

# **Transforming the Adult Mental Health Care Delivery System in Milwaukee County**

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## **Final Report Executive Summary**

**Submitted by:**

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## Executive Summary

This report presents the findings from a comprehensive planning effort to redesign the mental health care system in Milwaukee County, conducted by Human Services Research Institute in partnership with the Public Policy Forum and the Technical Assistance Collaborative, Inc.

The project was initiated in October 2008 by the Milwaukee Health Care Partnership, the Medical Society of Milwaukee County, and the Milwaukee County Behavioral Health Division (BHD). Other stakeholders were added during the early stages of the project, including the Wisconsin Department of Health Services, the Medical College of Wisconsin, the Greater Milwaukee Foundation, the Faye McBeath Foundation, Disability Rights Wisconsin, Rogers Memorial Hospital, the Milwaukee Mental Health Task Force, and several other members of the provider, payer and civic communities.

### 1. Background and Approach

The challenges facing the mental health care delivery system in Milwaukee County have been widely discussed at various forums and meetings involving advocates, administrators, consumers and providers. Several of the issues have also been covered by the local news media. To address these issues and challenges, key public and private stakeholders initiated the development of a planning process aimed at redesigning the mental health care delivery and financing system in Milwaukee County.

#### Guiding Principles

An initial step in the project was to convene stakeholders including individuals from consumer and advocacy communities, mental health providers, system administrators, county and state officials, and individuals representing private health care organizations to define the following guiding principles:

Principle 1: The system should be *recovery-oriented* and *consumer-centered*

Principle 2: The use of *community-based services* should be encouraged

Principle 3: Mental health *system capacity* should be developed

Principle 4: Improve the *quality* of services delivered

Principle 5: Systems that interact with persons with mental illness should be *coordinated and integrated*

Principle 6: *Disparities* in service delivery and outcomes should be eliminated

Principle 7: There should be a focus on *community and public health*

These principles have guided each step of the planning process and should ultimately inform the implementation of the redesign recommendations.

#### Data Sources

This project used an encompassing data-driven approach that examined services needed and received and reasons for differences, access and quality of services, service utilization and outcomes. The approach involved obtaining information from diverse stakeholders including consumers, providers, family members, and advocates using various methodologies. The project team collected data from each of the data sources outlined below.

- *Community Meetings:* In collaboration with the advisory group, the project team convened three community meetings to solicit feedback on the redesign project.
- *Key Informant Interviews and Group Meetings:* The project team conducted interviews and otherwise obtained input from more than 50 people and organizations over the period of June 2009 to March 2010.
- *Service Planning and Evaluation Surveys:* The project team implemented a series of surveys to obtain information about service needs, quality and access of services, and reasons for service disparity. Case managers, physicians, inpatient discharge planners, and consumers were surveyed.
- *Health System Administrator Surveys:* The project team implemented a survey to better understand the role and capacity of the public and private health systems from the perspective of system administrators.
- *Service Utilization and Outcome Data:* To understand the rates of service utilization and the ways in which individuals move in and out of the mental health service system in Milwaukee County, the project team analyzed both state and county-level administrative data.

## **2. Findings and Themes**

The project team collected and analyzed data from the multiple sources outlined above and found that five key issues and themes emerged.

### **Consumer Refusals**

Multiple data sources showed that consumers in Milwaukee County are refusing services at a very high rate. The analysis suggests that consumers are refusing services for a number of reasons, including a desire for more shared or independent decision-making and a need for more education regarding available services. The extremely high number of involuntary commitments to the system also may explain the high rate of refusals.

### **Opportunities to Increase and Expand Community-Based Services**

Our analysis found that very few individuals are receiving an adequate amount of community-based services, including outpatient care. Accessibility issues included limited service capacity and issues with insurance. Taken together, the data suggests the need for a re-evaluation of the structure and amounts of community-based services, including outpatient and case management services.

### **Peer-Operated and Peer Support Services**

Analysis of the data demonstrated that it will be important to further develop peer-operated and peer support services in the mental health system in Milwaukee County. The data suggest a need for the expansion of peer-operated services as well as for consumer and provider education regarding the benefits of these services.

### **Use of Crisis Services**

Milwaukee County consumers are receiving crisis services more often than any other services, and the frequency of emergency detentions are a major challenge for all system stakeholders. Some key

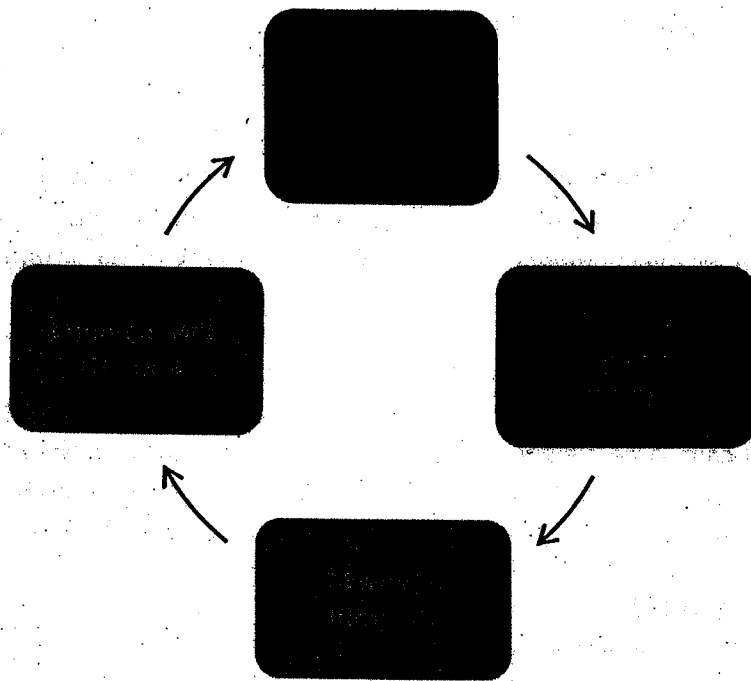
informants expressed a hope for greater availability of crisis prevention and crisis alternative services such as drop-in centers, crisis phone lines, and crisis respite.

### **Inpatient Service Capacity**

Stakeholders at all levels are similarly concerned about the efficiency and accessibility of inpatient care in the County. Our analysis found that while there is sufficient inpatient capacity, there is a need to reorganize care so that the existing beds are used more efficiently.

### **3. Recommendations**

Based on the above analyses, the system redesign project team has developed a set of recommendations for moving forward. It is critical that system stakeholders pay ongoing attention to the sequencing and inter-related nature of the interventions. Although the recommendations below are presented as a list, they should by no means be implemented sequentially. Rather, as shown in the diagram below, the recommendations should be implemented concurrently, with special attention paid to the ways the success of certain interventions hinges on the implementation of others.



**Recommendation 1: Downsize and redistribute inpatient capacity.**

Downsizing inpatient capacity, reallocating resources devoted to acute inpatient care, and using the remaining capacity in a more efficient manner will better serve the County. Specific recommendations include:

- 1.1 Gradually reduce inpatient units at the current BHD complex.
- 1.2 Work with the State and the County Department of Health and Human Services to develop and implement a plan to phase down the 72-bed Hilltop facility, which serves individuals with a dual diagnosis of developmental disability and mental illness.

**Recommendation 2: Involve private health systems in a more active role.**

Outsourcing acute inpatient care to private health systems provides an opportunity for the BHD to shift resources away from inpatient care to more appropriate outpatient or community-based care. Specific recommendations for this area include:

- 2.1 Outsource additional BHD inpatient bed capacity to the private health systems.
- 2.2 Private health systems should continue with their plans to expand capacity by hiring more psychiatrists and other mental health professionals, where possible.
- 2.3 To provide clinically appropriate care, private providers will need to adjust culture and build clinical capacity to treat persons with more severe psychiatric symptoms and complex psychosocial needs.

**Recommendation 3: Reorganize crisis services and expand alternatives.**

Crisis services are often the first point of entry for the Milwaukee County mental health system. Reorganizing and expanding crisis services will create more access to services for people who need them in a more timely fashion, which will in turn reduce the need for costly inpatient care. Specific recommendations for this area include:

- 3.1 Shift crisis services to a more central location.
- 3.2 Develop and expand alternative crisis services.

**Recommendation 4: Reduce emergency detentions.**

Emergency detentions must be reduced to appropriately serve Milwaukee County residents and decrease the need for inpatient care. The specific recommendation for this area is:

- 4.1 Enhance emergency provider and law enforcement trainings.

**Recommendation 5: Reorganize and expand community-based services.**

Community-based services, including outpatient care, are a critical aspect of supporting individuals to live independently in the community. The data for this project consistently showed that improvements are needed in the quantity and availability of community-based services in Milwaukee County. Specific recommendations include:

- 5.1 Continue working with the State to secure funding for Community Recovery Services under the 1915(i) State Plan Option.
- 5.2 Shift resources from inpatient to community-based services.
- 5.3 Explore partnerships with FQHCs and approaches to integrating care.
- 5.4 Expand evidence-based practices.

- 5.5 Adopt alternative case management models.
- 5.6 Improve discharge planning from acute inpatient stays.
- 5.7 Use benefits counseling to ensure maximum revenue to fund services.
- 5.8 Substitute some traditional treatments with alternative options for outpatient care.

**Recommendation 6: Promote a recovery-oriented system through person-centered approaches and peer supports.**

The Milwaukee County mental health system will benefit from a shift towards a stronger recovery orientation at every level of service delivery. Specific recommendations in this area include:

- 6.1 Employ the use of motivational and person-centered approaches system wide.
- 6.2 Increase consumer education about recovery-oriented and community-based services.
- 6.3 Expand peer support and consumer-operated services.

**Recommendation 7: Enhance and emphasize housing supports.**

Access to safe, adequate, and affordable housing is a critical element in supporting individuals to live independently in their communities. While considerable progress has been made in this area during the past three years, there are a number of areas on which the County can focus to improve its housing services and address the needs of homeless individuals in the system. Specific recommendations include:

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

**Recommendation 8: Ensure cultural competency.**

The growing diversity of the Milwaukee population necessitates changes in the approach to delivering effective mental health services. Specific recommendations include:

- 8.1 Enhance overall commitment to cultural competence.
- 8.2 Identify cultural, language, and service needs.
- 8.3 Ensure effective communication with individuals with limited English proficiency.
- 8.4 Implement training in cultural issues and culturally and linguistically appropriate service delivery.
- 8.5 Conduct initial and ongoing organizational self-assessments of cultural competence and include them in quality improvement initiatives.
- 8.6 Involve communities and consumers in enhancing the cultural competency of the system.

**Recommendation 9: Ensure trauma-informed care (TIC).**

It is critical that any mental health system redesign effort take into account the importance of delivering care that is trauma-informed. Specific recommendations include:

- 9.1 Commit to a TIC organizational mission and dedicate resources to support it.
- 9.2 Conduct universal screening for trauma for all individuals.
- 9.3 Incorporate values and approaches focused on safety and prevention for individuals served by the system and staff.
- 9.4 Create strength-based environments and practices that allow for individual empowerment.

- 9.5 Provide ongoing TIC staff training and education
- 9.6 Improve and target staff hiring practices for TIC.
- 9.7 Update policies and procedures to reflect new TIC mission.

**Recommendation 10: Enhance quality assessment and improvement programs.**

This report recommends that existing quality improvement efforts be expanded and enhanced to create a comprehensive, system-wide quality assurance program. Specific recommendations include:

- 10.1 Develop a coordinated QI process.
- 10.2 Select a set of performance and outcome indicators and goals for the system.
- 10.3 Make changes to management information systems to collect and report common data elements.

Because of the multi-faceted and interconnected nature of the above recommendations, the project team recommends that County and other system administrators work to develop a comprehensive implementation plan for moving forward. Specific recommendations include:

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

#### **4. Conclusion**

An underlying theme of this report is the need for stakeholders in Milwaukee County to pursue a gradual expansion of community-based services alongside a phasing down of inpatient services. The rationale for these recommendations is threefold:

1. This is the law – to serve people in the least restrictive environment. Based on the Supreme Court's decision in *Olmstead*, it is imperative to end the county's over-reliance on institutional models of care.
2. A shift to community care will lead to better outcomes and quality of life. As compared with other communities, county resources are disproportionately invested in inpatient and crisis care while community services are underfunded. The county must invest in integrated community services that help consumers maintain their health and independence.
3. It is ultimately more cost-effective to provide services in the community as opposed to inpatient settings.

This project and this report should be the beginning of Milwaukee County's assessment and analysis efforts. No single report can tell the entire story of a county's populations in need, and the services required or the barriers that exist to meeting those needs. However, the information in this report and the process by which the information was developed has provided an impetus for additional assessment and analysis by various stakeholders in the public and private sectors. This information also can provide the basis for future planning efforts to create an improved mental health system throughout Milwaukee County.

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- Milwaukee County Behavioral Health Division
- Milwaukee Health Care Partnership
- Milwaukee Mental Health Task Force
- Potawatomi Foundation
- Rogers Memorial Hospital
- State of Wisconsin Department of Health Services
- Wheaton Franciscan Health Care

The full report is available at

[www.pahr.org/whhrc/](http://www.pahr.org/whhrc/)