

TRANSFORMING THE ADULT MENTAL HEALTH CARE DELIVERY SYSTEM IN MILWAUKEE COUNTY

Project Summary



Summary

The challenges facing the mental health care delivery system in Milwaukee County have been widely discussed in the local news media and at various forums and meetings involving advocates, consumers and providers. In order to address these issues and challenges, several key public and private stakeholders have endorsed a planning process aimed at redesigning the mental health care delivery and financing system.

Phase I planning for a comprehensive redesign of Milwaukee County's adult mental health care delivery system was conducted in the last three months of 2008. Consensus was achieved early in 2009 among both private sector and government stakeholders on an overall approach to system redesign planning, and funding commitments of more than \$215,000 to undertake such planning were secured from both sets of stakeholders and foundations.

The diverse advisory committee members and stakeholders believe this timely project is vital for improving care and coordination for adults with mental illness in Milwaukee County. Upon completion of the planning process, Milwaukee County will have a clear blueprint based on national expertise for how to implement systematic improvements.

This project represents a unique opportunity to step away from crisis management and instead strategically develop and implement a new and better system to serve residents of Milwaukee County who need mental health services. The project's specific focus on public and private delivery systems will allow it to directly impact dysfunctional system elements and produce immediate improvements in mental health care and services.

Mental Health System Redesign: Phase I Planning

In October 2008, the Milwaukee Health Care Partnership, the Medical Society of Milwaukee County, the Faye McBeath Foundation and the Greater Milwaukee Foundation agreed to fund a proposal developed by the Public Policy Forum (PPF) to conduct Phase I planning for this effort. That proposal was designed to lay the groundwork for a comprehensive system improvement effort by exploring how other states and counties have undertaken similar system transformation efforts, and by developing a detailed proposal for a comprehensive planning effort in Milwaukee County.

Phase I planning was conducted by PPF with significant input from a small advisory group consisting of the following individuals:

- Barbara Beckert, Milwaukee Office Director, Disability Rights Wisconsin
- John Chianelli, Administrator, Milwaukee County Behavioral Health Division
- Bruce Kruger, Executive Vice President, Medical Society of Milwaukee County
- Lyn Malofsky, Executive Director, Warmline, Inc., and consumer representative
- Joy Tapper, Executive Director, Milwaukee Health Care Partnership

In addition, active input was provided by the Administrator of Mental Health and Substance Abuse Services for the State of Wisconsin and individuals from the Medical College of Wisconsin, Aurora Psychiatric Hospital, Rogers Behavioral Health System, Wisconsin Hospital Association and the Faye McBeath Foundation.

The following problem statement, developed by PPF and the advisory group, establishes the fundamental purpose of the system redesign effort:

The public and private mental health “system” in Milwaukee County suffers from lack of capacity, synchronization, resources and appropriate alignment of provider-based incentives. In fact, what ideally should be a system based on principles of access, quality, recovery and accountability (as defined by use of evidence-based practices and measurement of outcomes) actually is a largely uncoordinated set of public and private sector programs and services based primarily on statutory and regulatory requirements and obligations. In terms of capacity, it is unclear to what extent challenges in this area stem from too few inpatient and crisis beds and facilities, or inadequate, poorly coordinated and/or insufficient community-based clinical treatment and support services. A community-wide planning effort is needed to analyze this overall problem and determine what types of system-wide, sustainable improvements, policy reforms and funding/reimbursement initiatives are necessary to transform the system by ensuring sufficient provider capacity and improved coverage, access and outcomes for adults seeking and needing mental health care and treatment in Milwaukee County.

Recommended Planning Approach for Milwaukee County

Phase I planning involved an examination of several human services system redesign efforts in other states. Subsequent to this research and detailed deliberations with the advisory group, PPF recommended and the stakeholders endorsed a planning approach for Milwaukee County with the following broad characteristics:

- Relatively condensed project timeline of nine to 12 months.
- A qualified national consultant – Massachusetts-based Human Services Research Institute (HSRI) – was selected in June 2009 to lead the project after a solicitation process.
- PPF is serving as local consultant to address the national consultant’s lack of Milwaukee-specific knowledge, provide project facilitation and serve as fiscal agent.

Additional details regarding the planning approach are outlined below.

Scope of Work

Adult mental health system

- Beginning focus is mental health but will consider integrated approach with AODA and co-occurring disorders.

- Primary emphasis on health care and support services capacity/access issues; secondary emphasis on related services such as housing, employment, etc.
- Focus on delivery system (both public and private), but not clinical practice.
- Initial focus is non-elderly adults, but transitions of other age groups will be considered and may be included in subsequent phases of planning.

Milwaukee County service area

- Planning for Milwaukee County but will consider applicability to adjacent counties and to state-sponsored planning that recently got underway.

All populations, with focus on low-income uninsured/those served by government programs.

Deliverables

PPF has drawn up a detailed list of required project deliverables. HSRI's work product will be expected to fully address each deliverable under the following categories:

- **Overview section:** data collection and analysis covering publicly and privately funded services, funding, coverage, and consumer characteristics.
- **Strengths and weaknesses analysis:** evaluating services and coordination, identifying gaps, assessing data system adequacy.
- **Funding analysis:** assessing public investment and all funding streams, including barriers and gaps.
- **Recommendations for system improvements:** Will address holistic system and include definition of responsibilities of all relevant entities and priority action steps and objectives. Strategies for:
 - Reducing need, demand & fragmentation
 - Enhancing access, capacity & performance measurement
 - Maximizing funding & cost-effectiveness
 - Coordinating regulatory policies

Community and Stakeholder Involvement

The following community and stakeholder involvement structure, which will include mental health consumers, will guide and support the planning process.

- **Steering Committee:** Small committee that meets at least monthly with the national and local consultants to monitor all aspects of the project's progress. This steering committee is identical to the advisory group for the Phase I planning effort.

- **Learning Collaborative:** Larger group consisting of 20-25 people that will act as a resource to the consultants. This group will consist largely of key participants in the adult mental health system, such as representatives from inpatient and community-based treatment providers, emergency department administrators, consumers, providers of peer support, crisis and group home services, representatives from law enforcement, City of Milwaukee public health officials, etc.
- **Community Involvement Plan:** PPF has subcontracted with the Milwaukee Mental Health Task Force to coordinate a series of community meetings designed to provide citizen and consumer input into the redesign process. Those meetings were held in September and October 2009. The Task Force itself also will serve as a larger committee that will meet collectively with the consultants to review findings and recommendations and provide community-based guidance to the planning process.

Oversight and Coordination

PPF is responsible for communicating directly with funders, including monthly written updates for funders, availability for appearances at funders' internal meetings, and convening at least two funders meetings during the course of the study.

There are several ongoing work groups and task forces seeking to address a broad range of mental health and related issues in Greater Milwaukee, as well as study/planning efforts involving representatives of those groups. PPF also is coordinating with those projects in order to prevent redundancy and promote shared goals.

Finally, PPF will coordinate dissemination of project findings and recommendations per the direction of project funders. If desired, PPF would widely disseminate the final report to PPF members; state/local policymakers; business and community leaders; and the general public via the region's traditional media and PPF's web presence. PPF also would be available to present findings to legislative bodies, community organizations and business groups as requested.

Project Timeline

- *National consultant solicitation* – National consultant solicited and secured in late June 2009.
- *Project design* - The final project plan and design will be completed by mid September.
- *Data collection, interviews* - Data collection and interviews initiated in July and will continue through the fall and early winter, including initiation of the community/stakeholder input process.
- *Data analysis* - Analysis will be conducted in conjunction with data collection and will continue through the spring of 2010.
- *Findings* - Written findings and recommendations will be drafted once the analysis is complete and will be released in the summer of 2010 in a final report.