

Behavioral Health Services Discussion

July 14, 2016

Dane County Department of Human Services

Purpose of Meeting

- Bring together key management staff below the Health Council/CEO level
- Share information on DCDHS Behavioral Health Services
- Discuss areas of potential collaboration

Agenda

- Provide background on DCDHS behavioral health services.
- Review DCDHS service enhancements in the past 5 – 6 years.
- Review concerns about access to Behavioral Health services.
- Q & A and discussion of areas of potential collaboration.

DCDHS Services

Behavioral Health

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Statutory Authority

- §51.42(1)(b). “The county board of supervisors...has the primary responsibility for the well-being, treatment and care of the”:
 - mentally ill,
 - developmentally disabled,
 - alcoholic and other drug dependentresidents residing within its county.
- “This primary responsibility is limited to the programs, services and resources that the county board of supervisors is reasonably able to provide **within the limits** of available state and federal funds and of county funds required to be appropriated to match state funds.”

Mandated Services - AODA

- Emergency services, i.e., Detox
 - Community-based treatment services
 - Other services specified by the funding source, i.e., prevention services
- First priority is for pregnant women.



Mandated Services - MH

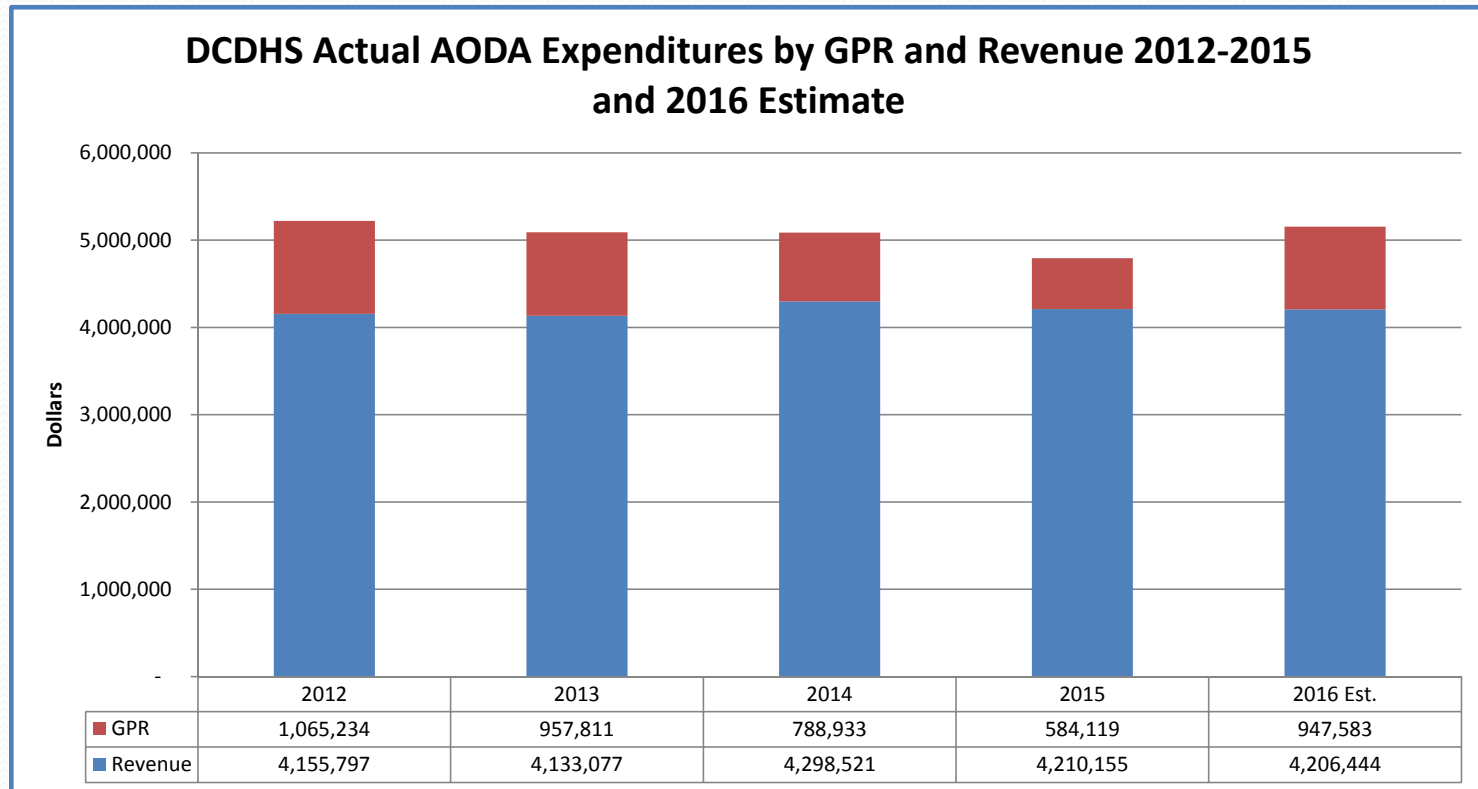
- Reimbursement of care at the State Mental Health Institutes for residents court-ordered (Mendota, Winnebago)
- Inpatient hospitalization
- Emergency detention
- Other services specified by the funding source



Allowable Services – AODA/MH

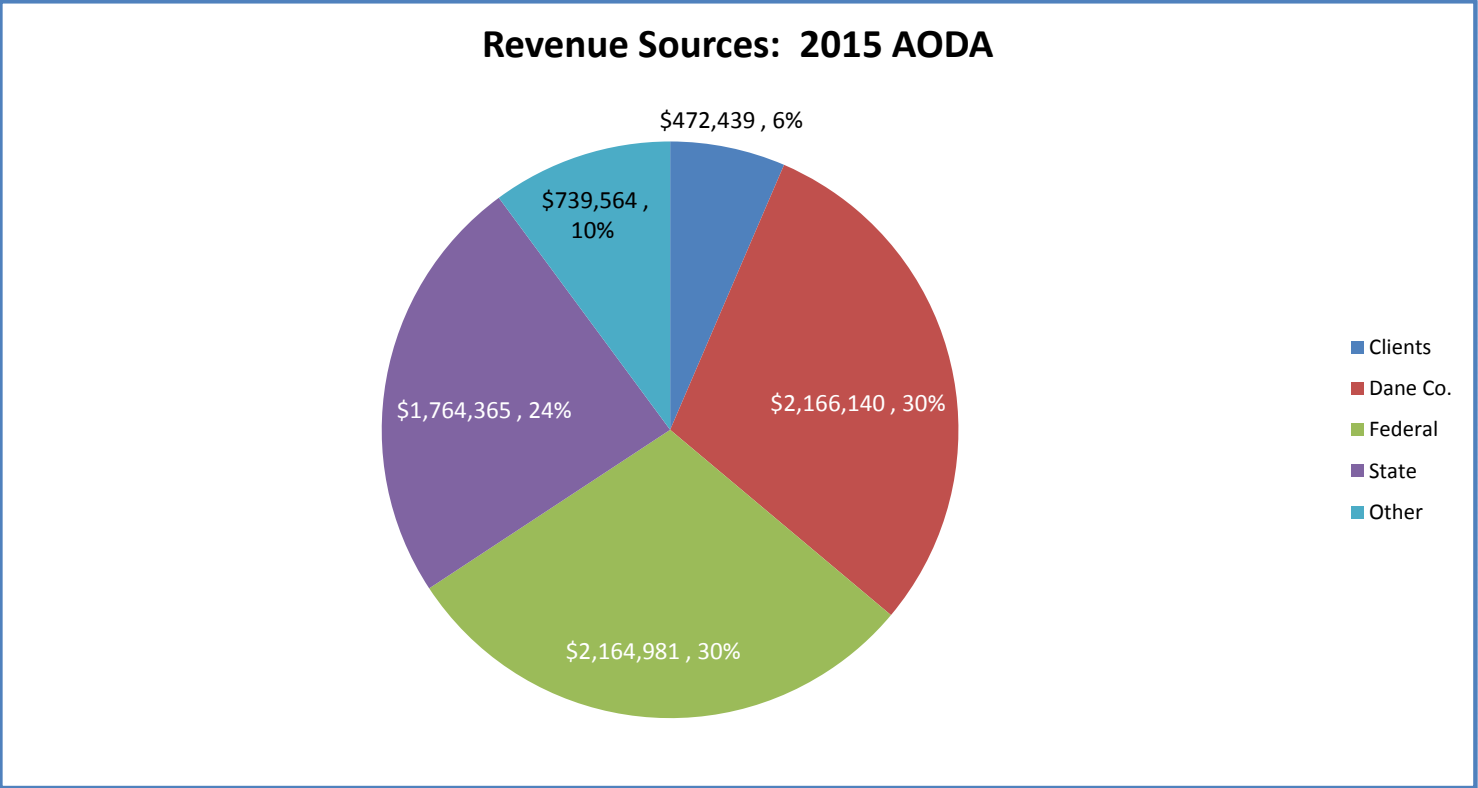
- Services that are allowable but the level of service which is to be provided is not specified in statutes or administrative rules include:
 - Access
 - Case management
 - Community support
 - Residential services
 - Supported employment
 - Treatment

Expenditures - AODA



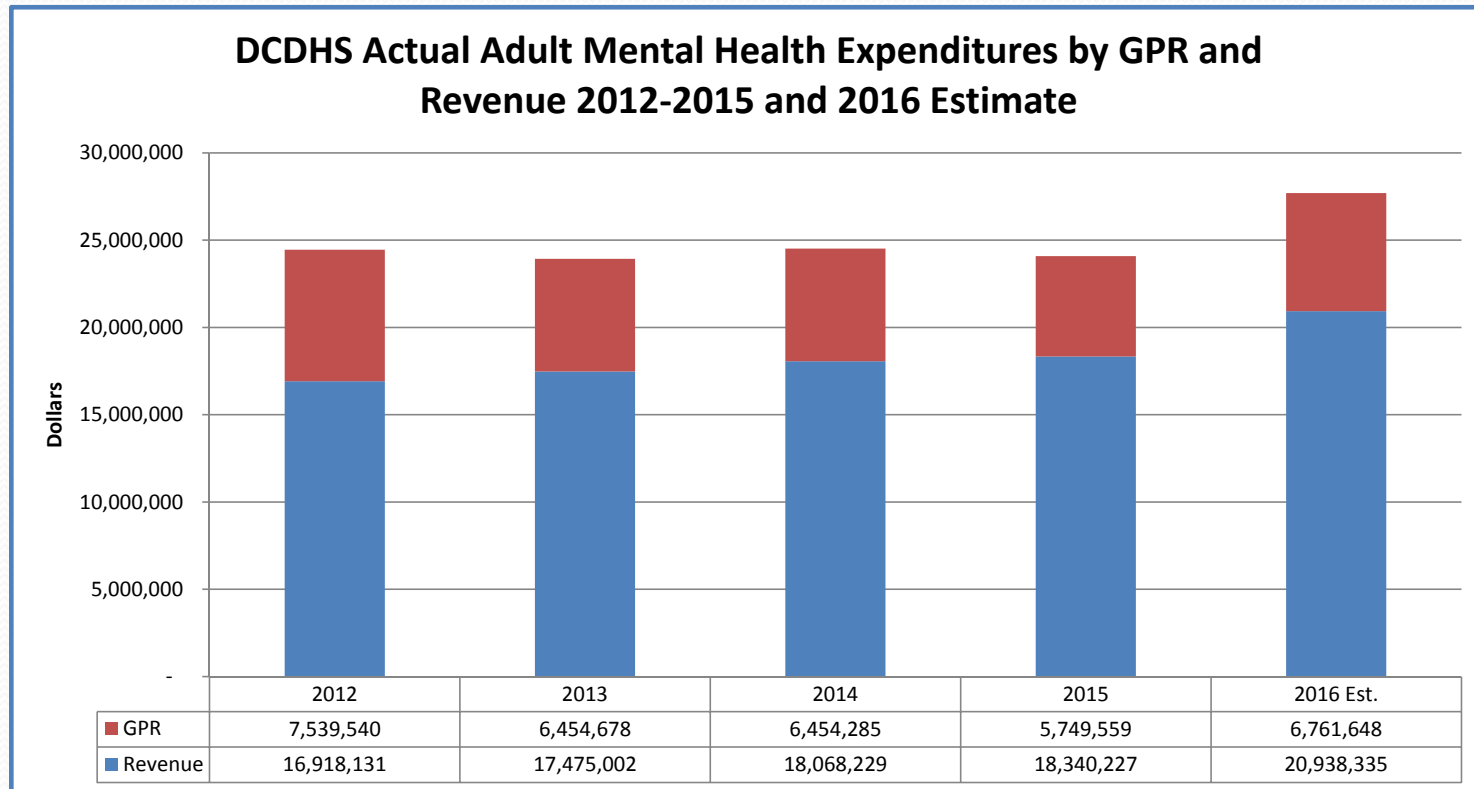
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Revenue Sources - AODA



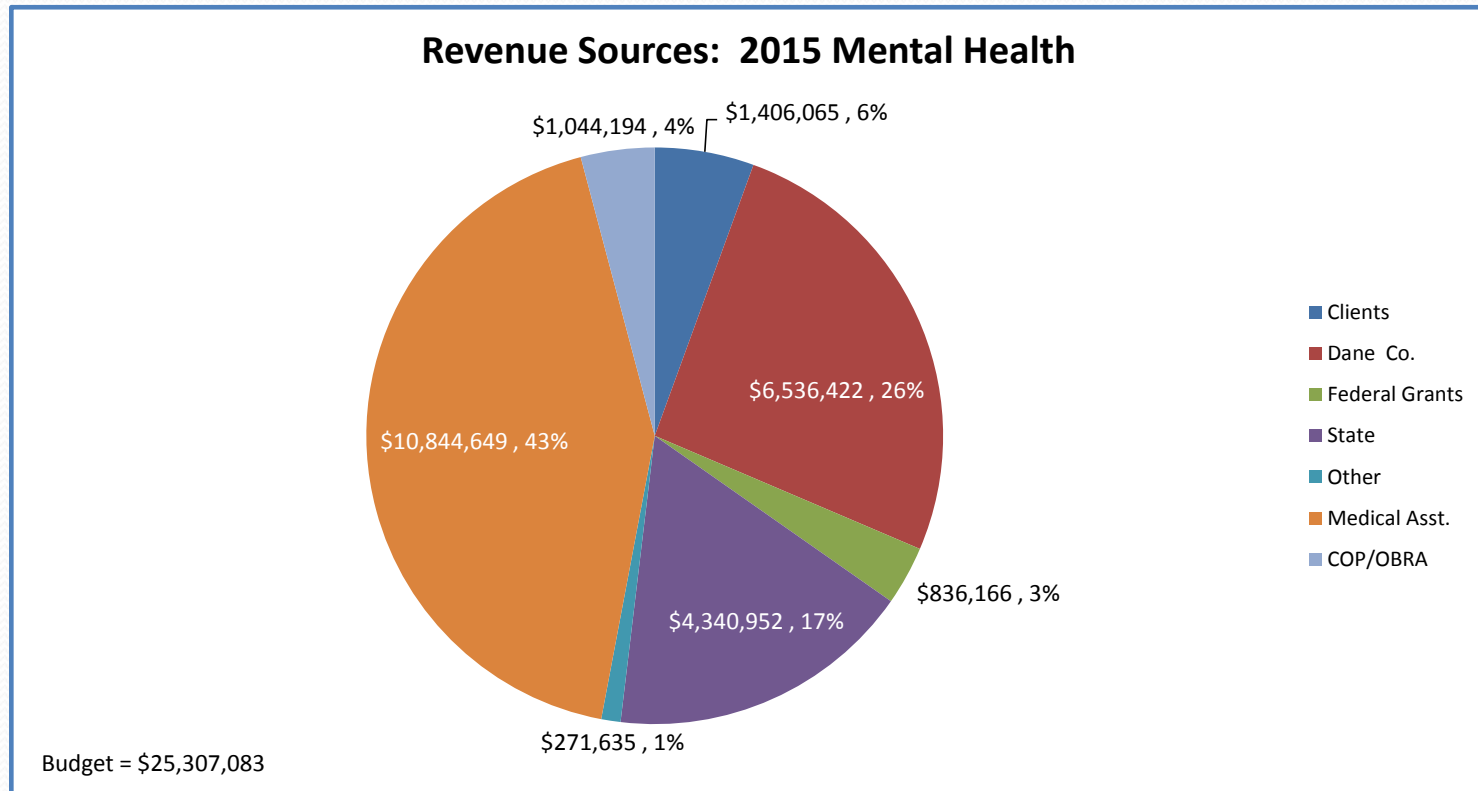
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Expenditures – Adult MH



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Revenue Sources - MH



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Contracted System

- Requests for proposals (RFPs) are solicited annually for select services.
- Services must be solicited every 5 years.
- Contracts are typically for one calendar year.



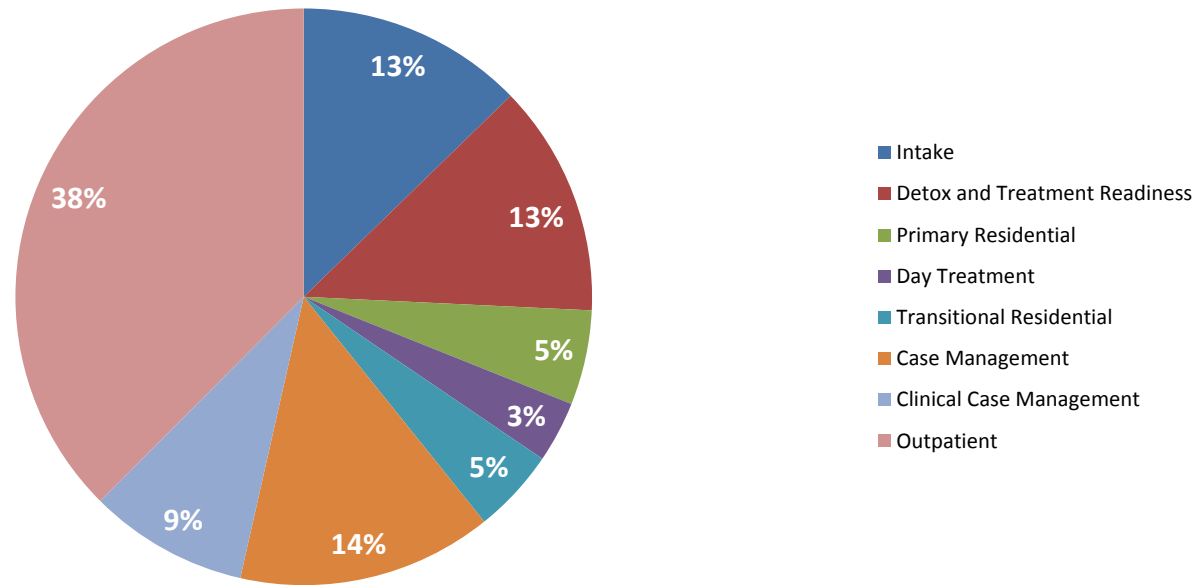
Contracted System

- Most contracts are paid on a 1/12th basis.
- Reimbursement may be tied to the amount of Medicaid revenue earned.



Utilization of Funds - AODA

2015 Budgeted AODA Expenditures



Budget = \$6,199,591

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DCDHS Funded AODA Treatment - 2015

Level of Care	Average # Served per month	Contracted Rate
Treatment Readiness and Detoxification Center	143	\$223 per day
Residential Treatment	18	\$104 per day
Transitional Residential	23	\$75 per day
Day Treatment	35	\$21 per hour
Outpatient	421	\$79 per hour
TOTAL	640	

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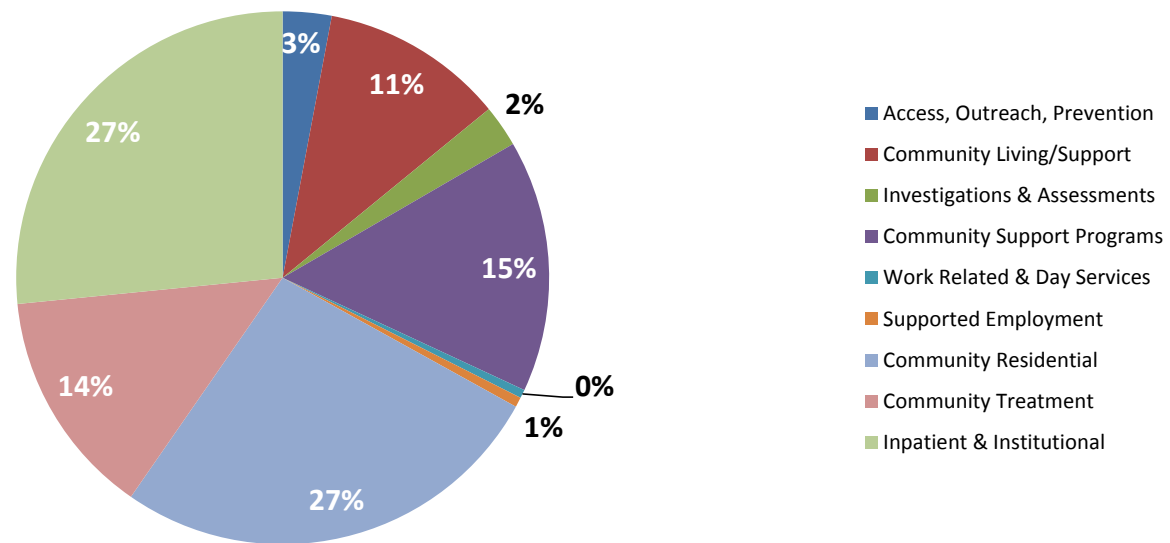
DCDHS AODA Contracted Agencies

Outpatient	Day Treatment	Transitional Residential	Residential
Journey Mental Health Center	Tellurian	North Bay Lodge	Hope Haven
UW-AADAIP (adolescents)	ARC Community Services	Chris Farley House	Tellurian
Jessie Crawford Recovery Center (Drug Court only)			
Hope Haven (Pathfinder only)			Treatment Readiness Center (Detox)

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Utilization of Funds - MH

**DCDHS - 2015 Allocation of Mental Health Expenses
by Categories (Youth and Adult)**



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DCDHS Funded MH Treatment - 2015

Service Category	Average # Served Per Month	Average Contracted Rate
Residential	90	\$142 per day
Crisis (hourly)	366	\$114 per hour
Community Support Program (CSP)	482	\$83 per hour
Outpatient	695	\$78 per hour
Case Management	822	\$52 per hour

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DCDHS 2016 Adult MH Contracted Agencies

Case Management & CSP	Crisis	Inpatient	Residential
Community Partnerships	Journey Mental Health Center	Dodge County	Goodwill Industries
Journey Mental Health Center	Tellurian	Meriter	Porchlight
SOAR		SSM Health Care of WI and Dea	Tellurian
State of Wisconsin - PACT		Trempealeau County	Women in Transition
Tellurian		University Health Care and Health Resources	

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Comprehensive Community Services (CCS)

Feature	POS - Contracted	CCS
Application	RFP	All willing and qualified providers may apply any time.
Contract Term	Typically 1 year	2 years
Contract Payment	Typically based on 1/12th of contract amount paid each month that requisite reports are submitted as required. Contracts may also include provisions for generating and/or sharing Medicaid or other revenue.	Unit x unit rate. County pays the lesser of the usual and customary charge or the CCS interim rates published in the ForwardHealth Handbook.

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CCS Providers – Service Facilitation

- Community Counseling Center; Community Partnerships, Inc.; HealthyMinds; Journey Mental Health Center; Madison Trauma Therapy; Orion Family Services (children only); Sankofa Behavioral and Community Health; SOAR Case Management Services, Inc.(adults only); Tellurian U.C.A.N.(adults only), Inc.; and DCDHS (children only).

CCS Providers – Individual and/or Family Psychoeducation

- Anu Family Services, Community Counseling Center, Community Care Programs, Community Care Resources, Cornucopia, Community Partnerships; Counseling Solutions, Children's Service Society of Wisconsin, Dyer Multisensory Approach, Elite Cognition, Foundations Counseling Center, Forward Learning Youth and Young Adults (FLYY), Family Service Madison, Great Steed Social Services, Geraldine Veneman, Hancock Center for Dance/Movement Therapy, Harmonia, HealthyMinds, Journey Mental Health Center; Kelly Toltzien, Lutheran Social Services, Marriage and Family Solutions, Madison Psychiatric Associates, Madison Psychotherapy Center, Moontree, Madison Trauma Therapy, Nest Counseling, Open Door Center for Change, Orion Family Services, Porchlight, Sankofa Behavioral and Community Health, Schefft Behavioral Services, SOAR Case Management Services, Inc.; Tellurian U.C.A.N., Inc.; Thompson Mentoring, The Psychology Clinic, Therapy Without Walls, The Rainbow Project, and Triquestrian

Who We Serve

- **Dane County residents who are uninsured.**
- Persons who need treatment for substance use or withdrawal management.
- Persons in crisis.
- Persons who meet the eligibility criteria for other earmarked State funded programs and grants.

What We Pay For

- For Winnebago/ Mendota – reimburse the State at the institute’s daily rate less the amount covered by third-party payers.
- Local match required to draw State funds.



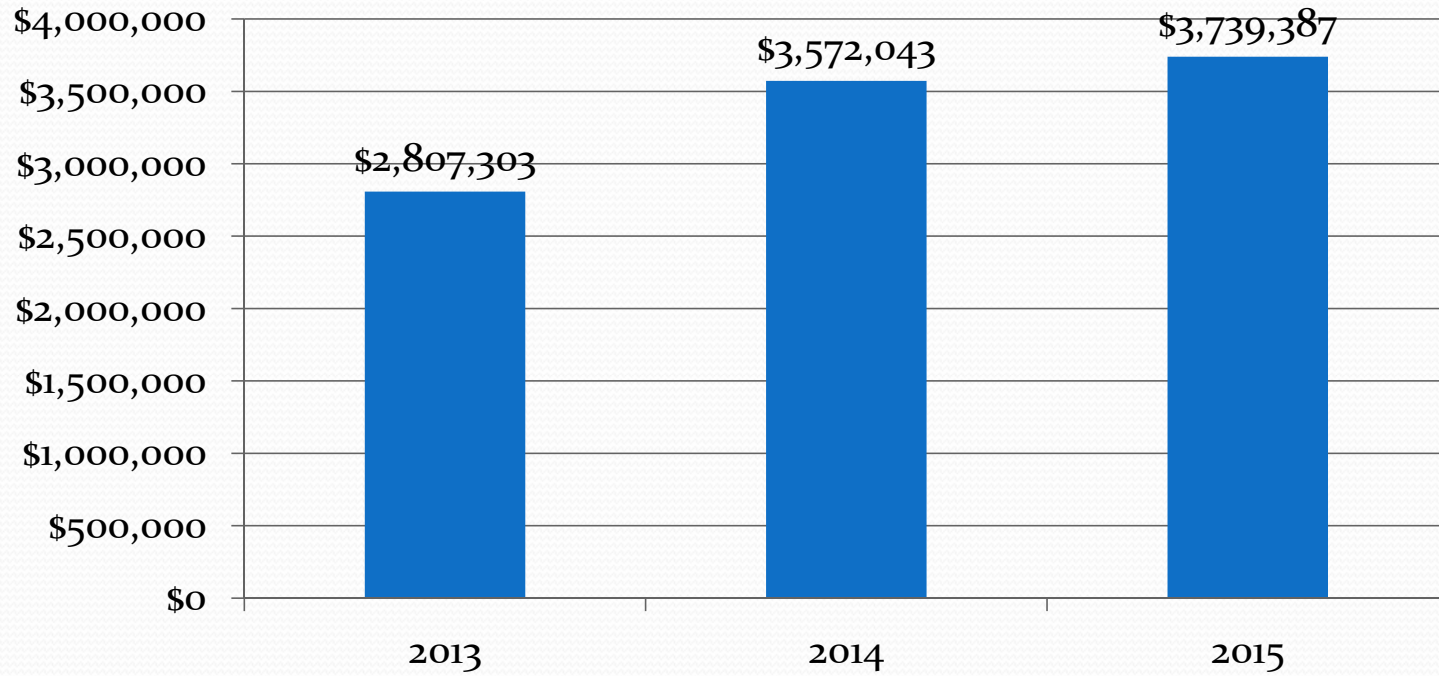
What We Don't Pay For

- Services for people with private pay ability or third party insurance.
- With the exception for the institutes, DCDHS **can not** supplement the rate paid by M.A. or any other third-party payer.

If the rate is considered too low, that is between the service provider and the insurer.

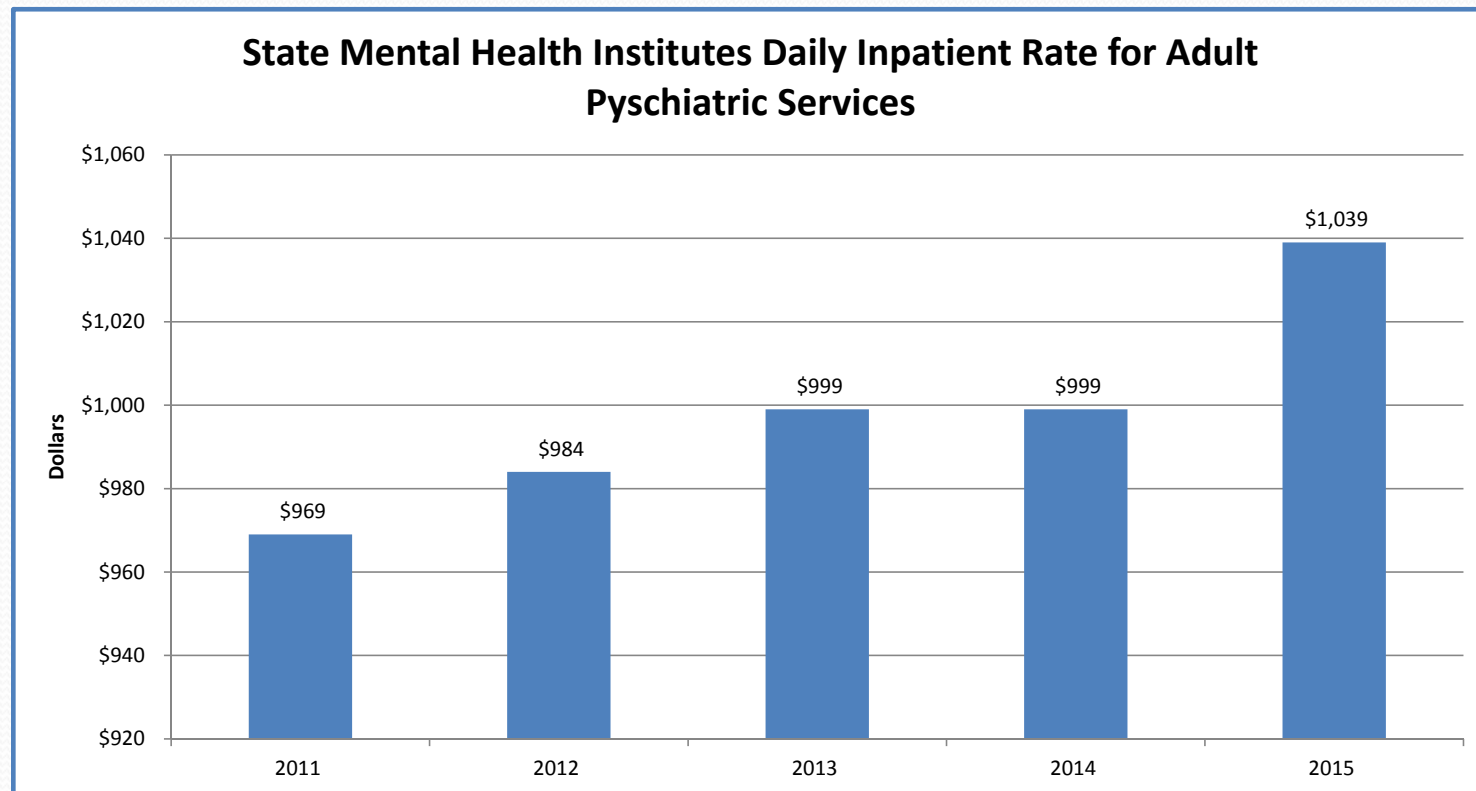
Mendota/Winnebago

Net Bill (GPR) by Year



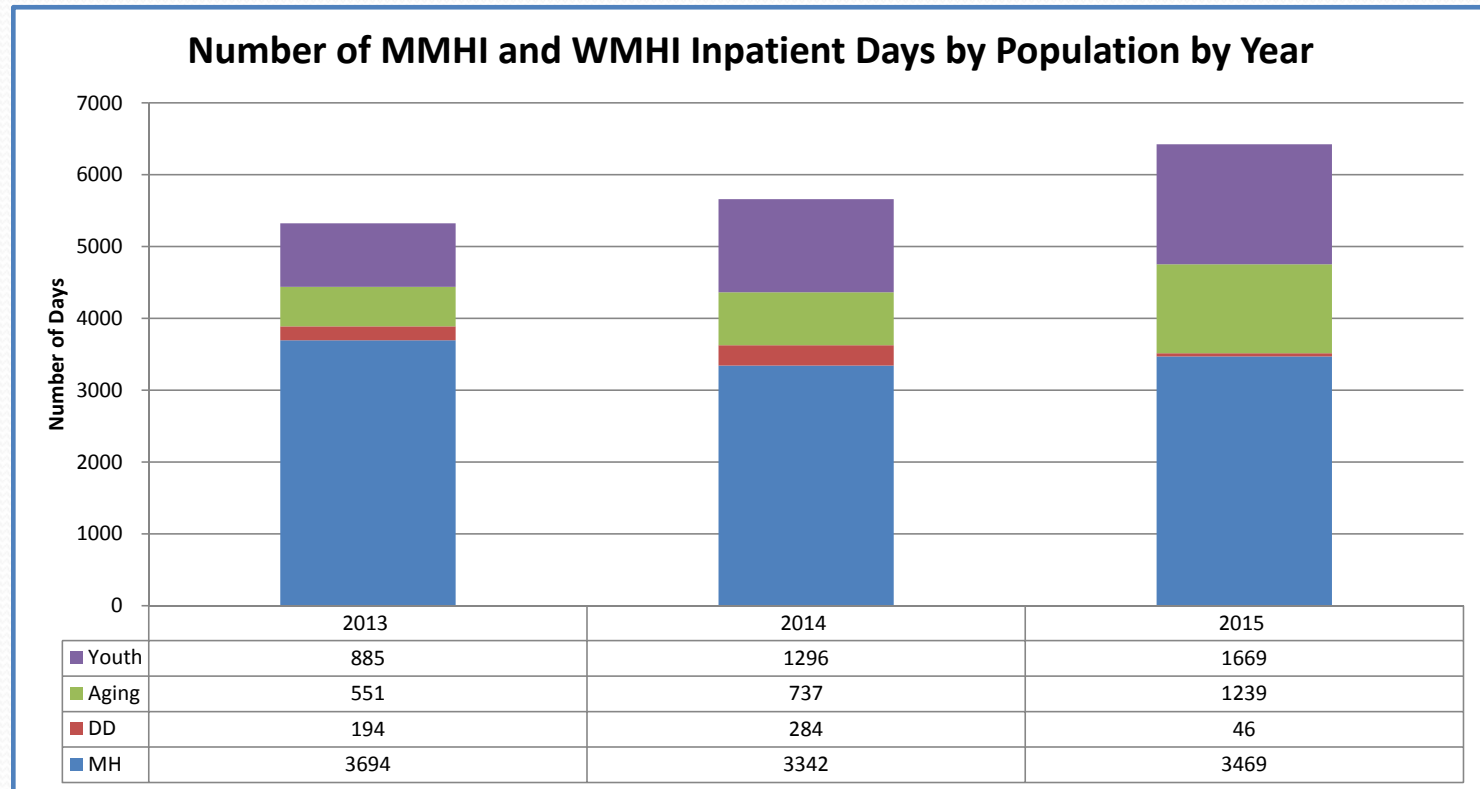
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Mendota/Winnebago



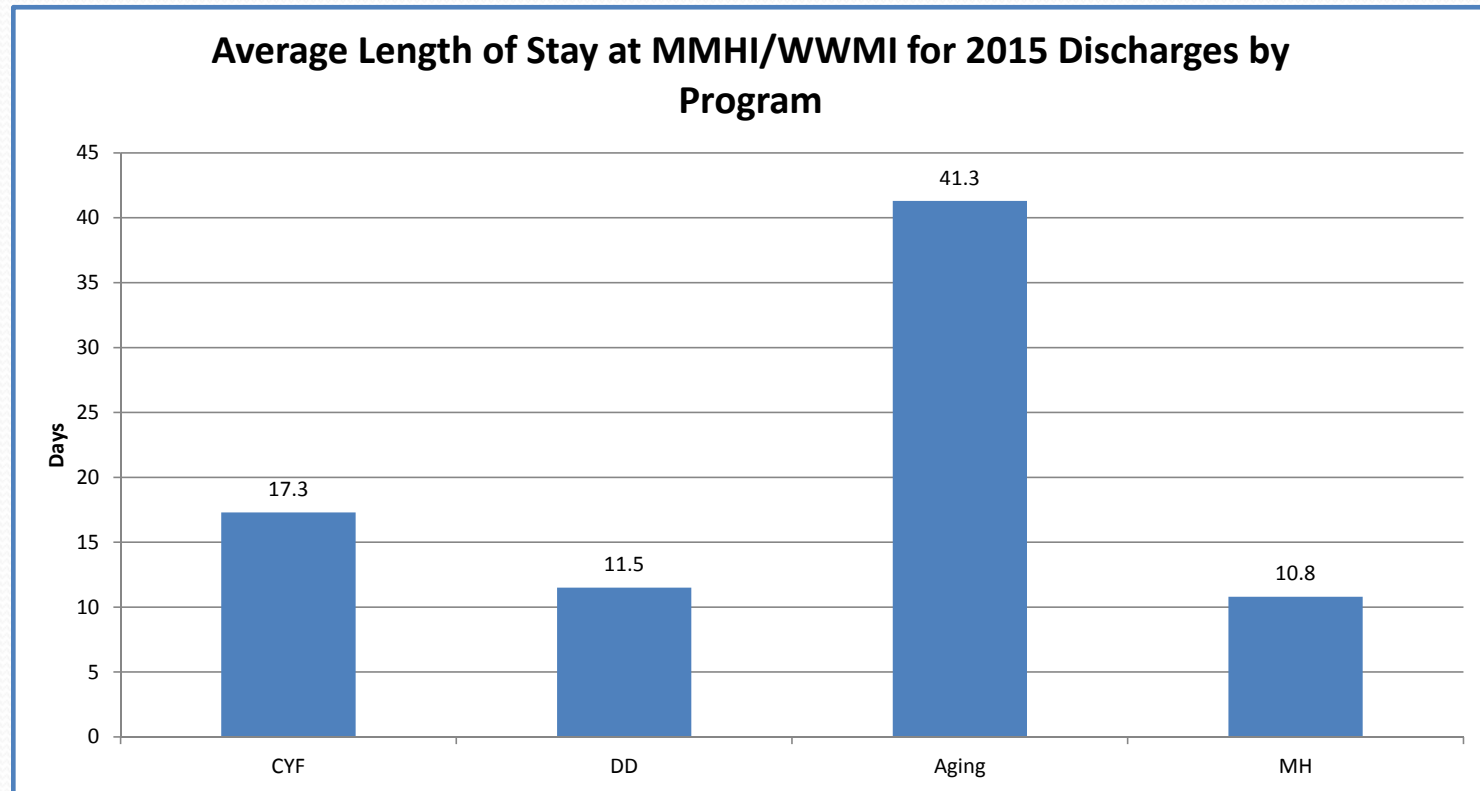
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Mendota/Winnebago



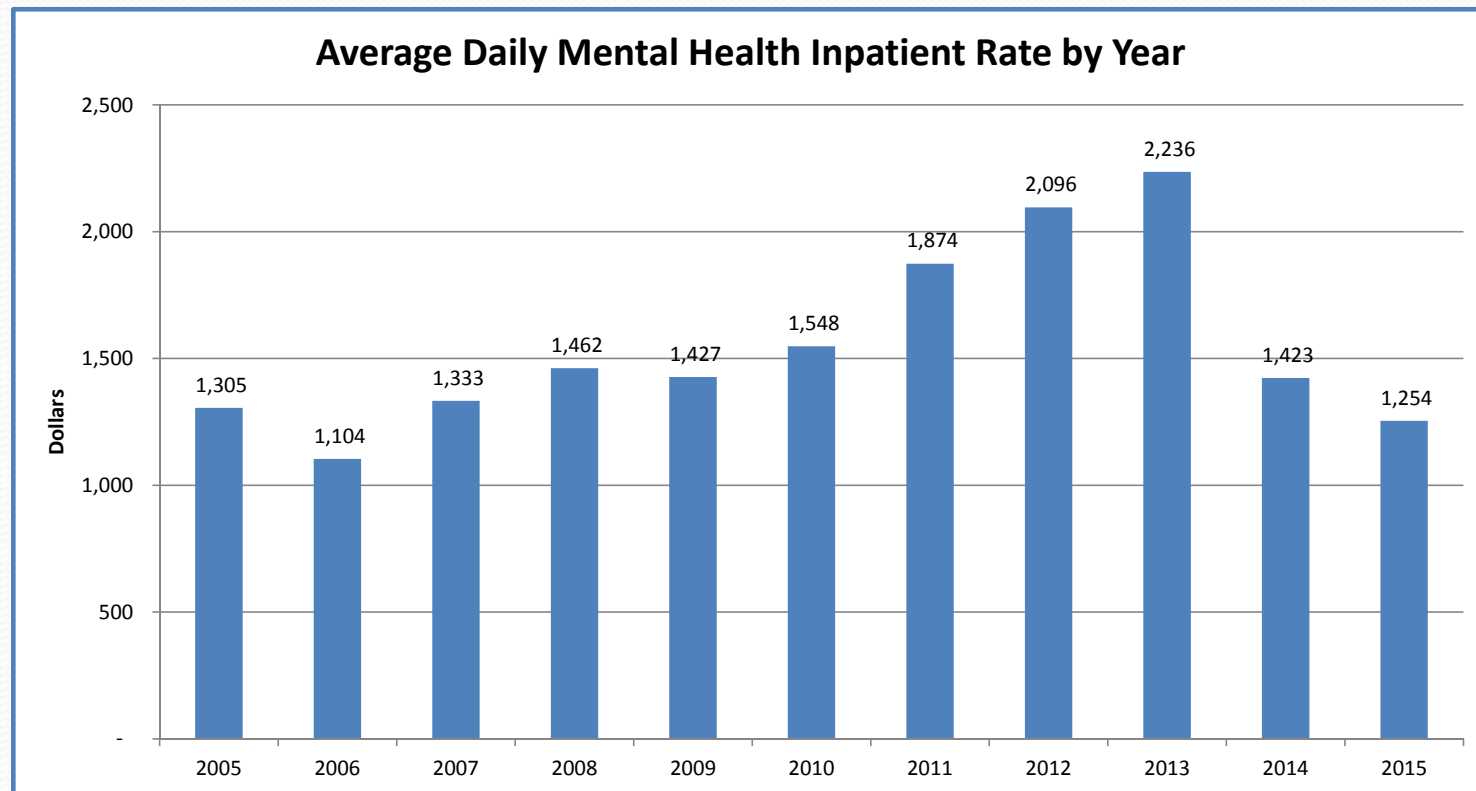
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Mendota/Winnebago



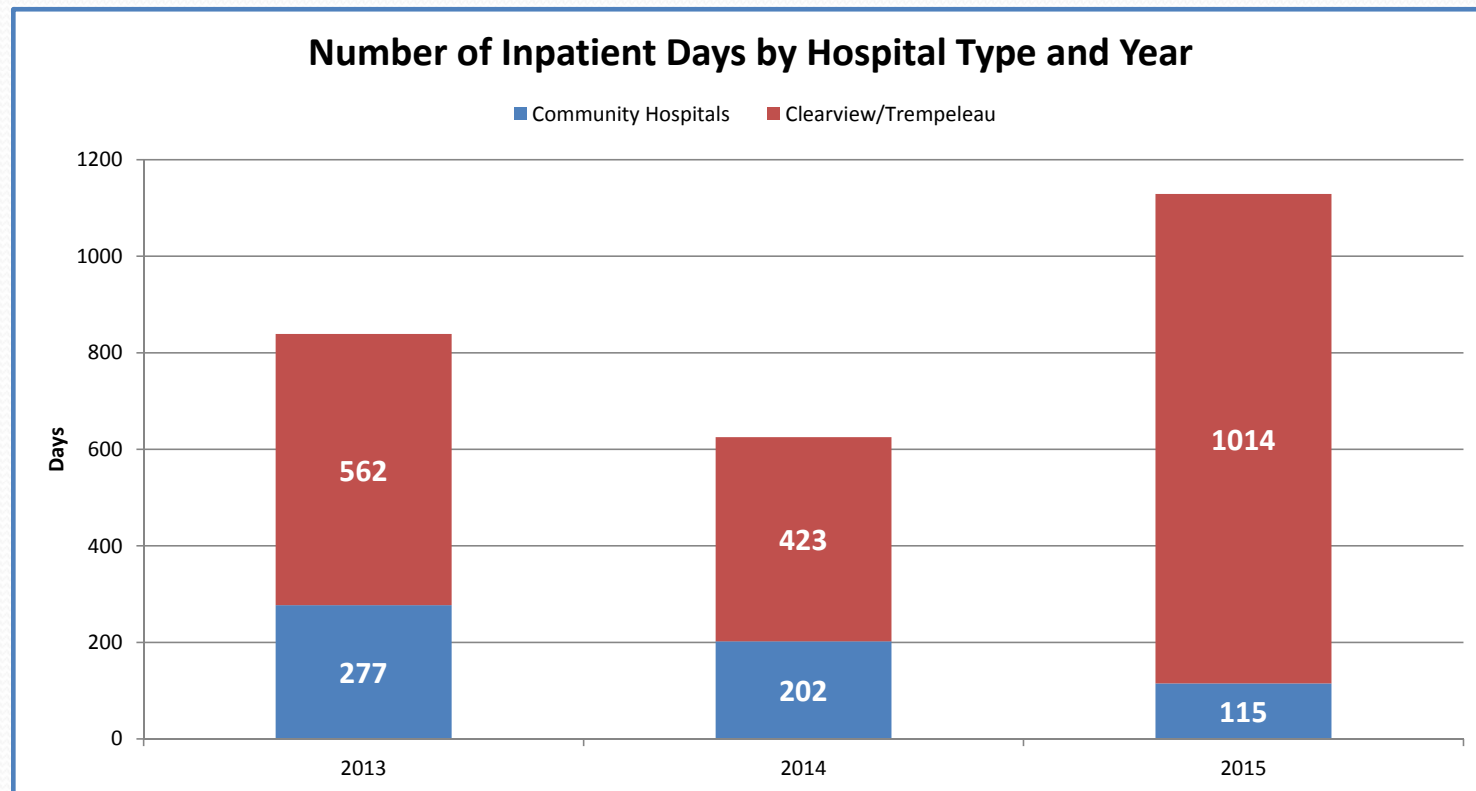
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Inpatient – Rate Paid by DCDHS for Community Hospitals



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Inpatient – Community Hospitals



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Medicaid Reimbursement

- Dane County is MA certified to provide:
 - Community Support Programs
 - CCS
 - Crisis Intervention
 - Outpatient Mental Health and Substance Abuse in the Home or Community for Adults
 - Community Recovery Services
- DCDHS receives only the federal share of the State contracted rate for these services (excluding CCS).
- This decreased Oct. 1, 2014 to 58.27% of the rate from 59.06%, excluding CCS.

Outcome Indicators

Outcome	AODA	Mental Health
AODA Use Frequency	Yes	No
Arrests	Number of arrests 30 days prior to discharge	Number in past 30 days Number in past 6 months
Daily Activity	No	Yes
Employment Status	Yes	Yes
Health Status	No	Yes
Legal/Commitment Status	No	Yes
Living Arrangement	Yes	Yes
Psychosocial/Environment Stressors	No	Yes
Suicide Risk	No	Yes
Support Group Attendance	Yes	No

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Client Satisfaction – Mental Health

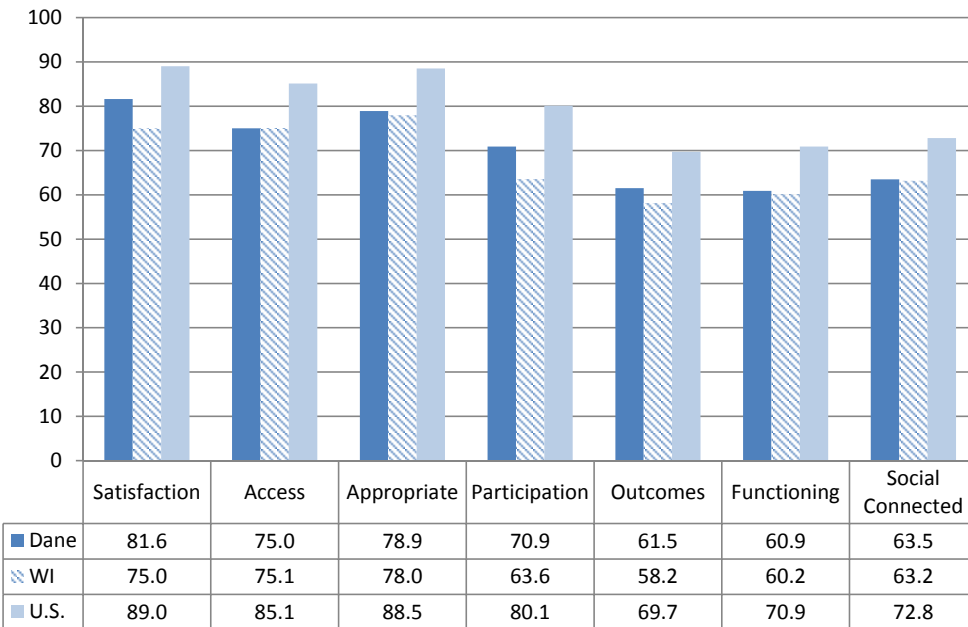
Use the 36-item MHSIP – Mental Health Statistical Improvement Project consumer satisfaction tool for adults.

Tested for reliability and validity.

Used in most States and territories.

Made available in Spanish and English plus did outreach in 2015 with a bi-lingual LTE.

Perception of Care by Domain: Dane County 2015 Compared with FY2014 State and U.S. CMHS Data



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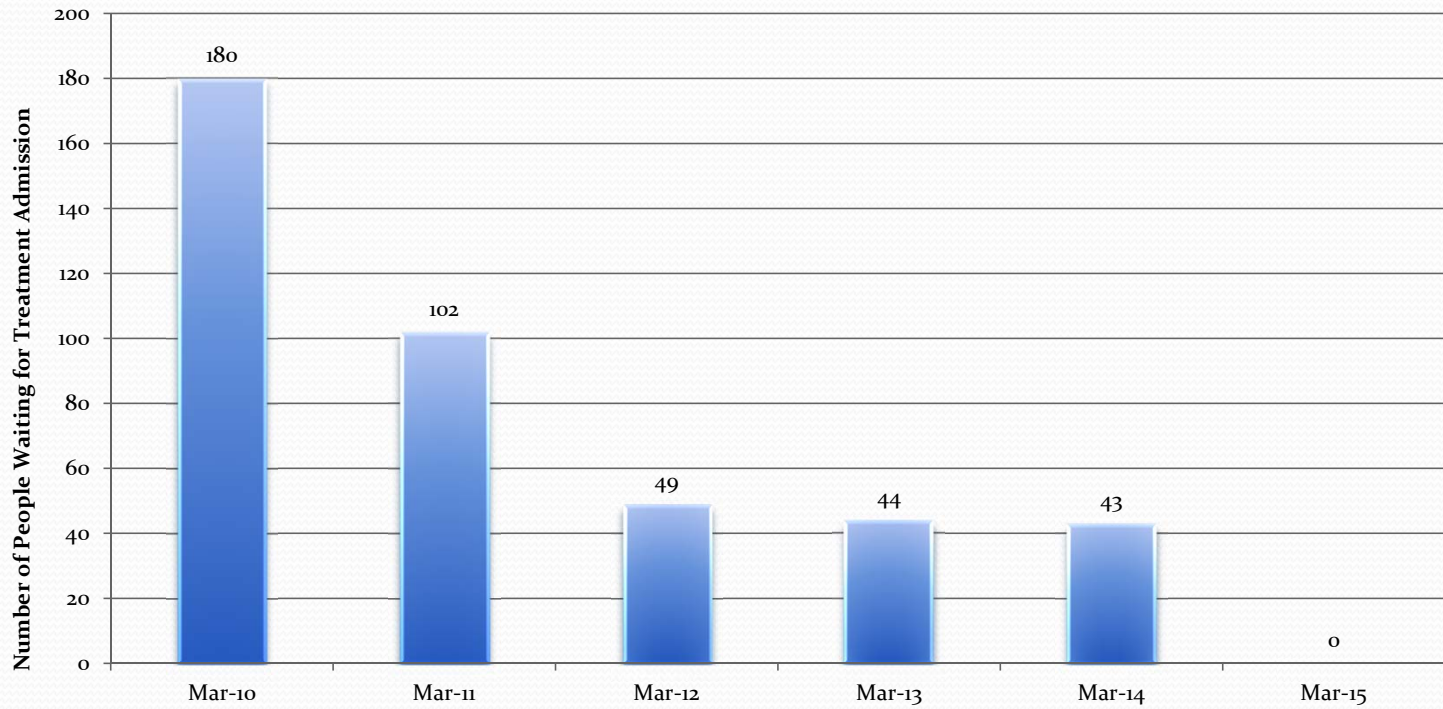
Service Enhancements

Behavioral Health

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AODA Waiting List History

Combined Dane County AODA Wait List



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AODA Wait List Elimination

- 2010:
 - 180 people waiting to enter county-funded AODA treatment
 - Wait Time up to four months
 - Outpatient: 84
 - Day Treatment: 17
 - Residential: 79
 - Eight people waiting for an alcohol commitment
 - Wait time up to six months

AODA Wait List Elimination

- Actions Taken
 - Changed Commitment Procedures and Implementation
 - Established Treatment Readiness Beds
 - Established Utilization Review for Residential Treatment
 - Improved Collaboration between County-Funded Programs

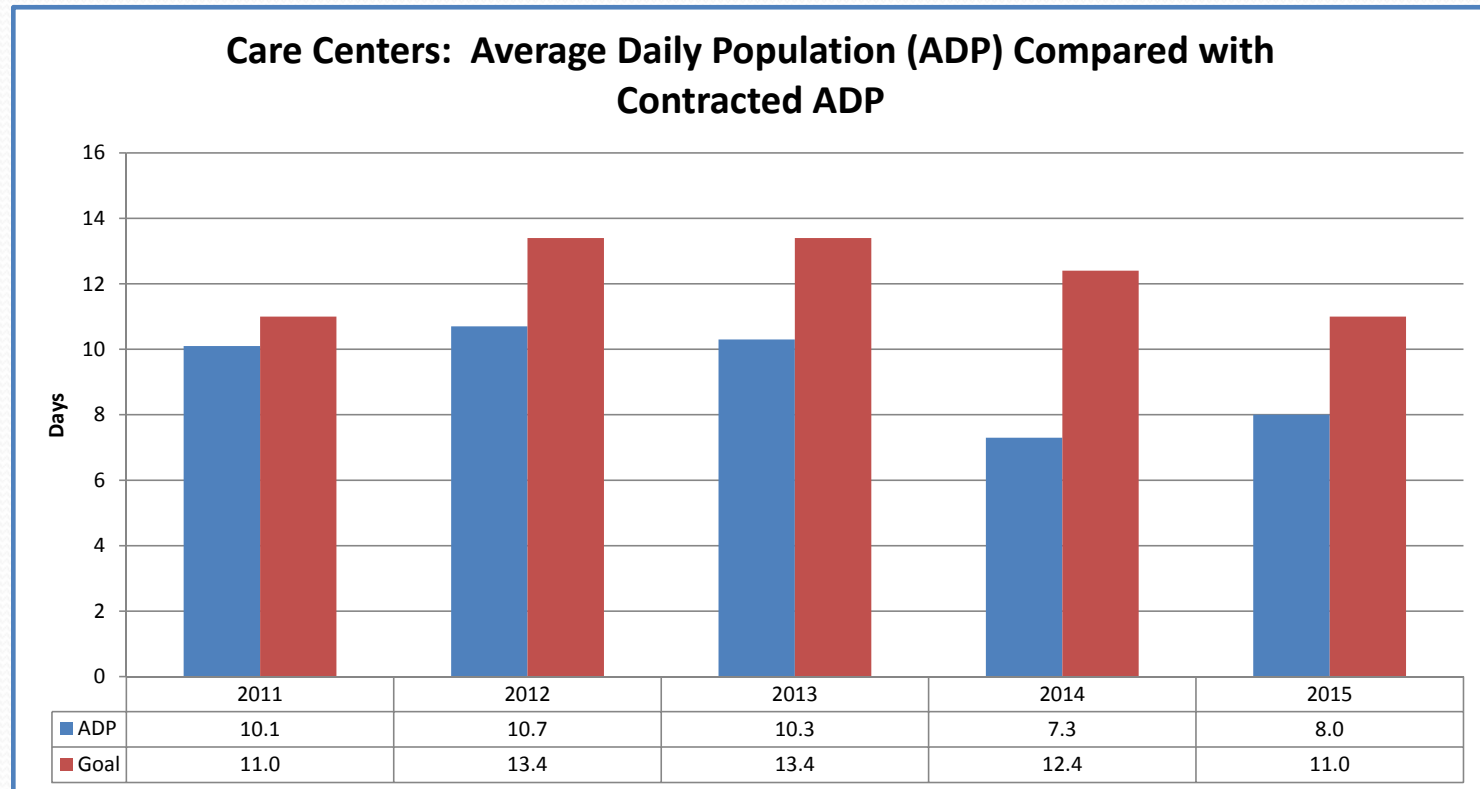
AODA Wait List Elimination

- Current Status
 - Alcohol Commitment Wait List eliminated 2011
 - Residential Treatment Wait List eliminated March 2012
 - Wait List for all Levels of Care eliminated March 2015

Care Centers

- Recommended in 2009 by the Health Council's Crisis Stabilization Task Force.
- Tellurian (DC3) opened in Nov. 2010 and Journey (Bayside) in Feb. 2011.
- Population: Dane County residents, age 18 and older, with a mental illness, dementia, or substance use disorder, who are at risk of inpatient care or in need of crisis stabilization.
- 2016 Budget: \$1,557,560

Care Centers - ADP



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Comprehensive Community Services (CCS)

- DCDHS program was certified under DHS Chapter 36 as of 7.1.2015
- Participants:
 - Must require more than outpatient counseling but less than community support
 - Have a MH or SUD diagnosis
 - Meet functional eligibility – State screen
 - Have or be Medical Assistance eligible (County require.)
 - Be able to benefit from psychosocial services
 - Have a physician's prescription

CCS Services

- Screening and assessment
- Service planning
- Service facilitation
- Diagnostic evaluations
- Medication management
- Physical health monitoring
- Peer support
- Individual skill development and enhancement
- Employment related skill training
- Individual or family psychoeducation
- Wellness management
- Psychotherapy
- Substance abuse treatment

Comprehensive Community Services (CCS) Program Growth

Point-In-Time	Consumers Enrolled	Year to Date Revenue
July 1, 2015	0	\$0
December 31, 2015	78	\$87,098
June 30, 2015	239	\$1,465,000

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Other Enhancements

- Detox Treatment Readiness Beds.
- Increased crisis mobility (JMHC) – expansion of staff time for in-home face-to-face consultations and assessments.
- Designated crisis staff to directly work with Madison Police Department.
- Created Resource Bridge (JMHC) to more promptly respond to persons in crisis and to free up crisis unit from case management.

Other Enhancements

- Developed case management program specific for persons aged 18-30.
- Via contract with ERI, hired a Benefit Specialist.
- Implemented Community Recovery Services funding.
- Developed Geriatric Inpatient Dementia Care Team.
- Hired Behavioral Health Resource Specialist.

Opportunities & Issues

Behavioral Health

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Opportunities/Issues

What are the growing issues that you see in behavioral health?

Issues – DCDHS Perspective

- Medicaid Reimbursement Rates.
- Acceptance of new M.A. patients among psychiatrists and some therapists.
- Access to prescribers.
- Access to inpatient beds.
- Injectable medication providers.
- Public - County financing of services, such as residential treatment for AODA covered by some insurers and not others.

Issues – DCDHS Perspective

- Integration of behavioral health treatment – AODA/MH.
- Integration of behavioral health/physical health.
- Residential withdrawal management, particularly for opioids.
- Community-based services, i.e., in-home care, community paramedics – idea of meeting people where they are at.
- Jail Diversion and Re-Entry.
- Care coordination of behavioral health population across health providers, insurers, and County systems.

Opportunities for Collaboration

- *What opportunities do you see for collaboration?*
- *If so, how might we move these forward?*
- *Other ideas and advice for us?*

Thank You!



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