

Quarter 1 - 2022



MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES

**BEHAVIORAL  
HEALTH SERVICES**

**CARS Quarterly  
Report**

# CARS Quality Report Summary – Q1 2022

## POPULATION HEALTH

Among the key findings, our quality of life (QOL) data suggested that although our Black clients entered services with lower QOL relative to white clients (27.91% vs. 33.63%, respectively), their greater rate of improvement (93.23%) relative to white clients (60.18%) resulted in a greater proportion of Black clients experiencing “Good” or “Very Good” quality of life as of their last assessment.

We are currently focusing our efforts on analyzing the criteria and provisions of our various grants and other funding sources to explore how we can strategically invest these dollars upstream to address the social determinants of health and maximize the services we are able to provide to the community. We are also partnering with the Community Crisis Department on a System-Wide CQI Project to address racial disparities. Our recently selected project aim will focus on improving the health of the community through community outreach and engagement.

Finally, we would like to highlight the graphic focused on high need zip codes on page 3 of the Report. This graphic takes the place of our previous chart on penetration rates. We believe this graphic better represents the geographic focus of the population health improvement efforts in CARS and acknowledges the fact that the degree of socioeconomic need is not equally distributed by geography across Milwaukee County.

## CLIENT EXPERIENCE

Historically we have been able to show positive outcomes regarding client experience with our quantitative data. We would like to supplement these findings through the expanded use of qualitative data through focus group studies. We are currently organizing a focus group to meet with the staff and clients from some of our contracted CBRFs. We are looking forward to hearing first hand what the participants are finding helpful within our CBRFs, along with identifying areas we can work on to improve their overall experiences.

Among our other results, last quarter we noted a rise in referrals to the CARS Access Points, largely due to an increase in Black clients seeking services. This appears to be leveling off this quarter, with just 1.7% increase in over all referrals. Notably, we have seen 14.71% increase in our Access to Service metric (28.69% to 32.91%).

## COST OF CARE

We note a small increase (.061%) in the cost per client per month from the prior quarter. We also plan to release RFPs for our 75.07 and 75.09 withdrawal management services this summer. We believe this will further help us refine our cost of care estimates as this RFP includes a market rate analysis that is the first step in our transition from a purchase of service to a fee for service payment methodology for these services.

## STAFF QUALITY OF LIFE

We did have 3 team members leave CARS this quarter, causing our turnover rate to nearly double from the prior quarter. Our turnover rate is still below the national average, however, and we are looking forward to adding new talent to our team in the coming months.

In the last few weeks, all CARs staff completed a DiSC assessment. We will be having a training session to learn about our results and are looking forward to the insights we will gain on how we can continue to work with each other in a constructive and collaborative manner.

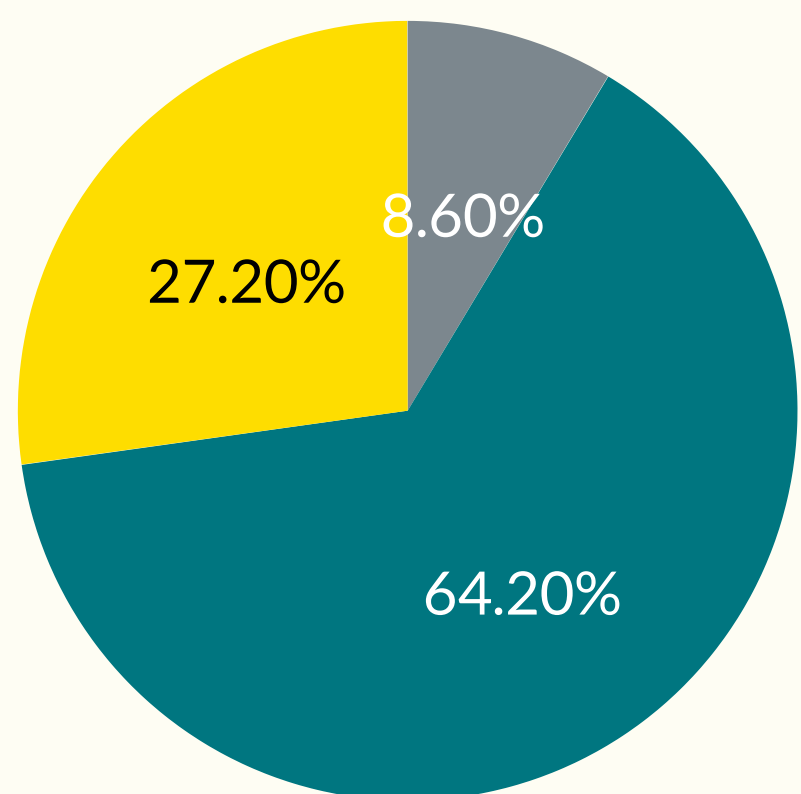
## NEXT STEPS

Future iterations of this Quarterly Report will include several changes, the first of which will be a transition to a new data visualization and analysis platform that will allow for more efficient generation and manipulation of this report. We will also be exploring the addition of longitudinal outcome data that we believe will better depict the trajectory of change for our clients. Please look for these updates at the fall and winter MHB Quality Committee meetings.

# Demographic Information of the Population We Serve

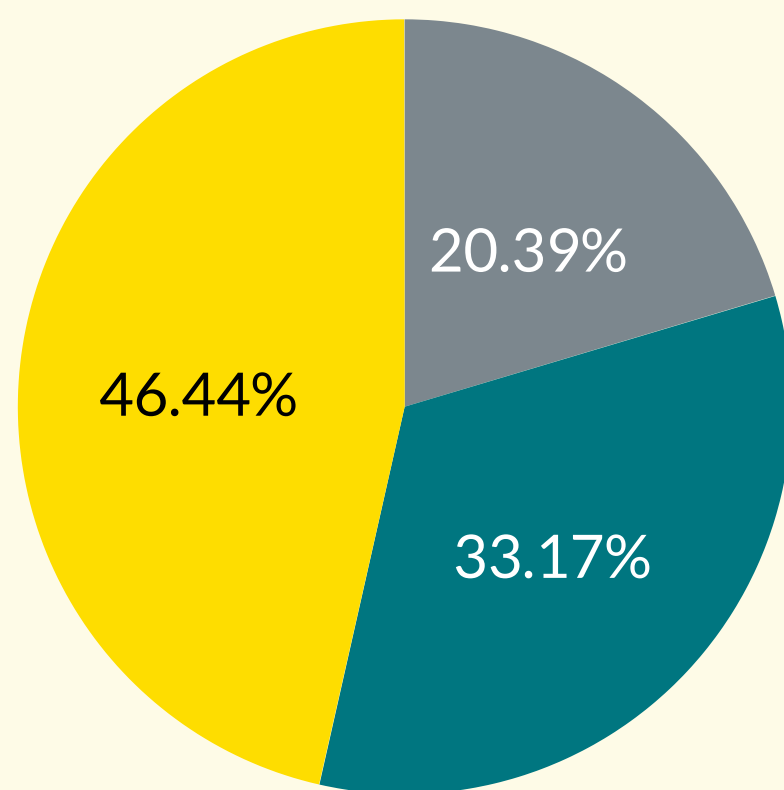
This section outlines demographics of the consumers CARS served last quarter compared to the County population.

### Race (Milwaukee County)\*



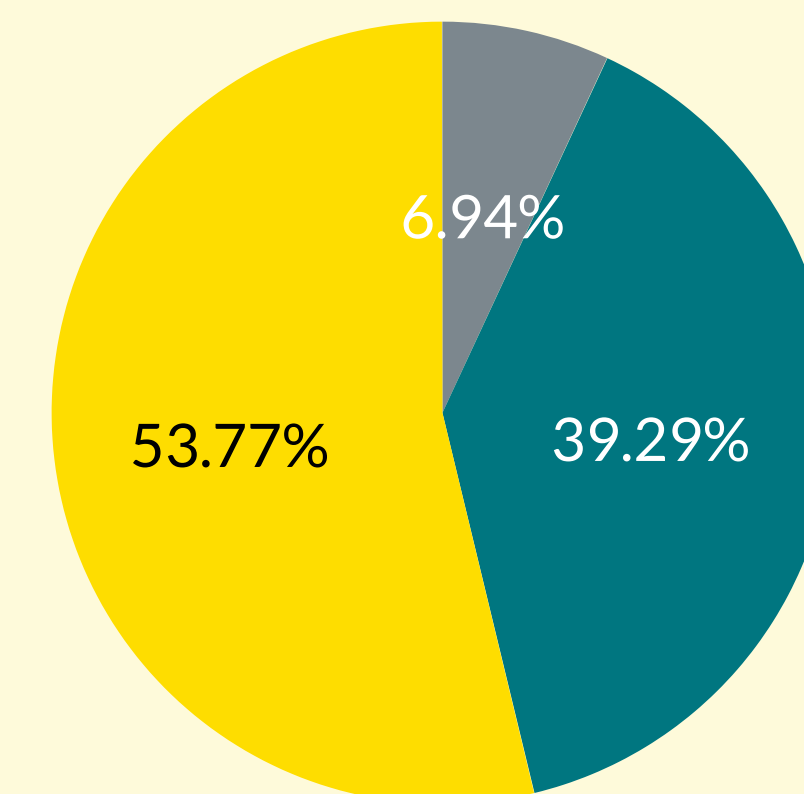
Other\*\* (8.6%) White (64.2%)  
Black (27.2%)

### Race of MKE County at or Below 100% Poverty Level



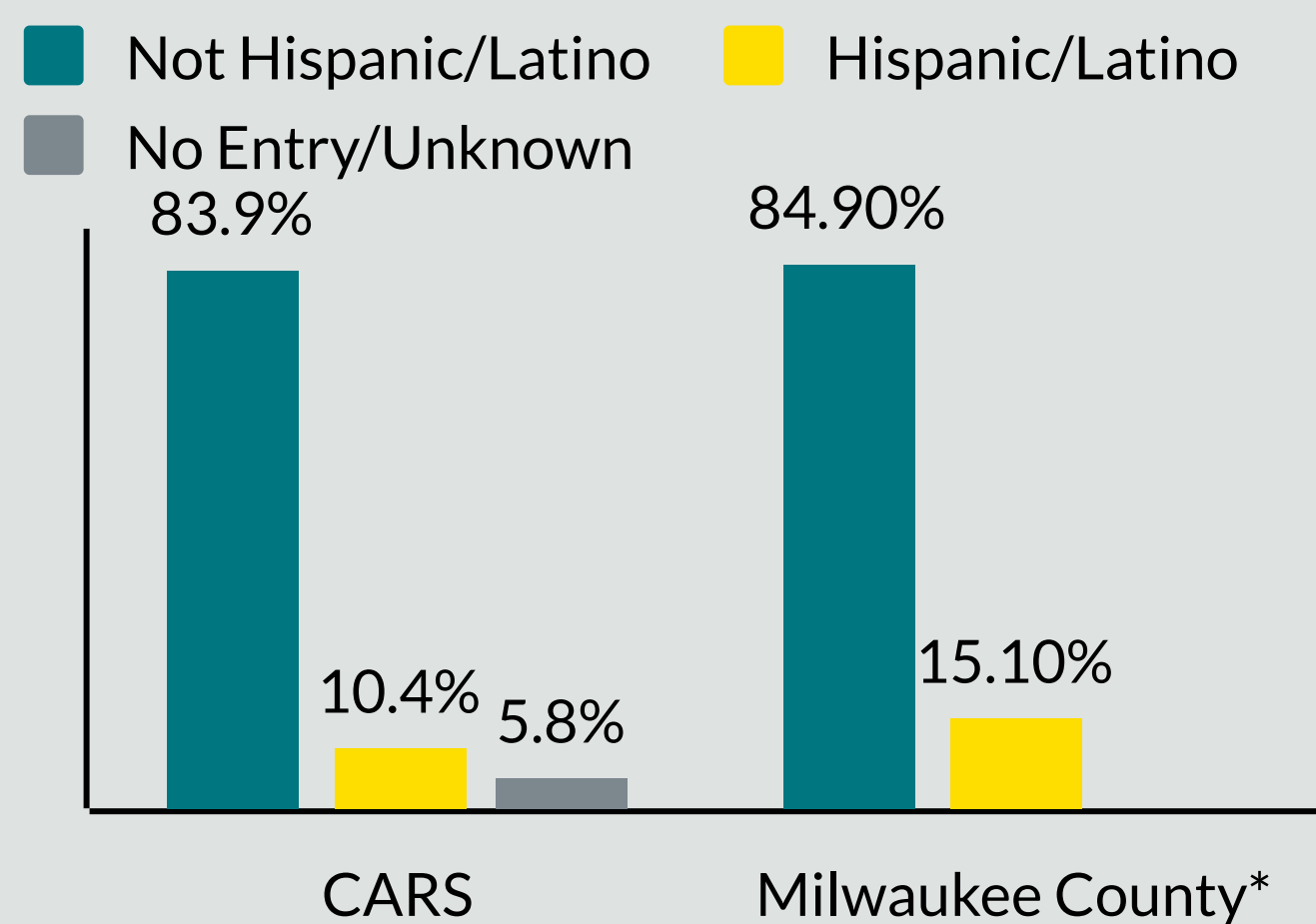
Other\*\* (20.39%) White (33.17%)  
Black (46.44%)

### Race (CARS)

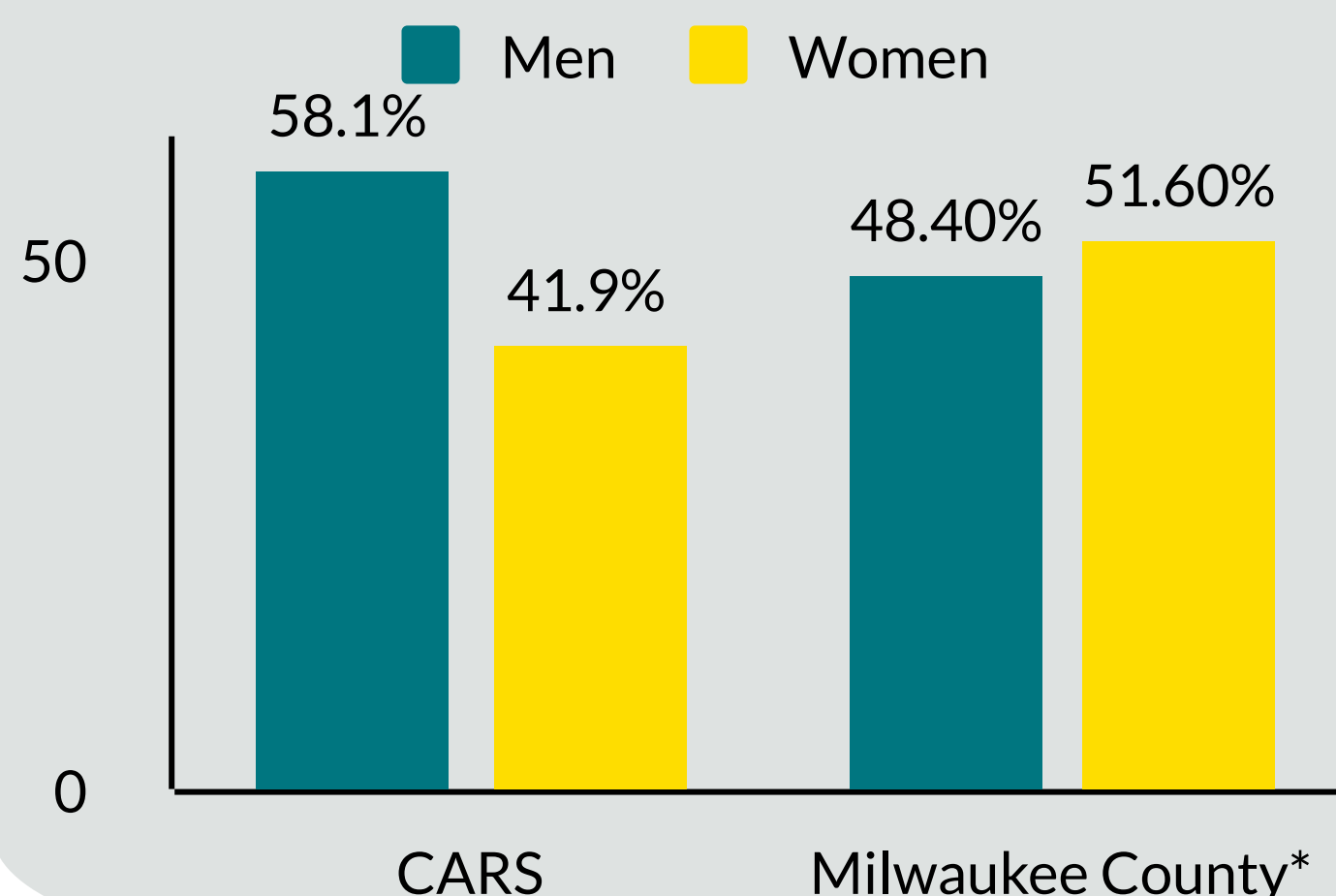


Other\*\* (6.94%) White (39.29%)  
Black (53.77%)

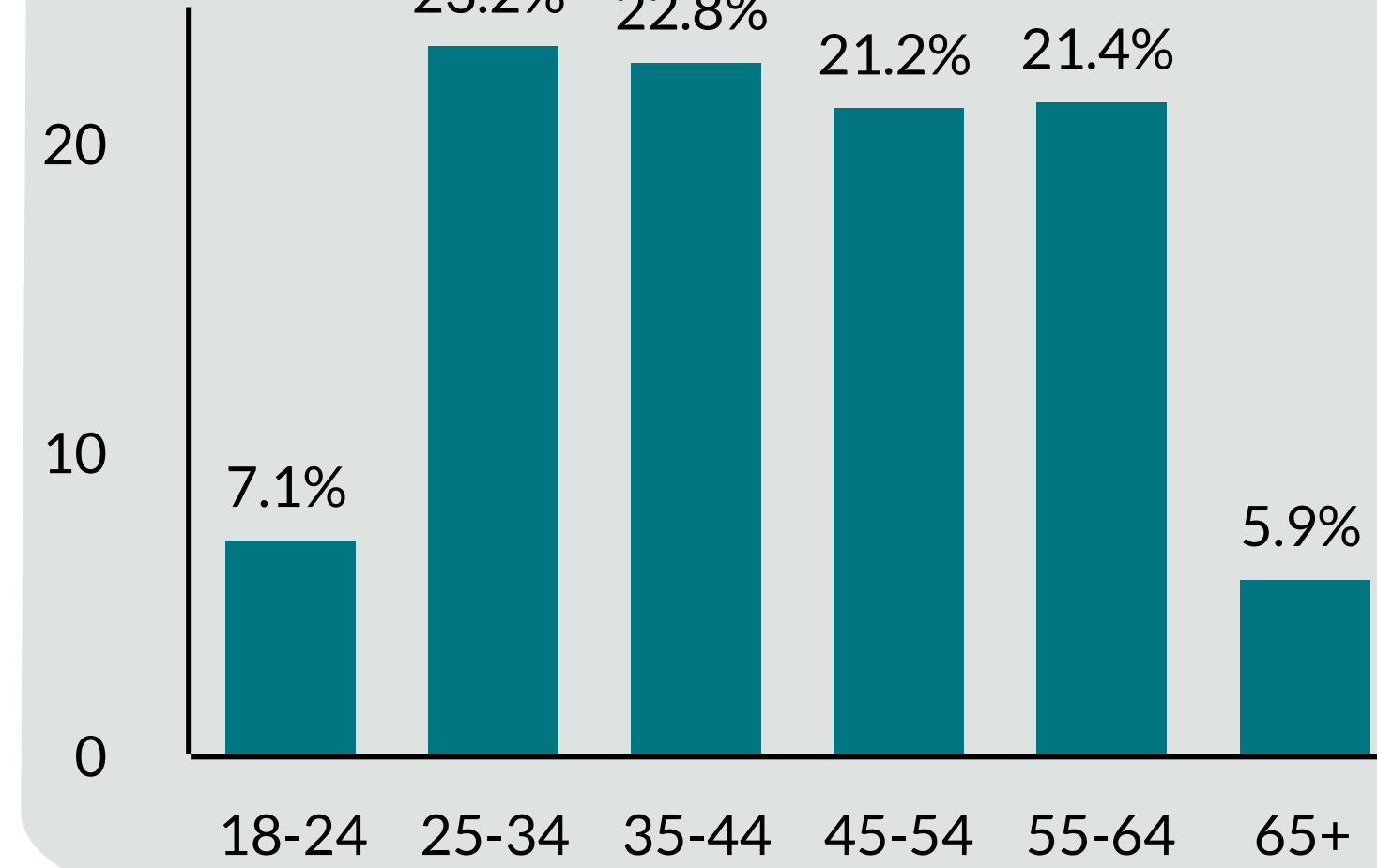
### Ethnicity



### Gender

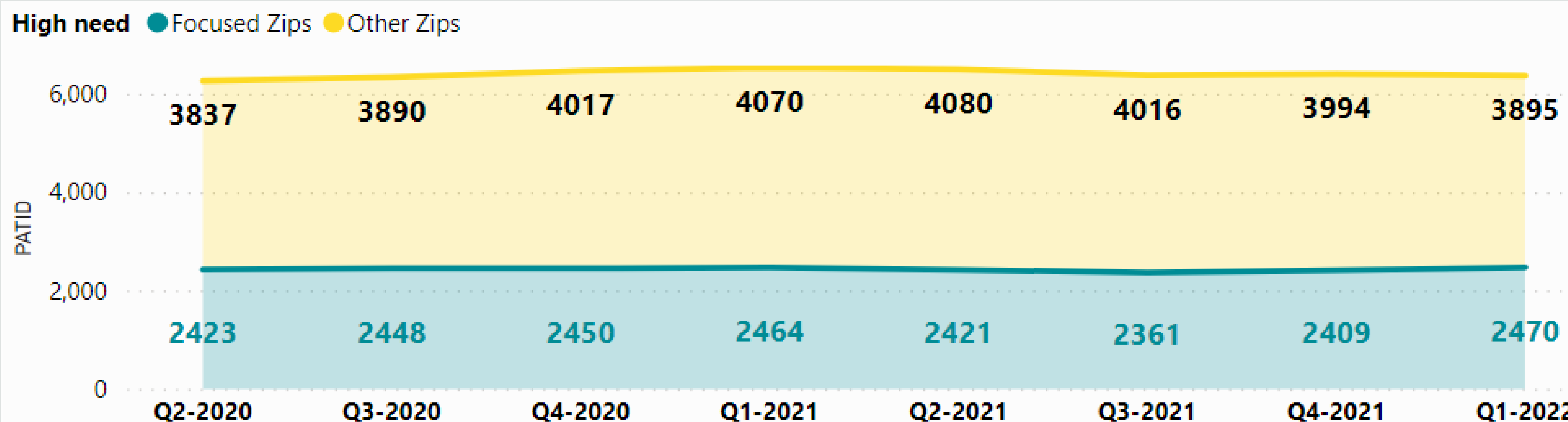


### Age



## CARS Focus on High Need Zip Codes

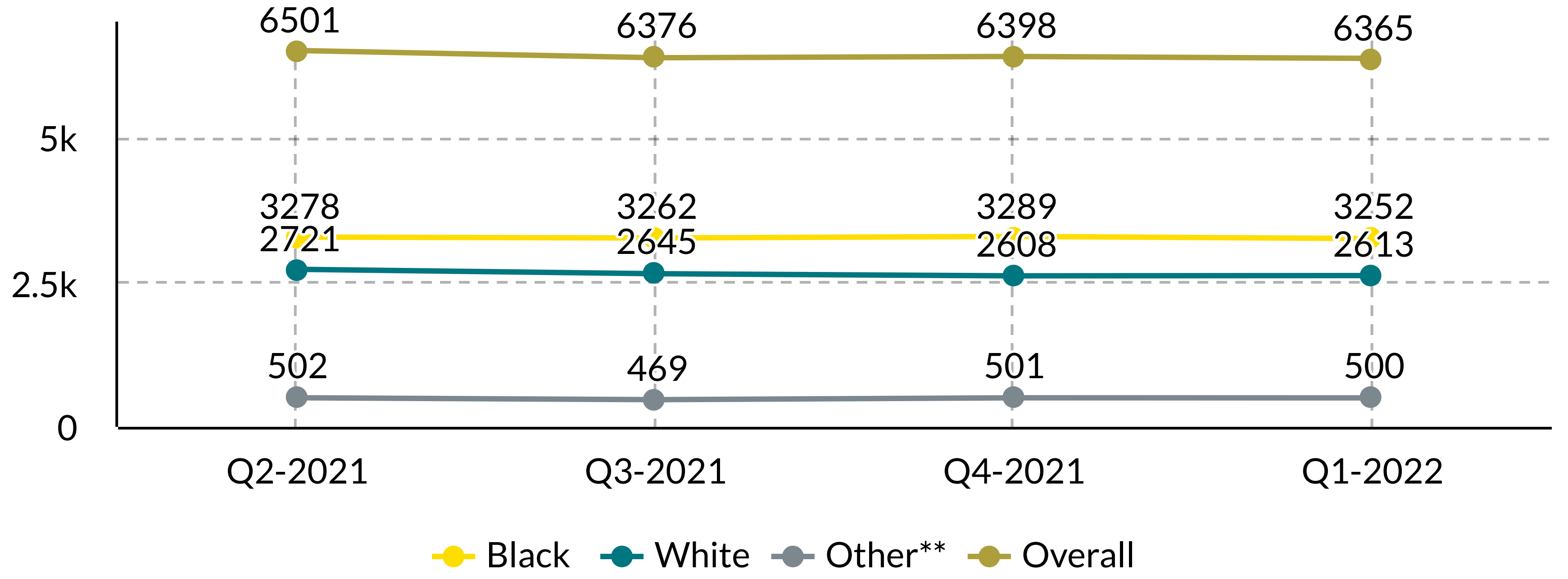
The Focused Zip Codes include 53215, 53205, 53206, 53204, 53233, 53209 and 53218. These zip codes were selected by CARS because of their significant social and economic needs, and because they have a significant portion of their population in the category of less than 200% of the poverty level. Identifying these high need areas is the first step in our efforts to target and concentrate our community outreach and investment initiatives.



\*Comparable data from United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>  
 \*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

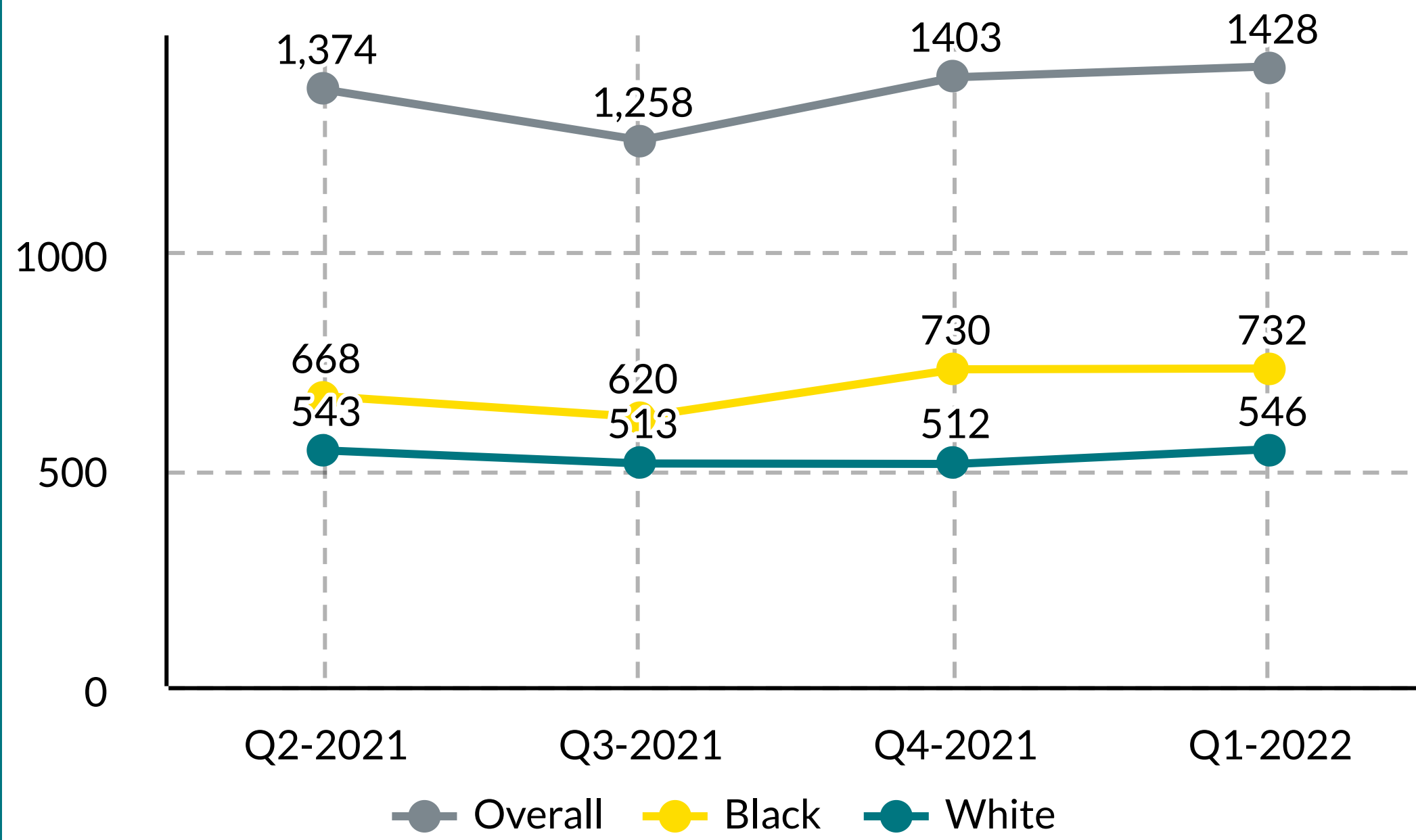
Volume Served

Volume Served by Race



Referrals

Referrals



Access to Service

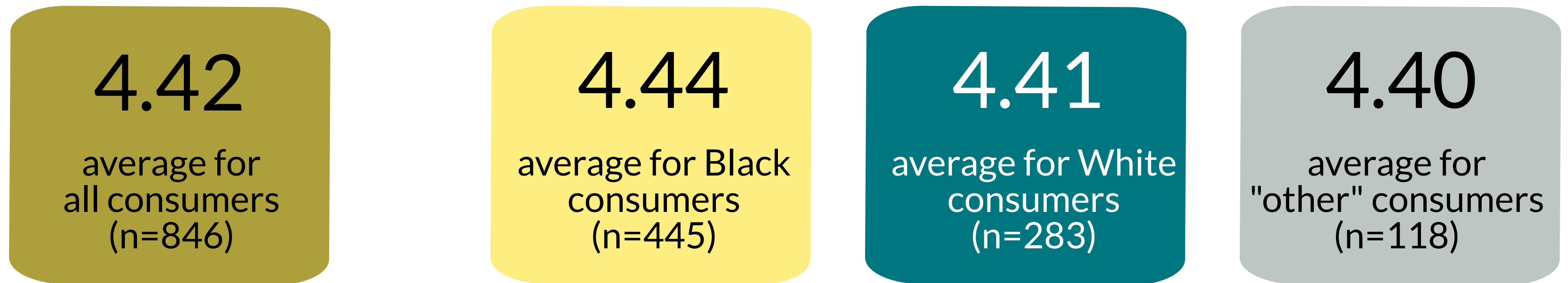
**32.91%** **14.71%**  
Increase from previous quarter

Percentage\* of clients who began their enrollment at a CARS Access Point who received a CARS community service within the first 30 days (231/702)

\* Please note that not all clients who are assessed need or are eligible to receive CARS community services, therefore the expectation is not 100%. CARS R&E Team is working to develop access targets for future reports.

Time to First Service

Average Consumer Satisfaction Score (Range from 1-5)

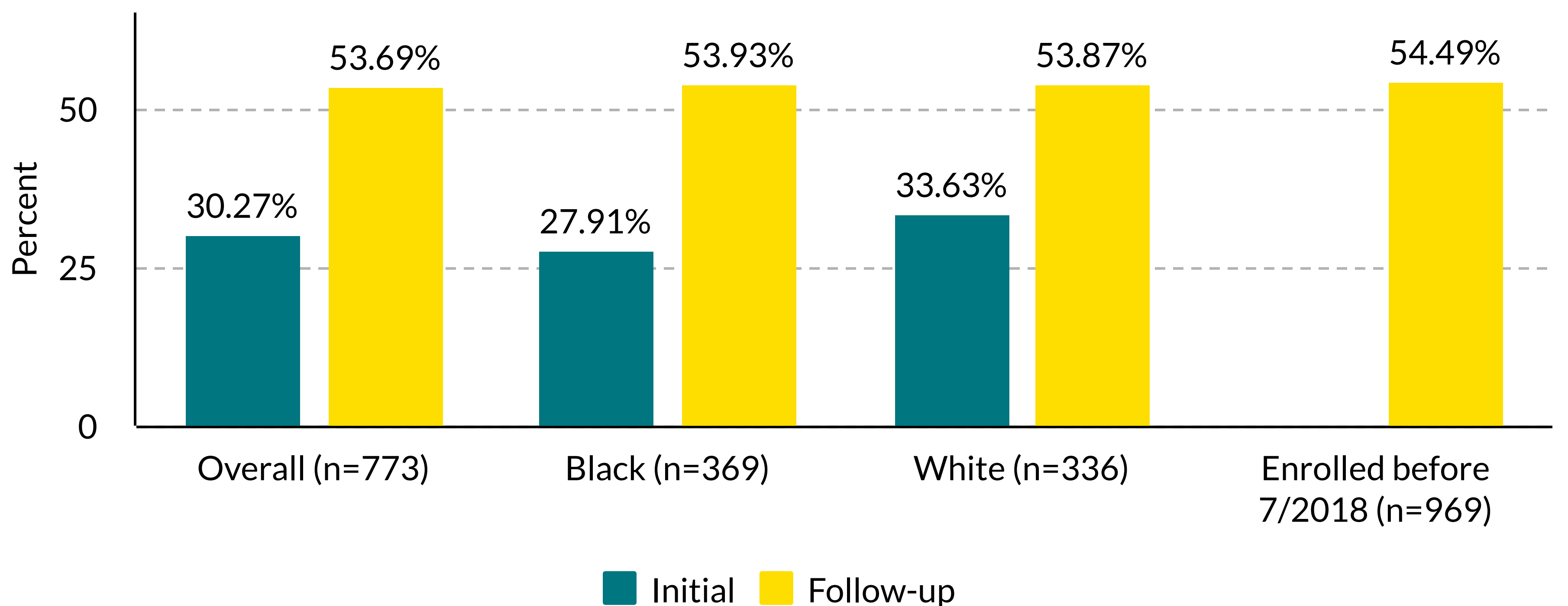


Population Health

Change Over Time - Client Enrollment

Percent of clients selecting "Good" or "Very Good" Quality of Life Overall and by Race

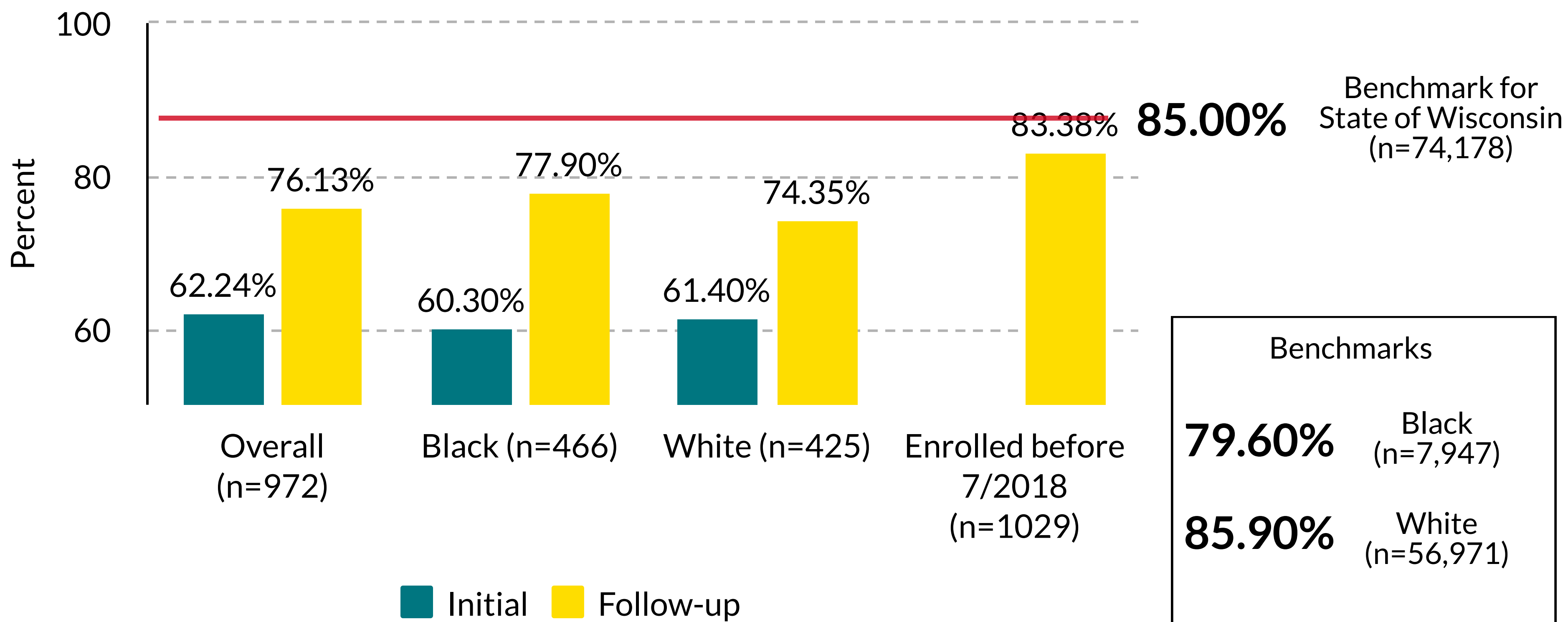
Average duration of enrollment: 512.75 days



# Domain: Population Health (cont.)

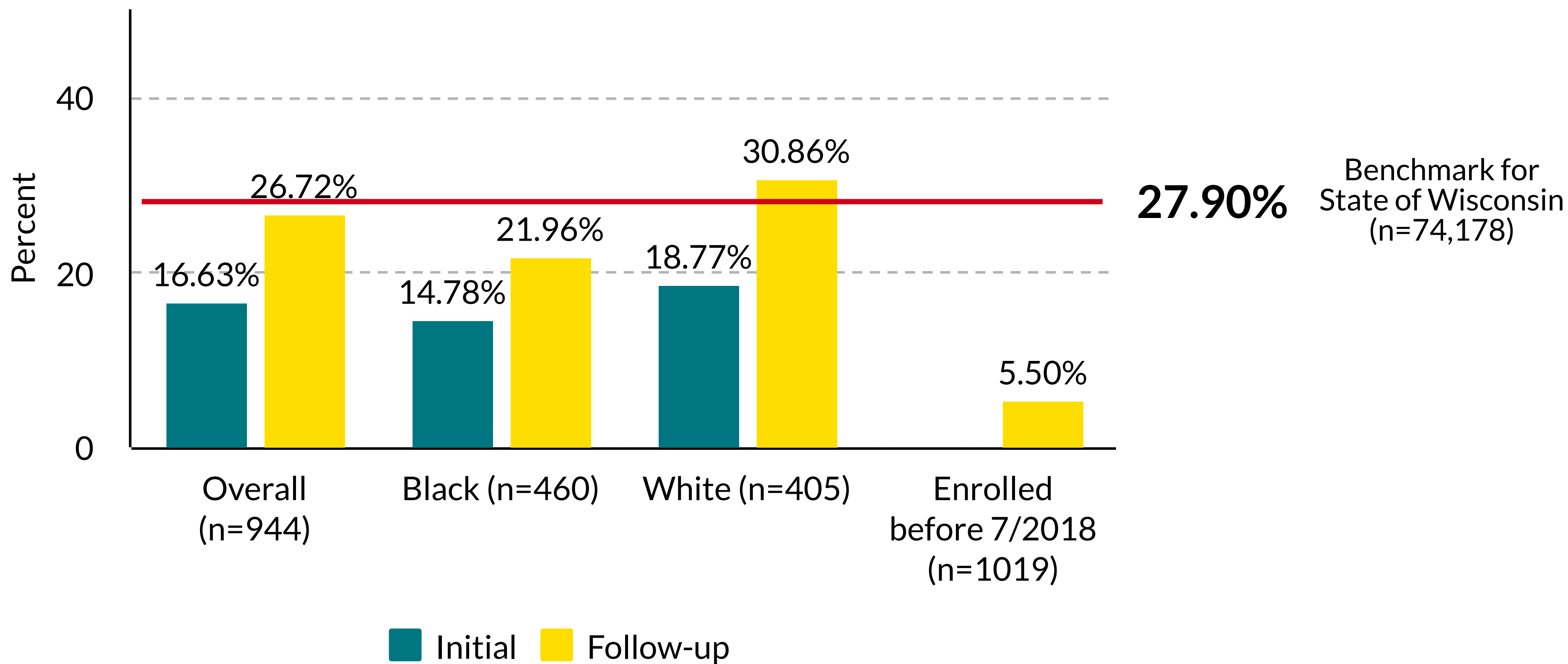
Percent with a Private Residence Overall and by Race

Average duration of enrollment: 494.20 days



Percent Employed Overall and by Race

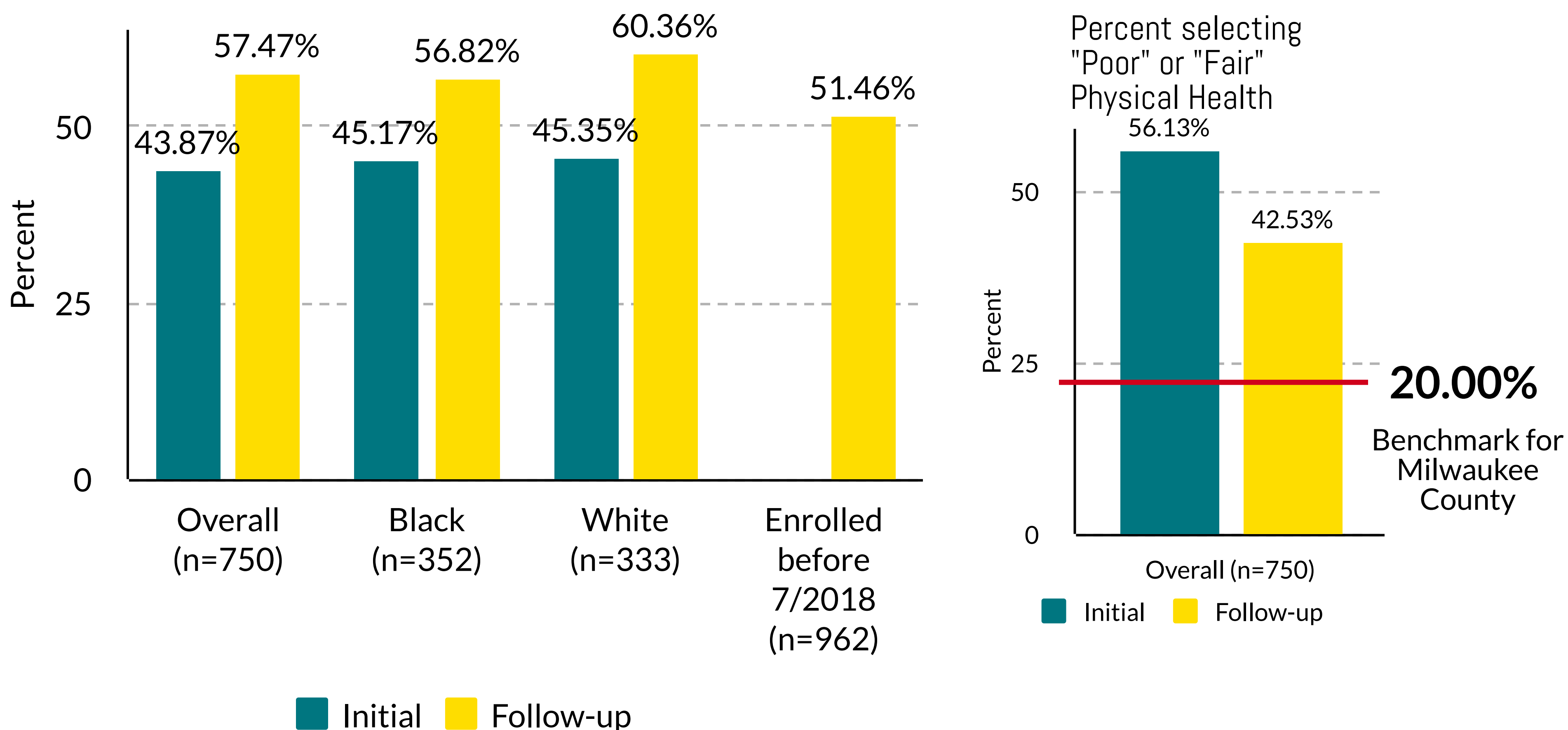
Average duration of enrollment: 488.60 days



Percent selecting "Good", "Very Good" or "Excellent" Physical Health Overall and by Race

Average duration of enrollment: 502.61 days

Percent selecting "Poor" or "Fair" Physical Health



## Cause of Death by Race

One quarter lag in reporting. For deaths between Q1-2021 and Q4-2021

## Average Age at Death

## Death Rate (per 100,000) by Age Range

CARS number adjusted for comparison against Milwaukee County<sup>^</sup>

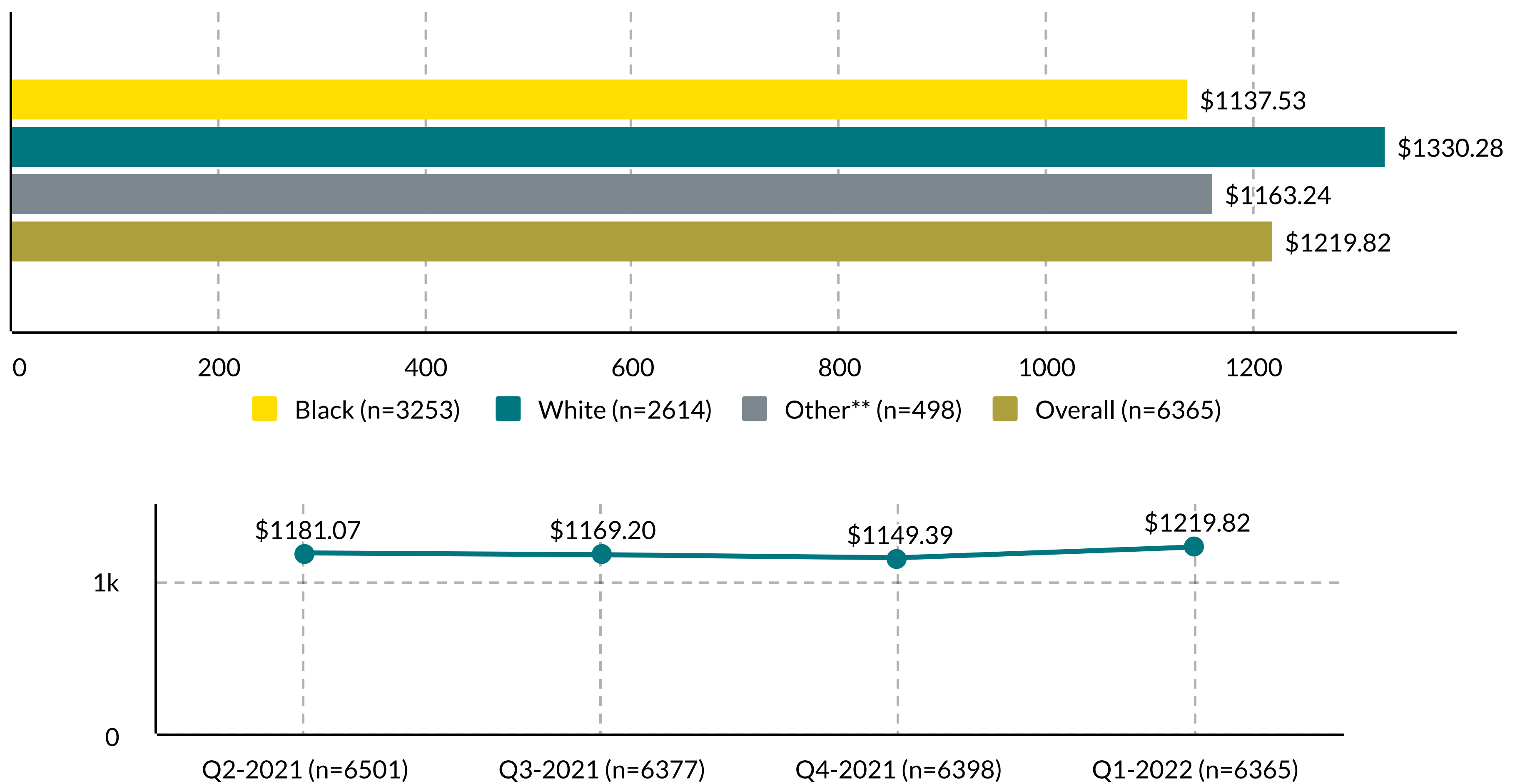


# Domain: Cost of Care

## Average Cost per Consumer per Month for Q1 by Race

"n" refers to an average of the number of unique consumers served per month for the quarter

## Average Cost per Consumer per Month by Quarter



# Domain: Staff Well-Being

## Turnover

**15.19%**

CARS turnover rate

## Staff Quality of Life

**20.00%**

Turnover rate for government employees (per year)<sup>^^</sup>

The Staff Quality of Life committee in CARS recently held a second World Café in early February of 2022, in which they solicited staff feedback on how to improve the quality of the work experience for CARS staff. The data gathered at the most recent World Café will be summarized and presented to CARS Leadership to inform and drive innovative initiatives and policies to ensure that CARS can continue to engage and retain its current skilled workforce, as well as attract new talent in the future.

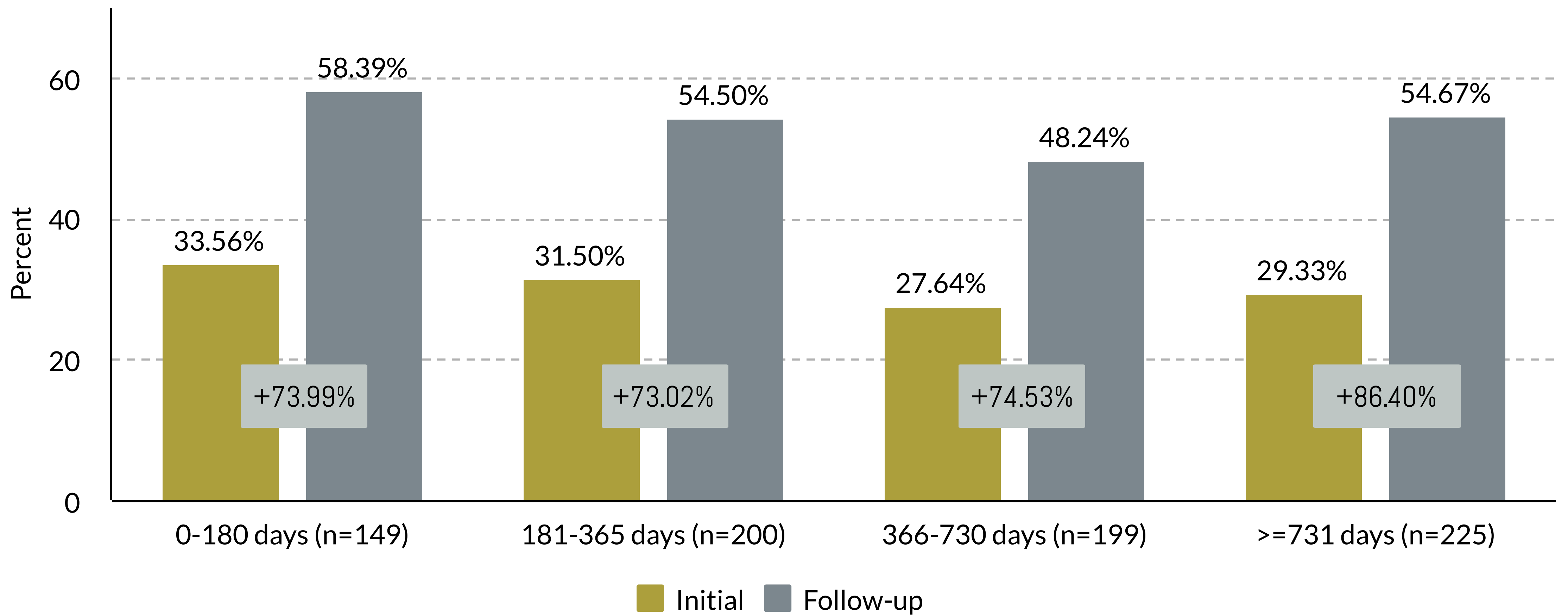
## Metric Definitions

Access to Services	This measure examines the number of clients who received their first service at a CARS Access Point and then received a CARS community service within 30 days, divided by the total clients who received their first service at a CARS Access Point.
Average Age at Death	Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Average age at death for all causes of death.  Benchmarks from 2019 Milwaukee County Mortality Data - Wisconsin Interactive Statistics on Health (WISH)
Cause of Death	Death data is reported as an aggregate of the past four quarters, with a one-quarter lag. Causes reported by the Milwaukee County Examiner when available. For those without an examiner report, cause of death reported by CARS is used.
Change Over Time	Change over time, through client enrollment, looks at clients who had their initial PPS within 60 days of enrollment and their follow-up PPS during the observation quarter. Some metrics are broken down by cohorts, which are determined by length of enrollment between their initial PPS and their latest PPS during the observation quarter.
Client Experience	Implementation of the new, more succinct Client Experience has begun. The survey ranges from 4-10 questions, depending on the program, and all questions range from 1="strongly disagree" to 5="strongly agree". The survey is currently being utilized in all CARS programs with the exception of CCS, CBRF, Adult Family Home, and Medication Assisted Treatment (MAT).
Cost of Care	The average cost per consumer per month within each quarter for CARS services received by CARS consumers (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The "n" is an average of the unique number of consumers served per month for the 3 months in the observation quarter.
Death Rate	The CARS death rate has been adjusted to a rate per 100,000 to compare with Milwaukee County death data.  ^^Comparison death data from Wisconsin Interactive Statistics on Health (WISH) data query system, 2019 mortality data
Employment	Percent of current employment status of unique clients reported as "full or part time employment" or "supported competitive employment"  ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report
Private Residence	Percent of clients who reported their current living situation as a private residence.  ^^Benchmark data from the SAMHSA Uniform Reporting System - Mental Health Community Services Block Grant 2020 State Summary Report
Quality of Life	This is a self-reported measure based on the question on the Comprehensive Assessment. Graphs shows the percentage of people that stated that their quality of life was "good" or "very good".
Referrals	Total number of referrals at community-based and internal Access Points per quarter.
Self-Rated Health	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their physical health was "good", "very good" or "excellent".  Benchmark from County Health Rankings
Turnover	Turnover is calculated by looking at the total number of staff who have left over the previous four quarters, divided by the average number of employees per month, for the previous four quarters  ^^Source: Bureau of Labor Statistics ( <a href="https://www.bls.gov/news.release/jolts.t16.htm">https://www.bls.gov/news.release/jolts.t16.htm</a> )
Volume Served	Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

\*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

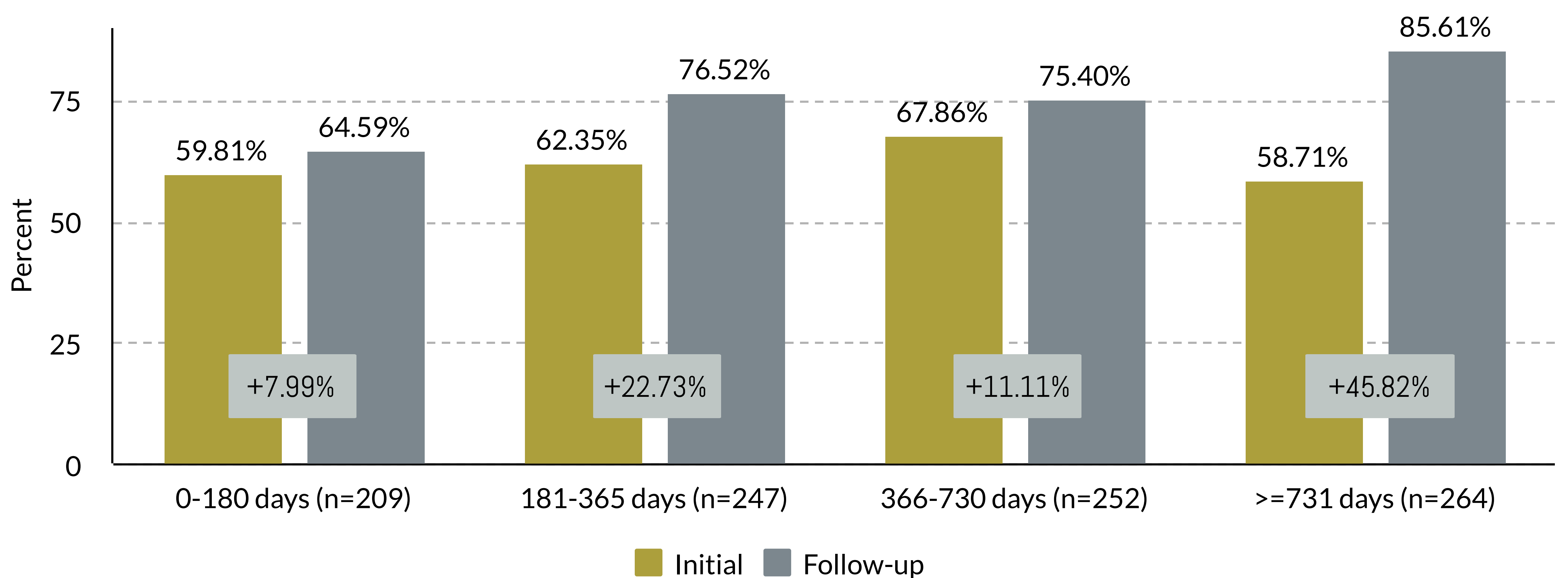
Percent of Clients selecting "Good" or "Very Good" Quality of Life by Length of Enrollment

The rates of improvement are relatively similar across the various cohorts with the exception of the longest term cohort experiencing the greatest levels of improvement.



Percent of Clients with a Private Residence

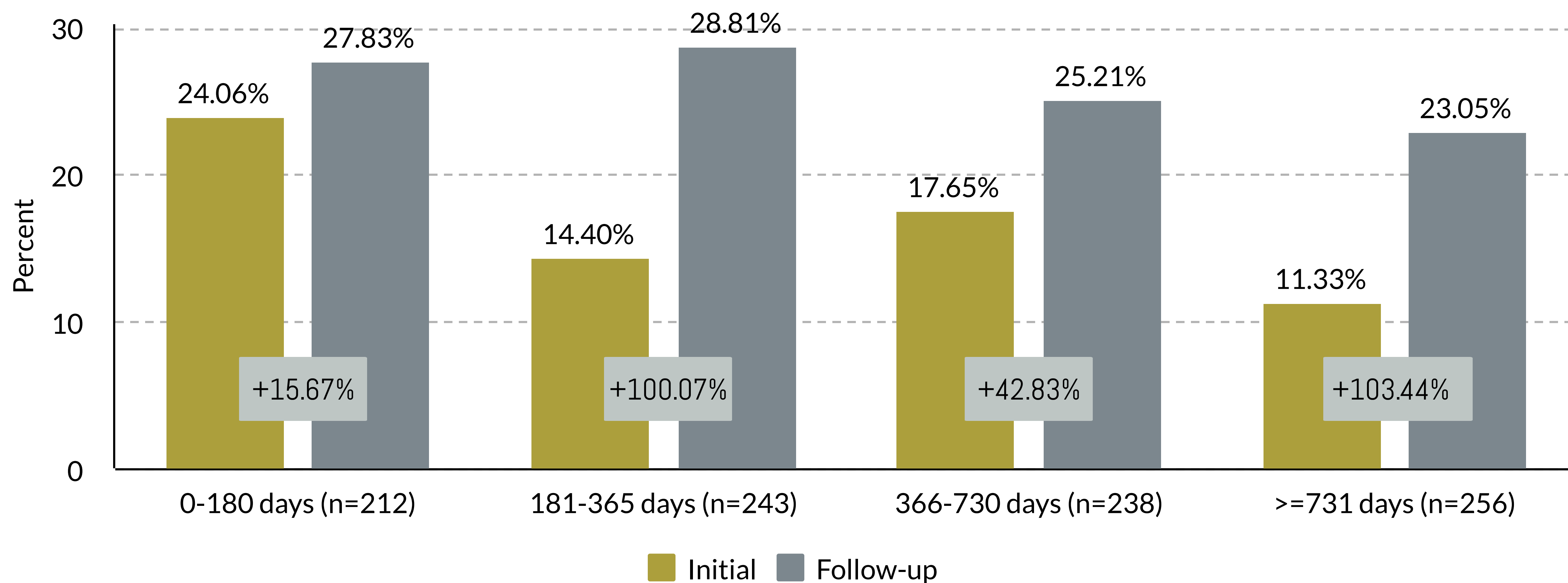
Consistent with previous reports, clients enrolled longer appear to have higher rates of private residence than clients enrolled for shorter lengths of time.





## Percent of Clients Employed

Although the rates of change are higher in longer lengths of enrollment, this is likely due to a larger proportion of individuals in longer enrollment cohorts beginning their enrollments with lower rates of employment.



## Percent of Clients selecting "Good", "Very Good" or "Excellent" Physical Health

This graph shows no clear trend in terms of rate of change between cohorts. Cohorts with longer enrollments did start with lower ratings of physical health, likely influencing their higher rates of change.

