

MILWAUKEE HEALTH CARE PARTNERSHIP BEHAVIORAL HEALTH* WORK PLAN FY 2016-17 (DRAFT 6-2016)

1

*Mental health and substance abuse services

PURPOSE

Improve behavioral health care coverage, access and care coordination for residents of Milwaukee Co., with a focus on low-income and underserved populations.

COMMUNITY-LEVEL INDICATORS

Need to determine operational definitions, source of data and frequency of reporting.

- Prevalence of behavioral health (BH) diagnosis and enhancement of network care capacity for target populations as measured by _____.
- Decrease in reported mental health days per MHCP Community Health Needs Assessment (CHNA).
- Increase in Medicaid HMO behavioral health utilization as measured by DHS HEDIS measures.
- Decrease in psychiatric crisis service (PCS) visits.
- Decrease in BHD IP wait list
- Decrease in private hospital emergency room (ER) visits for patients with primary and secondary BH diagnosis.
- Decrease in private hospital 30-day readmission rates for patients with BH diagnosis.
- Increase in the number of outpatient providers and enhancement of Medicaid HMO network adequacy serving uninsured and Medicaid populations respectively.
- Decrease in the time to first outpatient appointment.

SUMMARY OF GOALS AND STRATEGIES

A. Maintain and ensure adequate and effective inpatient and crisis capacity for adults and children.

1. Ensure adequate and coordinated inpatient services for adults and youth under emergency detention and other high acuity, complex populations.
2. Ensure adequate and coordinated inpatient capacity for voluntary patients.
3. Maintain an effective and efficient psychiatric crisis system.
4. Improve the emergency detention crisis assessment and transition care management process.

B. Enhance outpatient behavioral health capacity and capabilities.

1. Support behavioral health workforce development initiatives.
2. Expand, evaluate and continually improve access to tele-consultation and tele-psychiatry services.
3. Support expansion of FQHC and other private provider outpatient capacity, including dedicated “behavioral health medical homes.”
4. Build community capacity for addiction services.
5. Support BHD efforts to redesign, coordinate and expand community services.

C. Enhance care coordination capabilities within and across the delivery system

1. Leverage WISHIN Health Information Exchange to improve clinical decision making and care coordination.
2. Support and monitor DHS implementation of the Complex Care Management program.
3. Create a system to identify the primary or lead care coordinator where multiple parties are involved in case management.
4. Improve care transition from clinical to community-based support services.

D. Support community-based prevention and early intervention efforts and recovery services to reduce MH & substance use disorders

1. Participate in the HWPP school, home, and community BH initiative.
2. Monitor the Milwaukee County special needs housing initiative.
3. Support the Community Justice Council effort to reduce incarceration rates for individuals with mental health & substance use disorders under the MacArthur grant.
4. Monitor and promote stigma prevention efforts.

E. Develop and advance cross-cutting support initiatives.

1. Develop and advance a public policy agenda.
2. Assess and develop a provider workforce development agenda.

F. Enhance Behavioral Health Committee infrastructure and effectiveness.

1. Formulate a strategy for collaborative grant writing.
2. Secure Steering Committee Project Manager.
3. Track and report community and work plan outputs and outcomes

Criteria for Prioritization – Priorities Highlighted in Yellow:

- Current momentum
- Initiate in Year 1
- Political mandate or requirement
- Readiness
- Significant impact
- Available resources

GOAL A: Maintain and ensure adequate and effective inpatient bed and crisis capacity for adults and children

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status		
A1. Strategy: Ensure adequate inpatient services for adults and youth under emergency detention and other high acuity and complex populations.						
a. Ensure adequate Behavioral Health Division (BHD) inpatient and observation bed capacity for adults and children	BHD	Ongoing – through transfer of management Responsibilities	<ul style="list-style-type: none"> 60 adult beds (minimum) 12-18 child/adolescent beds ## Observation beds No bed reduction unless or until BHD sees 6 mos. change in utilization at 85% occupancy 	<p>As of 1/20/16 BHD operating 48 adult beds due to provider shortages.</p> <p>BHD maintaining child/adolescent beds, no capacity issues?</p> <p>BHD operating ## observation beds, no capacity issues?</p>		
b. Support the Mental Health Board (MHB) & BHD re: outsourcing the management of acute care services	MHCP BH Steering Committee liaison(s)	2017		MHB sole source outsourcing committees exploring options.		
c. Monitor and ensure access to State civil and forensic adult & child/adolescent beds for Milwaukee County residents as needed.	DHS/DMHSD	Ongoing	<ul style="list-style-type: none"> Occupancy rates Number of Milwaukee referrals 	Wisconsin State Mental Health Institution Forensic and Civil Bed Capacity		
					Mendota	Winnebago
				Forensic	259*	90
				Civil (adult)	15 geriatric	60
			Civil (youth)	N/A	34	
*Additional 40 forensic beds to be added						
d. Continuously improve transfer process for clinically appropriate patients from Psychiatric Crisis Services (PCS) to private hospitals.	BHD/DMHSA / Private Hospitals	Ongoing	<ul style="list-style-type: none"> Monthly referrals and accepted transfers by health system, and return rate. 	PCS transfers continue, no reported transition care management issues		
A2. Strategy: Ensure adequate and coordinated inpatient capacity for voluntary, uninsured and Medicaid patients						
a. Monitor and support expansion of private hospital IP bed capacity for voluntary populations	Health Systems		<ul style="list-style-type: none"> Monitor data from State Bed Tracking System 	Bi-annual survey of IP beds		
b. Implement and actively participate in the new state-wide bed tracking system among all providers in Milwaukee County	WHA DMHSA BHD Private BH IP Providers VA	2016	<ul style="list-style-type: none"> All public and private Milwaukee hospitals with BH beds participating 			
A3. Strategy: Maintain an effective and efficient psychiatric crisis system						
a. Maintain and assure high quality psychiatric crisis emergency department	BHD		<ul style="list-style-type: none"> Monthly visit and patient disposition status 			
b. (PCS)	Municipal Police Departments					

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
A3. Strategy: Maintain an effective and efficient psychiatric crisis system				
c. Support the implementation and evaluate community based Access Hubs including walk-in assessment, urgent care, stabilization, information and referral and effective transition care management	BHD Health Systems Municipal Police Departments Consumers		<ul style="list-style-type: none"> Open North Side Hub and evaluation of activity and effectiveness. Reduction in Emergency Detentions, PCS visits and BHD IP admissions 	
d. Leverage and expand Crisis Resource Center (CRC) capacity as needed	BHD			
e. Explore feasibility of establishing peer respite centers in Milwaukee County.	BHD DHS MHA			
A4. Strategy: Improve emergency detention crisis assessment and transition care management policies and procedures				
a. Monitor and improve Mobile Crisis and CART team efficiency and effectiveness	BHD		<ul style="list-style-type: none"> Mobile crisis turnaround time 	
b. Explore alternative models for crisis assessment (e.g. private ER treatment director designees, etc.)	BHD Health Systems Other Stakeholders		<ul style="list-style-type: none"> Timeliness and effectiveness of crisis assessments 	
c. Evaluate and improve emergency detention policies, procedures and practices across all municipal law enforcement agencies	BHD Hospitals Municipal Police Departments County Court System DHS		<ul style="list-style-type: none"> Reduction and appropriateness of emergency detentions 	

GOAL B: Enhance Outpatient (OP) Behavioral Health Capacity and Capabilities

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
B1. Strategy: Expand, evaluate and continually improve access to tele-consultation and tele-psychiatry services				
a. Pilot Perinatal Psychiatric Consultation Program (PPCP) and apply for DHS Adult Teleconsultation Pilot to improve access and demonstrate value of payer reimbursement.	MCW Participating Health Systems and Health Center Clinics			
b. Advocate for sustainable funding and Expansion of Child Psychiatric Consultation Program(CPCP)	MCW/CHHS/ Provider Clinics			
B2. Strategy: Support expansion of FQHC and other private provider outpatient capacity, including “behavioral health medical homes”				
a. Continue to support and monitor FQHC growth plans for integrated & dedicated BH capacity; map relationships	SSCHC, OCHC, PCHC, MHSI			

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
B2. Strategy: Support expansion of FQHC and other private provider outpatient capacity, including “behavioral health medical homes”				
b. Continue to support and monitor Whole Health Clinic and other behavioral health medical home capacity for complex patients	MCFI, OCHC			
c. Explore the need and test the feasibility of developing rehabilitation steps-down services such as the Intensive Residential Treatment (IRT) model (e.g. Hennepin County)	BHD			
d. Promote and monitor BHD and private provider expansion of outpatient services for Medicaid and uninsured patients	BHD / Private health systems and independent providers			
e. Promote primary care and behavioral health integration models.	Private health systems FQHCs			
f. Monitor Walgreens and other for-profit providers of BH services				
B3. Strategy: Build community capacity for addiction services				
a. Inventory, evaluate and develop a strategy to enhance community-wide addiction services.	TBD			
b. Develop a strategy to increase access to Medically Assisted Treatment (MAT).	BHD Steering Committee			
c. Leverage CCS to expand substance use services	BHD			
B4. Strategy: Support BHD efforts to redesign, better coordinate and expand community services.				
a. Inventory public and private sector outpatient programs to identify gaps across the full spectrum of care; redirect resources as needed	BHD			
b. Expand awareness of and access to CCS (Providers and Consumers)	BHD			

GOAL C: Enhance Care Coordination Capabilities within and across the Delivery System

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
C1. Strategy: Leverage WISHIN Health Information Exchange to improve clinical decision making and care coordination				
a. Implement WISHIN within BHD, Armor and other BH providers	BHD/WISHIN			
b. Explore other health and community - based organizational information exchange options.				

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
C2. Strategy: Support and monitor DHS implementation of the Complex Care Management program				
a. TBD	DHS			
C3. Assure seamless care transition from clinical to community-based support services				
a. Create a system to identify the primary or lead care coordinator where multiple parties are involved in case management				

GOAL D: Support Community-Based Prevention & Early Intervention and Recovery Services Expansion to Reduce MH & Substance Use Disorders

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
D1. Strategy: Participate in the HWPP school, home, community BH initiative				
a. Serve as access partner to project	MHA			
b. Monitor and promote stigma reduction efforts				
D2. Strategy: Support the Community Justice Council effort to reduce incarceration rates for individuals with mental health & substance use disorders under the MacArthur Grant				
a. Pilot ED to Behavioral Health Home Initiative to frequent users	Community Justice Council/BHD			
b. Support use of WISHIN for patient identification and care coordination				
D3. Monitor the Milwaukee County special needs housing initiatives				
a. Establish Interface with Housing First				

GOAL E: Develop and Advance Cross – Cutting Support Initiatives

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
E1. Strategy: Develop and Advance a Public Policy Agenda				
a. Work with WHA to develop advocacy strategy to increase Medicaid reimbursement for targeted BH services	WHA MKE GR and BH Leaders			
E1. Strategy: Develop and Advance a Public Policy Agenda				
b. Develop workforce policy agenda	WHA MKE GR and BH Leaders			
c. Recommend other policy and regulator improvements (e.g.) <ul style="list-style-type: none"> Allow pharmacists to bill for BH medication management. Secure reimbursement for remote tele-psychiatry services for FQHCs 				

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
<ul style="list-style-type: none"> Support DHS with implementation of new Medicaid HMO rules related to behavioral health network adequacy Improve Medicaid behavioral health prior authorization process Explore other state Medicaid financing structures for behavioral health 				
E2. Strategy: Advance and Develop a Provider workforce development agenda				
a. Support pipeline strategies for psychiatrists, PNPs, PAs, Clinical Pharmacists, Psychiatric nurses, therapists and licensed clinical social workers	MCW Teaching Sites			
b. Support residency programs and clinical rotations or BH providers	Public and Private Providers			

GOAL F: Enhance Behavioral Health Committee Infrastructure and Effectiveness

STRATEGIES AND TACTICS	Responsible Parties	Time Frame	Outcome and Process Measurement	Status
F1. Strategy: Formulate a strategy for collaborative grant writing				
a. Support PPCP Fund Development	JT			
F2. Strategy: Secure BH Steering Committee Project Manager				
a. Recruit and support the development of the Project Manager	JT			
F3. Strategy: Track and report community and work plan outputs and outcomes				
a. Develop MHCP BH Dashboard	BH Project Mgr.			

STATUS KEY	
Green	Accomplished or significant progress
Yellow	In process
Red	Pending / barriers / little or no activity or progress



MILWAUKEE HEALTH CARE

PARTNERSHIP

Behavioral Health Workplan

Date, 2016

Mission

*The Milwaukee Health Care Partnership is a public/private consortium dedicated to **improving health care** for low-income, underserved populations in Milwaukee County, with the aim of improving -*

- 1. health outcomes,*
- 2. reducing disparities,*
- 3. and lowering the total cost of care.*

Members

Health Systems:

- Aurora Healthcare
- Children's Hospital & Health System
- Froedtert Health
- Wheaton Franciscan Healthcare/Columbia St. Mary's – now Ascension WI

Federally Qualified Health Centers (FQHCs):

- Milwaukee Health Services, Inc.
- Outreach Community Health Centers
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers

Public:

- City of Milwaukee Health Dept.
- Milwaukee County Dept. Health & Human Services
- WI Dept. of Health Services and Medicaid Office

Academic: Medical College of Wisconsin

Affiliates: *Wisconsin Hospital Association, Wisconsin Primary Health Care Association, Medical Society of Milwaukee County, Wisconsin Statewide Health Information Network (WISHIN), Free Community Clinic Collaborative (FC3), Others*

MILWAUKEE HEALTH CARE

PARTNERSHIP

Core Functions

1. Assess & build awareness of community needs
2. Develop & implement a community-wide plan
3. Secure public & private funding for priority initiatives
4. Measure & report outcomes, promote transparency
5. Serve as an informational clearing house

“A forum for communication and collaboration among key stakeholders”

Goals

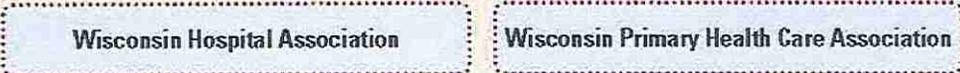
1. Ensure timely and appropriate **access** to quality health care providers and services
2. Secure adequate and affordable health insurance **coverage** for all
3. Enhance **care coordination** and navigation across the health care delivery system
4. Improve **community and population health** through cross-sector collaboration

Organizational Structure

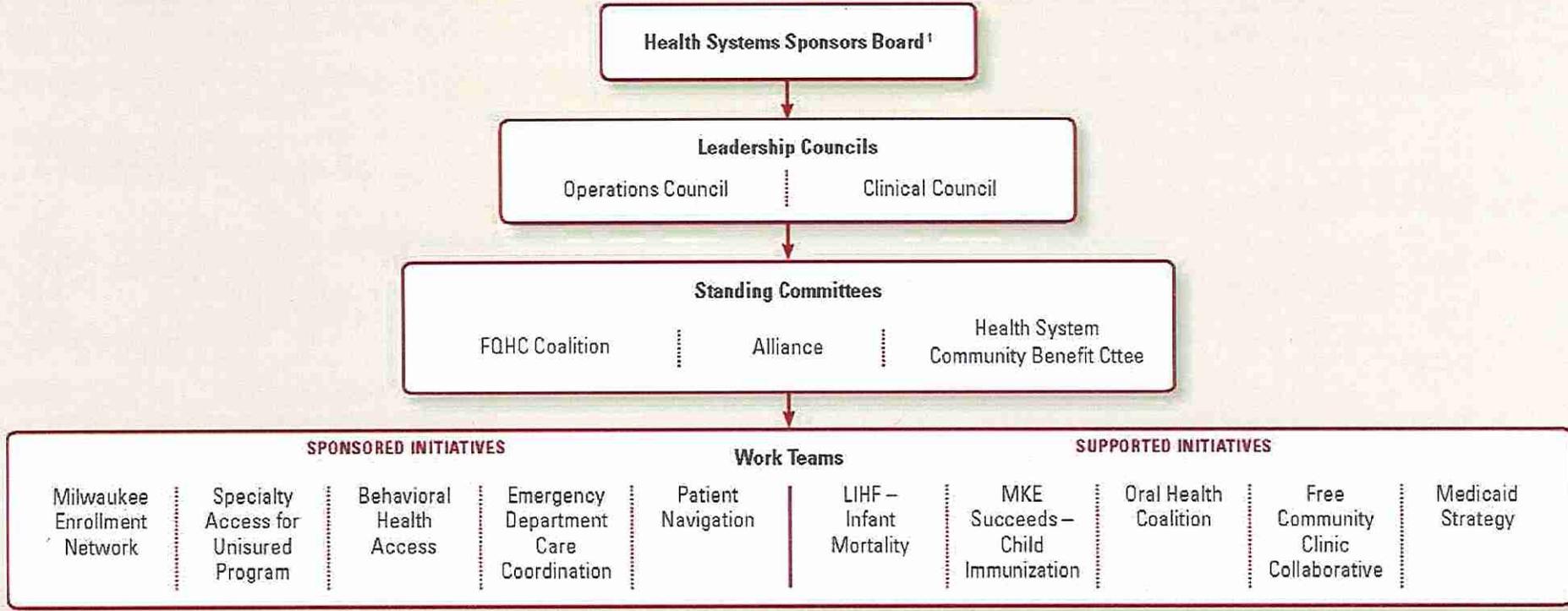
Members



Affiliates



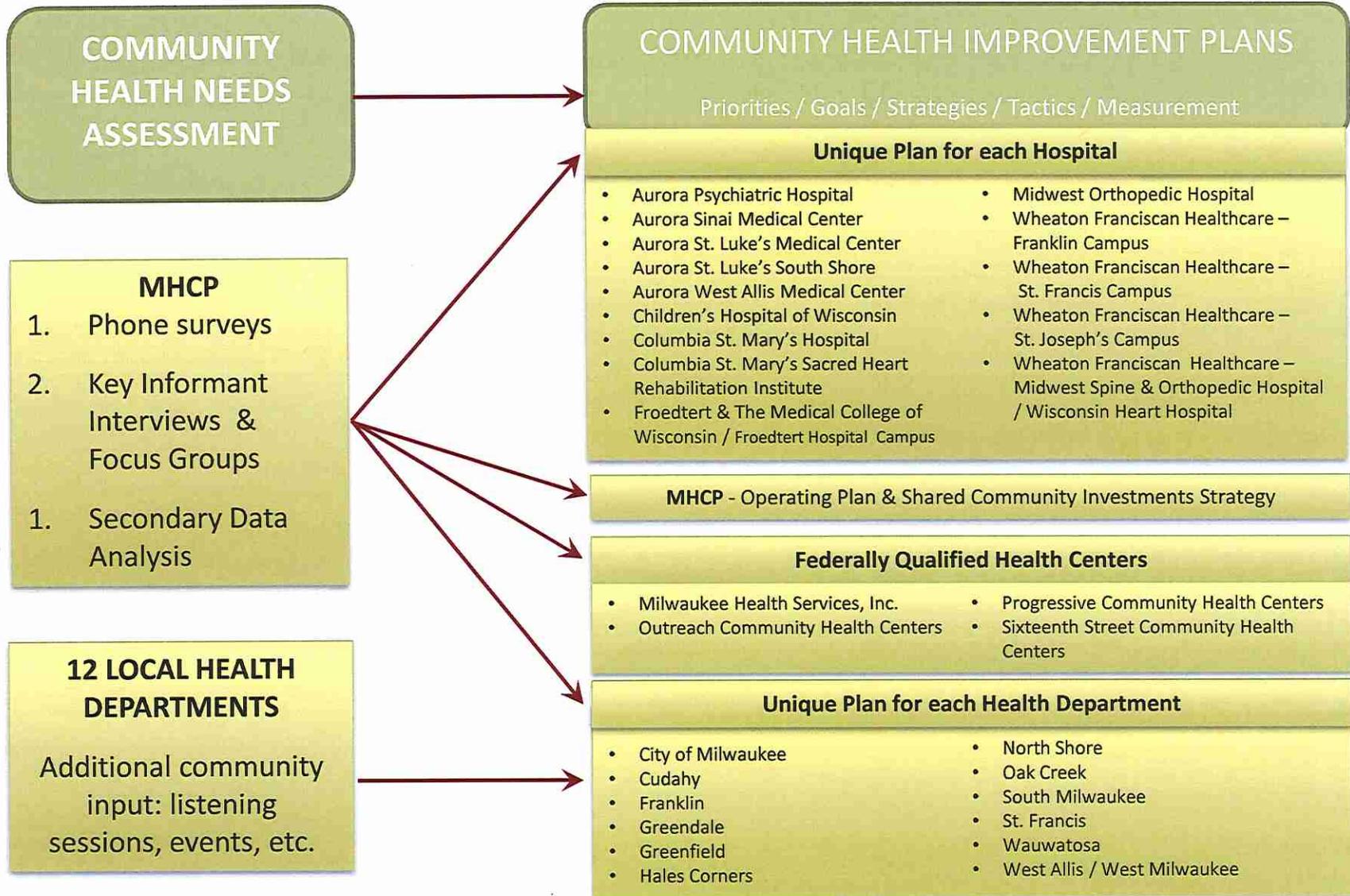
Structure



¹Milwaukee Health Systems: Ascension Wisconsin; Aurora Health Care; Children's Hospital & Health System, Inc.; Froedtert Health

²Federally Qualified Health Centers: Milwaukee Health Services, Inc.; Outreach Community Health Centers; Progressive Community Health Centers; Sixteenth Street Community Health Centers

Collaborative Community Health Improvement Planning - Milwaukee County



2015/16 CHNA Top Health/Health Care Issues

Community Survey Phone survey	Stakeholders Key informants and focus groups
1 Chronic Diseases	1 Mental Health
2 Alcohol or Drug Use	2 Alcohol and other Drug Use
3 Violence	3 Injury and Violence
4 Mental Health or Depression	4 Chronic Disease
5 Teen Pregnancy	5 Access to Health Services

Secondary Data - Focus on Disparities

- Infant mortality, chronic and communicable diseases, cancer , etc.

MHCP Behavioral Health Steering Committee

Purpose

Improve behavioral health care coverage, access and care coordination for residents of Milwaukee County, with a focus on low-income and underserved populations.

Charter

- Scope: Care Delivery Access and Care Coordination
- Provider Organizations

Committee Members – Behavioral Health IP/OP Leaders

- Health Systems – AHC, Ascension, FH/MCW, CHW, Rogers, VA
- FQHC, MCFI, MCW, BHD
- DHS – DMHSA and Medicaid Division

Leadership – Pete Carlson, Mike Lappen Co-chairs

Community Level BH Delivery Indicators

↓	Prevalence of behavioral health diagnosis and enhancement of network care capacity for target populations as measured by _____
↓	Reported mental health days per MHCP Community Health Needs Assessment (CHNA)
↑	Medicaid HMO behavioral health utilization as measured by DHS HEDIS
↓	Psychiatric crisis service (PCS) visits
↓	BHD inpatient wait list
↓	Private hospital emergency room (ED) visits for patients with primary and secondary BH diagnosis
↓	Private hospital 30-day readmission rates for patients with BH diagnosis
↑	Number of outpatient providers and enhancement of Medicaid HMO network adequacy serving uninsured and Medicaid populations respectively
↓	Time to first outpatient appointment

A. Maintain and ensure adequate and effective inpatient and crisis capacity for adults and children

1. Ensure adequate and coordinated inpatient services for adults and youth under emergency detention and other high acuity, complex populations (BHD, DHS)*
 - BHD Adult and Youth Capacity, waitlist, diversion
 - Support BHD IP Outsourcing
 - DMHSA Capacity
2. Ensure adequate and coordinated inpatient capacity for voluntary patients (Health Systems)
 - Bed Tracker
 - Utilization Measurement

**Owners*

A. Maintain and ensure adequate and effective inpatient and crisis capacity for adults and children

3. Maintain an effective/efficient psychiatric crisis system (BHD)

- Access HUBS
- PCS
- CRCs
- Peer Respite Centers

4. Improve the emergency detention crisis assessment and Transition care management process (BHD)

- CART and Mobile Crisis
- Alternative Models for Crisis Assessment
- Emergency Detention Policies and Practices

B. Enhance outpatient behavioral health capacity and capabilities

1. Expand, evaluate and continually improve access to **tele-consultation** and tele-psychiatry services (MHCP)
 - Child Psychiatric Consultation Program
 - **Perinatal Psychiatric Consultation Program**
2. Support expansion of FQHC and other private provider outpatient capacity, including dedicated “behavioral health medical homes” (MHCP)
 - FQHC Investments and Support
 - Whole Health Clinic
 - Intensive Residential Treatment Evaluation
 - BHD High Acuity OP Expansion
 - Health System and Health Center PC/BH Integration
 - Private/for-Profit Expansion

B. Enhance outpatient behavioral health capacity and capabilities

3. Build community capacity for addiction services (MHCP)

- **Inventory**
- Medically Assisted Treatment (MAT) Services
- Leverage CCS

4. Support BHD efforts to redesign, coordinate and expand community services (BHD)

- Inventory
- **Expand CCS Providers and Enrollment**

C. Enhance care coordination capabilities within and across the delivery system

1. Leverage WISHIN Health Information Exchange to improve clinical decision making and care coordination (MHCP)
 - BHD, Armor, Whole Health Clinic, FQHCs, MCOs
2. Support and monitor DHS implementation of the Complex Care Management program (DHS)
3. Create a system to identify the primary or lead care coordinator where multiple parties are involved in case management (MHCP)
4. Improve care transition from clinical to community-based support services (Health Systems/BHD)

D. Support select community-based prevention and early intervention efforts and recovery services to reduce mental health and substance abuse disorders

1. Participate in the HWPP School, Home, and Community behavioral health initiative (MHA)
2. Monitor the Milwaukee County special needs housing initiative (DHHS)
3. Support the Community Justice Council effort to reduce incarceration rates for individuals with mental health and substance abuse disorders under the MacArthur grant (CJC)
4. Monitor and promote stigma prevention efforts (MHA, RMH, MH Task Force)

E. Develop and advance cross-cutting support initiatives

1. Develop and advance a public policy agenda
 - Medicaid Reimbursement
 - Tele-psych reimbursement
 - Regulatory Improvements
 - Workforce Incentives
 - MCO Transparency / Accountability
2. Assess and develop a provider workforce development agenda
 - Pipeline for MDs, PNP, PAs, Rx, Psych Nurses and LCSWs
 - Residency and Clinical Rotations

F. Enhance Behavioral Health Committee infrastructure and effectiveness

1. Formulate a strategy for collaborative grant making
2. Secure a steering committee project manager
3. Track and report community and work plan outputs and outcomes