



2013 Community Health Needs Assessment Report

2014 Implementation Strategy



Aurora Psychiatric
Hospital
1220 Dewey Avenue
Wausau, WI 53213

Aurora Psychiatric Hospital

Update for 2015

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Aurora Psychiatric Hospital 2015 Implementation Strategy

Executive Summary

Aurora Psychiatric Hospital (APH) is one among 15 not-for-profit community hospitals within Aurora’s integrated health care system in eastern Wisconsin. APH offers services for individuals struggling with mental health and substance abuse problems. Our hospital serves individuals with a patient-centered approach to behavioral health care. We specialize in programming for children, adolescents and adults covering a broad spectrum of mental health and substance abuse issues.

In 2013 APH completed and published its Community Health Needs Assessment (CHNA) Report and 2014 Implementation Strategy, which was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013 and posted to Aurora Health Care web site. This document, which provides a comprehensive overview of the community served and significant health needs identified, is available by visiting <http://www.aurora.org/commbenefits>. Experience in carrying out the 2014 Implementation Strategy informed the process for updating it for 2015.

It should be noted that addressing the social determinants of health to promote healthier communities requires more effort than can be carried out by one hospital alone. APH is fortunate to be one of five Aurora hospitals located in Milwaukee County, working together and in concert with other providers and organizations within the county to address significant community health needs on a global level. The chart below represents the ongoing multi-stakeholder initiatives of which APH is both directly and indirectly a part:

Prioritized significant needs in Milwaukee County	Multi-Partner Initiatives		
	Milwaukee Health Care Partnership ¹	Lifecourse Initiative ²	United Way ³
Health care access	✓	✓	✓
Health insurance coverage	✓		
Behavioral health	✓	✓	✓
Obesity, nutrition and physical activity		✓	✓
Chronic disease	✓		✓
Infant mortality	✓	✓	✓
Sexual health			✓
Health literacy	✓	✓	✓
Poverty		✓	✓
Racism		✓	✓
Social determinants		✓	✓
Specialty access for uninsured persons	✓	✓	✓

In addition to the resources dedicated each year to these ongoing initiatives, the APH 2014 Implementation Strategy outlined specific priorities to work within Milwaukee County and with the hospital’s unique patient population. That work continues in 2015.

¹ The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving health care coverage, access and care coordination for underserved populations in Milwaukee County. View <http://mkehcp.org/>

² The goals of the Lifecourse Initiative are: 1) Strengthen father involvement in African-American families; 2) Reduce poverty among African-American families; 3) Expand access to health care. View http://www.planningcouncil.org/PDF/LIHF_Milw_CAP_final_w_cover.pdf

³ For United Way of Greater Milwaukee initiatives, view <http://www.unitedwaymilwaukee.org/home>

Implementation Strategy

APH 2015 Implementation Strategy: Introduction

As in 2014, our 2015 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
Priority #1: Access and Coverage	<ul style="list-style-type: none"> Access for persons in our community with disproportionate unmet health needs
Priority #2: Community Health Improvement	<ul style="list-style-type: none"> Build links between our clinical services and local health department community health improvement plan
Priority #3: Community Benefit Hospital Focus	<ul style="list-style-type: none"> Address the underlying causes of persistent health problems

It is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives. Our implementation strategy reinforces the importance of our role as a partner for community capacity-building to address unmet community health needs.

The following table itemizes the significant health needs identified in our 2013 Community Health Needs Assessment and how our hospital and health system resources are allocated. The Key:

I = addressed through our integrated healthcare system and strategic partnerships

S = standard within the continuum of care

H = specifically addressed within our hospital's implementation strategy

Significant community health needs/issues identified in the 2013 CHNA Report	Intent to address in the 2015 Implementation Strategy
Access	
<ul style="list-style-type: none"> Mental health care (children, adolescents and adults) 	H and I
<ul style="list-style-type: none"> Prescription medications 	H and I
Coverage	
<ul style="list-style-type: none"> Enrollment, health care coverage or financial assistance 	H and I
Alcohol and drug use and dependence	
<ul style="list-style-type: none"> Alcohol and drug dependence 	H
<ul style="list-style-type: none"> Binge drinking (excessive alcohol use) 	I
Mental health	
<ul style="list-style-type: none"> Mental health conditions 	H and I
<ul style="list-style-type: none"> Emotional well-being of children 	H and I
<ul style="list-style-type: none"> Inpatient and outpatient behavioral health services 	H and I

Note: Our implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. For a full accounting of the community benefits we provide each year, please see our most recent report: <http://www.aurora.org/commbenefits>.

The demand for mental health services continues to be a pressing issue for Milwaukee County. The 2013 Aurora Psychiatric Hospital individual patient counts:

Number of distinct hospital patients (all levels of care)	Number of distinct outpatients (residing in Milwaukee County)
Child: 366	Child: 890
Adolescent: 687	Adolescent: 1,058
Adult: 3,240	Adult: 10,417

Access is an Aurora Health Care signature community benefit focus

Our implementation strategy considers four dimensions of access as conceived by Penchansky and Thomas (1981)⁴: Availability, affordability, accessibility, accommodation.

Focus | Availability and affordability

Meeting demand for services in our Adult Program is impeded by a shortage of psychiatrists and the wait times for new patients to be assessed before accessing intensive outpatient services. For persons in crisis without health insurance, this poses additional delays.

Target population

- Adults referred or self-referred for intensive outpatient program

Intended impact

- Improved availability and convenience for newly referred and self-referred patients
- Decreased wait times
- Previously uninsured patients gain coverage

Measures to evaluate impact

- Number of telephone assessments
- Number of urgent care evaluations provided

Action plan

Target date

Minimize the wait times between assessments and each patient’s first appointment with a psychiatrist:	
• Continue to implement our successful 45-minute telephone assessment	Ongoing
Assure ongoing coverage for patients who are uninsured:	
• Actively screen, by phone and in-person, all uninsured patients for financial assistance programs, including Aurora’s <i>Helping Hand Patient Financial Assistance</i> program, and other safety net programs for which they qualify, and assist with application processes	Ongoing
• Through our specially trained financial counselors and public benefits specialists, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (also known as exchanges) and provide assistance as needed	During open enrollment

⁴ Penchansky R, Thomas JW. The Concept of Access: Definition and Relationship to Consumer Satisfaction. *Medical Care*. 1981;19(2):127–40. [PubMed]

Focus | Accessibility

All patients need the right care, at the right time, in the right place. Not all persons needing behavioral health services require intensive outpatient or partial hospitalization programs.

Target population

- Patients who have behavioral health needs in primary care settings

Intended impact

- Increased outpatient capacity across the Aurora Health Care continuum of care
- Improved access for persons referred to behavioral health services in the primary care setting

Measures to evaluate impact

- Number of patients who utilize behavioral health specialists at Aurora Lakeshore Medical Clinic
- Number of patients accessing outpatient services

Action plan**Ongoing****Increase access points for patients who are less acute:**

- Continue to provide behavioral health specialists in existing primary care settings
- Expand to three additional primary care locations across Aurora's footprint during 2015
- Explore opportunities for further integration of behavioral health specialists into primary care settings
- Expand telephonic screening and referrals to appropriate levels of care
- Implement telepsychiatry (video conferencing)
 - at additional primary care locations within Aurora without physician coverage for psychiatry
 - for inpatient and ED consults at Aurora hospitals

Focus | Accommodation

Patients with acute mental health or substance abuse issues experience delays in getting the help they need when they arrive in hospital emergency departments.

Target population

- Patients with mental health or substance abuse issues who present to Aurora hospital emergency departments (ED)

Intended impact

- Expedited referrals for appropriate mental/behavioral health or AODA services and levels of care

Measures to evaluate impact

- Number of referred/deferred patients in Aurora hospital EDs successfully directed to appropriate resources and care

Action plan**Target date****Assure the right levels of care and services:**

- | | |
|--|----------------------------|
| • Continue to embed an Aurora Behavioral Health specialist in each of four of Aurora hospital emergency departments in Milwaukee County to conduct intake assessments | Ongoing |
| • Expand ED intake with an Aurora Behavioral Health specialist beyond Milwaukee County at Aurora Memorial Hospital Burlington, Aurora Lakeland Medical Center, Aurora Medical Center Grafton, and Aurora Medical Center Summit | On or before December 2015 |
| • Utilize telepsychiatry services at Aurora Baycare Medical Center for ED and inpatient consults | |

Based on the 2012 Milwaukee County Community Health Survey:

- 14% of adult respondents in Milwaukee County reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years.
- 5% reported feeling so overwhelmed in the past year that they considered suicide. This means approximately 35,550 adults in Milwaukee County may have considered suicide in the past year.

Based on data from the Wisconsin Interactive Statistics on Health, in 2010, there were 116 suicides in Milwaukee County (12.2 per 100,000). The *Healthy People 2020* target is 10.2 per 100,000.

Focus | Behavioral and mental health services in Milwaukee County

The Milwaukee County Mental Health Redesign Initiative is an ongoing effort to improve the mental health system in Milwaukee County to be community-based, person-centered, trauma-informed, and recovery oriented (<http://county.milwaukee.gov/MHRedesign.htm>). The Milwaukee County Mental Health Board was created under 2013 WI Act 203 and is comprised of 13 members who are mental health professionals, advocates, consumers and academics. This board is responsible for redesigning the programs for the delivery of mental health services in Milwaukee County

Principal partner

- Aurora St. Luke’s South Shore (ASLSS) behavioral health inpatient and partial hospital program

Community partners

- Health care systems and hospitals, provider organizations, advocates, foundations, academic institutions, community organizations, community members and persons with lived experience

Target population

- All individuals, current and future, who need mental and behavioral health services

Intended impact

- A data-driven plan for the effective and sustainable redesign of the mental health system in Milwaukee County served by public and private systems and organizations

Measures to evaluate impact

- Reports produced by the Mental Health Board via a public data dashboard (periodically updated to reflect the progress toward the collective goals of redesign stakeholders)
- Participation on the Mental Health Board and redesign action teams

Action plan

Ongoing

<i>Fulfill our role in the Milwaukee County Mental Health Board and Redesign Initiative:</i>	
<ul style="list-style-type: none"> • Provide expert leadership via Governor’s appointment of our hospital president to the Mental Health Board and serve as vice chair 	
<ul style="list-style-type: none"> • Provide Aurora Behavioral Health content-experts to serve on the action teams: <ul style="list-style-type: none"> – Community linkages – Continuum of care – Cultural intelligence – Person-centered care – Quality – Workforce 	

Focus | Health professions and community education**1. Evidence-based behavioral health series for health professionals****Target population**

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

Intended impact

- Improved diagnostic and therapeutic capabilities in psychiatry and addiction medicine to benefit patients and their families

Measures to evaluate impact

- Attendance and number of disciplines
- Mental health professionals' program evaluations

Action plan**Ongoing*****Continually advance knowledge and expertise of mental and behavioral health specialists:***

- Provide a continuing education series of eight lectures to enhance knowledge in specialized areas of our profession (e.g. ethics and boundaries, confusing medical ailments with mental illness, internal family systems, etc.)
- Provide four full-day intensive workshops with national speakers on requested clinical topics including boundaries, ethics, eating disorders, etc.

2. Behavioral health issues in the schools**Target population**

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

Intended impact

- Expand knowledge among school personnel to recognize behavioral health issues in their schools and improve outlook for students who would benefit from behavioral health services

Measures to evaluate impact

- Attendance and completion
- Attendee evaluations

Action plan**Target date*****Help school professionals better understand the etiology of behavioral health illnesses, as well as treatment alternatives and strategies for coping with behavioral health issues in schools:***

- | | |
|--|-------------------|
| <ul style="list-style-type: none"> • Provide a continuing education series of three to four lectures to school professionals per education semester | Spring, Fall 2015 |
|--|-------------------|



In 2013, the Dewey Center on our APH campus treated more than 1,255 patients ages 18 to 65+, the majority of whom were between the ages of 22 and 49.

Focus | Alcohol, drug dependence and substance abuse

Our Dewey Center addresses the physical, spiritual and emotional effects of drug and alcohol addiction to build the foundation for life-long recovery. Groups that support individuals and their families through the post-discharge journey to maintain sobriety expand the care continuum in non-clinical settings. The shortage of space on our campus and in our community to meet this purpose was improved by the opening of our *Lighthouse on Dewey* in 2013. Since its opening, the *Lighthouse on Dewey* provides space for family programming, 12-step support groups, evening and weekend leisure activities, and weekend retreats. It also serves as the center of operations for the *Dewey Friends of Recovery Alumni* organization.

Principal partner (funding partner)

- Aurora Health Care Foundation

Target population

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

Intended impact

- Expanded options and opportunities for people in addiction-recovery programs to receive a continuum of substance abuse support
- Expanded calendar of support group meetings at Lighthouse on Dewey for community members in recovery

Measures to evaluate impact

- Number of support groups utilizing *Lighthouse on Dewey*
- Number of hours facility is used by target population
- Numbers and types of not-for-profit groups utilizing our facility for community education and outreach

Action plan

Ongoing

Promote the efficacy and proliferation of 12-step support groups for those in recovery and increase access to addiction-recovery and related support groups:

- Provide year-round operations, evenings and weekends, and scheduling for this community facility