



Wisconsin
Department of Health Services

Division of Mental Health and Substance Abuse Services

2012 - 2014 Performance Report

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
P-00568 (12/2014)

From the Administrator

Welcome to the Division of Mental Health and Substance Abuse Services (DMHSAS) 2012-2014 Performance Report. This is the third edition of this annual report, which showcases the progress made by division staff and partners to deliver quality treatment and recovery services to the residents of Wisconsin.

Wisconsin's mental health and substance abuse services delivery system includes many lines of business. To promote an atmosphere of accountability and a continuous cycle of progress toward providing the most efficient and effective programs and services, the division tracks 280 performance measures. By focusing on our nine quality improvement initiatives for this reporting period and 15 other key performance measures, this report tries to reduce some of the complexity surrounding our mission and make our work more accessible and understandable for all.

Our most notable achievements in this reporting period include the following:

- An increase in the rate of clients continuing in substance abuse treatment or completing substance abuse treatment.
- An increase in the percentage of participants successfully completing the Opening Avenues to Reentry Success (OARS) Program.
- Continued promotion of Motivational Interviewing in the Conditional Release Program.
- An increase in the percentage of committed patients who are participating in the Sexually Violent Persons Program.
- A reduction in the average cost of care per supervised release client per year, excluding Department of Corrections expenses.
- More than 300 Client Rights Specialists completed training on how to handle Stage 1 complaints.

All business units in DMHSAS look forward to greater progress in meeting and exceeding all of our goals in the next reporting period.

My office would like to thank all DMHSAS staff who participated in the development of this report, including, but not limited to: Laura Blakeslee, Tim Connor, Pat Cork, Jason Cram, Mike Derr, Beth Dodsworth, Jason Fischer, Lena Funseth, Wendy LaBine, Glenn Larson, Leon Lipp, Gina Olson, Bonnie Purtell, Mike Quirke, Kurt Southworth, Jamie Van Dyck, and Jim Yeadon.

DMHSAS appreciates the support of Department of Health Services administration in engaging us in our goal of making use of data we collect and reporting to others to better inform our decision-making within the Department. If you have questions or concerns about our performance measures, I invite you contact us at (608) 266-2717.

Linda A. Harris
Administrator

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2012-2014 Performance Report
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SECTION 1: About DMHSAS

Mission

- **Provide** services to the people of Wisconsin and support the development of services and systems which are recovery focused, person and family centered, client rights compliant, evidence based, and cost-effective.
- **Promote** an atmosphere of accountability through performance outcomes and utilize this data to inform our policy and decision-making.
- **Improve** the efficiency of operations within DMHSAS and in our collaborations statewide.



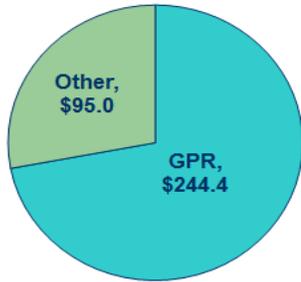
Values

The following principles guide our actions as we collectively strive to fulfill our mission:

- **We** have compassion and respect for the people we serve.
- **We** emphasize hope and optimism.
- **We** collect and analyze data to support quality improvement and decision-making that is objective, realistic, and respectful of the citizens of Wisconsin.
- **We** develop and support programs that reflect models proven to be effective, recovery oriented, person and family centered and trauma informed.
- **We** expect meaningful consumer involvement.

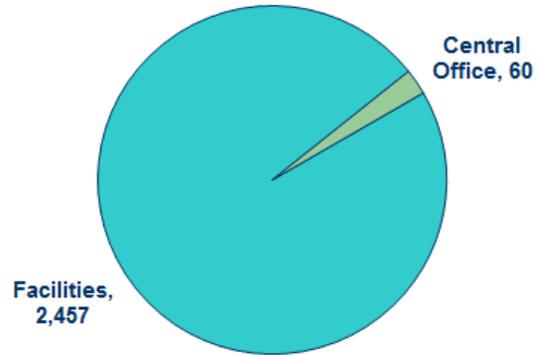
SECTION 1: About DMHSAS

Budget

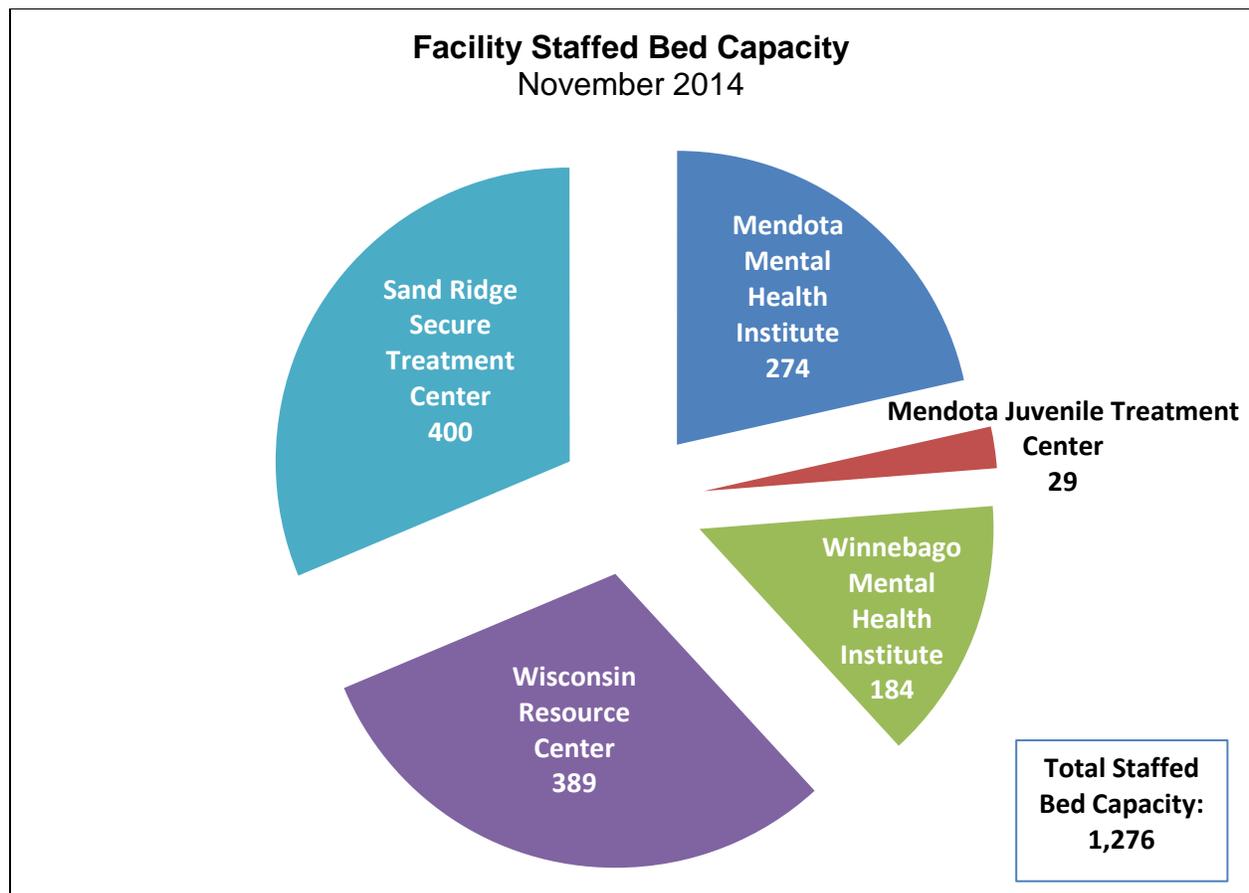


For State Fiscal Year 2015, the total budget for DMHSAS is \$339.4 million. This includes state and federal dollars.

Positions



For State Fiscal Year 2015, DMHSAS is allocated 2,517 FTE positions. DMHSAS is the largest division by number of employees in the Department Health Services.



SECTION 2: DMHSAS Client Profile

Total Wisconsin Residents (2010 census)	5.7 million
Adults (population age 18 and over)	4.3 million
Children (population age 17 and under)	1.4 million
Residents with any mental health need	1,138,331 (20%)
Residents with a serious mental health need	
Adults	234,764 (5.4% of adults)*
Children	106,879 (11.0% of children)*
Residents aged 12+ with substance abuse issues	448,000 (9.5%)

**SAMHSA Estimation Methodology, Federal Register: June 24, 1999 (Vol. 64, No. 121): 33890-33897*

Time periods for this report:

- **CY12** = Calendar Year 2012 (January 1 – December 31, 2012)
- **CY13** = Calendar Year 2013 (January 1 – December 31, 2013)
- **FY13** = Fiscal Year 2013 (July 1, 2012 – June 30, 2013)
- **FY14** = Fiscal Year 2014 (July 1, 2013 – June 30, 2014)

SECTION 3: Progress Report

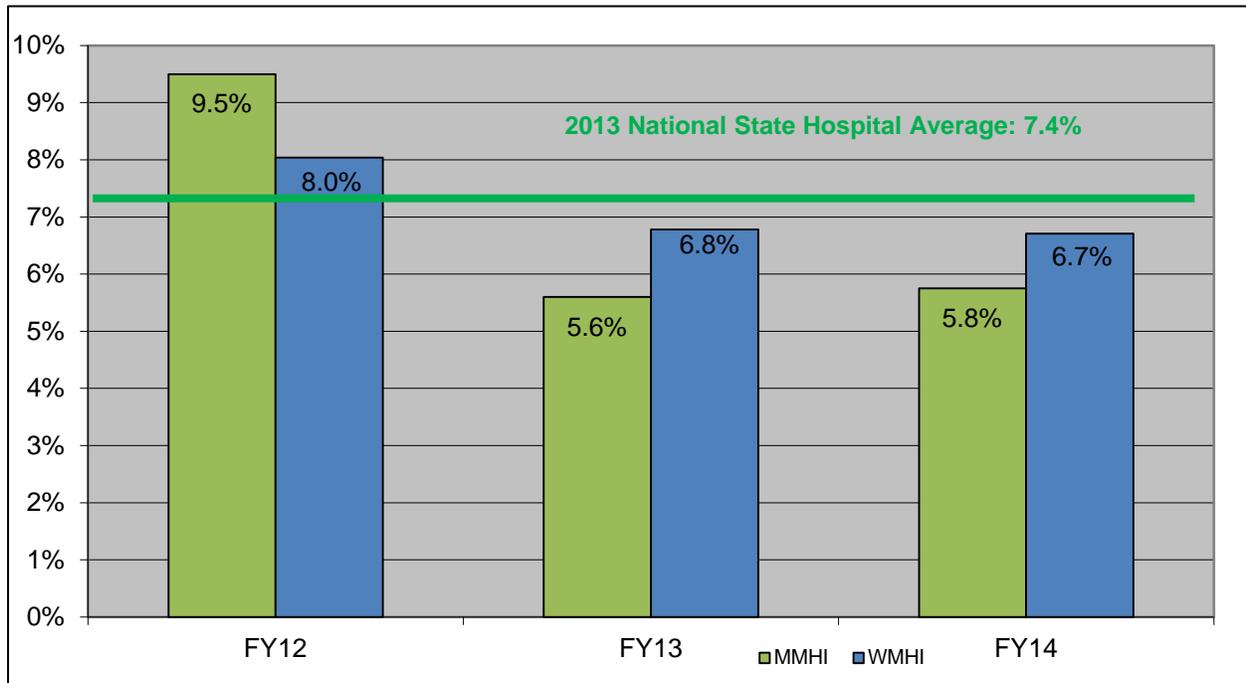
This section outlines the nine goals for DMHSAS lines of business for this reporting period and the results of the quality improvement plans for each goal. Because of the manner in which the data is collected, this progress report reflects outcomes for calendar years 2012 and 2013, as well as fiscal years 2013 and 2014.



Goal: Reduce the 30-day civil readmission rate at Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI).

- This goal was partially met.
- For FY14, the average rate at MMHI was 5.8%, a slight increase from FY13. The average rate at WMHI was 6.7%, a slight decrease from FY13. Both rates are below the national average rate for FY14.
- This is a measure of inpatient and community treatment efficacy, discharge planning, and continuity of care planning.

Figure 1. Percentage of civil patients readmitted within 30 days of discharge at Wisconsin's mental health institutes



Source: *Insight*, a database at MMHI and WMHI. Data includes readmissions from unique situations, such as a return from court or a general hospital. By Q4 of FY14, most civil patients were moved from MMHI to WMHI.

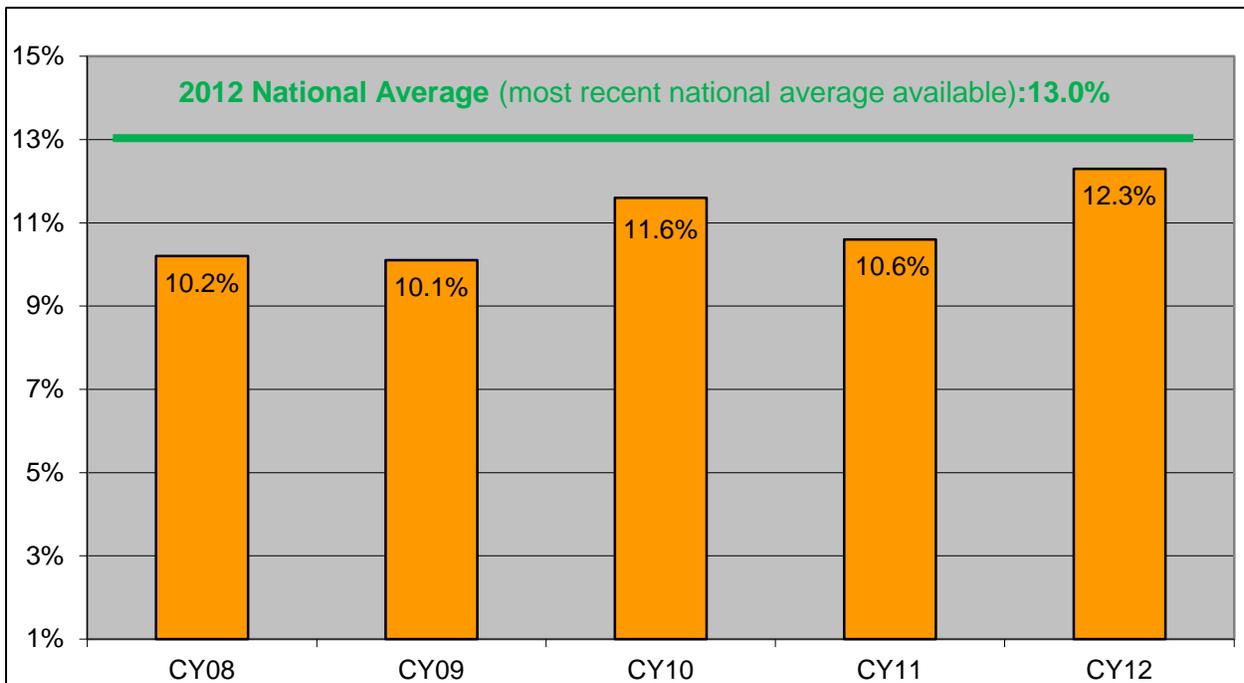
Both MMHI and WMHI have been working to develop internal processes to reduce readmissions and to gather more specific data to analyze which counties have the highest readmission rates.



Goal: Reduce the percentage of county-authorized persons readmitted within 30 days to psychiatric hospitals across Wisconsin.

- This goal was not met.
- The rate was 12.3% in CY12, which is greater than the rate for CY11. The CY12 rate is below the national average.
- This is a measure of treatment efficacy, discharge planning, and continuity of care planning.

Figure 2. Percentage of public mental health system clients from psychiatric hospitals across Wisconsin readmitted within 30 days of discharge



Source: Human Service Reporting System (HSRS), Uniform Reporting System Table 21.

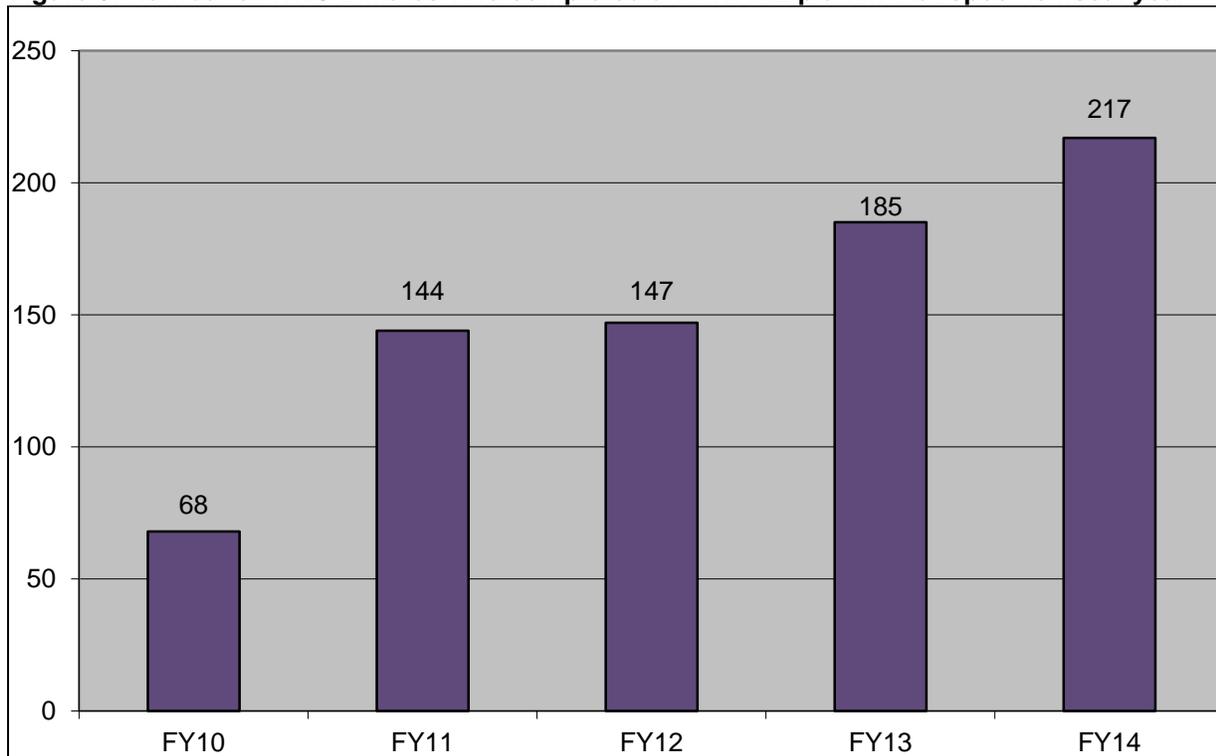
Since 2010, 23 counties have participated in the Mental Health Collaborative, featuring The Center for Health Enhancement Systems Studies at UW-Madison and its Network for the Improvement of Addiction Treatment (NIATx), which is dedicated to improving the quality of addiction and mental health services. This effort currently is coaching counties toward a reduction of high volumes of readmissions to psychiatric hospitals. These counties attempt to contact clients by phone no later than three days after discharge in an effort to maintain continuity of care.



Goal: Reduce re-hospitalization and recidivism using recovery concepts that assist inmates with severe mental illness at the Wisconsin Resource Center (WRC) to develop an Achieving Wellness and Recovery Everyday (AWARE) crisis intervention plan prior to community release.

- This goal was partially met.
- In FY14, 217 inmates completed AWARE plans, a product of The Copeland Center. The number of inmates completing AWARE plans has increased every year since FY09, but many inmates still do not complete one of these plans.
- This is a measure of how many individuals are taking ownership of their behavioral health to experience greater wellness and recovery.

Figure 3. Number of WRC inmates who completed an AWARE plan in that specific fiscal year



Source: WRC records.

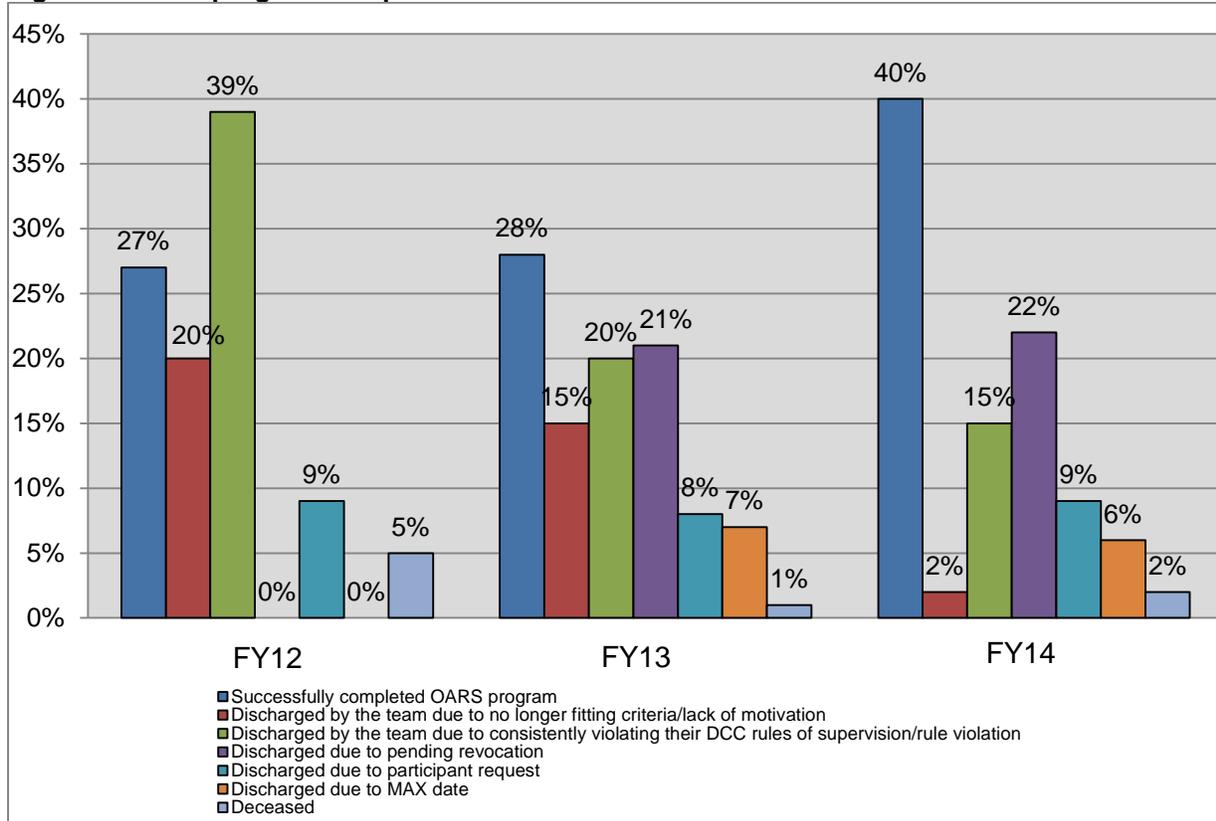
Increasing the number of inmates completing AWARE plans remains a priority for WRC. AWARE facilitators at WRC are meeting with individuals with severe mental illness and encouraging them to participate in the development of a plan. Planning groups are available for inmates. WRC staff is working with the Opening Avenues to Reentry Success program, when applicable, to assist inmates. Social workers have been trained to ask inmates to sign a release to provide their plan to the county, Division of Community Corrections (DCC) and law enforcement agencies. When released to the community, inmates receive contact information for organizations offering crisis support. WRC staff is tracking whether an inmate has been contacted by AWARE facilitators, attended an AWARE group, developed a plan, and signed a release. WRC also is tracking whether contact has been made with the county of release, DCC and local law enforcement agencies, and whether these organizations have accepted the plan. WRC is monitoring inmates released to measure recidivism.



Goal: Increase the percentage of successful Opening Avenues to Reentry Success (OARS) Program completions by 5%.

- This goal was met.
- In FY14, 40% of OARS participants successfully completed the program, up from 28% in FY13.
- This is a measure of the treatment, case management, and support provided to clients.

Figure 4. OARS program completion



Source: OARS program data

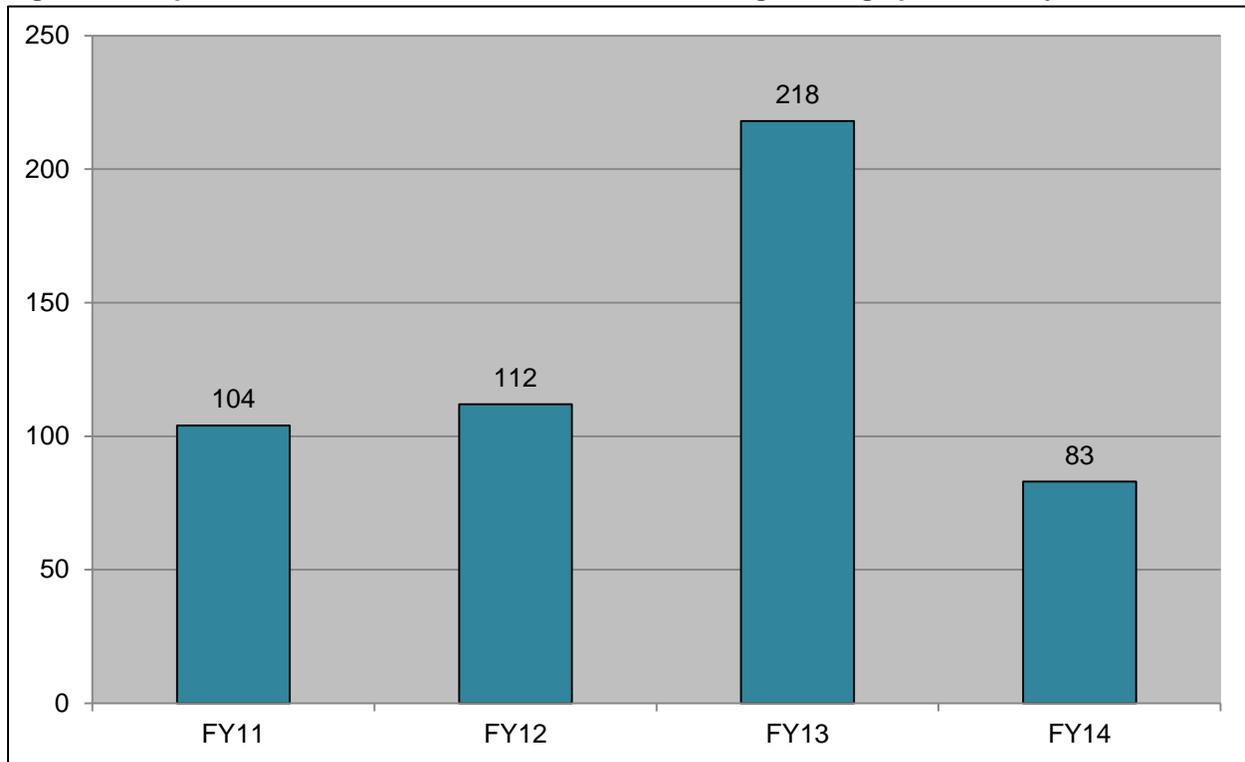
OARS staff are using evidence-based, best practices to select clients more likely to benefit from the services provided by the program. Additionally, staff are engaging clients who show reduced desire to complete the program through Motivational Interviewing strategies and person-centered plans.



Goal: Promote the proficient use of Motivational Interviewing (MI) techniques by contracted conditional release providers.

- This goal was met.
- In FY14, 83 contract staff working with the Office of Community Forensic Services attended three trainings sponsored by DMHSAS.
- This is a measure of the use of an evidence-based, best practice.

Figure 5. People who have taken a Motivational Interviewing training sponsored by DMHSAS



Source: Conditional Release Program records.

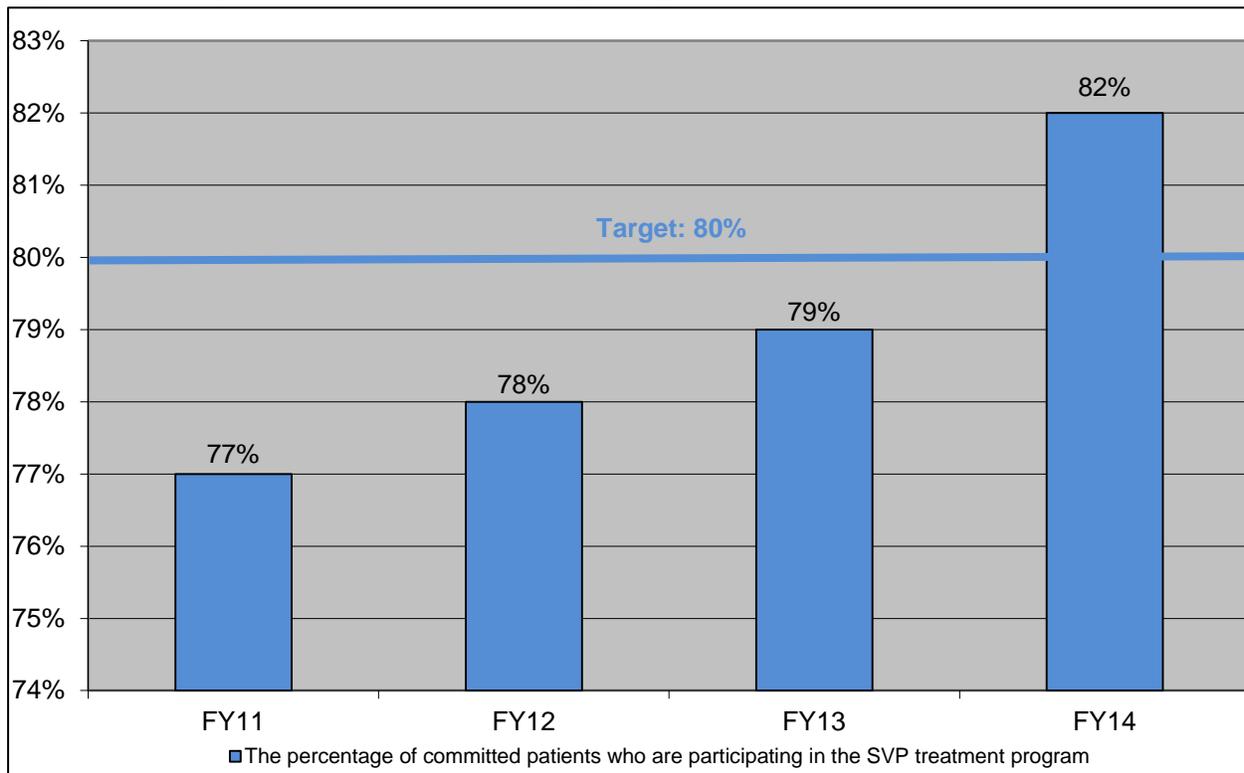
The Conditional Release Program plans to record the training and post to its website, which would allow contractors to access it for further training at their convenience. In FY11, there was one introductory training course. In FY12 through FY14, there were multiple introductory and advanced MI training courses.



Goal: Increase the percentage of committed patients who are participating in the Sexually Violent Persons (SVP) Program by 5%.

- This goal was met.
- In FY14, the percentage of committed patients participating in the SVP program averaged 82%. This is a 3% increase from the FY13 average of 79%. This data is reported by quarter. The participation rate for the last quarter of FY14 was 84%, which meets the goal of increasing participation by 5%.
- This is one measure of how Sand Ridge Secure Treatment Center (SRSTC) is enhancing public safety via treatment.

Figure 6. Sexually Violent Persons treatment participation



Source: Sand Ridge Secure Treatment Center (SRSTC) records.

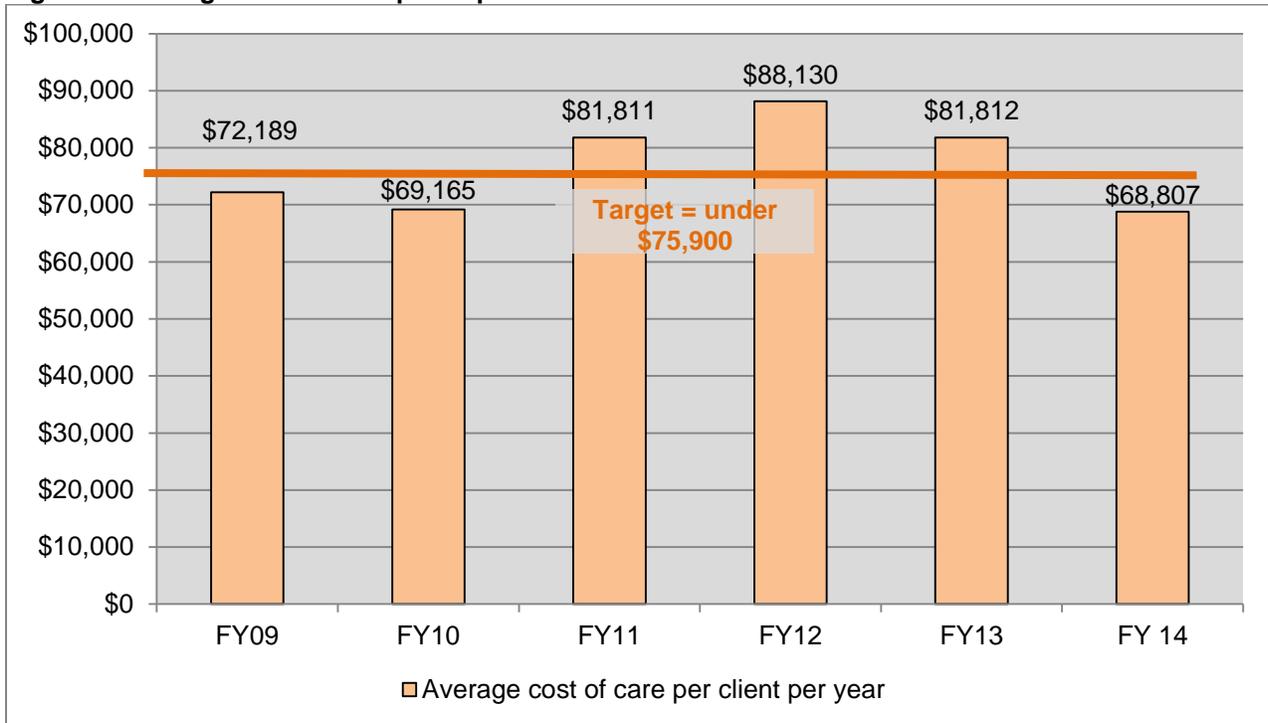
Involvement in treatment is a critical factor in effectively reducing risk of sexual violence. In an attempt to continue the positive trend in this metric, the majority of new admissions at SRSTC now are assigned to a specific treatment unit for an orientation period, typically an advance treatment unit. Consent to treatment procedures have been modified to allow patients to participate in treatment programming that is not sex offender treatment specific. Bi-weekly meetings are held with pre-treatment patients grounded in Motivational Interviewing (MI) techniques. Patients are given the opportunity to voice concerns, ask questions about the treatment program, and offer opinions about which kinds of treatment groups they would find useful. Staff assigned to pre-treatment units or positions that directly relate to treatment consent are being trained in MI and how to present the treatment consent form every six months to patients who decline treatment.



Goal: Reduce the average annual cost of care per supervised release client to under \$75,900, excluding Department of Corrections (DOC) expenses.

- This goal was met.
- In FY14, the average cost per supervised release client was \$68,807, excluding DOC expenses.
- This is a measure of providing these services in a cost-effective manner.

Figure 7. Average cost of care per supervised release Client



Source: Supervised Release records. Based on Average Daily Population (ADP) and excludes DOC expenses.

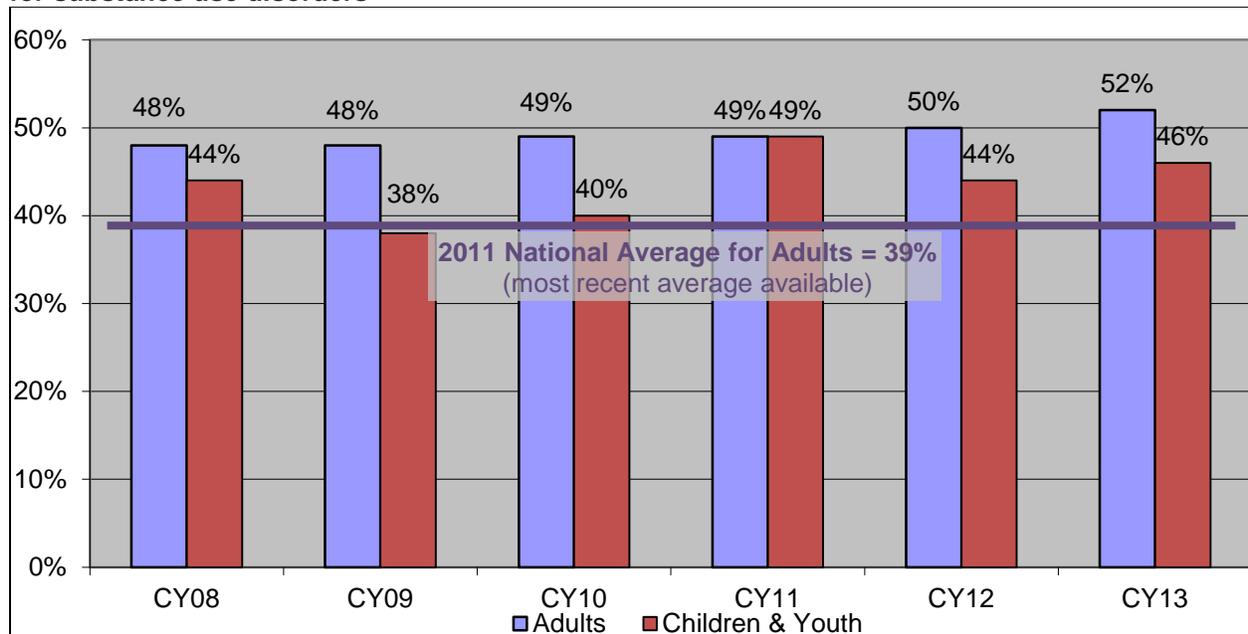
Several initiatives have been implemented to save money in the Supervised Release program. These initiatives include more double-occupancy placements, an increase in number of clients who contribute to cost of their care as a result of employment and benefits, and internal controls. In the next reporting period, this metric will include Department of Corrections expenses. Adding this information will provide a more complete picture of the costs of care per supervised release client.



Goal: Increase the rate of clients continuing in substance abuse treatment or completing substance abuse treatment.

- This goal was met.
- In CY13, 52% of county-authorized adults and 46% of county-authorized children completed substance abuse treatment. Both rates are two percent higher than the rates for CY12 and exceed the national average.
- This is a measure of the efforts of providers to retain and encourage clients.

Figure 8. Percentage of people completing treatment among county-authorized persons treated for substance use disorders



Source: Human Services Reporting System (HSRS).

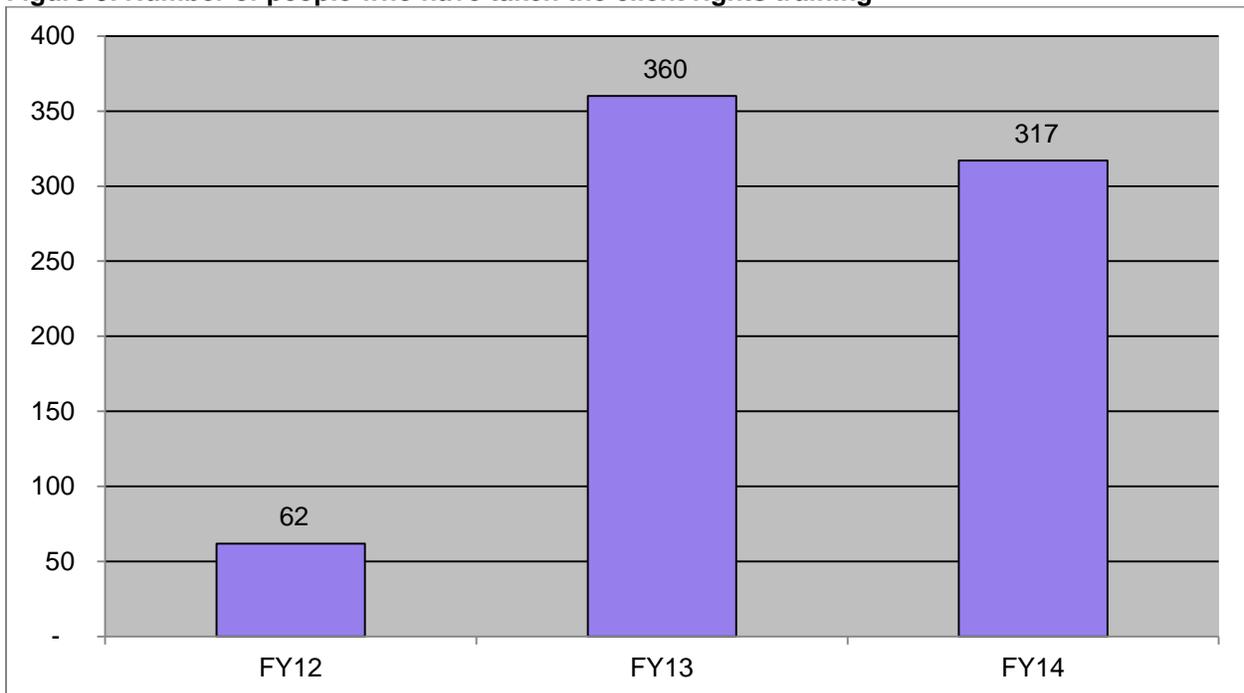
DMHSAS through its Bureau of Prevention Treatment and Recovery and 11 outpatient substance abuse treatment providers are using The Center for Health Enhancement Systems Studies at UW-Madison and its Network for the Improvement of Addiction Treatment (NIATx) quality improvement model to increase the rate of clients continuing in treatment or completing treatment. These treatment providers are testing appropriate changes in their operations, including: addressing the counselor-client bond, reminder calls, addressing clients' attendance barriers, contacting no-shows as soon as possible, and discussing issues and reengaging clients, if needed.



Goal: Increase the number of people taking client rights training.

- This goal was met.
- In FY14, 317 people completed Client Rights Specialist (CRS) training. A year-to-year comparison is not an accurate measure of performance because there are a finite number of client rights specialists who need this training.
- This is a measure of whether people who handle Stage 1 complaints are properly certified as Client Rights Specialists.

Figure 9. Number of people who have taken the client rights training



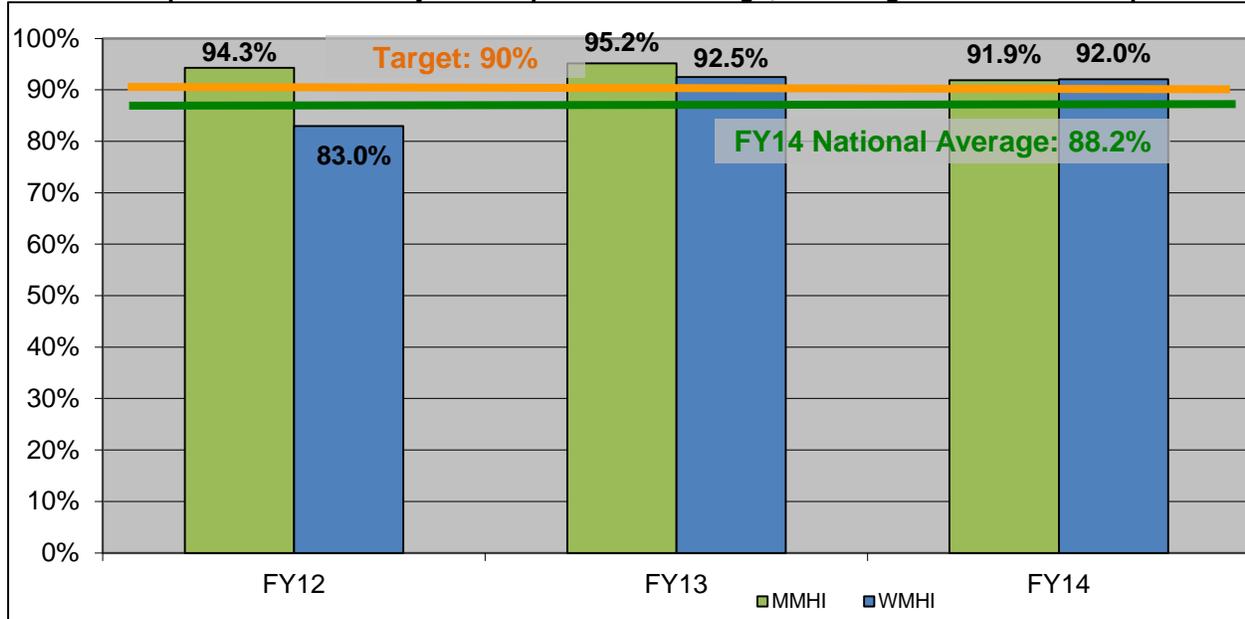
Source: Office of Client Rights records.

The Office of Client Rights has posted recorded trainings for CRS certification to its website. This is a more efficient way to present these trainings. These four training modules are available here: <http://www.dhs.wisconsin.gov/clientrights/Training.htm>.

SECTION 4: Performance Measures

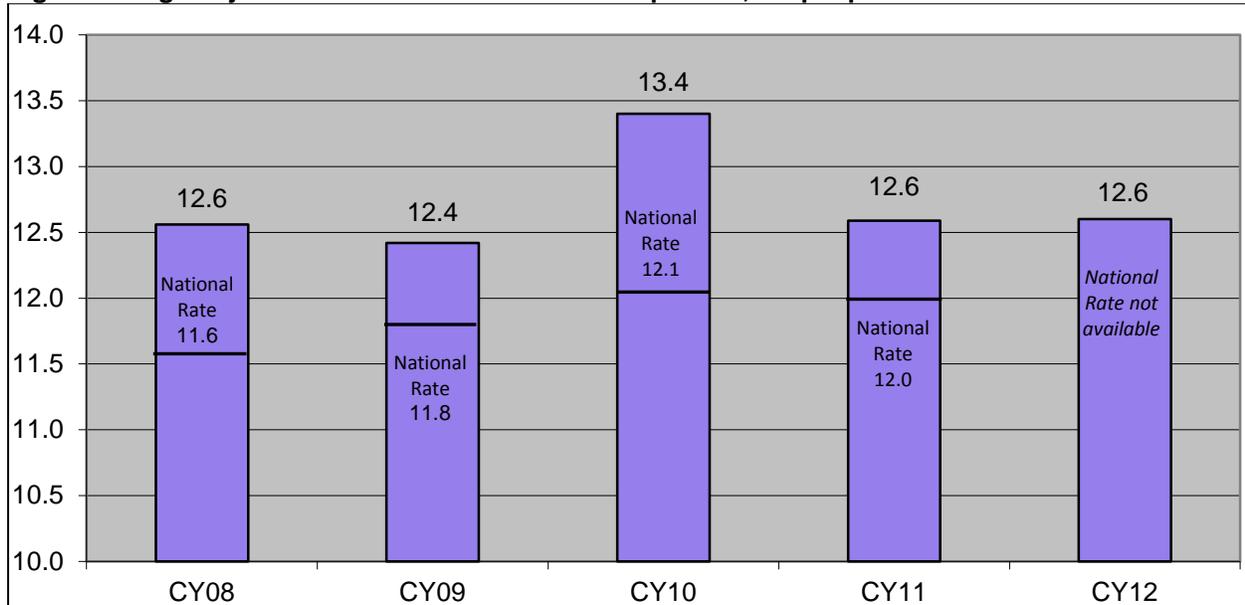
This section features the remaining principal performance measures for DMHSAS for this reporting period as selected by Division administration or the DHS Secretary's Office. Target rates are based on national standards and/or goals set by DMHSAS staff.

Figure 10. Average rate of continuing care plan with all required elements transmitted to the next level of care provider within 5 days of the patient's discharge, including civil and forensic patients



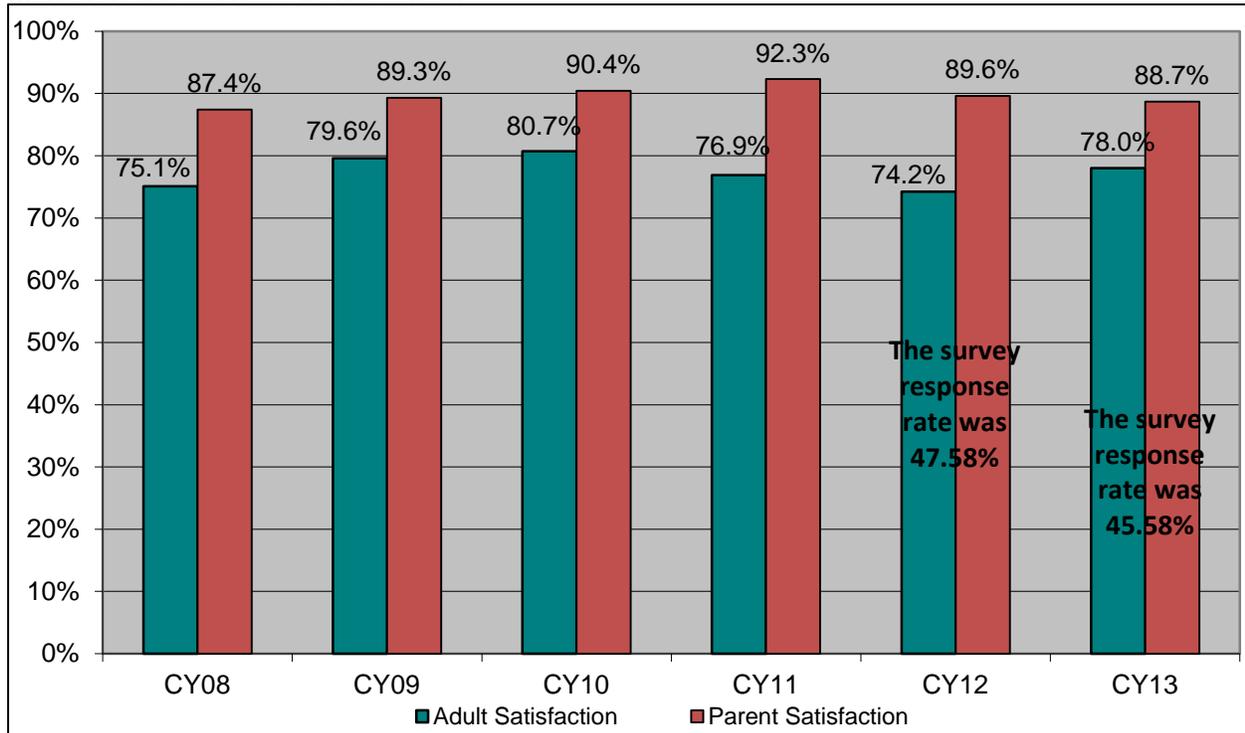
Source: Audit of discharged patient charts.

Figure 11. Age-adjusted suicide rates in Wisconsin per 100,000 people



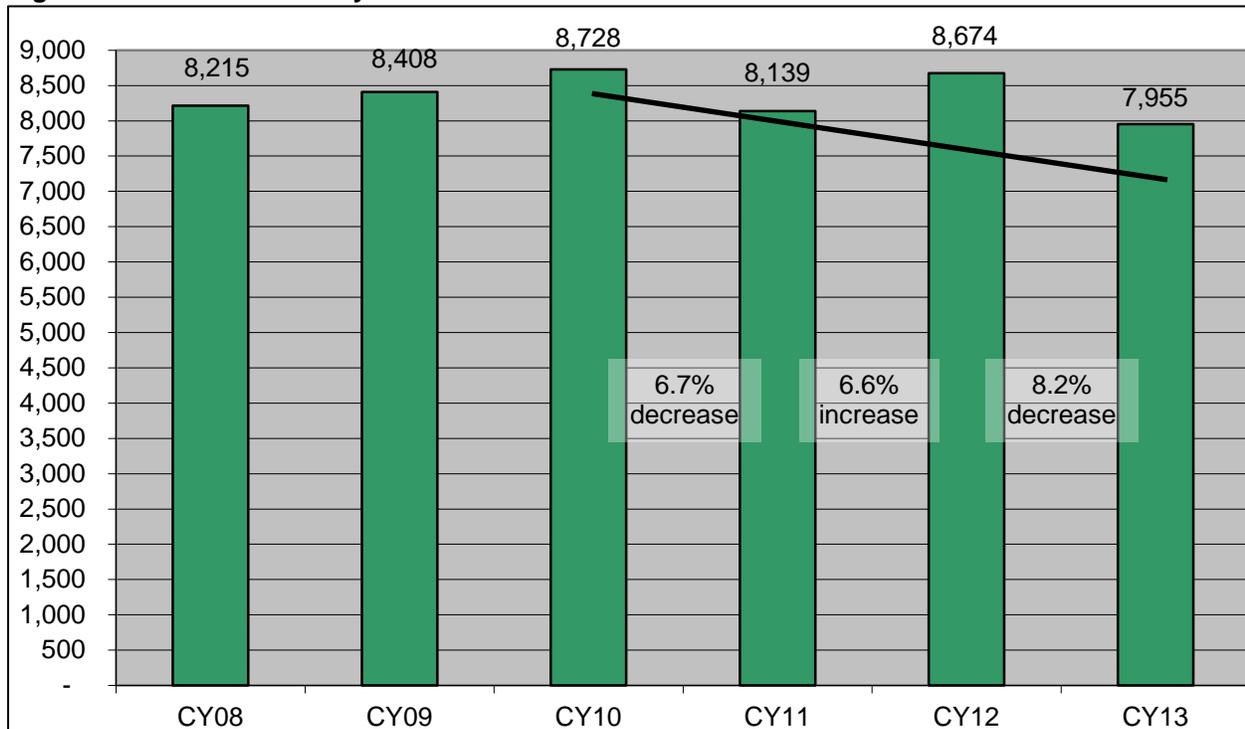
Source: Wisconsin Violent Death Reporting System, CY08. Wisconsin Interactive Statistics on Health Mortality Data, CY09-CY12.

Figure 12. Satisfaction with the quality, appropriateness and cultural sensitivity of community mental health services in Wisconsin



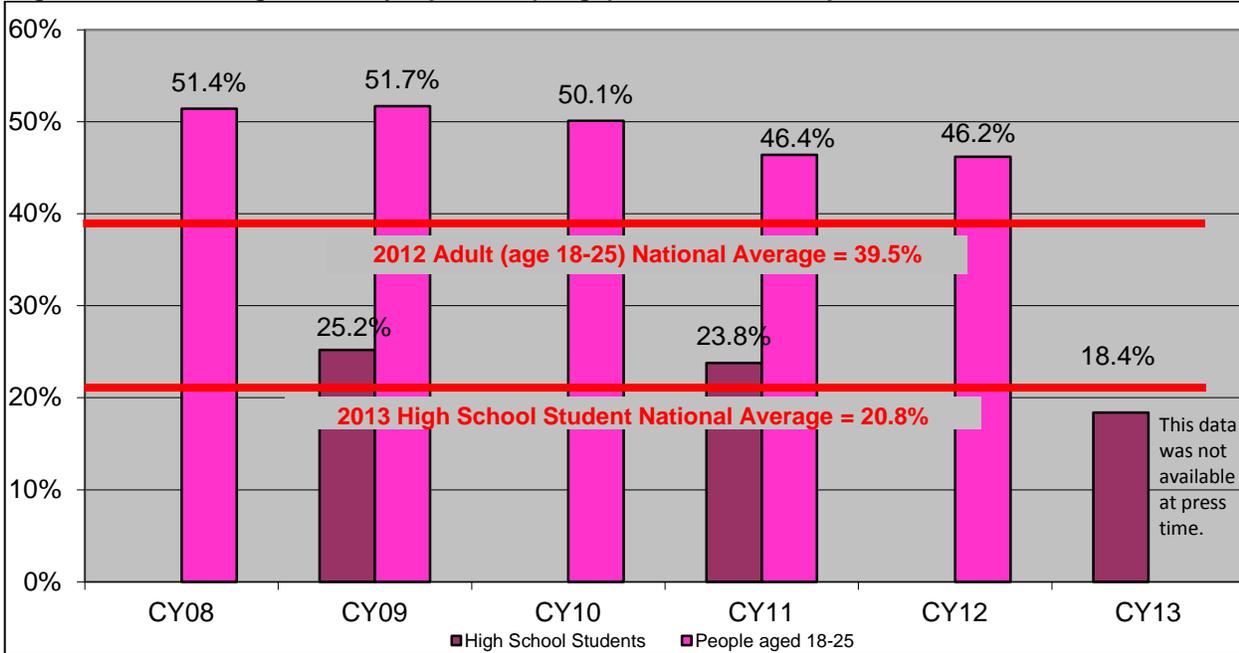
Source: Mental Health Statistical Improvement Project (MHSIP) Satisfaction Survey.

Figure 13. Number of county-authorized adult substance abuse detoxification admissions



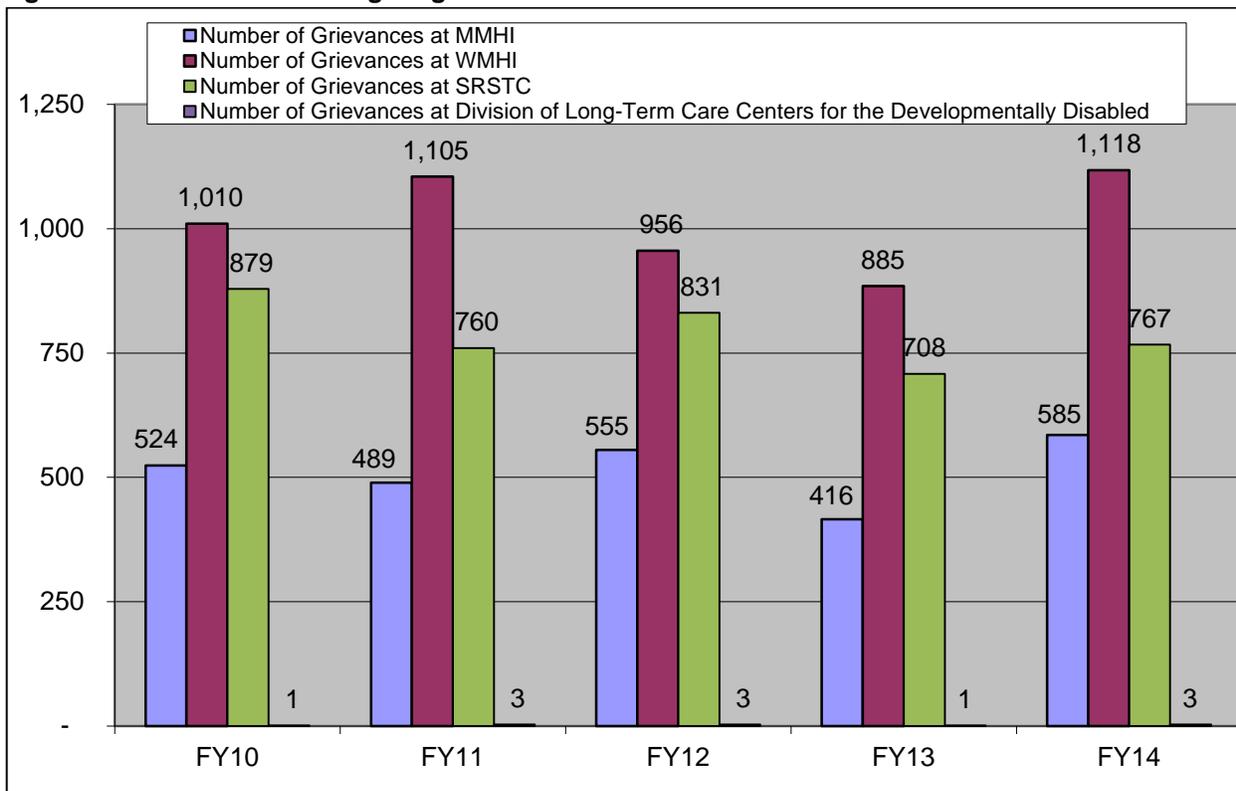
Source: Human Services Reporting System (HSRS), Medicaid Interchange Data. Detoxification is one of the most expensive substance abuse services (\$2,280 for a 3-day stay).

Figure 14. Percentage of heavy, episodic (binge) alcohol consumption



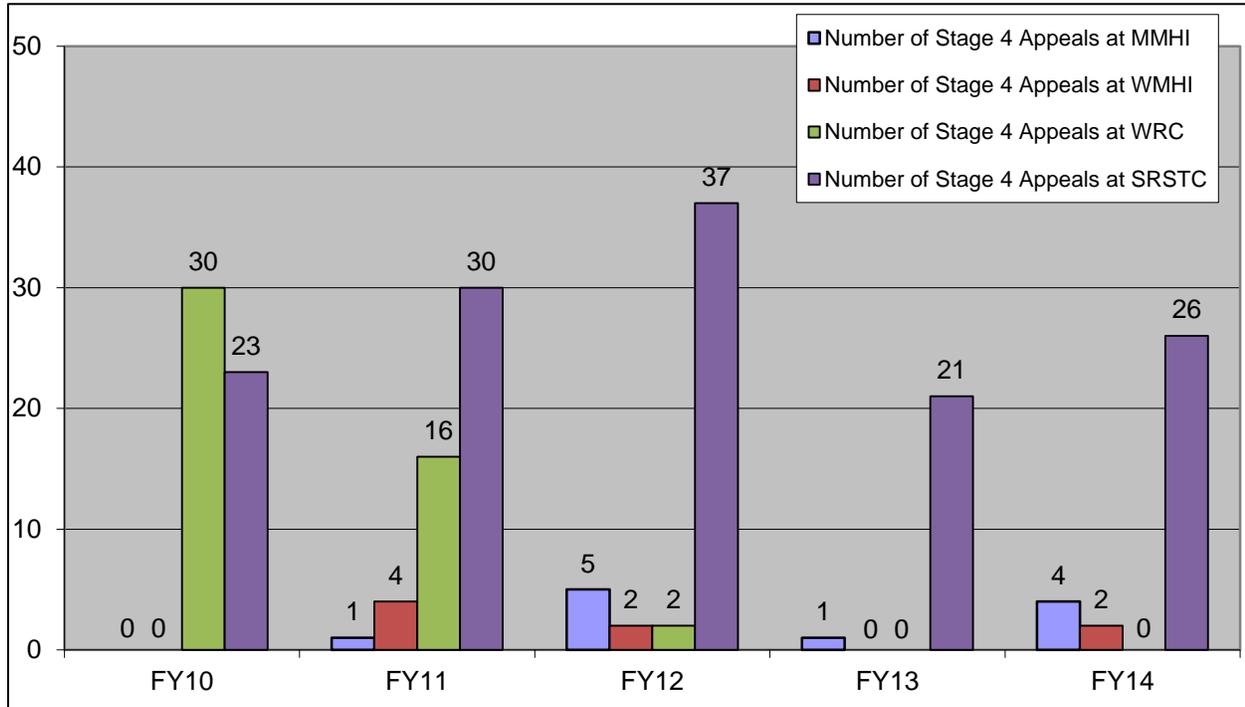
Source: Behavioral Risk Factor Surveillance System (BRFSS). Youth Risk Behavior Survey (YRBS). High school data provided every other year. Binge drinking is defined as five or more drinks on an occasion for males and four or more drinks on an occasion for females.

Figure 15. Number of client rights grievances



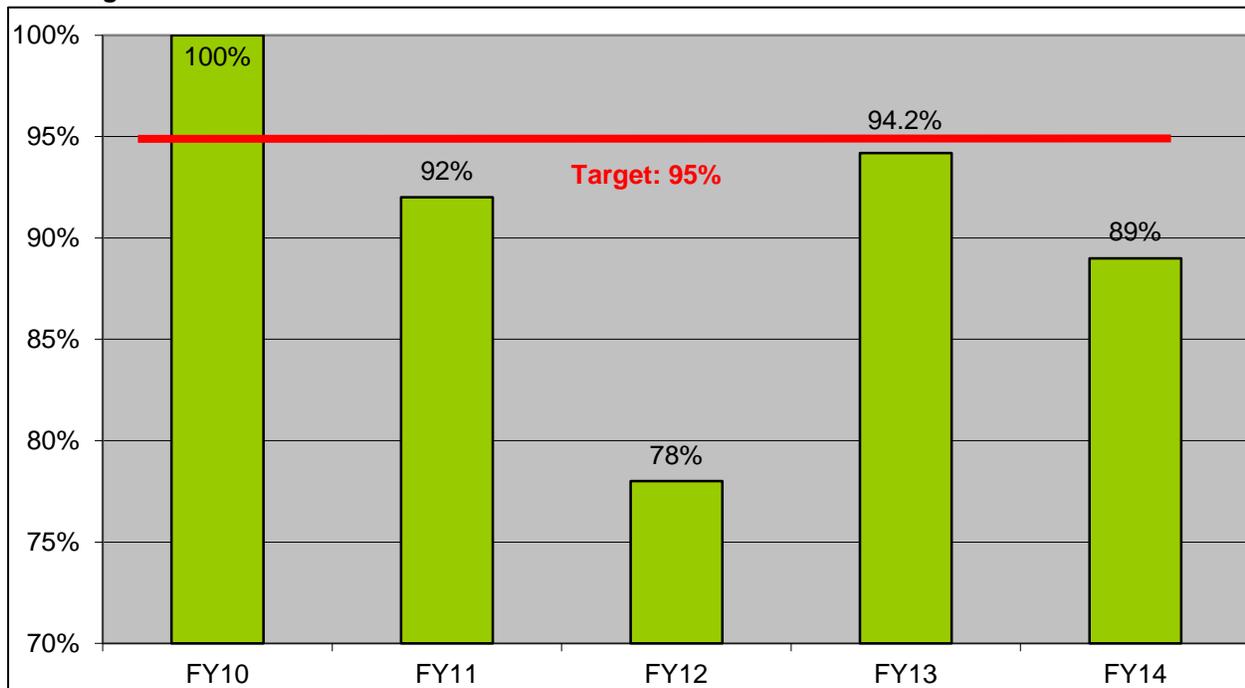
Source: Office of Client Rights records. Patients have the right to file as many complaints as they wish. The number filed does not necessarily reflect on the quality of services provided.

Figure 16. Number of client rights stage 4 appeals



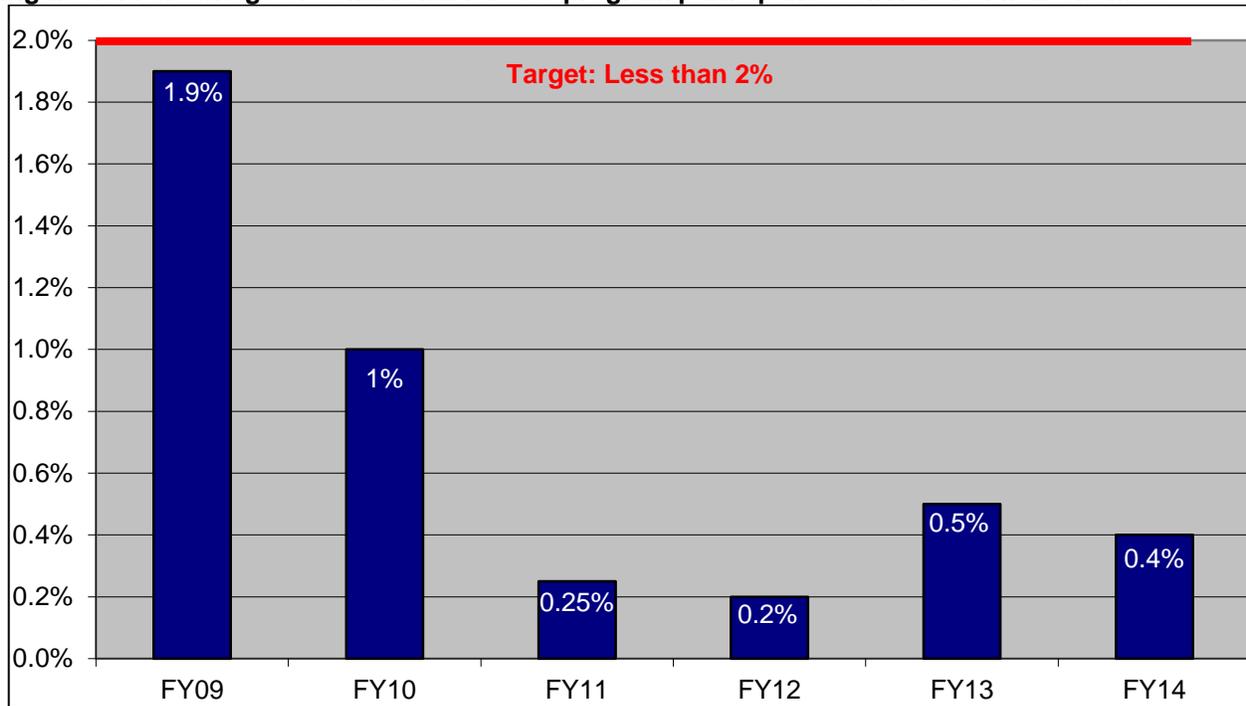
Source: Office of Client Rights records. As of FY12, WRC stage 4 appeals are handled by Dept. of Corrections.

Figure 17. Percentage of conditional release clients financially self-sustained 30 days prior to discharge



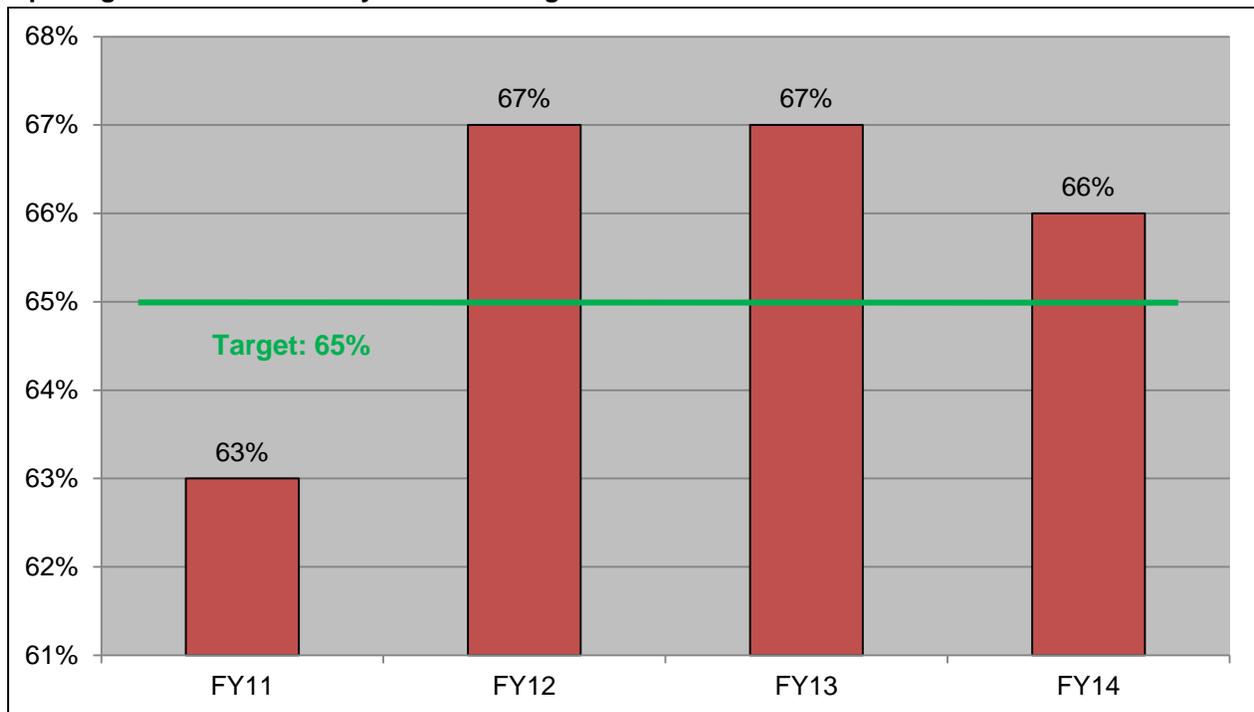
Source: Data collected from five regional service providers.

Figure 18. Percentage of conditional release program participants convicted of new offenses



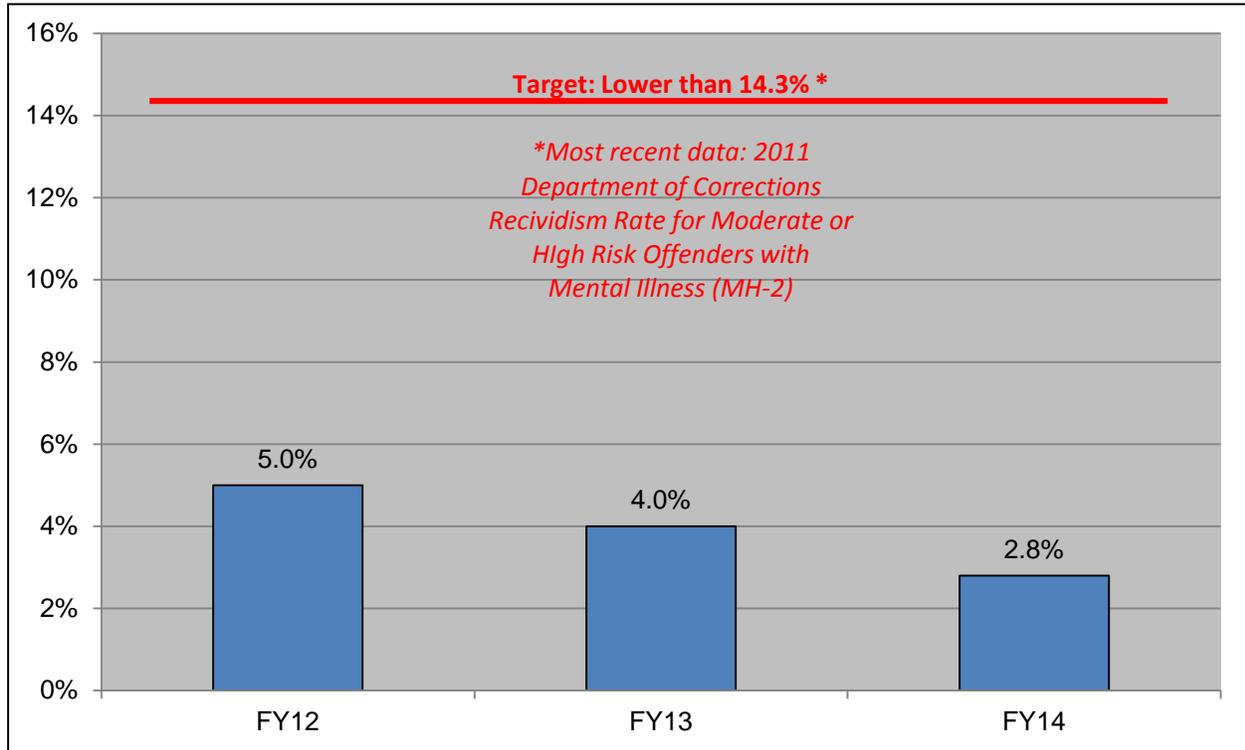
Source: Data collected from five regional service providers.

Figure 19. Percentage of participants who receive benefits, minimizing costs incurred by the Opening Avenues to Reentry Success Program



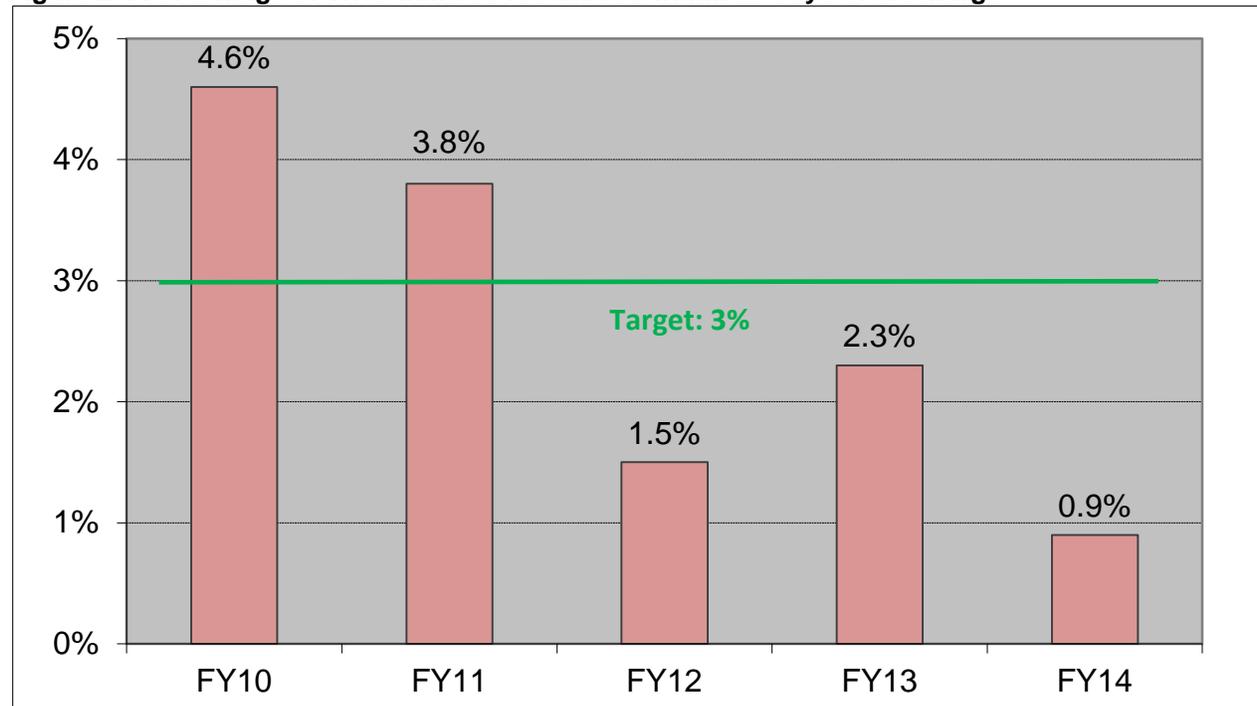
Source: Opening Avenues to Reentry Success program records.

Figure 20. Percentage of Opening Avenues to Reentry Success program participants convicted of new offenses



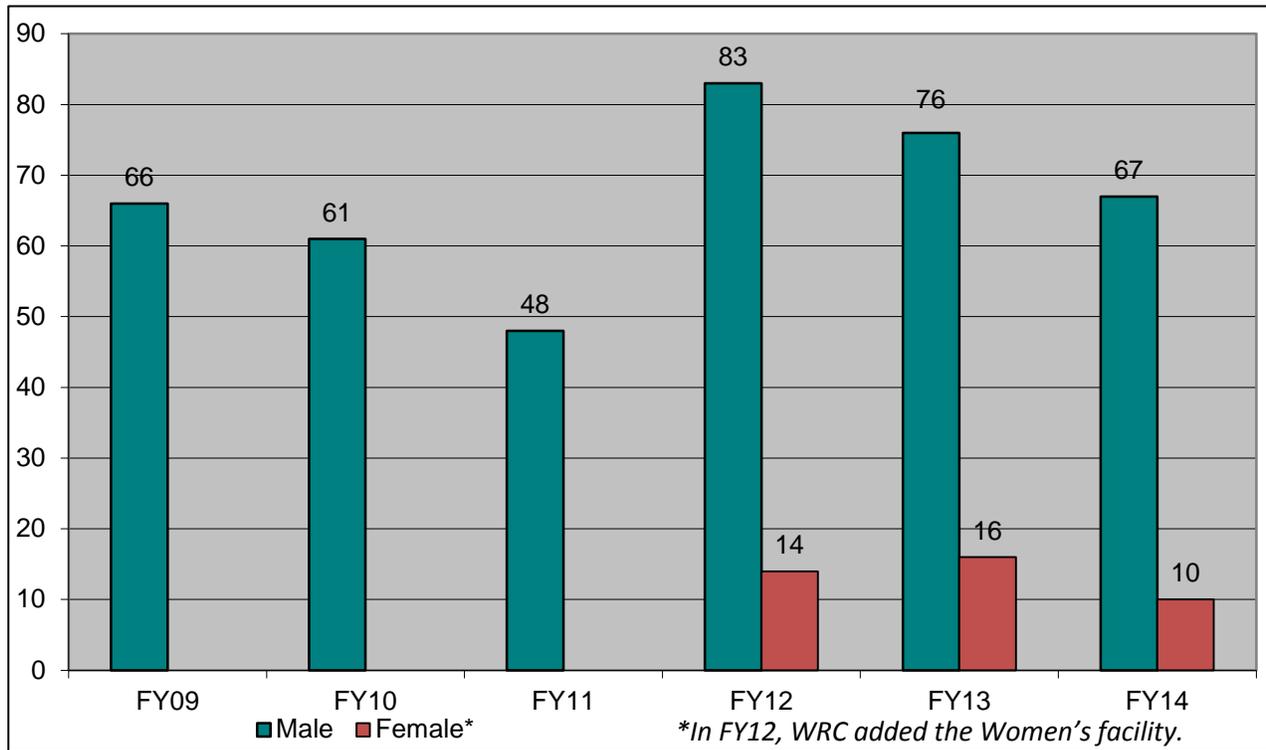
Source: Opening Avenues to Reentry Success program records.

Figure 21. Percentage of WRC inmates readmitted within 60 days of discharge



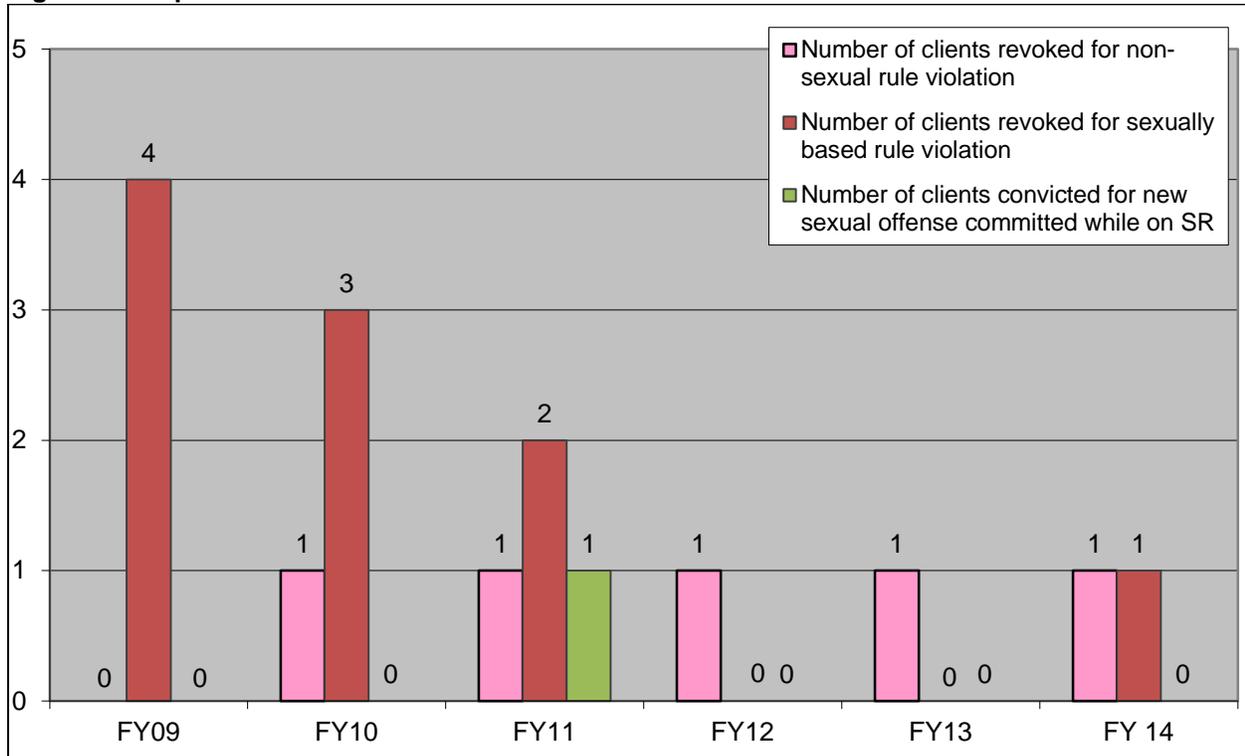
Source: WRC admissions records.

Figure 22. Total physical assaults at WRC



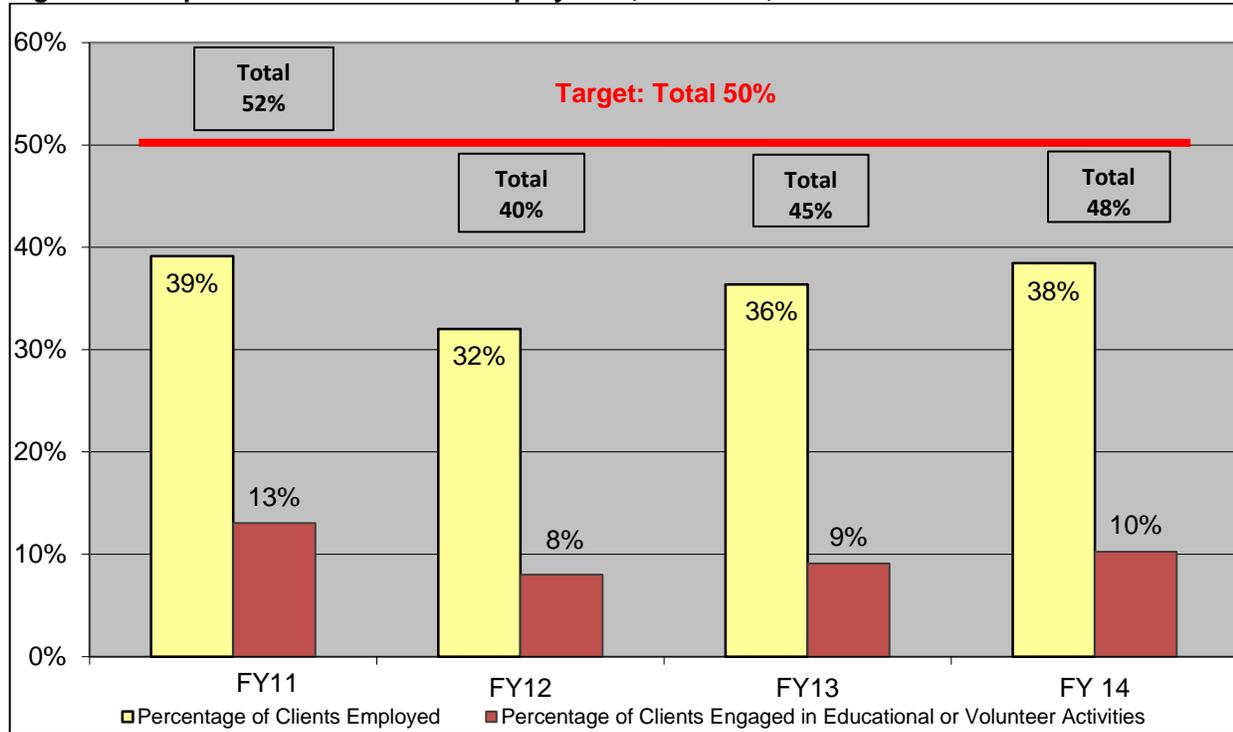
Source: WRC conduct report database.

Figure 23. Supervised release violations



Source: SRSTC records.

Figure 24. Supervised release client employment, volunteer, and educational activities



Source: SRSTC records.