



Partnerships and collaborations that lead to better patient health, and a healthier community

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Presentation Overview

- Sixteenth Street Community Health Centers overview
- Partnerships
 - School based partnerships
 - Milwaukee Metropolitan Sewerage District
 - Milwaukee Health Care Partnership
 - Other





Sixteenth Street Community Health Centers

- Since 1969, Sixteenth Street Community Health Centers has been a community leader in primary health services for our city's most vulnerable residents
 - Our reputation for compassion, innovation and quality is both locally and nationally recognized
 - An independent non-profit agency, Sixteenth Street now operates at 11 locations, including four full-service medical and behavioral clinics and a Women, Infants & Children (WIC) nutrition program



Our Mission



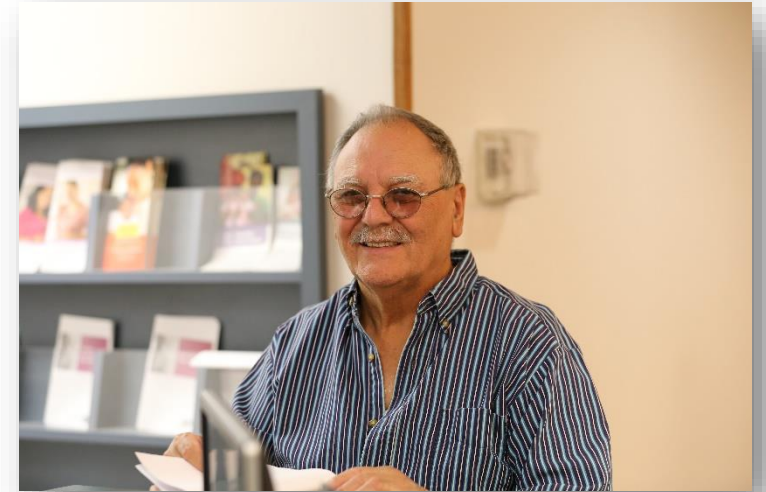
To improve the health and well-being of Milwaukee and surrounding communities by providing quality, family-based health care, health education and social services, free from linguistic, cultural and economic barriers.



Our Impact



In 2018 Sixteenth Street served nearly **40,000** people,



in more than **178,000** individual visits.

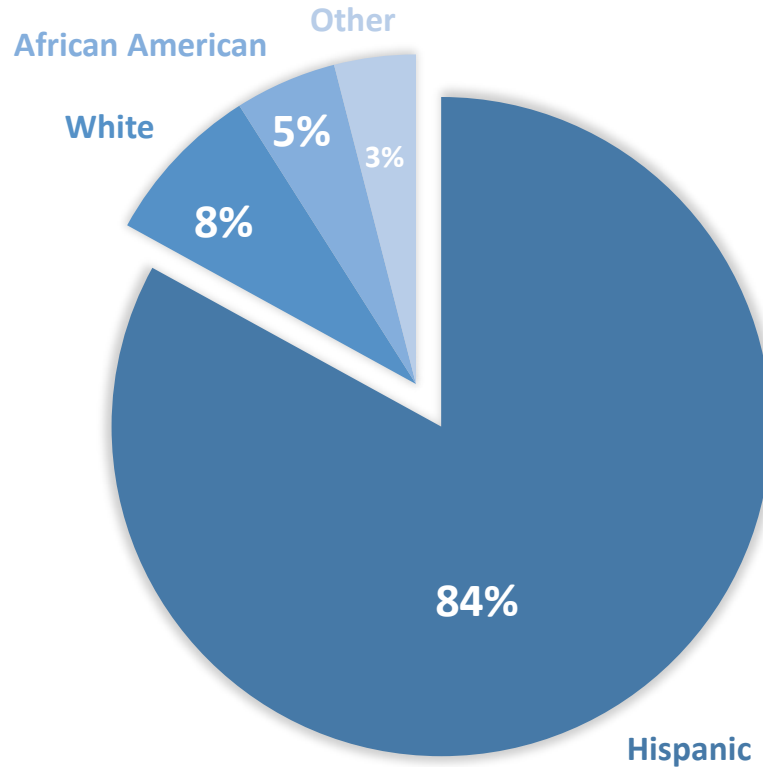


Our Patients

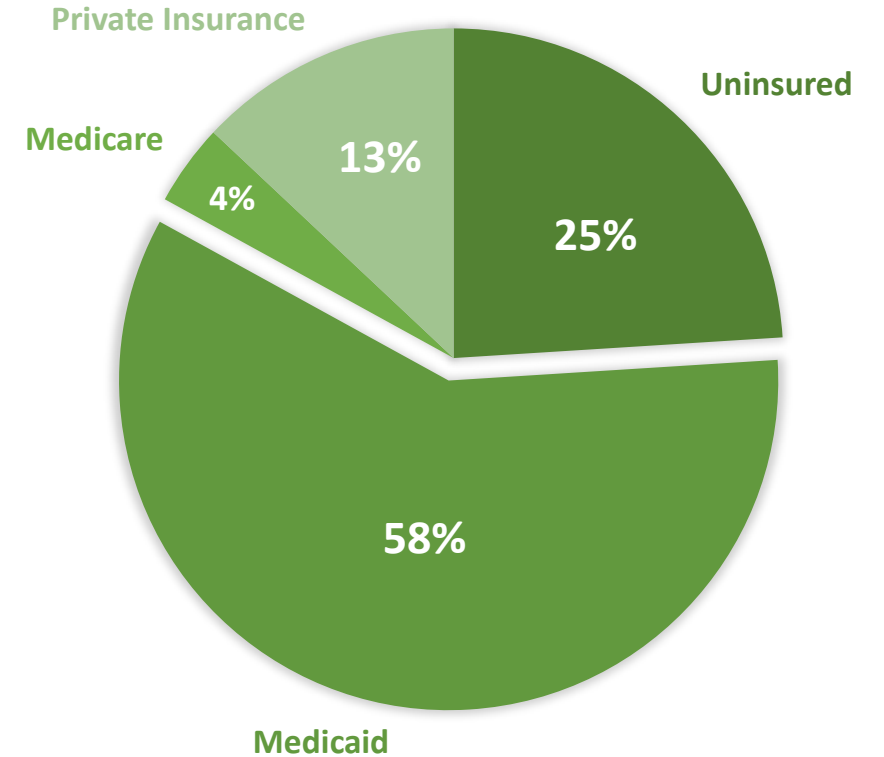


Our patient population is extremely diverse, representing many cultures, ethnicities and economic backgrounds.

RACE/ETHNICITY



INSURANCE STATUS



School Based Partnerships

- St. Augustine Prep
- St. Anthony's
- United Community Center
- Milwaukee Public Schools
 - School Community Partnership for Mental Health
 - United Way Community Schools Coordinator



School Based Partnerships

Lessons

- Learning curve and takes time
- Start-up funding critical

Positives

- Expanded access to care and easier for families
- Reduces absences
- SCMPH improves test scores
- Higher show rate
- Families closer to care
- Efficient care delivery model





Community Partnership for Mental Health Impact of Mental Health Services in Schools: Outcome Study and Data Trends

David J. Cipriano, Ph.D. **Samuel Maurice, M.S.**
Medical College of Wisconsin University of Wisconsin–Milwaukee

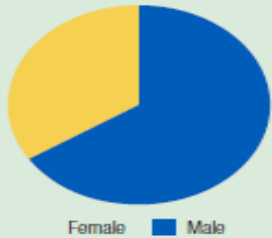
Why school-based mental health services?

- Twenty percent of U.S. children have a mental illness and close to two-thirds of these do not receive care for it. These numbers are worse for disadvantaged kids.
- Health disparities contribute to achievement gaps between middle-income and low-income children.
- Barriers to accessing mental health care are greater in marginalized communities: cost/insurance, scheduling, transportation, shortage of providers in the area.
- School-based mental health services reduce such barriers and level the playing field in terms of well-being and achievement.

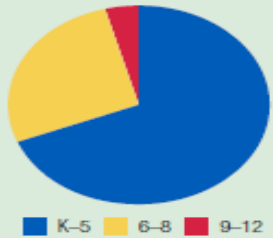
Outcome Study

We followed **349 children** within the **22 partner schools** across academic years **2015–2016** and **2016–2017** and gathered data on their *emotional functioning, attendance and disciplinary referrals as well as academic outcomes*. Within this number was a group of 131 children we used as a comparison (control) group; they were referred for SCPMH therapy, but parents did not give permission to start services at school. **The breakdown:**

Gender



Grade

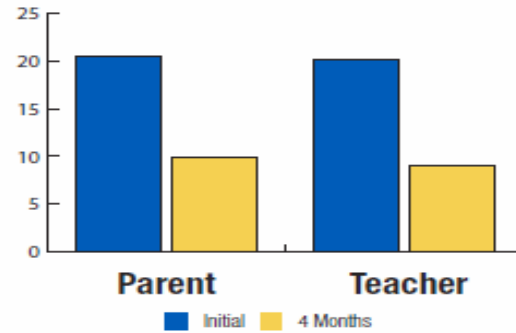


Race/Ethnicity

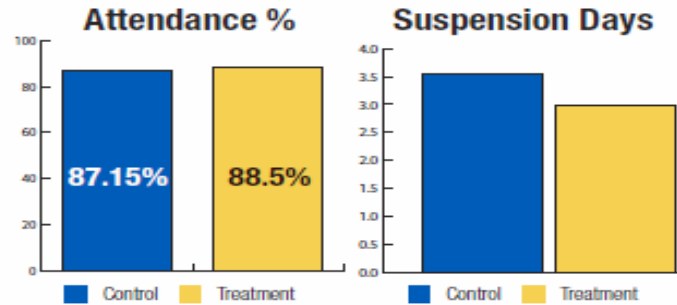


Students in the Treatment Group did show improved mental health

On the Strengths and Difficulties Questionnaire (SDQ), a decreased score indicates improvements in rated mental health and fewer mental health symptoms:



Students in the Treatment Group had a more positive trend in school-related behavior problems



Students in the Treatment Group showed significant improvement in academic achievement

Wisconsin uses the STAR Assessment test to evaluate the progress of students over the course of the year. Students were categorized into improvement or no improvement conditions based on STAR Assessment test results over the two year period:

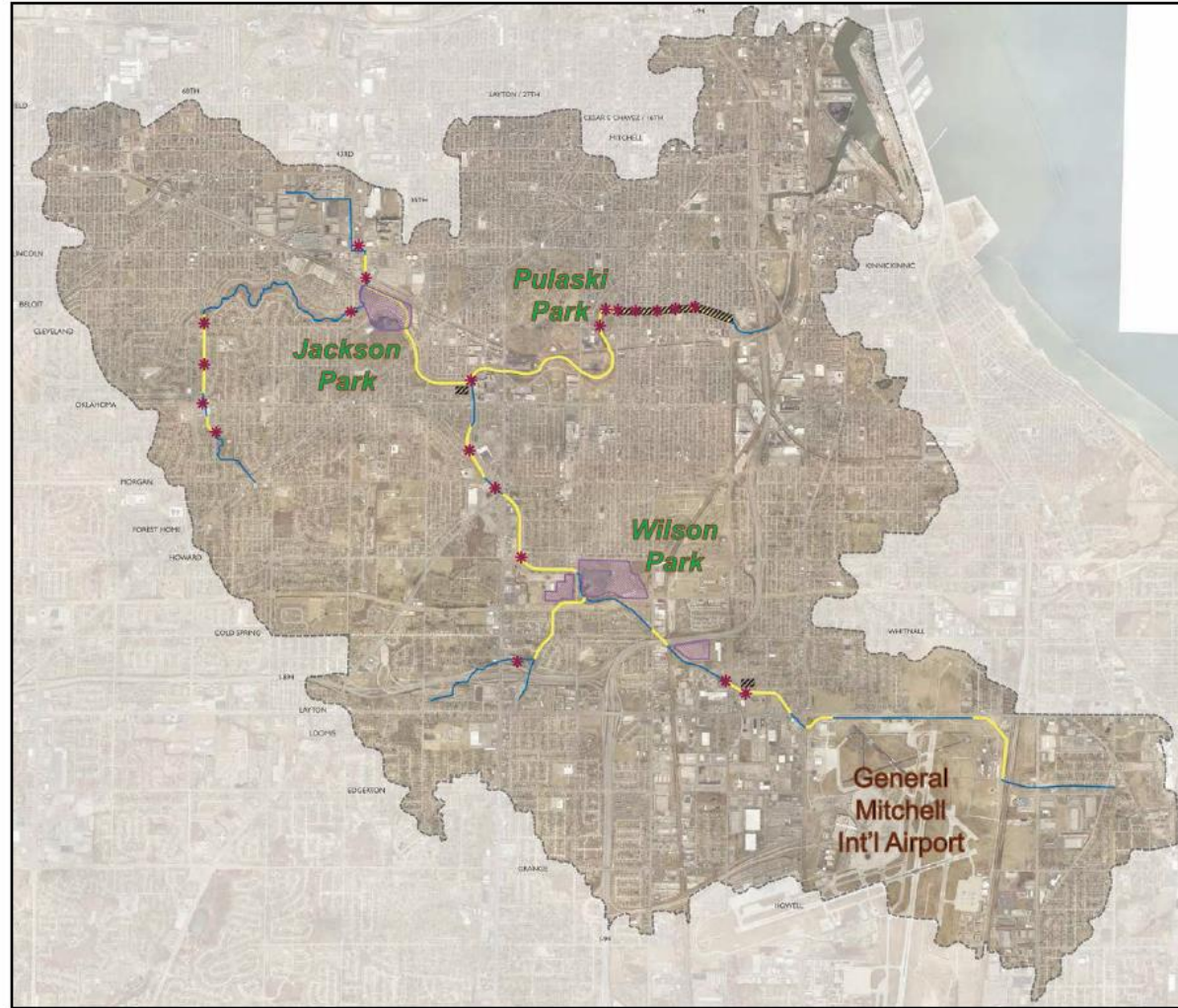
- Students in the SCPMH Treatment Group were significantly more likely to show improvement on the STAR Math Assessment test than students in the SCPMH Control Group.

MPS Partnership

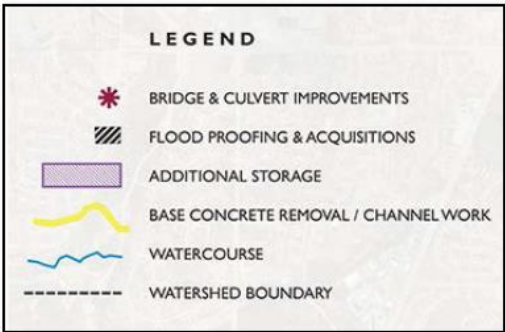
- Higher Attendance
- Improved academic achievement



Kinnickinnic River Watershed Recommendations



Milwaukee Metropolitan Sewerage District

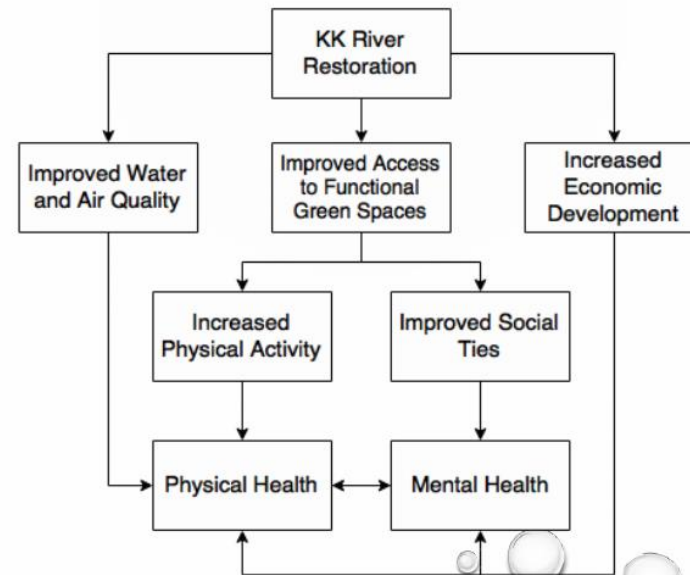


Sixteenth Street DEH and MMSD

- Environmental Change



MODEL OF POTENTIAL IMPACT

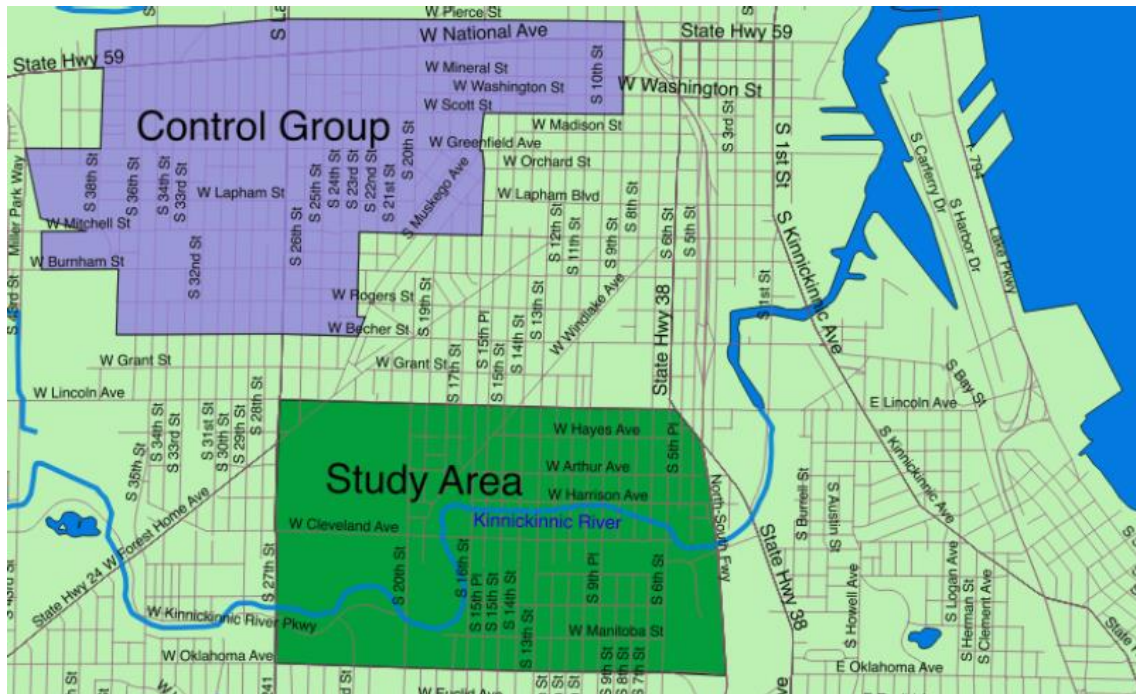


Accessible opportunities improves Public Health



IMPROVE PUBLIC HEALTH

Creating accessible opportunities for people to get out and get moving is a game changer for public health. When people have access to safe places to walk within 10 minutes of their home, they are 1.5 times more likely to meet recommended activity levels than those who don't.³ The Route of the Badger will give people living in Southeast Wisconsin new access to outdoor recreation, with the potential for improved physical activity and a savings in direct health-care costs of more than \$22.4 million.⁴



WE Energies – Solar Now



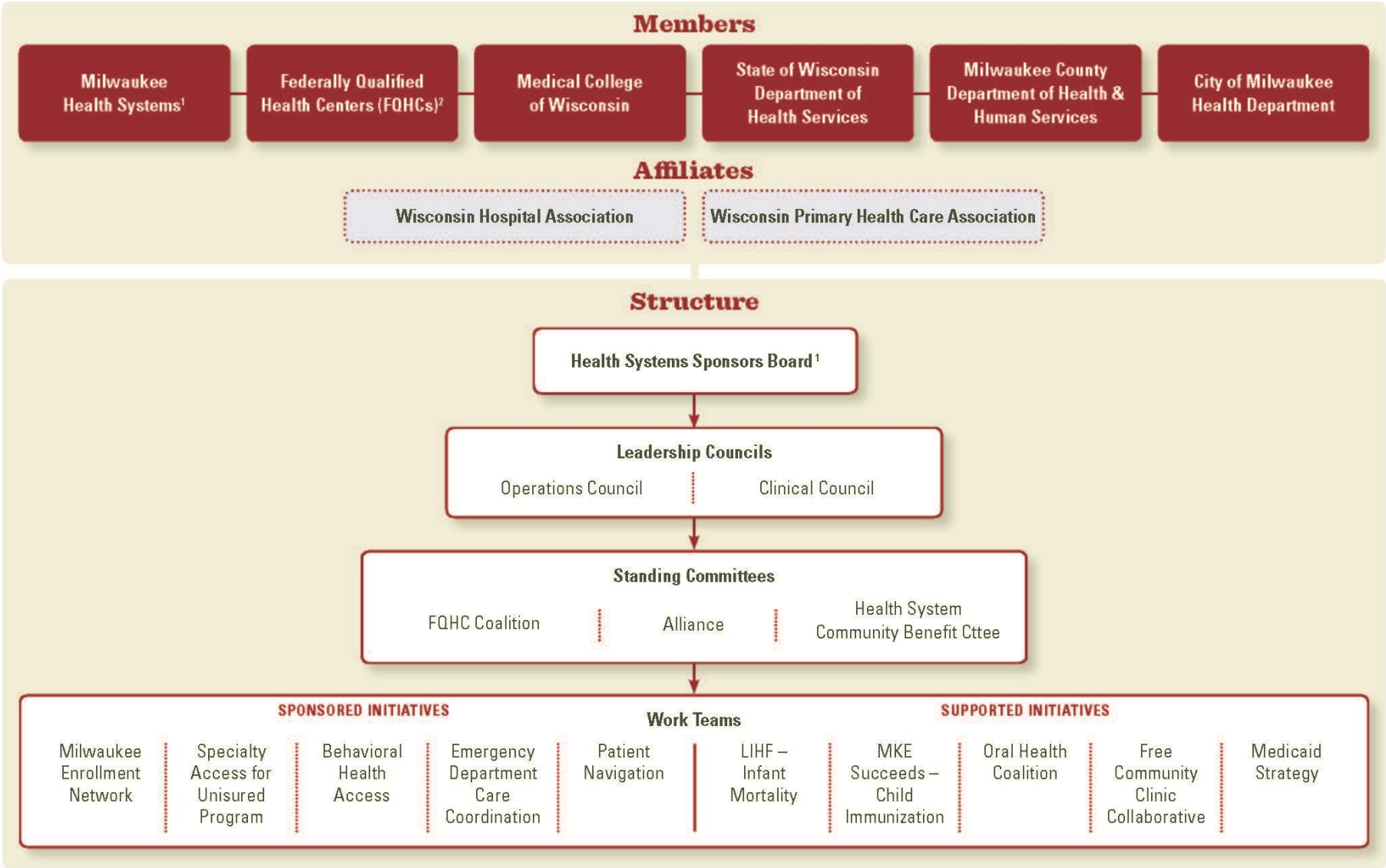
Milwaukee Health Care Partnership

The Milwaukee Health Care Partnership is a public/ private consortium dedicated to **improving health care** for low-income, underserved populations in Milwaukee County, with the aim of contributing to:

- Improved health outcomes
- reduced disparities
- lowering the total cost of care



Organizational Structure



¹ **Milwaukee Health Systems:** Ascension Wisconsin; Aurora Health Care; Children’s Hospital & Health System, Inc.; Froedtert Health

² **Federally Qualified Health Centers:** Milwaukee Health Services, Inc.; Outreach Community Health Centers; Progressive Community Health Centers; Sixteenth Street Community Health Centers



MHCP Goals

1. Secure adequate and affordable health insurance **coverage** for all
2. Increase the availability and **accessibility** to health care programs and services
3. Enhance **care coordination** and navigation within and across health and social care delivery systems
4. Address targeted **community health** issues via cross-sector collaboration



MHCP Programs

- Milwaukee Enrollment Network (MKEN)
- Emergency Department Care Coordination (EDCC)
- Specialty Access for the Uninsured Program (SAUP)
- Shared Community Investment Fund (SCIF)

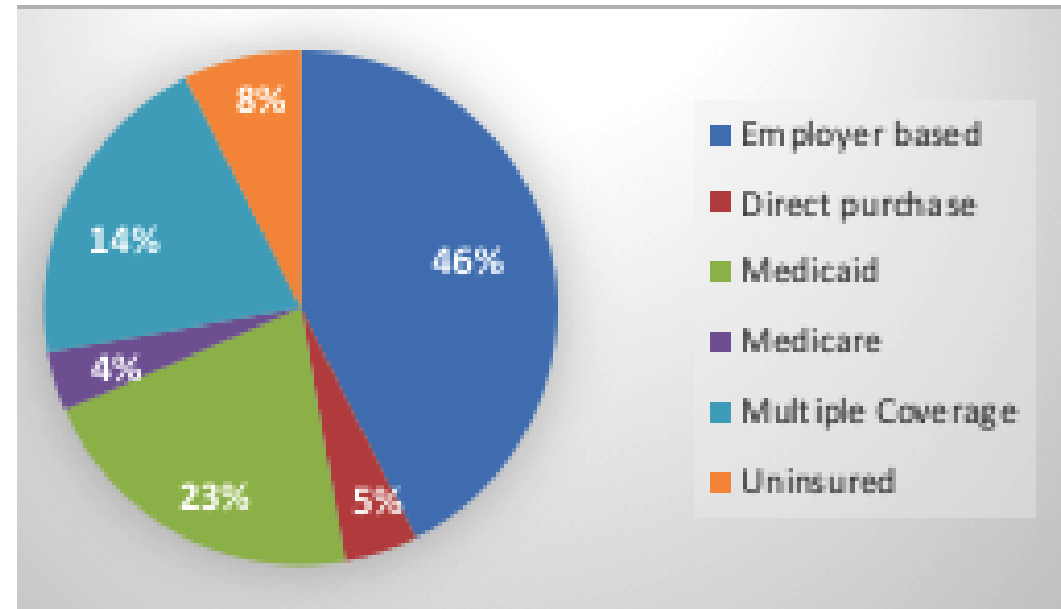




- +75 Organizations
- >160 Enrollment Assistants and Insurance Navigators
- Enrollment assistance at more than 64 locations in Milwaukee County
- +20 Outreach and Enrollment Events

Nationally Recognized Enrollment Coalition

Sources of Insurance in Milwaukee County 2017



Emergency Department Care Coordination

ED to Medical Home Program Description: Schedule unconnected patients with primary care medical homes and other health resources when presenting in the ED.

Target Population:

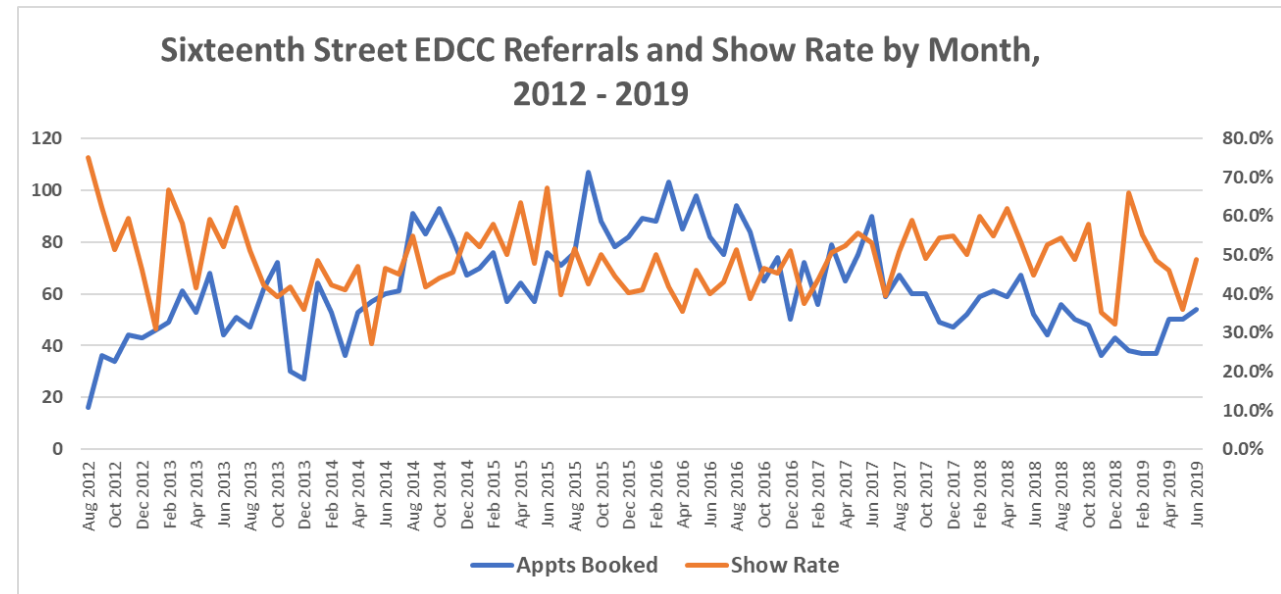
- Medicaid & Uninsured
- Unconnected and motivated
- Chronic conditions, Pregnant women

Program Outcomes:

- 44% Show rate, 55% Stick Rate
- 55,000 referrals since 2009, ~400/month
- 44% ↓ ED visits when attends appointment

Resources & Tools for Effective Handoffs:

- ED Care Managers
- Safety-Net Clinic Intake Coordinators
- Technology supports



Other Care Coordination

Other Emergency Department Care Coordination initiatives

ED Alternative Access: Walk-ins and Urgent care

Intensive ED Transition Care Coordination

Health and Social Resource Navigation Efforts

Housing Navigation services for homeless inpatient and ED patients in partnership with Milwaukee Housing Division

Learning collaborative of PCMHs screening for social needs and referring patients to resources

Health Information Exchange

Champion of statewide Health Information Exchange to coordinate care cross-organization (7 EHRs in Milwaukee County)



Opportunities to Leverage Enabling Technologies



myhealth direct



- Improved Clinical Decision Making
- Enhanced Care Coordination, Navigation and Transitions
- Analytics for Continuous Improvement, Evaluation & Strategy
- Wisconsin State Health Information Network is the state's HIE and facilitates viewing of cross-system utilization, improves clinical decision making and efficiency and provides better transitions
- PatientPing has partnered with WISHIN to provide event notification, care coordination and analytics.
 - GMBFH grant gives access to the 8 largest safety net clinics in MKE!
- MyHealthDirect facilitates real-time cross-system appointment scheduling and information exchange
- Electronic Health Records: Optimizing workflows to surface, screen and connect patients, communicate with PCMH

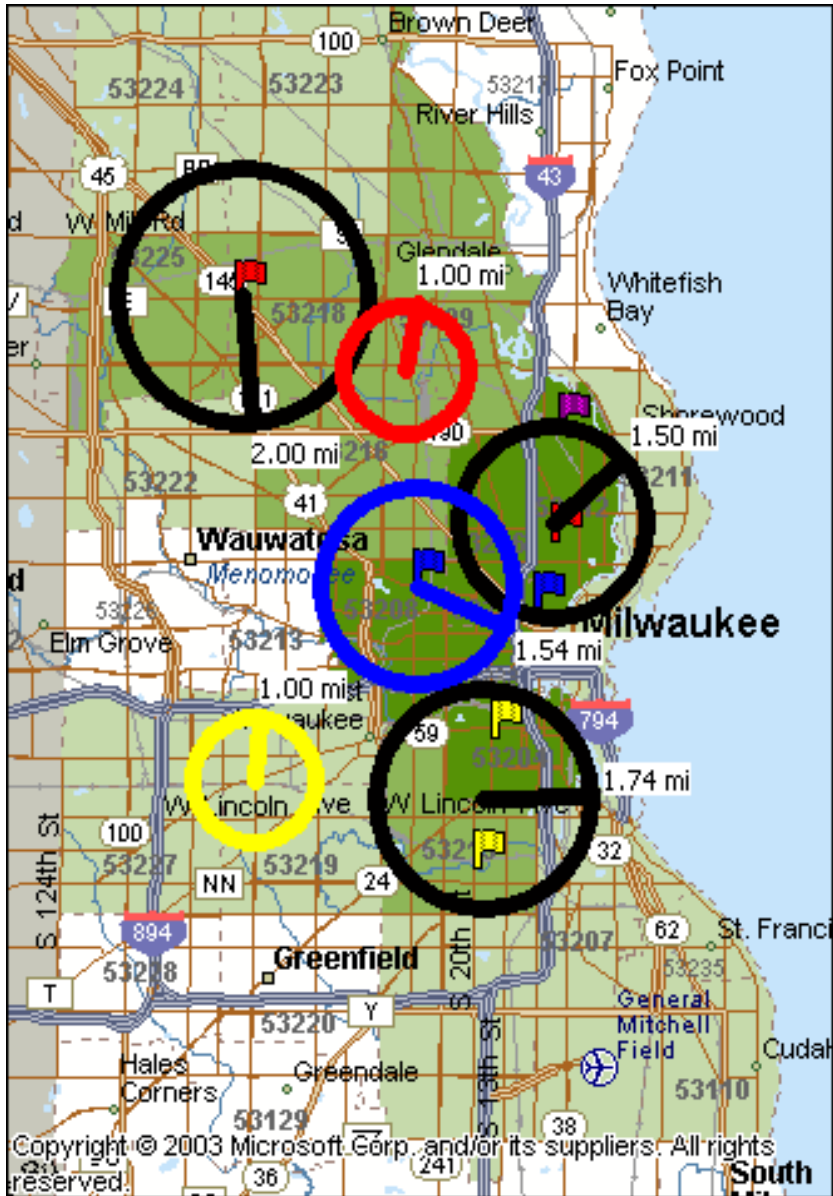


SCIF

Primary Care Access

FQHC Growth Plan

- Build the capacity and capabilities of Milwaukee's Community Health Centers
- Invest in New Access Points
- Support operational improvements, efficiencies, collaboration and shared services



Access

- **Behavioral Health Capacity Building**
 - Supporting expanded access and improved care coordination
- **Oral Health Capacity Building**
 - 28 new schools in Milwaukee, serving 81% of high-risk schools
 - Provided input to Medicaid HMO contracts
- **Free and Community Clinic Collaborative (FC3)**
 - 25 Free Medical Clinics; 38 other Safety Net Clinics
- **Specialty Access for the Uninsured Program**



Specialty Access for the Uninsured Program (SAUP): History & Background

- Launched in 2012, after several earlier attempts
- Sponsorship delegated to MHCP Clinical Council
- Before SAUP uninsured specialty access fragmented and inefficient
 - Peer to peer: M.D. “phone a friend”, quid pro quo
 - Sending patients to ED when condition is acute
 - Delays in patient care
- **Goal: Access to specialty care for low income uninsured**
 - Timely / available
 - Clinically appropriate and screened for financial eligibility
 - Agreed and predictable distribution among health systems
 - Managed = cost effective



SAUP Model

Patient Eligibility Criteria

- MKE County resident
- Established at participating safety net clinic
- ≤ 250% FPL (**aligns with health system charity care**)
- Not eligible for public insurance
- Eligibility reviewed and renewed every 6 months

Covered Services

- Usual and customary acute and chronic specialty services
- Some restrictions (cosmetic surgery, transplant, etc)- aligns with Medicaid

Additional Key Funding

- Advancing a Healthier Wisconsin Endowment: \$700,000 in funding over 4 years (2014 - 2016) for project management and program evaluation



SAUP Model

Pair PCMH safety net clinics with a health system partner

- “Managed care for the uninsured”
- SNC determines clinical and financial eligibility. Provides primary care, medication and care navigation
- Health systems provide inpatient & outpatient specialty care
- Specialty consultation, testing and treatments are “covered” under SAUP; no out-of-pocket cost to patient
- Patients are referred for a 6-month episode of care and returned to PCP for ongoing care management





Leveraging Investments: 2007 - 2017

Shared Community Investment Fund (SCIF)

Health Systems' Strategic Funding Pool

Total Investments: \$26.6 million

MHCP/ United Way Health Improvement Fund (HIF)

"Challenge Grant"

Total Investments: \$2 million

Other Extramural Funding

Total Raised: \$5.9 million

More than \$32 million in aligned funding to improve access, reduce disparities and slow the rate of increase in the cost of care in Milwaukee.



Partnerships that lead to better patient health and a healthier community

- “Everything we do, we have to work with partners and that just makes everything better”
- Strange partners sometimes— MMSD and WE Energies
- Structure matters – SCPMH, MHCP
- Partnerships must fit within your strategic vision
- Capacity comes into play - We get LOTS of asks
- Funding critical/helps
- Principles of Partnership





Thank you!

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