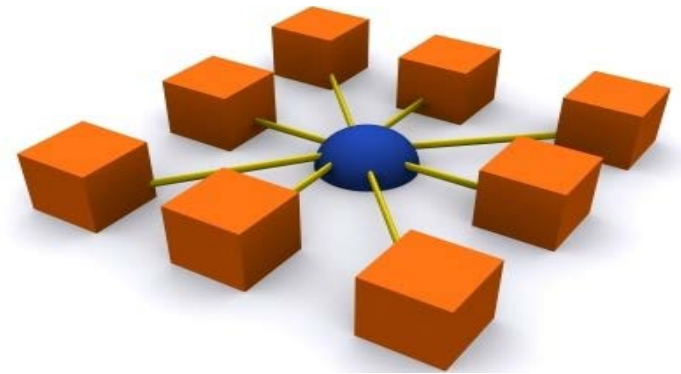


- ▶ Challenges in each sector: county, private and community services
- ▶ Growing demand and community need
- ▶ Limitations in public and private insurance coverage
- ▶ Inadequate care coordination across network
- ▶ Problematic funding mechanisms and regulatory policies

To address these challenges...

Planning process to redesign the mental health care delivery and financing system

- ▶ Oct. '08: Milwaukee Health Care Partnership, Medical Society of Milwaukee County, Faye McBeath Foundation, and the Greater Milwaukee Foundation funded PPF to conduct Phase 1 planning for this effort.
- ▶ Phase 1 explored other states' reform processes and developed a detailed proposal for a Milwaukee County planning effort.



Phase I Planning Advisory Group

- ▶ Milwaukee Health Care Partnership
- ▶ Milwaukee County Behavioral Health Division
- ▶ Medical Society of Milwaukee County
- ▶ Disability Rights Wisconsin
- ▶ Consumer representative

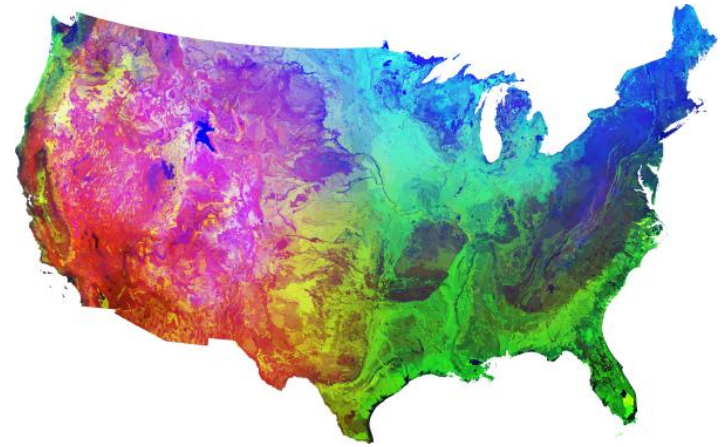
- ▶ Additional consultation: Medical College of WI, Aurora Psychiatric Hospital, Rogers Behavioral Health, WI Hospital Assoc., Faye McBeath Fnd, State of WI Mental Health and Substance Abuse Services, Greater Milwaukee Foundation

The Problem



- ▶ Lack of capacity, synchronization, resources and appropriate alignment of provider-based incentives
- ▶ Should be based on principles of access, quality, recovery and accountability
- ▶ In fact, uncoordinated services are based primarily on regulatory obligations
- ▶ Capacity problems caused either by facility issues, inadequate community-based services or both?

National Scan of Similar Efforts



- ▶ Reviewed 10 plans
- ▶ Communicated with consultants

- ▶ Most plans were driven and funded by a public sector entity, which determined the project's form and scope
- ▶ Many plans flowed from legislative action or SAMHSA RFPs

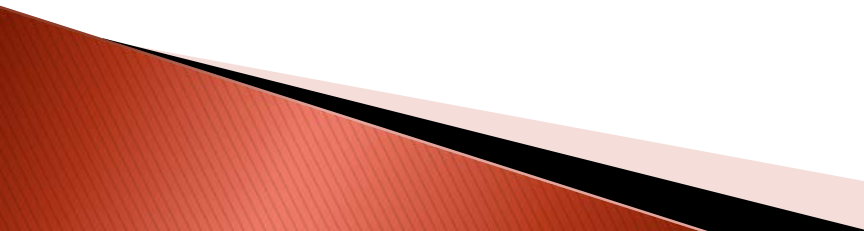
Choosing the project philosophy

Large work group vs. expert-driven?

- ▶ We need a condensed 9–12 month timeline
- ▶ Significant local efforts have already occurred using a broad participatory style
- ▶ Pressing need for immediate solution to systemic problems

- ▶ **Therefore:** relatively narrow project scope with an expert national consultant and advisory groups

National and local consultants

- ▶ After national solicitation process, Human Services Research Institute (HSRI) from Cambridge, MA selected as national consultant in July 2009. TAC participating as a subcontract.
 - ▶ To offset the national consultant's lack of Milwaukee knowledge, Public Policy Forum is serving as local consultant and fiscal agent.
 - ▶ Mental Health Task Force subcontracted to help coordinate community input and participation.
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General Scope of Work



- ▶ Mental health system focus
- ▶ Emphasis on capacity and access issues (inpatient, crisis/emergency & community-based services); secondary emphasis on housing, employment, etc.
- ▶ Focus on delivery system (public & private); not on clinical practice

Scope, continued...



- ▶ Focus on non-elderly adults. However, transitions into and out of the adult system by children and older adults considered
- ▶ Milwaukee County service area
- ▶ Scope includes all populations, with focus on low-income uninsured and those served by government programs

Deliverables

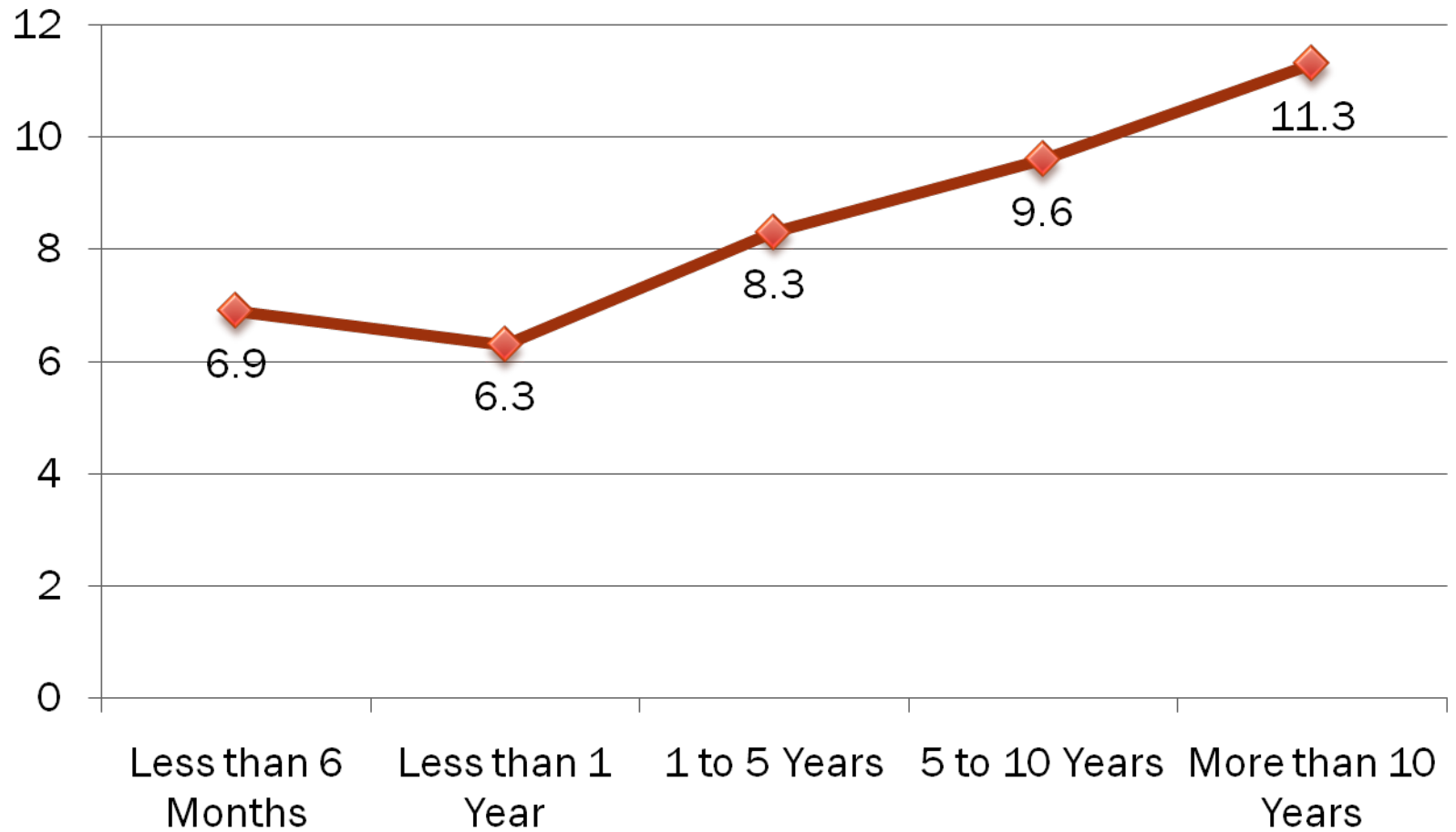
- ▶ The consulting team's final work product will include:
 - System overview
 - Strengths and weaknesses analysis
 - Funding considerations
 - Key data-driven themes
 - Recommendations for system improvements



Data collection

- ▶ Community Meetings
- ▶ Key Informant Interviews
- ▶ Provider Survey
- ▶ Case Manager Survey
- ▶ Consumer Survey
- ▶ Public Inpatient Discharge Case Manager Survey
- ▶ Private Inpatient Discharge Case Manager Survey
- ▶ Service Utilization Data (State and County)
- ▶ Outcome data (County)
- ▶ Inpatient capacity survey (private and County)

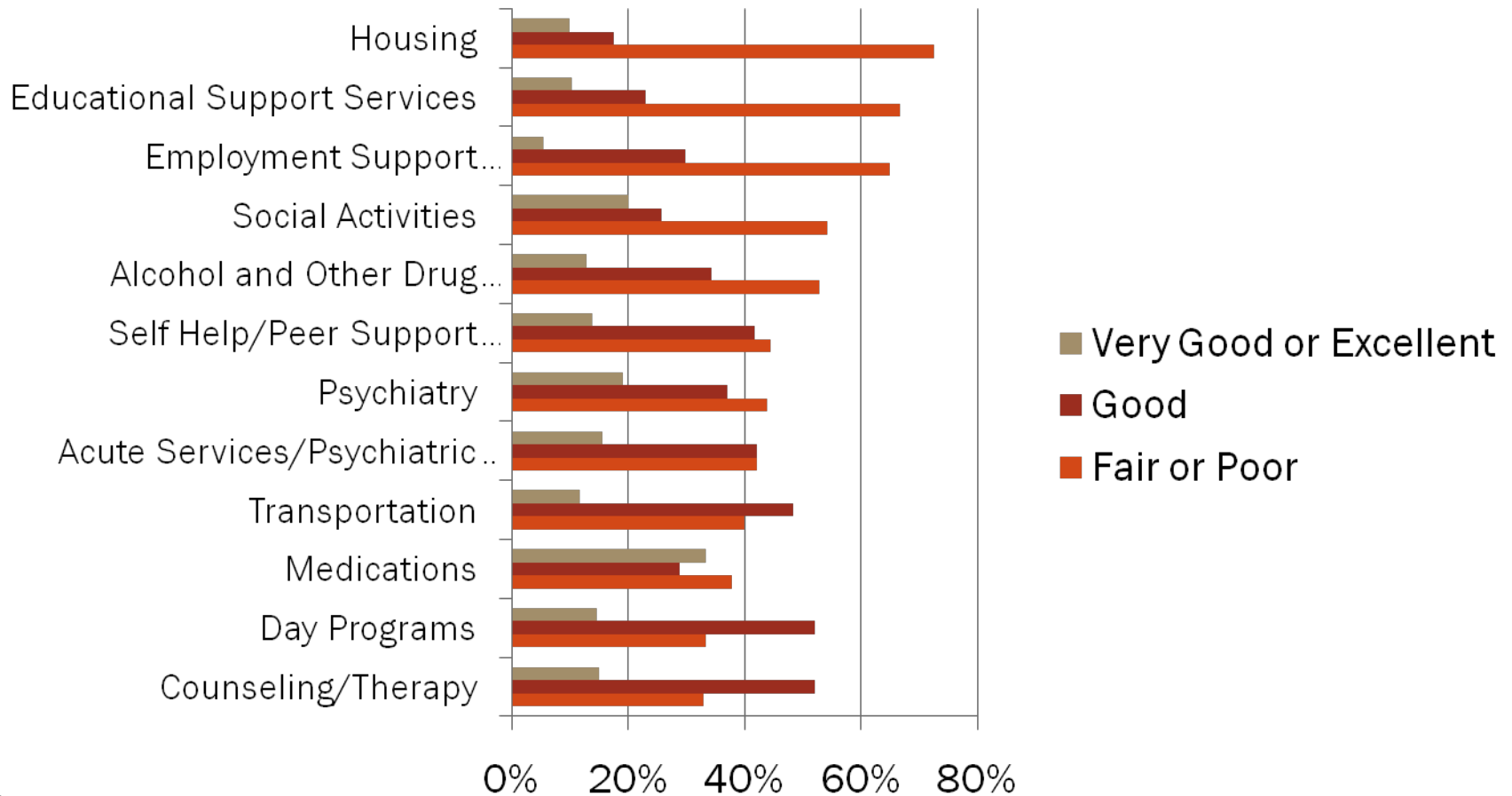
Case Manager Survey: Average Contacts Per Month



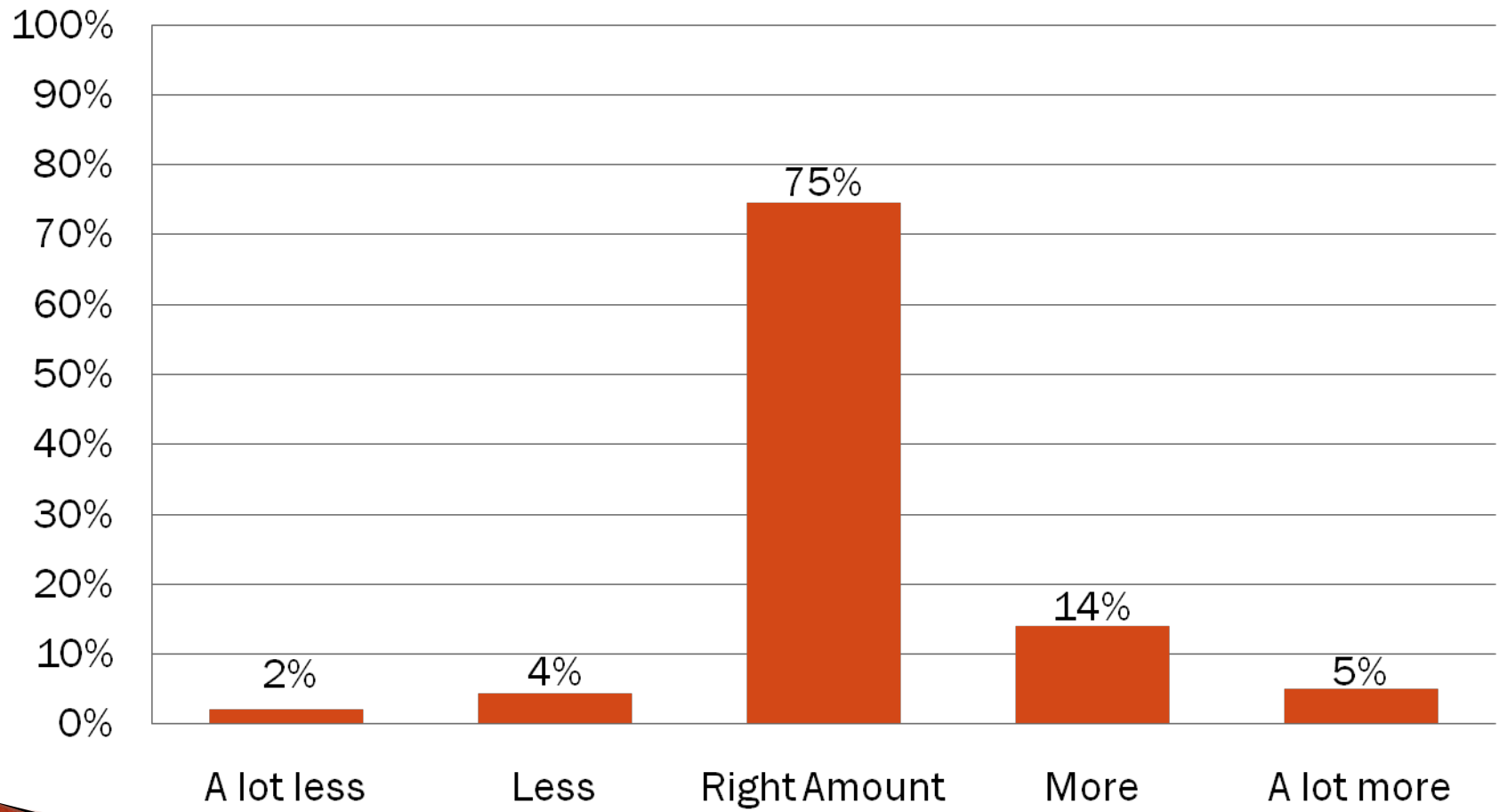
Case Manager Survey: Differences Between Current & Ideal Service Amounts

Service Type	Unit	Difference in Units	% Needs Met
24 Hour CBRF	Day	-709	72%
Activities of Daily Living	Hour	-1762	65%
Supported Apartments	Day	-1900	57%
Social & Recreational Skills	Hour	-2065	56%
Group Therapy	Hour	-710	46%
Individual Therapy	Hour	-987	44%
Drop-in Social Club	Hour	-5428	28%
Supported Employment	Hour	-1816	26%
Employment-Related Services	Hour	-1820	19%
Day Treatment	Day	-1796	17%
Substance Abuse Counseling	Hour	-2749	13%
Detoxification Program	Day	-633	7%

Provider Survey: Quality of Services



Consumer Survey: Service Needs



Inpatient Discharge Specialist Survey: Service Gaps

Locked (Inpatient) Facilities	Units	GAP in Units
Long-Term Care	Day	0

Outpatient Treatment	Units	GAP in Units
Intensive outpatient	Hour	-18
Psychiatric Follow-up	Hour	-3
Medication Management	Hour	-12
Individual Therapy	Hour	6
Group Therapy	Hour	0
Substance Abuse Counseling	Hour	-8
Day Treatment	Day	-38

Findings relevant to EDs

- ▶ 2,300 admissions to county inpatient in 2009; about 80% already on ED status when presented for admission.
- ▶ EDs have more than doubled in the past 10 years; one interviewee reported that in 2000 there were 2,657 EDs, and in 2009 there were 6,058.
- ▶ Nearly 13,000 PCS admissions in 2009, up from 10,000 in 2000.
- ▶ Data suggests other states and counties have much lower ED rates – two examples from other states show half as many inpatient admissions resulting from EDs.

Findings relevant to EDs

- ▶ Service utilization data suggests that Milwaukee County consumers are receiving crisis services more often than any other services.
- ▶ Across all functional levels, between 42% and 61% of all county services fell into the emergency services category. This is true even for those at higher levels of functioning that generally do not rely on emergency services at this frequency.
- ▶ Need for enhanced use of alternatives to inpatient emergency treatment such as the Crisis Resource Center and crisis respite services, crisis prevention services (e.g. Warmline) and mobile crisis services.

Project Status

- ▶ HSRI presented results of key study interviews, surveys and services data analysis to various stakeholders & key informants in June for purpose of gathering feedback on data results
- ▶ Draft report shared with project stakeholders in mid-September
- ▶ Final report released to County's Long Range Strategic Plan Steering Committee on October 6 @9:30 AM