

**Aurora Psychiatric Hospital 2019 Implementation Strategy Update**

In 2013, Aurora Psychiatric Hospital (APH) conducted a Community Health Needs Assessment (CHNA) and completed a CHNA Report and Implementation Strategy that was reviewed and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on November 22, 2013, and was posted to the AHC web site.

In 2016, APH completed and published its CHNA Report and 2017-2019 Implementation Strategy, which was adopted by the Social Responsibility Committee of the AHC Board of Directors on August 18, 2016, and posted to AHC web site. Each document provides a comprehensive overview of the community served and significant health needs identified, and is available by visiting <http://www.aurora.org/commbenefits>.

Experience in carrying out the Implementation Strategy in 2018 informed the process for updating it for 2019. As previously, our APH implementation strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

Category	Community Benefit Core Principle	Focus area
<b>Priority #1:</b> Access	Access for persons in our community with disproportionate unmet health needs	<ul style="list-style-type: none"> <li>• Access</li> </ul>
<b>Priority #2:</b> Community Health Improvement	Build links between our clinical services and local health department community health improvement plan	<ul style="list-style-type: none"> <li>• Alcohol, drug dependence and substance use</li> </ul>
<b>Priority #3:</b> Community Benefit Hospital Focus	Address the underlying causes of persistent health problems	<ul style="list-style-type: none"> <li>• Health professions and community education, workforce development</li> </ul>

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. An annual account of the community benefits we provide can be found by visiting <http://www.aurora.org/commbenefits>.

**Principal community health improvement tool: Community Partnerships**

For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity building to address unmet community health needs.

**Special focus: Health Disparities**

Providing culturally competent and appropriate care has always been a priority for us in helping people live well. Going forward, in addition to the demographic data already collected by our providers, we will be making an extra effort to collect demographic information on individuals touched by the programs in our Implementation Strategies. This will allow us to take a deeper look at the populations we are serving and enable us to identify disparities and work to address them.

Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) [www.mkehcp.org](http://www.mkehcp.org), a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee’s five health systems and the Milwaukee Health Department, along with the other municipal local health departments in Milwaukee County, aligned resources to complete a shared CHNA in 2013 and 2016. Supported by additional data collection and analysis from the Center for Urban Population Health, [www.cuph.org](http://www.cuph.org), this robust community-wide CHNA includes findings from a community health survey of over 5,600 adults, multiple secondary data sources and key informant interviews with forty-one individual interviews and four focus groups. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in

Milwaukee County in collaboration with the Partnership to implement strategies to improve health outcomes and reduce disparities.

It is not surprising that we are asked to support a wide array of community activities and events across our footprint. However, today's community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives, as outlined in this Implementation Strategy.

## Focus | Access



In 2015, 18% of Milwaukee County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a statistical increase from 13% in 2009 and 14% in 2012 (Source #1). According to the *County Health Rankings*, Milwaukee County adults reported an average of 3.6 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (Source #2). Mental health was identified as one of the top health issues in the county by the residents (Source#1) and key stakeholders (Source #3).

Once identified, mental health conditions should be medically managed by a mental health professional<sup>1</sup>. The percentage of respondents whose mental health condition was controlled through medications, therapy or lifestyle changes significantly increased from 81% in 2012 to 88% in 2015. However, 4% of Milwaukee County respondents reported an unmet mental health need in 2015 (Source #1). An unmet mental health care need can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.<sup>2</sup>

**Principal partners**

- Aurora Health Care Medical Group (AHCMG)
- Aurora Behavioral Health Services (ABHS)

**Community partners**

- Milwaukee Health Care Partnership
- Whole Health Clinical Group
- Sixteenth Street Community Health Centers
- Free clinics and FQHCs

**Target population**

- Adults and children newly or self-referred for services

**Commitment to Quality:** *Continue to provide the best possible care for all patients utilizing Aurora's behavioral health services programs: Adult, Child and Adolescent Inpatient, Partial Hospital, Intensive Outpatient, and Routine Outpatient for both mental health and substance use disorders.*

Additional Activities – next page

<sup>1</sup> Substance Abuse and Mental Health Services Administration – Behavioral Health Treatments and Services. Available at <http://www.samhsa.gov/treatment>. Accessed May 27, 2016.

<sup>2</sup> Aurora Health Care Emotional Wellness. Available at <http://aurorapsych.wordpress.com/2013/08/20/aurora-offers-primary-care-physician-training-on-behavioral-health/>. Access August 23, 2013

<b>Expand Services within Milwaukee County</b>		
<b>Service</b>	<b>Activity</b>	<b>3-year goals</b>
ED and urgent care intake assessments	<ul style="list-style-type: none"> <li>Continue to embed Aurora behavioral health specialists in each of four Aurora hospital emergency departments in Milwaukee County</li> <li>Continue to provide urgent care evaluations and referrals to appropriate levels of care</li> </ul>	>7,004/year
Substance abuse and addictions	Expand partial-hospital care through the 15 new addiction beds to Dewey Center (APH campus)	Increased capacity for crisis and transitional care
MARC	Provide AODA therapist for Maternal Addiction Recovery Center at Aurora Sinai Medical Center, downtown Milwaukee	Reduce newborn length of stay in NICU
MAT	Develop Primary Care Hub for Medication-Assisted Treatment (MAT), providing 5-day per week primary care provider coverage for stable opioid recovery patients	Increased capacity for MAT
<b>Expand services across 11 other Aurora Health Care hospital service areas:</b>		
<b>Service</b>	<b>Activity / Geographies</b>	<b>3-year goals</b>
Additional ED intake assessments	Provide Aurora behavioral health specialists at all Aurora Health Care hospitals either in person or via secure video link, to conduct intake assessments in the ED and direct patients to appropriate resources and levels of care	Track annual increases against 2017 baseline
Telephonic triage	Expand ABHS Call Center coverage to include Intake Center telephone triage services for Aurora St. Luke's South Shore (Milwaukee County) and Aurora Sheboygan Memorial Medical Center, to increase telephonic triage and referrals to appropriate levels of care	By 12/31/2019
Tele-psychiatry	<ul style="list-style-type: none"> <li>Continue to provide inpatient tele-psychiatry consultations at all Aurora Health Care hospitals, providing recommendations to all patients appropriate to their needs</li> <li>Continue to provide medication management outpatient tele-psychiatry services at ABHS-Marquette Clinic</li> </ul>	Increased referrals and expedited care
Partial-hospital intensive outpatient	Provide Partial-Hospital, Intensive Outpatient and Clinic-Based Outpatient care at ABHS's new Glendale and Muskego hospital-based clinic locations through programs established in 2016	Increased access to hospital-based care in primary care settings
Call Center	Expand to 24/7 coverage for both patients and providers to provide clinical coverage after hours and providing information on behavioral health treatment	By 12/31/2019
Clinical integrated network	Expand outpatient capacity by partnering with outside organizations, through Clinically Integrated Network agreements, providing coordination of care and communication with primary care providers	By 12/31/2019 increased and expedited referrals
Behavioral health primary care integrated clinics	Expand the behavioral health - primary care integration model to additional Aurora sites	By 12/31/2019 increased and expedited referrals

**Focus | Alcohol, drug dependence and substance abuse**



In 2015, 32% of adults in Milwaukee County reported binge drinking in past month and 2% of Milwaukee County respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year (Source #1).

In addition, prescription drug misuse and abuse are escalating statewide. In Milwaukee County, the rate of emergency department visits due to opiate poisonings (also known as opiate overdoses) was 34.5 per 100,000 in 2014, higher than the state average of 14.6 opiate poisonings per 100,000 population. In addition, Milwaukee County exceeded the Wisconsin opiate poisoning hospitalizations at 29.6 overdoses per 100,000 population (compared to Wisconsin’s 13.2 opiate overdoses per 100,000).<sup>3</sup> From 2006 to 2012, the rate of drug poisoning deaths in Milwaukee County was 19 per 100,000 population. Key informants and residents all identified alcohol and drug use/abuse as one of the top health issues challenging the community (Sources #1, #3).

Support groups are an important aspect of the continuum of care for persons with substance use disorders. Research has shown that support groups facilitate recovery and reduce health care costs. They also promote a sense of belonging within the community and help in the development of self-efficacy.<sup>4</sup>

**Principal partner**

- Aurora Health Care Foundation (funding partner)

**Community partners**

- Community 12-step recovery programs
- Not-for-profit service providers

**Target population**

- Community members benefiting from 12-step recovery programs

**Activities**

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
<ul style="list-style-type: none"> <li>• <b>Provide a comfortable and welcoming non-clinical meeting space to accommodate support groups serving individuals and their families seven days a week through the journey to maintain sobriety</b></li> </ul>			
Ongoing	Number of hours per week Lighthouse on Dewey is used by target populations	>56	Increased number of support group accommodations for individuals in recovery and their families
	Number of support and not-for-profit groups utilizing Lighthouse on Dewey	>40	
	Number of people attending support groups at Lighthouse on Dewey	>700	

<sup>3</sup> Wisconsin Interactive Statistics on Health, 2015. Available at <https://www.dhs.wisconsin.gov/wish/injury-hosp/index.htm>, and injury-related emergency department visits module, <https://www.dhs.wisconsin.gov/wish/injury-ed/index.htm>. Accessed February 25, 2016

<sup>4</sup> Substance Abuse and Mental Health Services Administration – Peer Support and Social Inclusion. Available at <http://www.samhsa.gov/recovery/peer-support-social-inclusion>. Accessed May 16, 2016.



Lighthouse on Dewey, Aurora Psychiatric Hospital

*Individuals in Recovery:*

- Alcoholics Anonymous
- Cocaine Anonymous
- Heroin Anonymous
- Narcotics Anonymous
- SMART Recovery
- Women for Sobriety

*Families in Recovery:*

- ALANON
- Couples in Recovery
- Family Dynamics
- Parents of Addicted Children

**Support Groups Utilizing the Lighthouse on Dewey**

*Other Recovery Support:*

- Nurse N Recovery
- Various Guest Speakers
- Yoga of 12 Steps

**Focus | Health professions and community education, workforce development**

As with all health professions, continuing education is highly valuable for behavioral health professionals. It ensures that providers' practice is current, aids in the development of contact with other behavioral health professionals, provides information about the health system and enhances self-efficacy.<sup>5</sup>

Additionally, in 2015, 3% of the Milwaukee County households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). The onset of many mental health conditions occurs in adolescence. Undiagnosed and untreated mental health conditions can affect a student's ability to learn, grow and develop. School personnel play an important role in identifying the early warning signs of an emerging mental health condition.<sup>6</sup>

**Continuing education program #1: Evidence-based behavioral health series for health professionals**

The objective of this series is to improve the diagnostic and therapeutic capabilities in psychiatry and addiction medicine for psychotherapists, psychologists and physicians treating patients and their families. Programming is based on the analysis of current primary caregiver needs as requested by past attendees and topics are relevant to medical and associated allied staff.

**Principal partner**

- Aurora Health Care Medical Group (AHCMG)
- Aurora Office of Professional Development

**Community partners**

- Health care systems and hospitals, provider organizations, advocates, foundations, academic institutions and community organizations

**Target population**

- Psychiatrists, psychologists, social workers, nurses and other allied health professionals who deal with mental health issues and addiction medicine

Activities – next page

<sup>5</sup> Association of American Medical Colleges and the American Association of Colleges of Nursing – Lifelong Learning in Medicine and Nursing. Available at <http://www.aacn.nche.edu/education-resources/MacyReport.pdf>. Accessed May 17, 2016.

<sup>6</sup> National Alliance on Mental Illness – Mental Health In Schools. Available at <https://www.nami.org/Learn-More/Public-Policy/Mental-Health-in-Schools>. Accessed May 16, 2016.

**Activities**

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
<ul style="list-style-type: none"> <li>• <b>Host and provide continuing education through the Evidence-Based Health Series of lectures and intensive workshops to enhance knowledge in specialized areas of behavioral health and requested clinical topics</b></li> </ul>			
Ongoing	Number of continuing education programs held	≥8	Increased potential for early identification, referral and intervention
	Number of intensive workshops held	>1	
	Number of individuals attending each lecture or workshop, by discipline: psychiatrists, psychologists, nurses, social workers, etc.	>460	Providers report improvement in their clinical practice for behavioral health issues
	Number reporting that they will change a specific aspect of their practice as a result of the lecture or workshop	Baseline data	
<ul style="list-style-type: none"> <li>• <b>Provide immersion program for Aurora RNs to educate hospital medical inpatient unit leaders on working with behavioral health patients</b></li> </ul>			
Ongoing	Number of RNs trained	5/year	Increased number of non-psychiatry staff educated on skills to work with behavioral health patients
<ul style="list-style-type: none"> <li>• <b>Provide Verbal Defense and Influence (VDI) training on how to manage aggressive behavior for providers within Aurora hospital and outpatient facilities</b></li> </ul>			
Ongoing	Number of Aurora providers trained in VDI	50/year	Expanded number of providers equipped to manage aggressive behavior
<ul style="list-style-type: none"> <li>• <b>Provide training to primary care providers and support staff on working with behavioral health patients in Aurora Health Care facilities</b></li> </ul>			
Ongoing	Number of events/consultations provided	2/year	Increased potential for early identification, referral and intervention
	Number of individuals trained	Annual volume	

**Continuing education program #2: Behavioral health issues in the schools**

The objective of this series is to provide additional information about behavioral health issues that may impact social workers, counselors, psychologists and educators in the schools. It is intended to help school professionals better understand the underlying causes of behavioral health illnesses, as well as treatment alternatives and strategies for coping with these problems.

**Principal partner**

- Aurora Health Care Medical Group (AHCMG)
- Aurora Office of Professional Development

**Community partners**

- Local school districts

**Target population**

- School-based educators, counselors, social workers and psychologists

Activities – next page

**Activities**

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
<ul style="list-style-type: none"> <li>Provide continuing education series to school professionals on recognizing behavioral health issues and improving the outlook for students who would benefit from behavioral health services</li> </ul>			
Ongoing	Number of continuing education lectures held	≥6/year	Expanded educational opportunities for school professionals
	Number of educational settings, by type	Baseline data	
	Number of individuals attending	>246	
	Number reporting that they will change a specific aspect of their work with students as a result of the lecture	Baseline data	Attendees report increased confidence in identifying and referring behavioral health issues

**Workforce development**

Across the majority of Aurora’s footprint, there are HRSA-designated mental health provider shortages from the census tract level to a county-wide level.<sup>7</sup> Efforts to recruit, train and retain providers are necessary to increase the numbers of providers available to patients in the Aurora service area.

**Principal partner**

- Aurora Human Resources Department

**Community partners**

- Local colleges and universities with behavioral health-related programs

**Target population**

- Behavioral health providers and providers-in-training

**Activities**

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
<ul style="list-style-type: none"> <li>Hire additional behavioral health providers system-wide</li> </ul>			
Ongoing	Number of psychiatrists employed	Annual volume	Greater number of providers available for increased access to behavioral health care and reduced wait times
	Number of psychologists employed		
	Number of psychotherapists employed		
	Number of psychiatric nurse practitioners employed		
	Number of psychiatric physicians assistants employed		
	Number of dual-certified therapists employed		
	Number of buprenorphine certified providers employed		
	Number of addiction medicine specialists		
Total number of new providers			
<ul style="list-style-type: none"> <li>Continue to provide behavioral health professional training opportunities</li> </ul>			
Ongoing	Number of psychiatry residents and fellows trained, by type	Annual volume	Increased access to behavioral health care and reduced wait times
	Number of nurse practitioner and graduate-level practicums provided, by type		

<sup>7</sup> HRSA Data Warehouse. Available at <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>. Accessed June 7, 2016.