

# TRANSFORMING THE ADULT MENTAL HEALTH CARE SYSTEM IN MILWAUKEE COUNTY: PROJECT RECOMMENDATIONS



Milwaukee Mental Health Redesign

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# Goal of a System Redesign



To conduct a systematic review of the mental health services issues facing the community, leading to priorities and resource allocation that will improve consumer outcomes.

## Milwaukee Specific Project Goals

- Ensuring appropriate capacity
- Promoting synchronization (reducing fragmentation)
- Making best use of available resources
- Aligning provider incentives
- Promoting access, quality, recovery, and accountability

# TRANSFORMING THE ADULT MENTAL HEALTH CARE SYSTEM IN MILWAUKEE COUNTY



Project Approach

# Guiding Principles

1

- The system should be *recovery-oriented* and *consumer-centered*

2

- The use of *community-based services* should be encouraged

3

- Mental health *system capacity* should be developed

4

- Improve the *quality* of services delivered

5

- Systems that interact with persons with mental illness should be *coordinated and integrated*

6

- *Disparities* in service delivery and outcomes should be eliminated

7

- There should be a focus on *community and public health*

# Data Sources



Community Meetings

Key Informant  
Interviews

Service Planning and  
Evaluation Survey

Health System  
Administrator Surveys

Service Utilization and  
Outcome Data

# Structure of Report

1. *Local, State and National Context*
2. *Methodology*
3. *Results*
4. *Themes*
5. *Recommendations*
6. *Recommendations Summary*
  - *Indicators of success / progress*
  - *Key parties responsible*
  - *Funding mechanism*
7. *Conclusion*

# TRANSFORMING THE ADULT MENTAL HEALTH CARE SYSTEM IN MILWAUKEE COUNTY



Issues and Themes

# Themes

Inpatient Service Capacity

Use of Crisis Services

Consumer Refusals

Community-based Services

Peer Operated Services

# Inpatient Service Capacity

- Inpatient spending higher than average
- Analyses indicate more than sufficient capacity (number of beds) but issues with efficient / appropriate use of beds
- Community-based services not secured for many high need individuals upon discharge

# Use of Crisis Services

- Consumers receive crisis services more than any other service
- Emergency detentions a major concern for all stakeholders
- Hope for increased availability of crisis alternatives and crisis prevention

# Consumer Refusals

- Consumer refusals indicated as primary reason for service disparity
- Reasons for refusals
  - Desire for shared decision-making
  - Unclear about options/alternatives
  - Stigma
  - Concerns about care quality
  - Involuntary
- Need for increased consumer and provider education

# Community-Based Services

- Pronounced need for an expanded, re-organized, diversified set of community-based services
- Problems with accessibility:
  - Payment (lack of insurance)
  - Limited service capacity
  - Need for coordination between public and private health systems
- Case management provided in adequate amounts for a small group; problems with access for others

# Peer Support Services

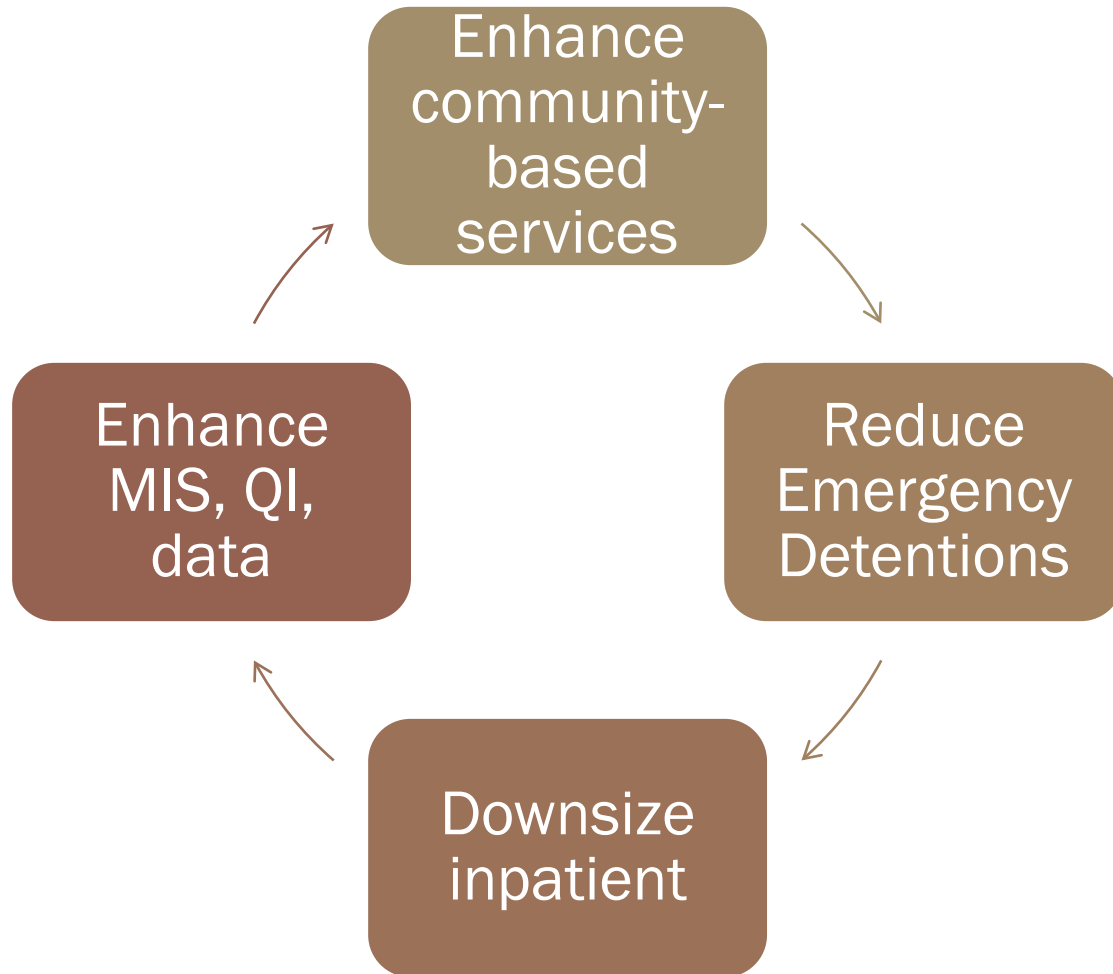
- Need for wider availability of and support for consumer-operated recovery support services
- Currently peer support services are very limited in Milwaukee County
- Concurrent need for consumer, provider, and public education about the value of peer support services

# TRANSFORMING THE ADULT MENTAL HEALTH CARE SYSTEM IN MILWAUKEE COUNTY



Recommendations

# Sequencing of Interventions



# Recommendations

1. Downsize and redistribute inpatient capacity.
2. Involve private health systems in a more active role.
3. Reorganize crisis services and expand alternatives.
4. Reduce emergency detentions.
5. Expand and reorganize community-based services.
6. Promote a recovery-oriented system through person-centered approaches and peer supports.
7. Enhance and emphasize housing supports.
8. Ensure cultural competency.
9. Ensure trauma-informed care.
10. Enhance quality assessment and improvement programs.

# Recommendation 1

## **Downsize and redistribute inpatient capacity.**

1. Gradually reduce inpatient units at the current BHD complex.
  - Shift to smaller units (16 bed or less) and explore affiliation with medical facility.
2. Work with private health systems to expand inpatient capacity for BHD consumers
  - Expand current agreements with private health systems to increase capacity
  - Consider contracted units as an incentive

# Recommendation 1, cont.

## Downsize and redistribute inpatient capacity.

3. Work with the State and the County Department of Health and Human Services to develop and implement a plan to phase down the Hilltop Inpatient Program.
4. Rehab Central – prioritize using residential service capacity to phase down

## Recommendation 2

### **Involve private health systems in a more active role.**

1. Outsource BHD inpatient bed capacity to the private health systems.
2. Private health systems should continue with their plans to expand capacity by hiring more psychiatrists and other mental health professionals, where possible.
3. Private providers must adjust culture and build clinical capacity to treat persons with more severe psychiatric symptoms and complex psychosocial needs.
  - Explore Cross Training Opportunities with BHD

## Recommendation 3

### Reorganize crisis services and expand alternatives.

1. Consider shifting crisis services to a more central location (after downsizing and reallocating beds).
2. Develop and expand alternative crisis services.

# Recommendation 4

## Reduce emergency detentions.

1. Enhance emergency provider and law enforcement trainings.
2. Establish performance measures for emergency detention rates.

# Recommendation 5

## **Expand and reorganize community-based services.**

1. Apply to the State to provide psychiatric rehabilitation services under the 1915(i) State Plan Option.
2. Shift resources from inpatient to community-based services.
3. Expand evidence-based practices.
4. Explore partnership with FQHCs and approaches to integrating care.

# Recommendation 5

## **Expand and reorganize community-based services.**

5. Adopt alternative case management models.
6. Use benefits counseling /specialists to ensure maximum revenue to fund services
7. Expand community service options for discharge planning from acute inpatient stays.

# Recommendation 6

## **Promote a recovery-oriented system through person-centered approaches and peer supports.**

- 1.** Employ the use of motivational and person-centered approaches system wide.
- 2.** Increase consumer education about recovery-oriented and community-based services.
- 3.** Expand peer support and consumer-operated services.

# Recommendation 7

## Enhance and emphasize housing supports.

1. Re-allocate resources being used for group homes.
2. Expand permanent supportive housing.
3. Establish a full and active partnership with the homeless service system.

# Recommendation 8

## Ensure cultural competency.

1. BHD should enhance its overall commitment to cultural competence.
2. Identify cultural, language, and service needs.
3. Ensure there is effective communication with individuals with Limited English Proficiency.
4. Staff at all levels and across all disciplines should receive training in cultural issues and culturally and linguistically appropriate service delivery.
5. Conduct initial and ongoing organizational self-assessments and include them in QI initiatives.
6. Involve communities and consumers in enhancing the cultural competency of the system.

# Recommendation 9

## Ensure trauma-informed care.

1. Commit to a TIC organizational mission and dedicate resources to support it.
2. Conduct universal screening for trauma for all individuals.
3. Incorporate values and approaches focused on safety and prevention for individuals served by the system and staff.
4. Create strength based environments and practices that allow for individual empowerment.
5. Provide ongoing TIC staff training and education
6. Improve and target staff hiring practices for TIC.
7. Update policies and procedures to reflect new TIC mission.

# Recommendation 10

## Enhance quality assessment and improvement programs.

1. Select a set of performance and outcome indicators and goals for the system.
2. Make enhancements or changes to MIS to collect and report common data elements.
  - Regular functional level assessments
  - Benefits and billing audits
3. Develop a coordinated quality assessment/management and improvement process.


# Develop implementation plan.

1. Re-convene system stakeholders.
2. Form oversight steering committee.
3. Establish work groups to address common themes identified in this report.
4. Ensure full and active inclusion of consumer groups in all phases of implementation.

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Conclusions



The Project Team recognizes the challenges that lie ahead and commends all involved for their openness, willingness to work together, and ability to look at themselves, their work, and their position in the system with a critical eye.