



MILWAUKEE HEALTH CARE

PARTNERSHIP

**Behavioral Health
Collaborative**

March 12, 2021

Mission

Launched in 2007, the Milwaukee Health Care Partnership is a public/private consortium dedicated to ***improving health care*** for low-income, underserved populations in Milwaukee Co, with the aim of:

- contributing to improved health outcomes,
- promoting health equity
- and lowering the total cost of care.

Core Functions

1. Assess & build awareness of community health and health care needs
2. Develop & implement a community-wide plan
3. Evaluate and inform state and local health care policies/practices
4. Secure public & private funding for priority initiatives
5. Serve as a clearing house for new initiatives and align efforts
6. Measure & report outcomes

Members

4 Health Systems

- Ascension WI
- Advocate Aurora Health
- Children’s Wisconsin
- Froedtert Health

5 Federally Qualified Health Centers (FQHCs)

- Gerald Ignace Indian Health Center
- Milwaukee Health Services, Inc.
- Outreach Community Health Centers
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers

Government Health Agencies

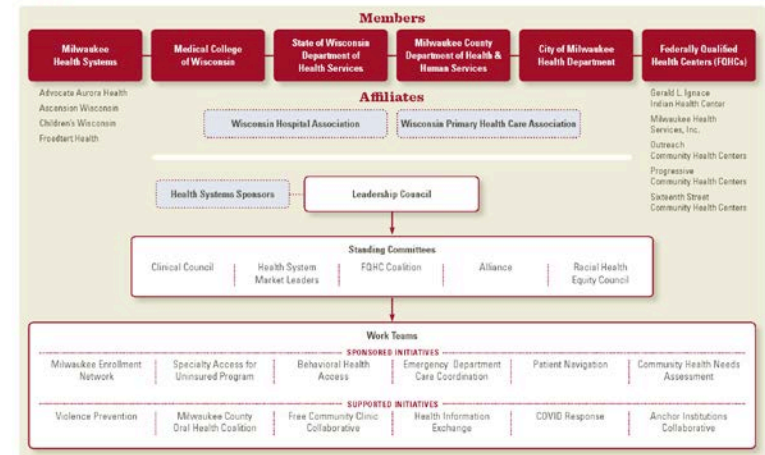
- City of Milwaukee Health Department (MHD)
- Milwaukee County Department of Health & Human Services (DHHS)
- State of WI Department of Health Services (DHS)

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*

Organizational Structure



MISSION: Established in 2007, the Milwaukee Health Care Partnership (MHCP) is a public/private consortium dedicated to improving health care for low income, underserved populations in Milwaukee County with the aim of improving health outcomes, advancing health equity and lowering the total cost of care.

	COVERAGE	ACCESS	CARE COORDINATION	COMMUNITY HEALTH	
SPONSOR	<p>GOAL: Secure and retain adequate and affordable health insurance</p> <p>Insurance Outreach and Enrollment</p> <ul style="list-style-type: none"> Increase Enrollment in Medicaid, Marketplace and Other Insurance Options and improve Health Insurance Literacy * (MKE/ DHS) Support Local Implementation of Medicaid Eligibility and Enrollment Reforms including the 1115 Waiver (MKE/DW/DHS) 	<p>GOAL: Increase availability, accessibility and acceptability of health care services</p> <p>Primary Care Capacity Building</p> <ul style="list-style-type: none"> Support Implementation of FQHC Capacity Building Plan Priorities * (WPHCA) Continue to Enhance Select Free and Charitable Clinic Capabilities (FCC) Support Health System Medicaid Access Strategies <p>Specialty Access</p> <ul style="list-style-type: none"> Continuously Improve the Specialty Access for Underserved Populations * <p>Behavioral Health Access</p> <ul style="list-style-type: none"> Improve Access and Navigation to Inpatient and Outpatient Mental Health and Addiction Services * (BHD) Support Implementation of Key Elements of the Psychiatric Crisis Services Redesign, including Emergency Services (BHD) 	<p>GOAL: Enhance care coordination/navigation within and across the delivery system</p> <p>ED Care Coordination</p> <ul style="list-style-type: none"> Continuously Improve Cross-System ED Diversion and Transition Care Management with a Focus on Frequent Users * (MCOs/ MHD) <p>Patient Navigation</p> <ul style="list-style-type: none"> Improve Health and Social Service Referral and Patient Engagement Processes and Tools to Address Social Determinants * (2-1-1/CBOs/NOV POW) Implement and Continuously Improve Housing Navigation Services for Homeless Patients * (MCHD) <p>Health Information Exchange</p> <ul style="list-style-type: none"> Optimize EHR and HIE Capabilities (WISHN/ P-PINQ/MYHD) 	<p>GOAL: Identify and address targeted community health needs</p> <p>Community Health Needs Assessment</p> <ul style="list-style-type: none"> Conduct Triennial CHNA Promote and Continuously Improve Health Compass Milwaukee Analytics and Utilization (CUPH) <p>Community Investments</p> <ul style="list-style-type: none"> Continuously Improve Shared Community Investment Fund (SCIF) and Health Improvement Fund (HIF) Strategic Alignment and Accountability (UWGMWC) <p>COVID-19 Containment</p> <ul style="list-style-type: none"> Coordinate Health Care Sector Prevention and Mitigation Activities as Part of the County-wide Response (UEDCLPH) 	
	PARTICIPATE	<p>Medicaid Policy/Program Reforms</p> <ul style="list-style-type: none"> Inform Medicaid Policy and Program Reforms (WHA/WPHCA) Support Local Implementation of DHS Policy and Regulatory Changes (DHS) 	<p>Oral Health Access</p> <ul style="list-style-type: none"> Continue to Improve Oral Health Access and Service Connections * (CHA) <p>Workforce Development</p> <ul style="list-style-type: none"> Inform and Support Health Care Career Pathways and Safety-Net Recruitment / Retention Strategies with a Focus on Under-represented Populations. 	<p>Medical Home Care Coordination</p> <ul style="list-style-type: none"> Promote and Continuously Improve Primary Care-Based Health and Social Resource Navigation Capacity (MCOs) 	<p>Violence Prevention</p> <ul style="list-style-type: none"> Implement Health Care Sector Violence Prevention Priorities * (DVP) <p>Flu Prevention</p> <ul style="list-style-type: none"> Facilitate a Cross-sector Flu Vaccination Campaign (LPH) <p>Health Care Anchor Institutions</p> <ul style="list-style-type: none"> Accelerate the Development and Implementation of Socio-economic Strategies in Target Neighborhoods. (MAC)
		MONITOR	<p>Payment Reforms</p> <ul style="list-style-type: none"> Monitor and Inform Medicaid Payment and Managed Care Reforms (WHA/WPHCA) <p>Marketplace Reforms</p> <ul style="list-style-type: none"> Track Marketplace and Other Private Health Insurance Reforms (WHA/WPHCA) 	<p>Medication Access</p> <ul style="list-style-type: none"> Support Drug Assistant and other Medication /Vaccine Access programs (FQHCs/FCC/ MHD) 	<p>Medical Transport</p> <ul style="list-style-type: none"> Monitor Medical Transportation Policies and Practices (DHS)

Community Health Needs Assessment (CHNA) Top Health Issues

Community Survey Phone survey	Stakeholders Key informants and focus groups
1 Chronic Diseases	1 Mental Health
2 Substance Use	2 Access to Health Care
3 Access to Health Care	3 Violence
4 Infectious Disease	4 Substance Use
5 Violence or Crime	5 Nutrition and Healthy Food

Health Compass Milwaukee

- 260+ indicators / health outcomes and factors, comparative data

MKE Behavioral Health Delivery System

Private Provider Delivery System

- Inpatient Acute Care (275 Beds, 212 Beds Free Standing IMDs)
- Emergency Services – ED Co-Morbidities, Medical Clearance
- Outpatient Services including Integrated PC/BH and Telemedicine
 - *Health Systems, Rogers, Universal, FQHCs, & Independent Providers*

Milwaukee Co. Behavioral Health Division (BHD)

- High Acuity Inpatient Hospital (Adults and Youth)
- Psychiatric Crisis Services
 - ER, Observation Beds, Mobile Crisis, Crisis Respite Centers
- Outpatient Services
- Contracted Residential and Supportive Services
- Care Management Services – TCM, CSP, Wrap, CCS
- Prevention Services

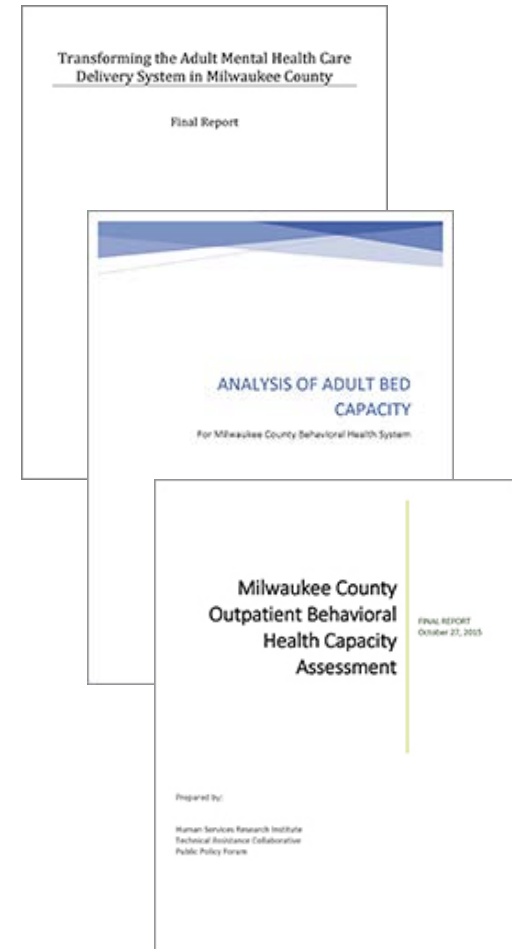
Array of Community Supports / Initiatives

- CBOs
- Schools
- Club House
- Peer Supports
- Education
- Advocacy
- Initiatives:
 - Opioids
 - Trauma
 - Youth Mental Health



MHCP BH Provider Steering Committee

- **Launched in 2007 at request of County Executive Walker**
 - Established transfer agreements in 2008 eliminating wait-listing
- **Engaged in multi-stakeholder planning, networking and process improvement**
 - Milwaukee County BH Redesign Study * 2010
 - IP Capacity Analysis * 2014
 - OP Capacity Analysis * 2015
 - **Psychiatric Crisis Redesign Fall 2018**



Essential forum for identifying issues, tracking changes, overseeing collaborative initiatives, monitoring outcomes

Shared Behavioral Health Access Priorities

Provider-driven strategies to improve access and coordination of care, with a focus on low-income and vulnerable populations

- 1. Ensure access to inpatient services**
- 2. Expand outpatient capacity**
- 3. Improve psychiatric crisis services delivery system**
- 4. Enhance service navigation**
- 5. Provide input to public policy and regulatory reforms**
- 6. Support workforce development**



Psychiatric Crisis Delivery System Redesign

1. Service Enhancements

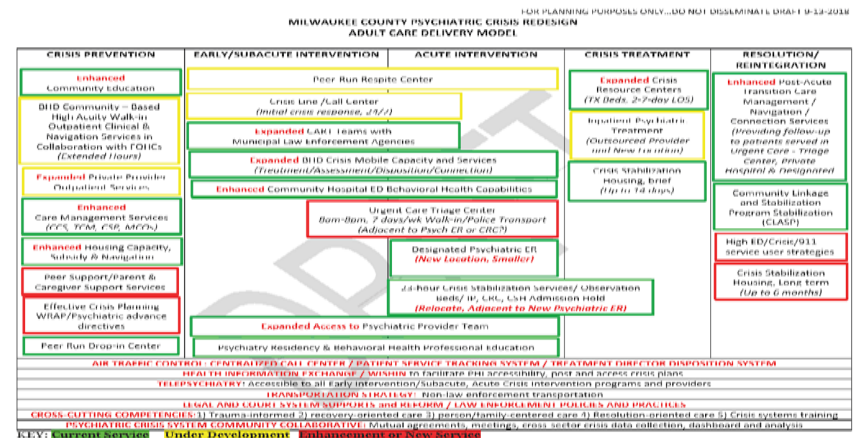
- Crisis Resource Center Expansion and Enhancements
- Mobile Crisis Functionality (Mobile & CART Teams)
- “Team Connect”/Transition Care Mgmt. & Discharge Follow Up
- Private Hospital ED Capabilities

2. New Services

- BHD- FQHC Access Centers
- Crisis Telehealth
- Air Traffic Control/HIE
- Transportation

3. Psychiatric Emergency Services

4. Child/Adolescent Delivery Model



Psychiatric Emergency Department

- **Psychiatric Crisis Redesign plan, coupled with BHDs plan to close its inpatient facility in 2022 resulted in an extensive Due Diligence Process**
- **Compared the cost-benefit of building high acuity mental health emergency services capabilities in one of each of the 4 health systems medial ERs to a dedicated, free standing psychiatric emergency center..**
 - Dedicated mental health emergency center was 2x more costly
 - Dedicated center was more feasible relative to staffing, facility renovation, law enforcement use and quality standards.
- **Benchmarked other Psychiatric Emergency Programs**
 - AZ, CA, Washington...MKE
- **Meetings with DHS – Medicaid and DCTS**
- **Culminated LOI 12/2020**

Mental Health Emergency Center (MHEC)

- **24/7 ER / licensed as psychiatric hospital**
- **Serving voluntary and involuntary adults and children**
- **Providing intake, assessment, stabilization, emergency treatment, observation and transition care management services**
- **Structured as a joint venture non-profit corporation**
 - Members: 4 health systems & Milwaukee County on behalf of BHD and Mental Health Board
 - \$18 million start up capital, estimated \$12 million annual operating loss to be under written w/ Milwaukee County covering 50% and health systems assuming 50% of capital and operating expense.
- **Advocate Aurora Health will operate the facility under Management Services Agreement (MSA)**
- **Projected opening - Q2 CY2022**

MHEC JV Development Efforts Underway

- **MHEC Care Delivery and Staffing Model**
- **Patient Flows**
 - Adults and Youth
 - Law Enforcement and Counts
 - Family and Peers
 - Connection Next Level of Care and Social Supports
- **Facility Design and Construction**
- **Stakeholder Input**
- **State Funding Exploration**
 - Enhanced Medicaid Reimbursement as a Psychiatric ER
 - Application of Crisis Funding
- **Hope to Extend MHEC Services to Private Health Systems and Surrounding Counties**
 - Telemedicine

Broader Psychiatric Crisis Redesign Implementation

The MHEC is only one component of the Psychiatric Crisis Delivery System Redesign

- Expanded Mobile and CART – Adults and Youth
- Opening #3 Crisis Resource Center (CRC)– Jointly Funded
- 3+ BHD – FQHC Access Centers – Jointly Funded
- Enhanced Navigation Resources
- “Air Traffic Control” – WISHIN, Patient Ping
- Health System ER Enhancements
- Child and Adolescent Early Intervention Services
- State Policy / Regulatory / Budget Reforms

Key Drivers for Collaborative Venture (MHEC)

- **Shared Mission to Serve Patients with Emergency Needs**
- **Share Responsibility**
 - County statutorily responsible for Chapter 51
 - Health systems serving 3x as many patients with primary behavioral health diagnosis, variation in coverage and capabilities
- **Quality of Care**
 - BHD Psychiatric Crisis Service (ER) is recognized as a national model
 - Unique specialty mental health providers
- **Unique Milwaukee Emergency Detention Regulations**
 - Desire to decriminalize mental health by expediting transfer of patients from law enforcement first responders to therapeutic environment
- **Ultimately More Cost-Effective**
 - Shortage of psychiatrists and specialty providers
 - Unable to replicate this level of care in all 10 MKE hospital ERs

Key Drivers for “Collaborative Impact”

- Executive Sponsorship, Senior Most Level
- Behavioral Health Leadership – Health System & County
- Enduring, Trusting Relationships – Over 14 years
- Shared Mission, Goals and Values
 - Keeping Patients and Community at the Center
- Mutual Self- Interest / Mutual Benefit
- Shared Investments
- Coordinating Infrastructure – MHCP

Discussion

- *Questions, Feedback, Considerations*