

AN OVERVIEW OF MASTER PLANNING FOR JAIL POPULATION MANAGEMENT

Community Justice Council – Executive Committee

April 29, 2009

INTRODUCTION

As requested by the Milwaukee County Community Justice Council (CJC) Executive Committee, the Public Policy Forum has identified and examined strategies pursued by other urban counties to develop strategic plans for coordinating and managing criminal justice activities and corrections populations. While specific strategies and formats differ among the jurisdictions we examined, several across the country have engaged in efforts to improve criminal justice system management by developing and implementing master plans. Many of those planning efforts are recent and therefore lack performance measurement data, making it difficult to discern which have been most successful. Common threads do exist, however, that can provide Milwaukee County with direction as it contemplates establishing its own planning process.

This report is based on literature on criminal justice planning and information gathered from several large urban areas that have undertaken collaborative efforts to strategically restructure their justice systems. The counties from which conclusions have been drawn are listed in **Table 1** along with the size of their population:

Table 1: Counties Reviewed	
County, State (Major City)	* County Population
Jefferson County , Colorado (Lakewood)	526,008
Louisville Metro Government , Kentucky (Louisville)	704,648
Mecklenburg County , North Carolina (Charlotte)	834,932
Hamilton County , Ohio (Cincinnati)	845,647
Pinellas County , Florida (Clearwater)	922,147
Cuyahoga County , Ohio (Cleveland)	1,310,905
King County , Washington (Seattle)	1,832,835
Milwaukee County , Wisconsin (Milwaukee)	951,026
<i>* Population data taken from the U.S. Census Bureau, 2005-2007 American Community Survey 3-Year Estimates.</i>	

In the pages that follow, we provide insights on the key issues and questions that Milwaukee County's Community Justice Council should consider in determining whether and how to establish a strategic/master planning process.

SUMMARY OF PLANS REVIEWED

Jefferson County, Colorado – 2009 Sheriff's Office Detention Facility Use Plan

Facilitator:	6 in-house staff	Cost:	NA
Timeframe:	3 years	Date of final report:	Jan 2009

Notes: The Jefferson County planning process resulted in a decision to assign each court an allotment of jail beds that could be utilized in sentencing. With this allotment, the sheriff provides each judge a snapshot roster of their cases taking up jail beds. The reports include information such as the inmate's name, docket number, top charge, bond amount, his or her next court date, days in facility, and anticipated release date. Having a set court allotment and access to these reports allows judges to understand how their sentencing decisions are impacting the jail population.

Pinellas County, Florida – 2008 Criminal Justice System Study

Facilitator:	Kimme & Associates, Inc.	Cost:	\$ 343,000
Timeframe:	13 months	Date of final report:	Nov 2008

Notes: The criminal justice system study conducted in Pinellas County was one of the more comprehensive analyses we observed. The study aimed to find opportunities for change that were consistent with local philosophies and that would have the effect of reducing the size and growth of the jail population. Recommendations were provided to resolve issues found through an in depth analysis of county demographics, jail population, court case filings and dispositions, law changes, and the availability of alternatives for mental health and substance abuse offenders. Recommendations developed from this problem analysis included greater usage of notices to appear or citations instead of arrest, creation of a Crisis Intervention Team for those with mental illnesses or substance abuse, avoidance of excluding individuals from pretrial supervision programs due to their inability to pay, development of an inmate release system matrix, and establishment of court case processing standards.

Louisville Metro Government, Kentucky – 2008 Metro Corrections: Vision 20/20 Recommendations

Facilitator:	4 in-house staff	Cost:	NA
Timeframe:	10 months	Date of final report:	August 2008

Notes: Vision 20/20 was an effort to develop a range of possible options to more efficiently manage the jail population. Several recommendations were provided that had the goal of streamlining case processing, expanding alternatives to incarceration, and increasing jail capacity. While the report identified problem areas and gave several recommendations, many needed follow-up research and collaboration to solidify the solution. Recommendations covered a large spectrum of issues, including increased use of citations by police, expansion of the electronic monitoring program, preset bond setting guidelines, and use of summonses rather than warrants.

Mecklenburg County, North Carolina – 2008 Detention-Corrections Master Plan

Facilitator:	Kimme & Associates, Inc.	Cost:	\$ 275,000
Timeframe:	14 months	Date of final report:	April 2008

Notes: Mecklenburg's master plan, unlike the Pinellas study conducted by the same consultant, did not have as an extensive analysis of issues relating to facility space or mental health and homelessness, but was comprehensive in its own right. One difference between Pinellas and Mecklenburg was that Pinellas had far older facilities that failed to meet code in many instances. An in depth analysis of jail population, court case filings, and alternatives to incarceration was conducted. Recommendations developed from this problem analysis included greater usage of citations in lieu of arrest, tighter process for issuing warrants, increased use of problem-solving courts, and greater focus on detainee cases.

Cuyahoga County, Ohio – 2008 Felony Case Processing Study

Facilitator:	Justice Management Institute	Cost:	\$ 160,000
Timeframe:	12 months	Date of final report:	Sept 2008

Notes: Cuyahoga County's approach to planning was to focus on felony case processing. Though recommendations were geared toward felony cases, the impact of many recommendations also impacted misdemeanor cases. Recommendations included the creation of a county-wide criminal justice supervisory committee, standardization of forms used by police agencies and compiled for the grand jury packet, update of forensic lab capabilities, and other technical and process driven methods to speed up investigations.

Hamilton County, Ohio – 2006 Correctional Master Plan

Facilitator:	Voorhis Associates	Cost:	\$ 160,000
Timeframe:	6 months	Date of final report:	Jan 2006

Notes: Hamilton County’s plan was very extensive and looked at the results of past planning efforts and areas still in need of improvement. The report provided an in depth analysis of county demographics, court processes, jail facility population and management, use of intermediate sanctions, and facilities. However, the consultant indicated that Hamilton County is a county with one of the most efficiently run court systems and a rich set of alternatives to incarceration. Therefore, the report focused on the problem of inefficient facilities. Recommendations were not produced by the consultant, but established by a policy committee of the county’s Criminal Justice Commission. Recommendations included measures to increase facility efficiency, the construction of a gender responsive facility, and the boarding of some inmates in other jurisdictions.

King County, Washington – 2002 Adult Justice Operational Master Plan: King County Capacity Options 2002 - 2010

Facilitator:	unknown	Cost:	unknown
Timeframe:	2 years	Date of final report:	May 2002

Notes: King County engaged in an in-depth analysis of its criminal justice system, focusing on court case processing, sanctioning options, and jail usage. Recommendations included giving reminder calls to offenders in order to reduce failure to appear rates, using electronic home detention for pre-sentence defendants, creating a day reporting center, shutting down certain facilities, having cities contract with other entities for jail services rather than using county jail facilities, and acquiring a commitment by elected criminal justice leaders to reduce the average daily population by 400 persons.

ISSUES FOR THE MILWAUKEE COUNTY COMMUNITY JUSTICE COUNCIL

Scope of strategic plan

One of the foremost considerations for Milwaukee’s CJC will be to determine the precise scope of its planning process. That determination obviously will be guided by the resources available to conduct planning and the urgency associated with plan completion.

Our research indicates that typically, jurisdictions have developed a distinct strategic plan for adult offenders, while planning for the juvenile justice system has occurred separately, if at all. Facility expansion and construction planning also typically has taken place as a separate planning effort.

Most of the plans we reviewed focused on modifying jail and court programs and processes in order to make the system more efficient and mitigate upward pressures on inmate population.

That being said, the list of topics that could be encompassed within a strategic planning process is long and should be narrowed at the outset to specify those areas that are deemed to have the most potential impact on meeting stated planning goals. The following list provides examples of items that typically receive considerable attention in strategic plan development:

- Local population trends (growth, poverty rate, education)
- Inmate population trends (inmate demographics, charges, length of stay)
- Local law enforcement trends (bookings, arrests, citations, information-sharing)
- State legislative and policy decisions (truth in sentencing laws, crime classifications)
- Local legislative and policy decisions (early release, use of home detention)
- Judicial sentencing decisions (bond setting, use of incarceration and other sentencing options)
- Court processes (caseload, disposed versus new case filings, case duration)
- Impact of other agencies on offender population (interaction with other social service agencies)
- Alternatives to incarceration (programmatic needs of current inmates, available beds)
- Recidivism
- Peer comparisons
- Facility construction

This list is not exhaustive of the possibilities but shows the depth of topics that could be covered in a strategic planning process. Depth, however, does come at a cost and takes time. Kimme and Associates, a consultant that developed the strategic plans for Mecklenburg and Pinellas counties, estimated that a comprehensive plan that included all items listed above would cost in the range of \$300,000 to \$400,000 and take 12 to 14 months to complete. Data collection and the time needed to build consensus are the main factors impacting the length of the project, though it is important to note that a county that has capacity for rapid data collection and that has dedicated and cooperative participants can shorten the project time span. Also, the cost and timetable for strategic planning in Milwaukee County might be significantly reduced if a jail population analysis currently under consideration proceeds as a precursor to strategic planning.

When deciding the scope of a strategic plan for Milwaukee County's criminal justice system, stakeholders should weigh an all-inclusive approach against the rapid need for solutions to specific, imminent problems. For example, if planning is deemed necessary primarily to address immediate jail and House of Correction population and cost pressures, a narrower scope that would primarily involve analysis of existing corrections populations, existing court and law enforcement processes and procedures, and existing alternatives to incarceration programming might be desired.

Conversely, if the purpose of strategic planning is deemed to be a more comprehensive effort not only to accomplish the above immediate objectives, but also to reduce recidivism, enhance alternatives programming and provide better outcomes to those entering and leaving the criminal justice system, then a broader and more time consuming process may be desired.

Proactive vs. reactive approach

The catalyst for strategic planning in virtually all of the counties we researched was the need to accommodate a growing jail population that had surpassed – or was on the brink of surpassing – existing capacity. Not surprisingly, the strategic planning effort for many was a reactive approach that came in response to severe overcrowding issues. Louisville Metro, Mecklenburg, and Pinellas counties, for example, averaged 200 to 800 inmates beyond capacity per day at the onset of planning, which necessitated placing mattresses on floors to accommodate inmates.

The planning process in some counties was more proactive, as those counties, attentive to rapidly escalating jail populations, planned just before severe crowding issues came to fruition. Jefferson County, Colorado, experienced 13 percent inmate population growth each year from 2000 to 2005, and realized it would eventually outgrow detention facility capacity. In King County, a 2002 strategic planning projected a population growth rate of three percent, which would have put the county's inmate population above capacity by roughly 70 inmates by 2010. Some jurisdictions used simple projections, while others, such as King County, used regression analysis and accounted for history and recent or upcoming policy changes that impact inmate population levels.

Use of consultant versus in-house facilitation

Another important decision – which also will be influenced by resource and timeliness considerations – involves potential use of a national, expert consultant to lead the planning process. Of the counties reviewed, Pinellas, Mecklenburg, Cuyahoga and Hamilton brought in outside consultants to lead development of their strategic plans. Jefferson County, CO and Louisville Metro developed plans using existing staff hired to facilitate and research topics of interest to their community justice councils. (King County utilized county staff, though we were unable to determine whether that staff was hired specifically to work on community justice planning efforts.)

While both options can produce similar planning processes, the actual reports produced by consultants tend to be more extensive and comprehensive. Given that staff members employed by the plan sponsor already have knowledge of their criminal justice system, those plans tend to focus on areas already known as problematic that may have been revealed through past analysis or discussion. This may lead to more immediate and focused solutions, but can also result in a shortage of analysis that could cause certain problems to go unseen.

The nature of internal relationships between the agencies that are sponsoring planning might also dictate the need for an independent and objective entity to lead the planning process. In Milwaukee County's case, there is not an "in-house" staff that is independent from any one agency or elected official in the community justice system. Conversely, other counties have dedicated staff that work for the collective system. In the case of Jefferson County, CO, the bulk of the research conducted to push the strategic planning process forward was done by the Criminal Justice Strategic Planning Committee's (CJSPC) six-member staff alongside the sheriff's IT staff. Louisville Metro, meanwhile, utilized its Criminal Justice Commission staff, which consists of three practitioners and one administrative position.

Experts in the field do advise that the optimal approach is to utilize an independent agent/staff to guide the creation of a strategic plan and also to engage in subsequent monitoring. In Milwaukee, that would logically involve use of an outside consultant, though independent full-time staff hired by the Community Justice Council, or use of a team of independent staff already associated with CJC entities (such as staff from the Milwaukee County Department of Audit or Corporation Counsel's office, or from the City Comptroller or City Attorney), also could be considered.

Key players & consensus building

Regardless of whether they utilized internal justice council staff or consultants, most of the counties we researched developed robust stakeholder/community participation mechanisms to provide meaningful input into the planning process. These mechanisms typically involved various individuals both from within and outside of the criminal justice system, who were utilized to gain knowledge, advice, and consensus. Criminal justice councils or workgroups also often were utilized as a springboard for ideas, approvals, and compromise. Louisville Metro's Vision 20/20 Commission emphasized having a dynamic membership including several community leaders to provide "outsider" opinions of ways to improve the criminal justice system. Similarly, Kimme and Associates recorded having as many as 140 interviews to gain information and insight on known or perceived successes and failures of a county's criminal justice system.

Beyond information gathering, stakeholder/community advisory groups were utilized to move forward potential solutions and recommendations. For example, the staff of Jefferson County's CJSPC presented the draft final detention use plan to all judges in order to allow them the opportunity to have their questions and concerns addressed and to become more comfortable with the effort. The buy-in of judges is often critical for any strategic plan given that it is their duty to deliver sentences, and it is they who can impact lengths of stay. Consultants, along with supporting officials, have done the same, presenting recommendations to county boards and others to spur action and solicit funding for implementation.

System evaluation

Concerns about jail populations obviously must be addressed not only by examining bed capacity, but by focusing on potential systemic inefficiencies and/or lack of alternatives to incarceration. In reviewing how other jurisdictions addressed such issues in the course of their planning, we found that initiatives that attempt to resolve process failures understandably tend to get less resistance than those that seek to modify sentencing guidelines and/or specifically divert identified groups of offenders to alternatives. While all aspects of the justice system should be examined, some experts in the field argue that resolving system issues can be the least costly, least subjective and most effective immediate means of addressing overcrowding.

Process changes *A Second Look at Alleviating Jail Crowding: A Systems Perspective* (2000), a guide developed by the U.S. Department of Justice, recommends developing a flowchart that maps the stages of the criminal justice system and its critical decision points. Such an effort can reveal information to all actors on how each impacts the system overall. This information can allow for collaborative and workable solutions to eliminate “catch points” that lengthen inmate stays, the component found to be the main contributing factor to jail population (more so than the number of admissions). Evaluating the factors impacting length of stay and finding efficiencies can go a long way toward alleviating jail crowding. Some of the process-related topics addressed through the strategic planning of the counties reviewed include the following:

- Booking interfaces and other information-sharing
- Citation release
- Preset pretrial bonds
- Video conferencing
- Performance standards (targeted case processing timelines)
- Court adherence to a predetermined jail bed allocation

Sanction and programmatic changes Policies impacting sentencing options, decisions, and duration are often reviewed in county planning efforts as well. These efforts aim to reduce jail beds but also better match crimes with punishments. Recommendations have attempted to enhance the continuum of sanctions that are available to reduce reliance on jail beds and appropriately punish and rehabilitate offenders. Since counties in general have more control over local policy and programs than state sentencing laws and guidelines, the strategic plans we examined often focused on local policy changes rather than state law (particularly sentencing laws). However, since legislative changes at the state level can significantly impact jail population, one consultant indicated that strategic plans often can and do include strategies for lobbying for desired law changes. Recommendations regarding the following topics were developed in the counties reviewed:

- Substance abuse courts
- Home detention / electronic surveillance
- Work-release
- Day reporting centers
- Out-of-custody work crews
- Sentencing guidelines
- Early release

Implementation & follow-up evaluation

The plans reviewed typically identified the agency or officials responsible for implementing recommendations. Timeframes for completing the various recommendations, though not explicitly laid out in all the plans reviewed, were used in at least one planning effort to build commitment and monitor progress toward the overall success of the plan. Several of the recommendations contained in plans we reviewed required substantial up-front expenditures. We observed that to the extent such recommendations were accompanied by strong analysis and rationale, there was greater success in moving them forward and acquiring needed funding. For example, comparisons between the status quo and implementation of various strategic plan elements were utilized to quantify potential saved jail beds, avoidance of jail crowding or construction, and other cost reductions.

Many of the plans we reviewed were established in the last few years, meaning implementation is still in its early stages. However, progress has been noted in some counties. Cuyahoga County's consultant, the Justice Management Institute (JMI), conducted a follow-up evaluation in 2008 to measure the county's progress in implementing 2005 recommendations. JMI noted encouraging changes, which included the implementation of a pilot program that was found to have significantly shortened the timeframe for felony investigation and preparation, shortening arrest-to-disposition time from 70-80 days to 10-15 days. In addition, subsequent to the implementation of Jefferson County's 2009 Detention Use Plan, the corrections population declined from 1,320 inmates in January 2008 to a current average daily population of 1,250 inmates. We would recommend that any strategic planning process initiated by the CJC in Milwaukee specify the need for measurable performance outcomes to accompany the final plan, as well as a proposed mechanism for collecting data and evaluating success.

CONCLUSION

Development of a strategic plan for Milwaukee County's criminal justice system clearly is a necessary and critical next step for the Community Justice Council. Given the recent closure of the Community Correctional Center and the resulting reduction in the county's jail bed capacity, it is essential that planning take place to develop coordinated strategies to maintain a manageable corrections population and to enhance and connect successful initiatives conducted by the various actors in the criminal justice system. At the same time, further systemic and programmatic improvements can be made to achieve desired outcomes beyond jail population management.

In terms of next steps, we strongly recommend that the CJC immediately undertake an effort to define the scope and timeframe of its preferred strategic planning process, as well as the extent of stakeholder/community involvement desired. Next, it should utilize those decisions and resource considerations to determine whether use of a national consultant is desired.

As an example, we have attached a summary of the Forum's Phase I planning work conducted for key public and private sector stakeholders who were seeking to launch a planning process to redesign the mental health care delivery system in Milwaukee County. This document demonstrates how stakeholders in that effort conducted preliminary work to develop a concise problem statement, scope of work and desired set of deliverables for the planning process, which then paved the way for a decision to use a national consultant and allowed for a preliminary estimate of a project budget.

A similar though less extensive Phase I planning process might be appropriate for the CJC. This process could be led by a work group of staff members representing executive committee members. The Public Policy Forum also would be happy to assist as part of its ongoing assistance to the CJC.

ATTACHMENT

**TRANSFORMING THE ADULT MENTAL HEALTH CARE
DELIVERY SYSTEM IN MILWAUKEE COUNTY**
PROJECT SUMMARY



April 2009

Background

The challenges facing the mental health care delivery system in Milwaukee County have been widely discussed in the local news media and at various forums and meetings involving advocates, consumers and providers. In order to address these issues and challenges, several key public and private stakeholders have expressed interest in developing a planning process aimed at redesigning the mental health care delivery and financing system. In October 2008, the Milwaukee Health Care Partnership, the Medical Society of Milwaukee County, the Faye McBeath Foundation and the Greater Milwaukee Foundation commissioned the Public Policy Forum (PPF) to conduct Phase I planning for this effort. That proposal was designed to lay the groundwork for a comprehensive system improvement effort by exploring how other states and counties have undertaken similar system transformation efforts, and by developing a detailed proposal for a comprehensive planning effort in Milwaukee County.

Phase I Planning Process

Phase I planning was conducted by PPF with significant input from a small advisory group. That group, which met four times during Phase I planning, consisted of the following individuals:

- Barbara Beckert, Milwaukee Office Director, Disability Rights Wisconsin
- John Chianelli, Administrator, Milwaukee County Behavioral Health Division
- Bruce Kruger, Executive Vice President, Medical Society of Milwaukee County
- Lyn Malofsky, Executive Director, Warmline, Inc., and consumer representative
- Joy Tapper, Executive Director, Milwaukee Health Care Partnership

In addition, a larger stakeholders group, consisting of the advisory group members plus the Administrator of Mental Health and Substance Abuse Services for the State of Wisconsin and individuals from the Medical College of Wisconsin, Aurora Psychiatric Hospital, Rogers Behavioral Health System, Wisconsin Hospital Association and the Faye McBeath Foundation provided input on draft planning process deliverables.

Problem/Case Statement

One of the first steps undertaken by PPF with the assistance of the advisory group was development of a problem statement that would establish the fundamental purpose of the eventual system redesign effort. That problem statement is as follows:

The public and private mental health “system” in Milwaukee County suffers from lack of capacity, synchronization, resources and appropriate alignment of provider-based incentives. In fact, what ideally should be a system based on principles of access, quality, recovery and accountability (as defined by use of evidence-based practices and measurement of outcomes)

actually is a largely uncoordinated set of public and private sector programs and services based primarily on statutory and regulatory requirements and obligations. In terms of capacity, it is unclear to what extent challenges in this area stem from too few inpatient and crisis beds and facilities, or inadequate, poorly coordinated and/or insufficient community-based clinical treatment and support services. A community-wide planning effort is needed to analyze this overall problem and determine what types of system-wide, sustainable improvements, policy reforms and funding/reimbursement initiatives are necessary to transform the system by ensuring sufficient provider capacity and improved coverage, access and outcomes for adults seeking and needing mental health care and treatment in Milwaukee County.

Recommended Planning Approach for Milwaukee County

Overview

Key members of the advisory group emphasized the need for a relatively condensed timeline of nine to 12 months, based in part on the urgent nature of problems and issues facing the mental health care delivery system as reflected in the problem/case statement detailed above. Consequently, PPF worked with the advisory group to develop a fairly narrow project scope and to constrain the size and complexity of work groups or advisory committees to ensure manageability.

The proposed scope – which is presented in full detail in the following section – is limited primarily to the mental health system, as opposed to both mental health and AODA; it is designed to address systemic issues involving service access and delivery, while specifically excluding consideration of treatment philosophies and frameworks; its focus is the non-elderly adult population, though a topic of significant consideration will be the manner in which young adults transition into the adult system, and elderly adults transition into Family Care and other programs for those 60 and older; and its geographic range is Milwaukee County, as opposed to the southeast Wisconsin region.

With regard to work groups and advisory committees, the proposed community/stakeholder participation plan suggests an approach that taps into community expertise for substantial review and input at regular intervals throughout the planning process, but that does not vest direct management of the process with stakeholders and community participants, nor involve multiple work groups to address a broad range of non-systemic issues.

Finally, review of other planning efforts and consideration of project goals led to the recommendation to retain a national consultant with technical expertise in mental health system design and funding to lead the project. This will produce the national perspective and expertise

deemed necessary to produce timely recommendations on system redesign and new funding strategies.

General Scope of Work

- Adult mental health system
 - Beginning focus is mental health but will consider integrated approach with AODA and co-occurring disorders.
 - Primary emphasis on health care and support services capacity and access issues (inpatient, crisis/emergency, community-based and consumer-run/led services); secondary emphasis on related services such as housing, employment, etc.
 - Focus on delivery system (both public and private), but not clinical practice.
 - Initial focus is non-elderly adults. However, the manner in which children/adolescents are transitioned into the adult system, and in which older adults are transitioned into programs specifically serving the elderly, will be important subjects of consideration, as will holistic funding approaches that serve all populations. Also, specific focus on systems and programs serving children/adolescents and older adults may be considered in subsequent phases of planning.
- Milwaukee County service area
 - Planning for Milwaukee County but will consider applicability to adjacent counties and to state-sponsored planning that will soon get underway for the rest of the state.
- All populations, with focus on low-income uninsured and those served by government programs.

Deliverables

The consulting team will prepare a work product that will include, at minimum, a detailed overview section, strengths and weaknesses analysis, funding analysis and recommendations for system improvements. The following describes additional expectations regarding these work product components:

1. Overview of Adult Mental Health Programs, Services and Regulation
 - A. Descriptive overview of existing mental health funding, programs, services and regulation in Milwaukee County. The overview will include:
 - i. Publicly funded and provided mental health programs and covered services.

- ii. Privately funded and provided mental health services, including types of individuals, organizations, and institutions that provide mental health services in Milwaukee County.
- iii. Common sources of funding or reimbursement for mental health services.
- iv. Public and private insurance coverage and benefit plan inclusion for mental health services.
- v. Applicable program requirements for providers in the public mental health system.
- vi. General eligibility requirements for publicly funded mental health programs.
- vii. General characteristics of individuals receiving publicly funded and privately funded mental health services.
- viii. The general regulatory framework for mental health care in Wisconsin and Milwaukee County.

2. Strengths and Weaknesses Analysis

- A. An analysis of the strengths and weaknesses in the adult mental health care delivery system in Milwaukee County, including the following:
 - i. Evaluation of available services and supports, including access to and quality of:
 - 1. crisis intervention and stabilization services.
 - 2. acute inpatient services.
 - 3. outpatient services.
 - 4. long-term and residential care.
 - 5. home and community-based supports and care management (e.g. Community Support Program and peer support), including consumer-run/led organizations.
 - 6. psychiatric and medical care and medication management.
 - 7. evidence-based practices and adherence of programs to evidence-based practice models.
 - 8. housing, transportation, and other supports.
 - ii. Gaps where services or funding are not adequate to meet needs.
 - iii. Coordination across agencies and programs, including care coordination between the public mental health system and private providers, and between the mental health system and other public systems (e.g. criminal justice, Family Care, child welfare, W-2, other county human services programs).
 - iv. Inclusion and integration of consumers.
 - v. Quality of services provided (consumer outcomes achieved).
 - vi. Cost effectiveness of the system.
 - vii. An assessment of whether and how the regulatory/legal framework contributes to gaps in mental health services and funding.
 - viii. Ability of data systems to collect data that is timely, accurate, and communicated effectively, and effectiveness of data-sharing between and among public and private mental health service providers.

3. Funding Analysis

- A. An assessment of the investment that the State of Wisconsin, Milwaukee County, and other public entities make in both Medicaid and non-Medicaid inpatient and community-based mental health care, including an examination of the amount spent on community-based mental healthcare, Medicaid mental health services, corrections-based care, unreimbursed care and charity care.
- B. Breakdown of Medicaid and non-Medicaid funding streams, who they are serving, and analysis of funding barriers and gaps relative to population needs, eligibility, and service needs.

4. Recommendations

The consulting team will recommend system improvements deemed necessary to meet future mental health care delivery system needs. It is expected that recommendations will focus on collaboration between public and private agencies and systems and include definition of roles and responsibilities of county, state, private hospitals, community-based treatment providers, managed care entities, advocates and consumers. A key objective is to improve **care coordination** across the delivery network to ensure patients are receiving the right care at the right time in the right location. Specific areas of recommendation shall include, but not be limited to, the following:

- A. Strategies for developing and implementing an effective and comprehensive array of services to reduce the need and demand for emergency and inpatient care.
- B. Strategies for enhancing access to care, building system capacity and reducing system fragmentation.
- C. Strategies to maximize public funding, strengthen linkages between specific services and appropriate funding sources, and enhance patient coverage and reimbursement.
- D. Strategies to improve the cost effectiveness of care within a framework that emphasizes recovery-oriented outcomes.
- E. Changes in regulatory and legal policies and practices that will improve access and quality and enhance principles of recovery.
- F. Improvements to address system monitoring and accountability, including improved data collection/sharing and performance measurement.
- G. Priority action steps, objectives and benchmarks.

Project Timeline

The national consultant will add specifics to the following timeline framework.

- *National consultant solicitation* – National consultant solicited and secured by mid May.
- *Project design* - The final project plan and design will be completed by early to mid June.
- *Data collection, interviews* - data collection and interviews will occur throughout June, July, August and September, including initiation of the community/stakeholder input process.
- *Data analysis* - Analysis will be conducted in conjunction with data collection and will continue throughout September, October, November and December.
- *Findings* - Written findings and recommendations will be drafted once the analysis is complete and will be released in early to mid February in a final report.