

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 13, 2013

TO: Supervisor Marina Dimitrijevic, Chairwoman – Milwaukee County Board

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, on the Access Clinic and Mental Health Outpatient (MHOP) Services operated by the Behavioral Health Division**

Background

The Access Clinic is a behavioral health clinic that provides psychiatric services to uninsured adults in Milwaukee County and serves as an entry point to the outpatient mental health system. This model allows the Behavioral Health Division (BHD) to direct the “front door” access for outpatient services via assessments at the clinic. As a bridge to the community for mental health services, the clinic offers crisis intervention, assessment, and /or referrals to community providers. The following informational report is provided at the request of the Health and Human Needs Committee to provide more information about the background, design and operation of the clinic, as well as outcomes it has achieved for Milwaukee County residents.

Discussion

The Access Clinic was originally opened in 1991 as the Central Walk-In Clinic (CWIC) and was created as a result of a re-design of the Milwaukee County operated outpatient mental health clinics. At that time, other Milwaukee County outpatient clinics were being closed and/or downsized, which necessitated the creation of a walk-in clinic to meet the service needs of the community and as a requirement of Wisconsin Administrative, Code DHS 34, Emergency Mental Health Service Programs. The original design was focused on a walk-in service for people to access psychiatric services such as assessment for medication, outpatient therapy, brief case management, and other various community services. Additionally, the clinic’s close proximity to the Psychiatric Crisis Services (PCS) afforded the opportunity to serve as a diversion for PCS and the hospital.

Over time the clinic evolved into a medical model, where all individuals presenting for services were assessed for medication evaluation and management and there was no longer a therapy component to the service array. Due to this, a limited number of people could be seen each day based upon prescriber coverage. This led to people being declined services and being asked to return another day. Additionally, the model created significant wait times (up to 5 hours at the highest peaks), which lead to very poor customer satisfaction.

Redesign and the NEW Access Clinic

In 2010, BHD reviewed the CWIC model and determined that a shift was needed from a medication management model to an outpatient therapy model. To ensure adequate and efficient outpatient resources for the uninsured population and to provide co-occurring, trauma-informed services, a mental health outpatient services appropriation was included in the 2011 BHD Budget.

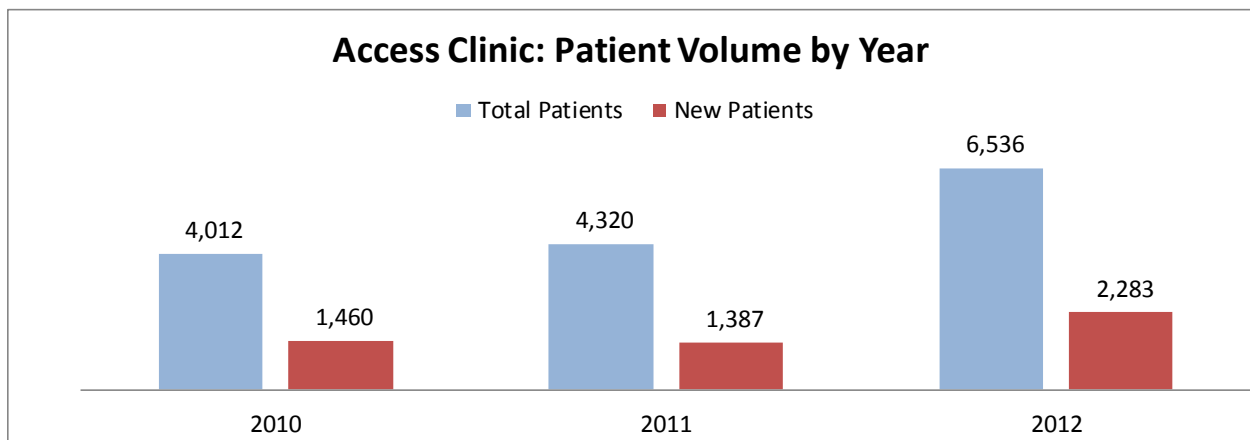
In November 2011, BHD implemented a complete redesign of CWIC and the new service was renamed the Access Clinic. The Access Clinic was designed to provide greater access to outpatient behavioral health services by adding a therapy component to the service array. The primary changes to the program were:

- All individuals who present for services at the clinic see a clinician for assessment the same day. At the assessment, individuals have their clinical needs assessed and a referral for services, whether for therapy, medical assessment or both.
- Individuals now have access to co-occurring outpatient therapy at one of seven outpatient clinics certified in both AODA and mental health treatment.
- If a referral for medication evaluation is needed, an appointment is given for the individual to return and see the prescriber.

Outcomes

The re-design of the Access Clinic created the following improvements:

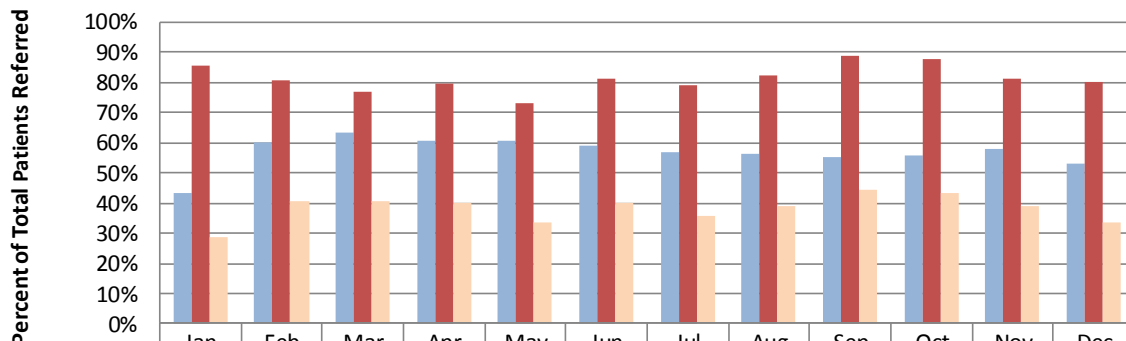
- A significant decrease in those individuals unable to be assessed. Since November 2011, approximately 24 individuals were not able to be assessed on the day they presented for services. Prior to the clinic re-design, 2 to 15 people would not receive assessment **daily**.
- A significant increase in the number of individuals able to be served. In 2012, there was a 61% increase in the number of new patients served in the Access Clinic, and a 34% increase in the overall number of patients served.



- Individuals can now receive co-occurring, trauma-informed outpatient therapy services that were previously not offered. Every month more than 50% of those individuals presenting for services are being referred for therapy services. Prior to the re-design, no individuals were receiving therapy services.

Access Clinic: Clinician Referrals 2012

**"Both" category includes patients from
"Receiving Therapy" and "Receiving Meds" categories



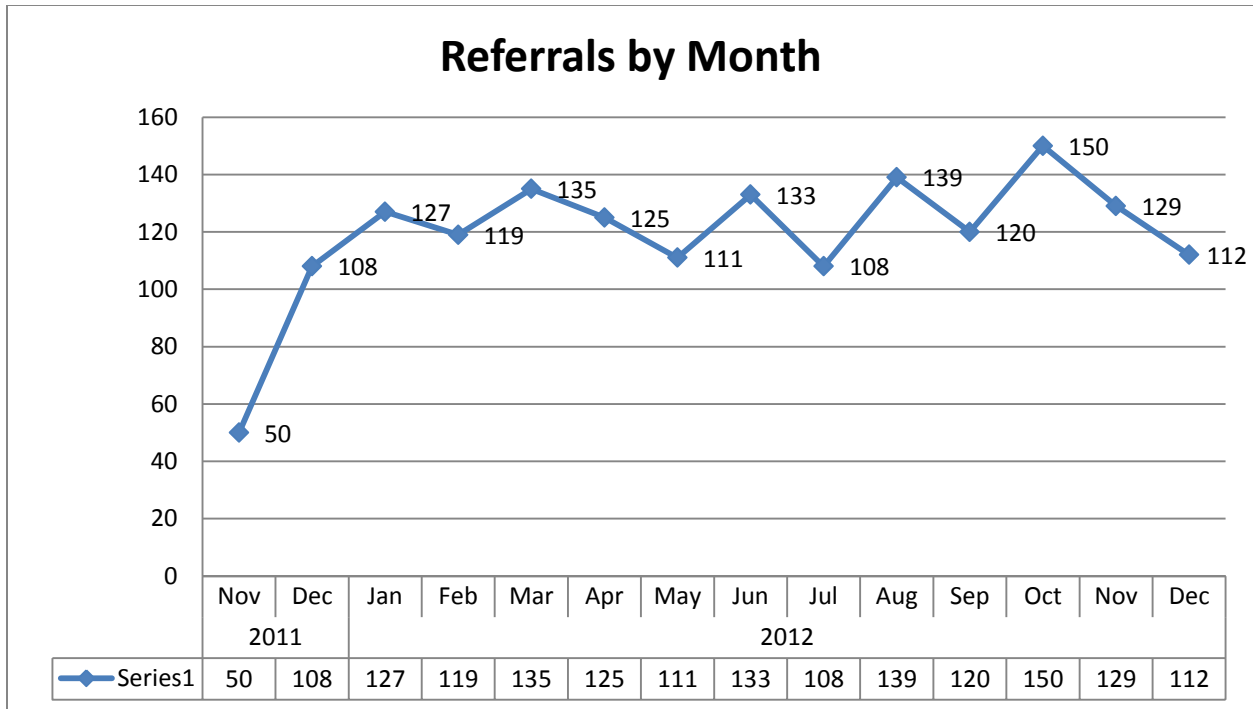
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Receiving Therapy	43%	60%	64%	61%	60%	59%	57%	56%	55%	56%	58%	53%
Receiving Meds	86%	80%	77%	80%	73%	81%	79%	82%	89%	88%	81%	80%
Both	29%	41%	41%	40%	34%	40%	36%	39%	44%	43%	39%	33%

- Referrals for medication evaluation have also decreased by an average of 19% during 2012.
- As of January 2012, individuals referred for medication evaluation are able to be seen by a Psychiatrist or Psychiatric Advanced Practice Nurse in the clinic in seven days or less. The average referral appointment wait time in the community for individuals with insurance is 4-8 weeks.
- A significant reduction in wait times, especially for those individuals returning for services as they are now given appointments. This allows for a much more timely and person-centered care approach.

Mental Health Outpatient (MHOP) Services

In the 2011 Budget, \$360,000 was allocated for the Mental Health Outpatient Program (MHOP). Through collaboration with Psychiatric Crisis Services (PCS) and Community Services Branch (CSB), MHOP services were designed and implemented. To achieve this, collaboration with 12 WisserChoice service providers, that hold dual-certification under Wisconsin Administrative Code, DHS 35, Outpatient Mental Health Clinics, and AODA certification under Wisconsin Administrative Code, DHS 75, Community Substance Abuse Service Standards, was necessary. Now, in the Access Clinic, when an individual is identified as needing therapy services, the individual then self-selects from the 12 providers for therapy services, which are spread out geographically across Milwaukee.

The original goal of the MHOP services was to expand services to 200-250 people. Between November 2011 and December 2012, there have been 1,666 referrals for MHOP services. 72% of those individuals referred for therapy showed up for their scheduled appointment.



After the creation of the MHOP services, BHD identified an additional need for case management services. Due to this, in partnership with the CSB, Recovery Support Coordinator (RSC) services were added to the array of services offered in the Access Clinic. To date 16 individuals have been referred for RSC services through this program.

Based on the success of the MHOP programs, funding for these services were maintained in the 2012 Budget and are expanded with an additional \$80,000 in the 2013 Budget. This will allow BHD to continue to meet demand for this program.

Service Array

The Access Clinic offers the following services to individuals:

- Mental Health Assessment/Evaluation
- Psychiatric Assessment
- Medication Evaluation
- Crisis Stabilization
- Outpatient Individual Therapy
- Group Therapy
- Access to Co-Occurring, Trauma-Informed Services
- Recovery Support Coordination
- Referrals for Community Services

Looking Forward

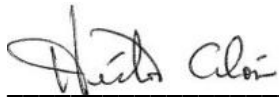
The Access Clinic and MHOP services have begun their second year of expanded services. Due to the program's success of referring and engaging individuals, BHD plans to expand services to increase access

to assessment, therapy and RSC services for Milwaukee County residents. Additionally, through continued collaboration with PCS and CSB, BHD is exploring other possible re-design efforts to benefit individuals in need of co-occurring services such as assessment unification and expansion. Finally, BHD will continue to expand to increase service providers who offer culturally diverse and culturally competent services.

Recommendation

This is an informational report only. No action is necessary.

Respectfully Submitted,



Héctor Colón, Director
Department of Health and Human Services

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