

Improvements to the DHS Program Participation System (PPS)

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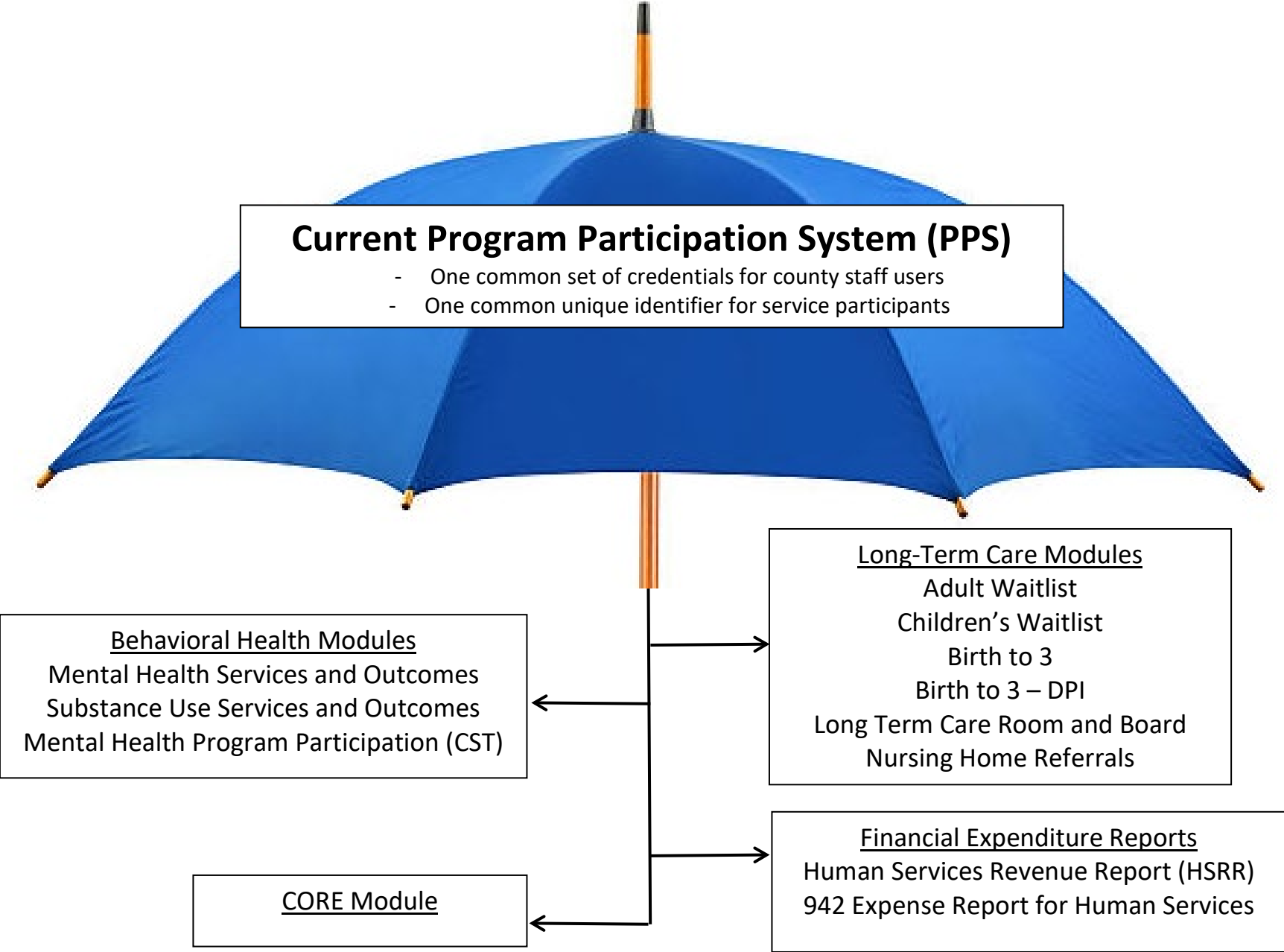
Office of Policy Initiatives and Budget (OPIB)

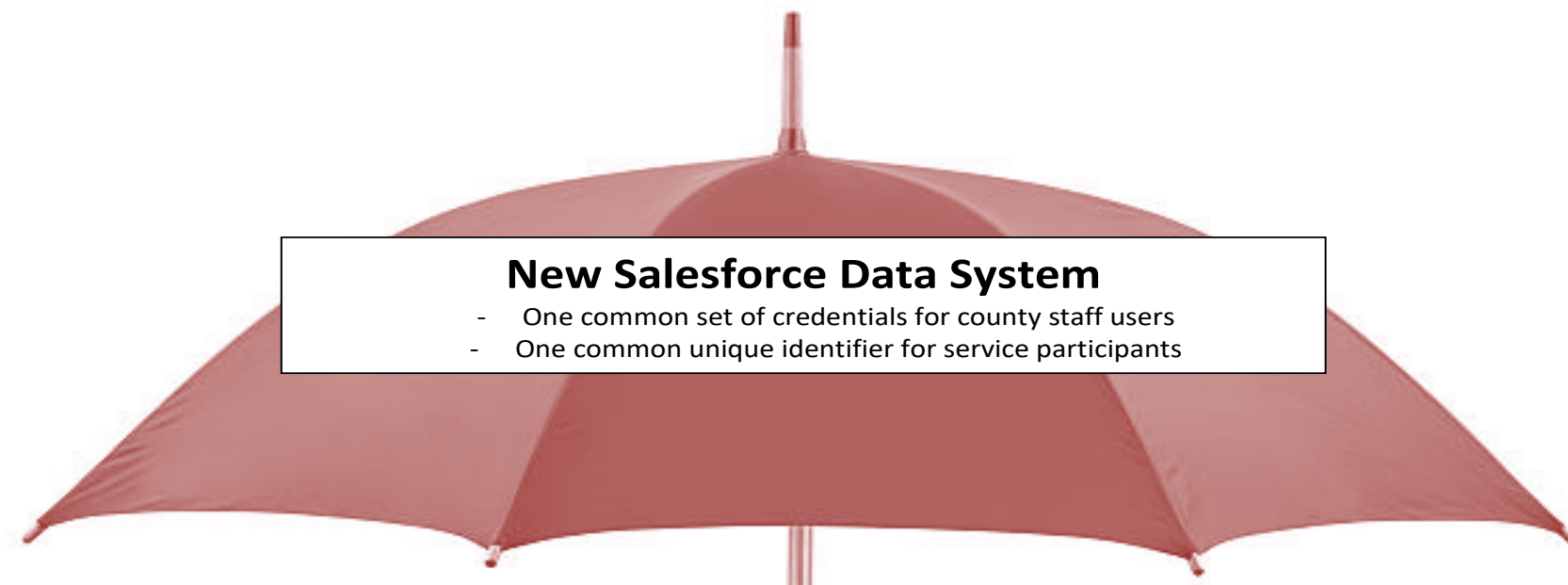


WISCONSIN DEPARTMENT
of HEALTH SERVICES

Outline

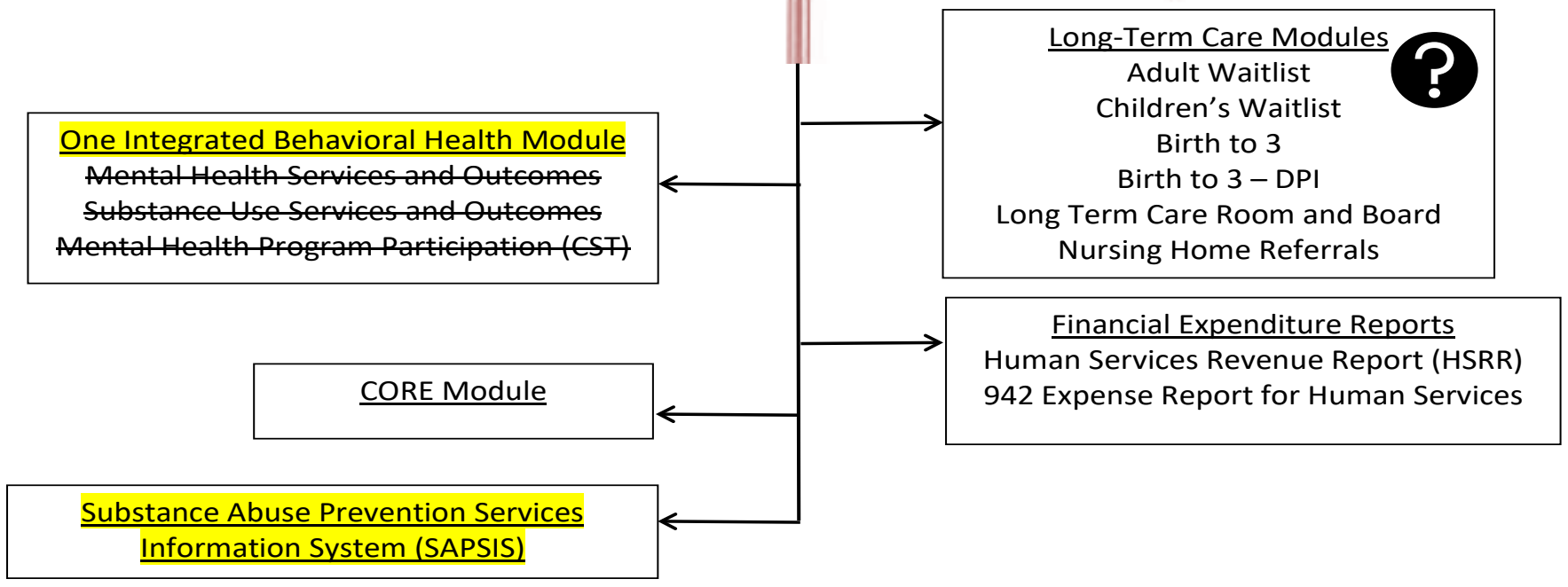
- Introduction to new system for PPS mental health and substance use data
- Initial feedback on new mental health and substance use data system
- Review and discussion of PPS CORE data system
- Review and discussion of PPS expenditure reports
- Distinction of populations reported to different systems





New Salesforce Data System


- One common set of credentials for county staff users
- One common unique identifier for service participants



One Integrated Behavioral Health Module
~~Mental Health Services and Outcomes~~
~~Substance Use Services and Outcomes~~
 Mental Health Program Participation (CST)

CORE Module

Substance Abuse Prevention Services Information System (SAPIS)

Long-Term Care Modules
 Adult Waitlist 
 Children's Waitlist
 Birth to 3
 Birth to 3 – DPI
 Long Term Care Room and Board
 Nursing Home Referrals

Financial Expenditure Reports
 Human Services Revenue Report (HSRR)
 942 Expense Report for Human Services

Mental Health/Substance Use Modules

PPS for Mental Health and Substance Use Consumers

County agencies are required to submit data describing all enrolled mental health and substance use consumers.

- Data collected as a condition of the annual mental health and substance use block grants for Wisconsin's behavioral health system.
- Data used to evaluate the performance and capacity of Wisconsin's behavioral health system.

Data Collected

35,000 substance use consumers annually

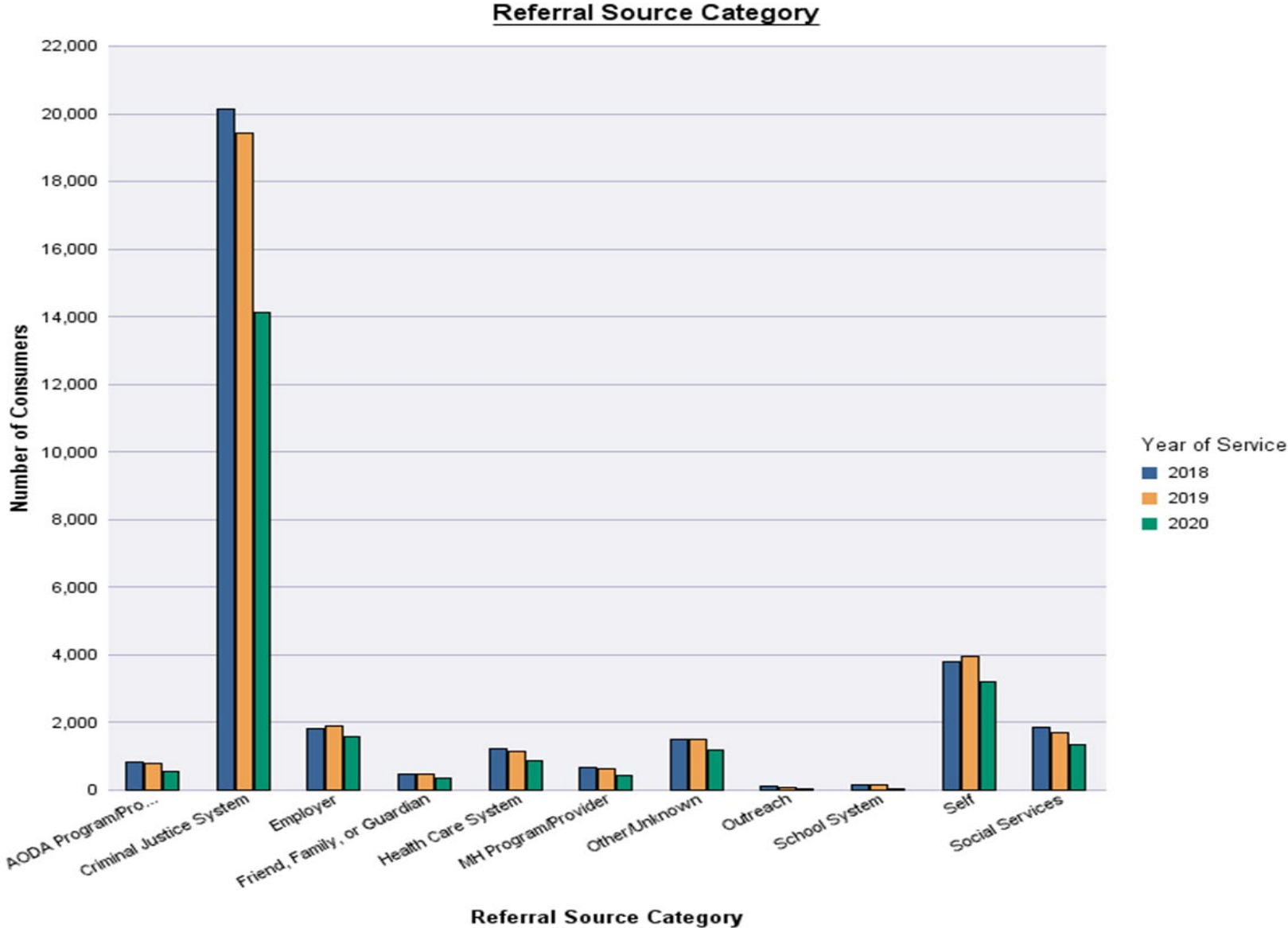
70,000 mental health consumers annually

- Consumer ***demographic characteristic*** at enrollment only
- Summary indicators of ***types of needs*** at enrollment only
- Summary indicators of ***functioning status*** at enrollment and ongoing
- Types of ***services provided*** to consumer ongoing and provider agency type

Local Uses of PPS Mental Health and Substance Use Data

- Coordinated Services Teams (CST) Initiatives Quality Improvement reports
To set targets for contract performance monitoring
- PPS Portal reports from DHS data warehouse
Data quality and demographic reports

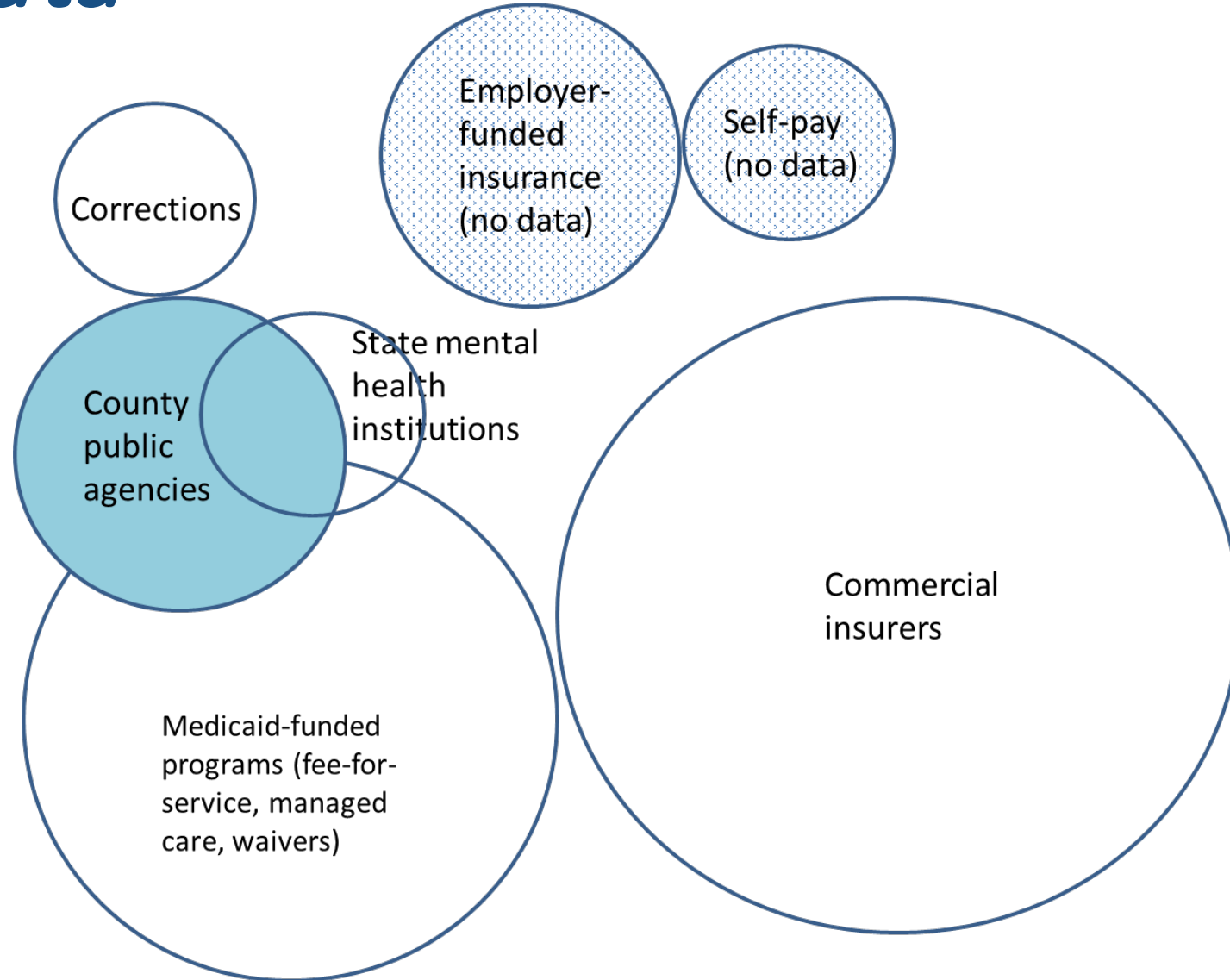
Local Uses of PPS Substance Use Data



State and Federal Uses of PPS Mental Health/Substance Use Data

- Needs assessments
- Governor's annual substance use report
- Statutorily required county mental health and substance use services report
- Federal reporting requirements for the mental health and substance use block grants
- Cross-state comparisons
- National trends and benchmarks

State Uses of PPS Mental Health/Substance Use Data



State Uses of PPS Mental Health/Substance Use Data

County/Region	Adults Estimated # with Any Mental Illness (18.54%)	Total # of Adults Served	% Served with Any Mental Illness - Public Sector	% Served with Any Mental Illness - Commercial Sector	% Unserved - Adult Treatment Gap
Wisconsin Total	828,601	434,636	25%	28%	47%
Barron	6,585	3,403	30%	21%	49%
Buffalo, Pepin	2,996	920	18%	13%	69%
Calumet	6,913	1,578	14%	9%	77%
Chippewa	9,100	4,418	26%	23%	51%
Clark	4,518	2,401	29%	24%	47%
Columbia	8,196	7,608	23%	70%	7%

Service Utilization - Substance Use

Switch to Mental Health

Select Year
2018

Select County
Shawano

Select Age Group
All

Select Sex
All

Select Race
All

Select Ethnicity
All

[Reset Filters](#)

Counts of persons served fewer than 5 are suppressed.

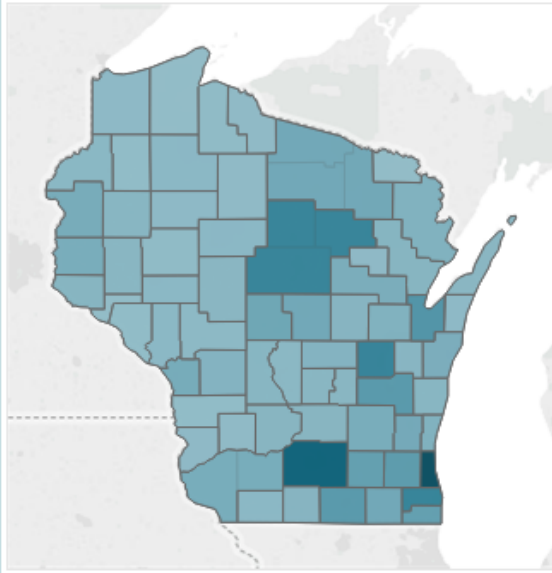
Data Sources: Program Participation System (PPS), Wisconsin Interactive Statistics on Health (WISH)

Date of Last Update: 5/20/19

Overall Persons Served Per 1,000 in 2018
Certain filters do not apply to this box.

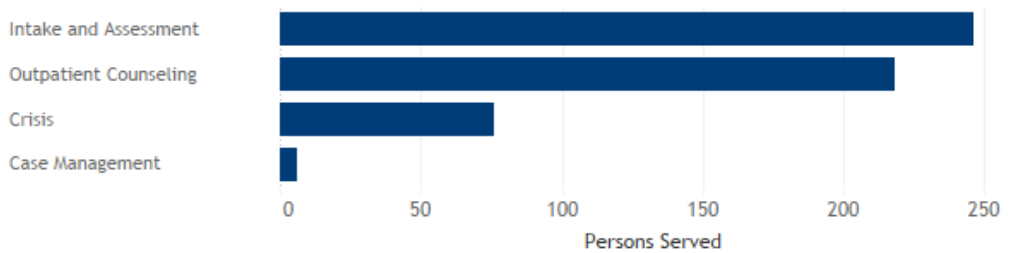
Wisconsin	Shawano County
5.4	11.4

Wisconsin Persons Served in 2018	Shawano County Persons Served in 2018
31,075	472

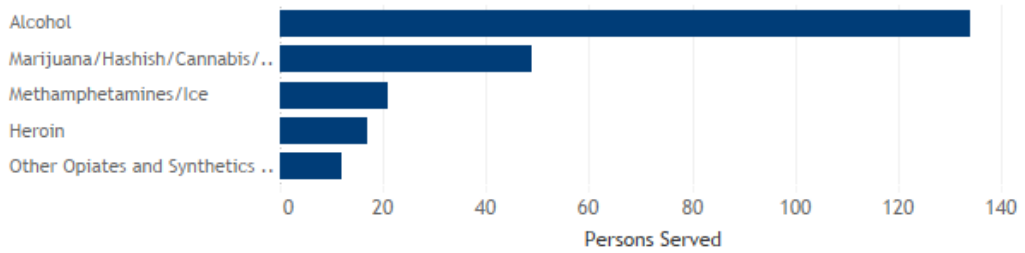


(Hover over map and charts to bring up more information.)

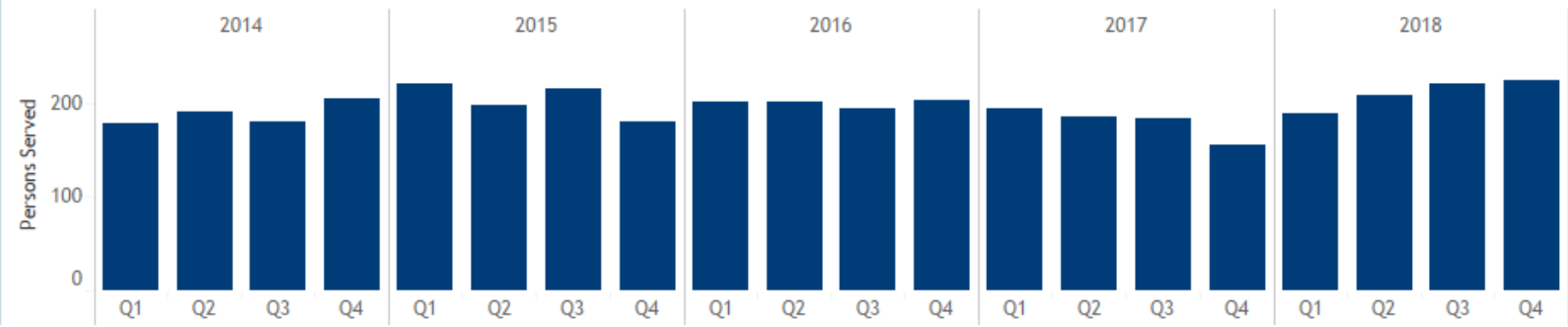
Top 5 Most Used Services



Top 5 Primary Substances



Persons Served Over Time



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[Technical Notes](#)

Service Utilization - Mental Health

Switch to Substance Use

Select Year
2018

Select County
Kewaunee

Select Age Group
All

Select Sex
All

Select Race
All

Select Ethnicity
All

[Reset Filters](#)

Counts of persons served fewer than 5 are suppressed.

Data Sources: Program Participation System (PPS), Wisconsin Interactive Statistics on Health (WISH)

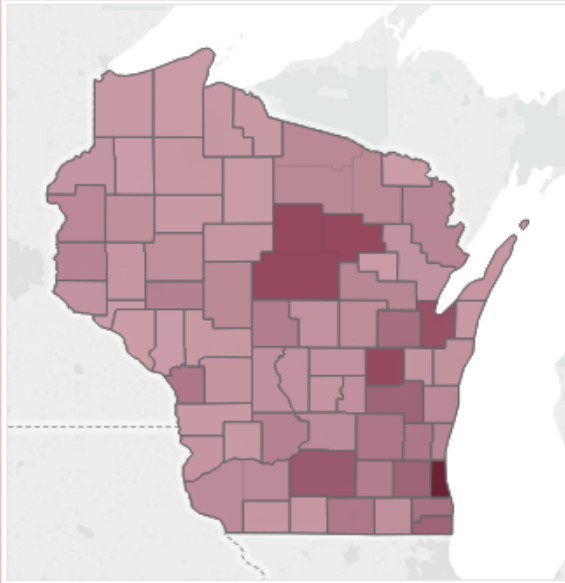
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Overall Persons Served Per 1,000 in 2018
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Wisconsin	Kewaunee County
12.6	12.7

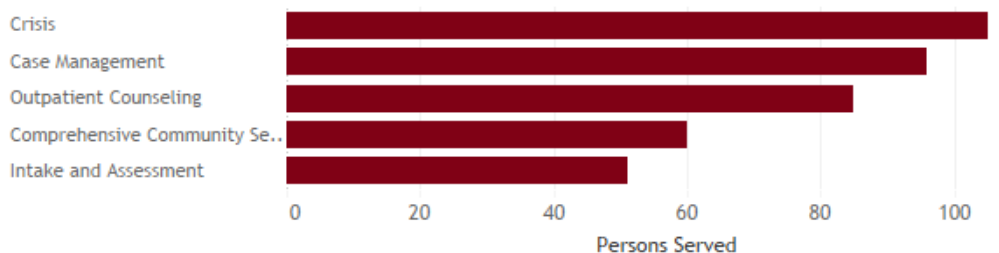
Wisconsin Persons Served in 2018
72,933

Kewaunee County Persons Served in 2018
261

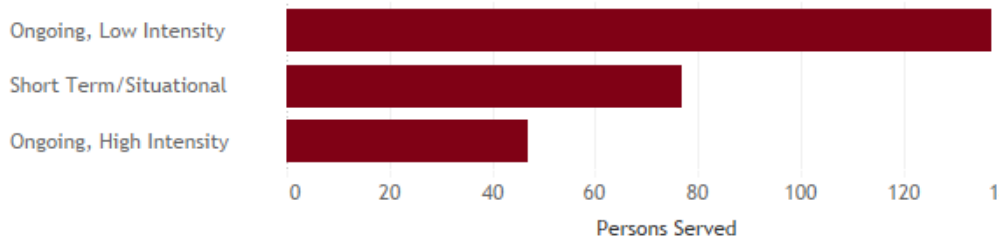


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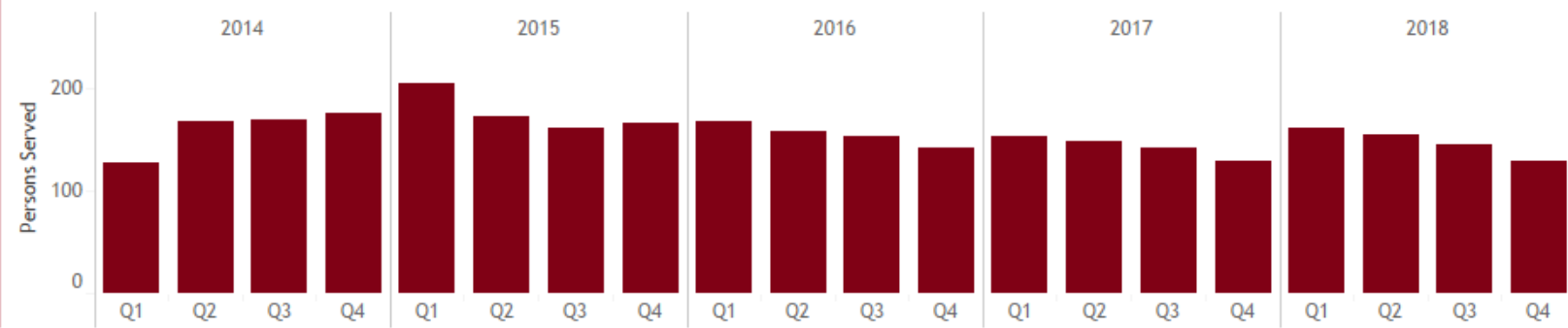
Top 5 Most Used Services



Service Need



Persons Served Over Time



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What changes are under consideration?

- Integrating mental health and substance use requirements into one system
- Adding indicators of need and socioeconomic status
- Adding indicators to describe consumer treatment outcomes
- Identifying all ongoing county programs/services
- Adding specific requirements by program/service component as needed

Integrated Mental Health/Substance Use Data Requirements

- Adding substance use questions for mental health consumers
 - Type of substance use
 - Frequency of use
 - Administration method
- Coordinating with revised Wis. Admin. Code DHS 75 defining integrated behavioral health care
- Coordinating time frames for status indicator updates
Enrollment, every 6 months, and service discharge

Describing Consumer Needs

- Past adult and childhood trauma
- Co-occurring needs: physical, substance use, developmental disability
- Education level
- School attendance
- Marital status
- Improved level of severity status

Describing Consumer Outcomes

- Improved suicide risk assessments
Columbia Suicide Severity Rating Scale
- Availability of natural supports
- Meaningful activities/purpose
- Improvements in symptoms

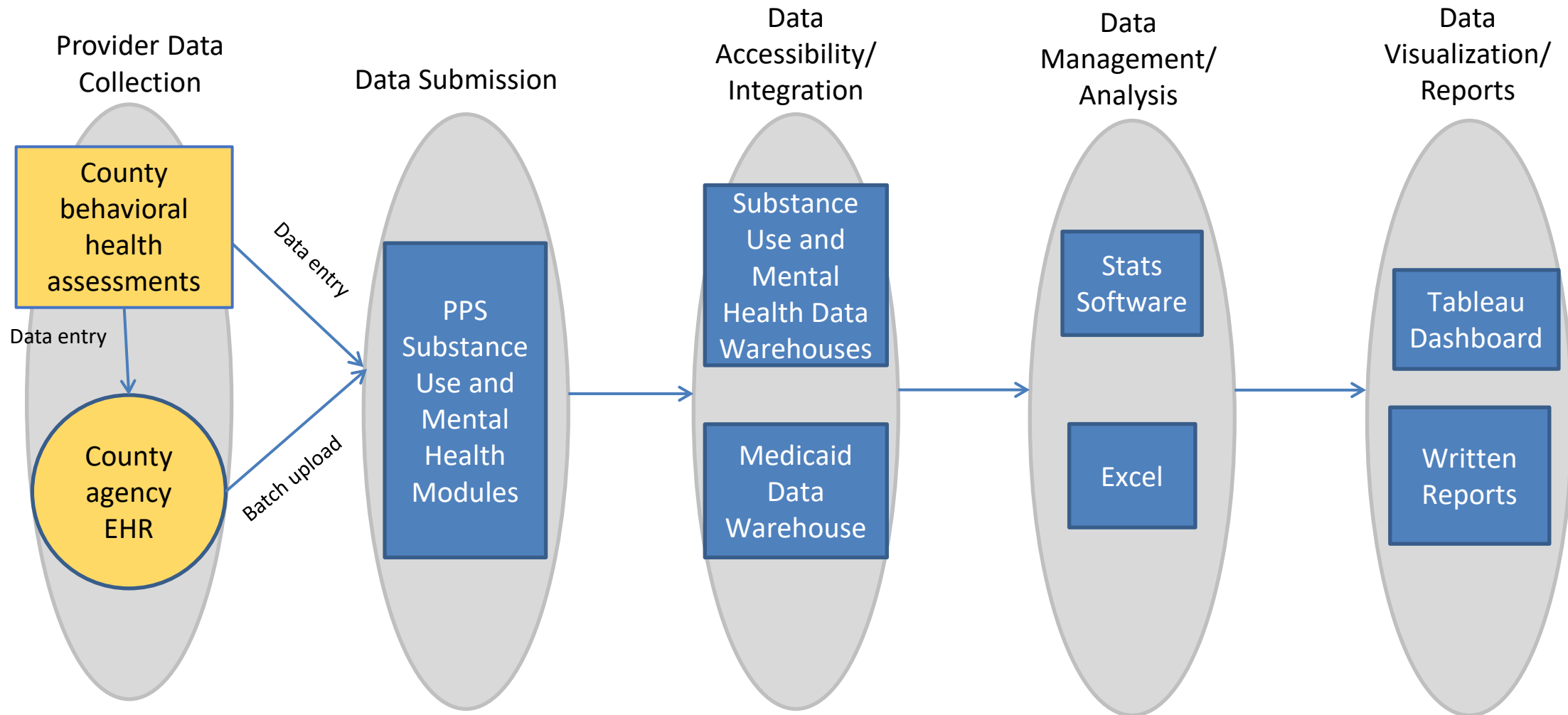
Describing Program and Service Participation

- Peer support services
- Additional crisis service types as they develop
Mobile crisis vs. enhanced mobile crisis teams
- Additional identification of program enrollment
Coordinated Specialty Care (CSC)
- Unique requirements for specific programs/services
 - Duration of untreated psychosis for CSC
 - No more Excel data submissions

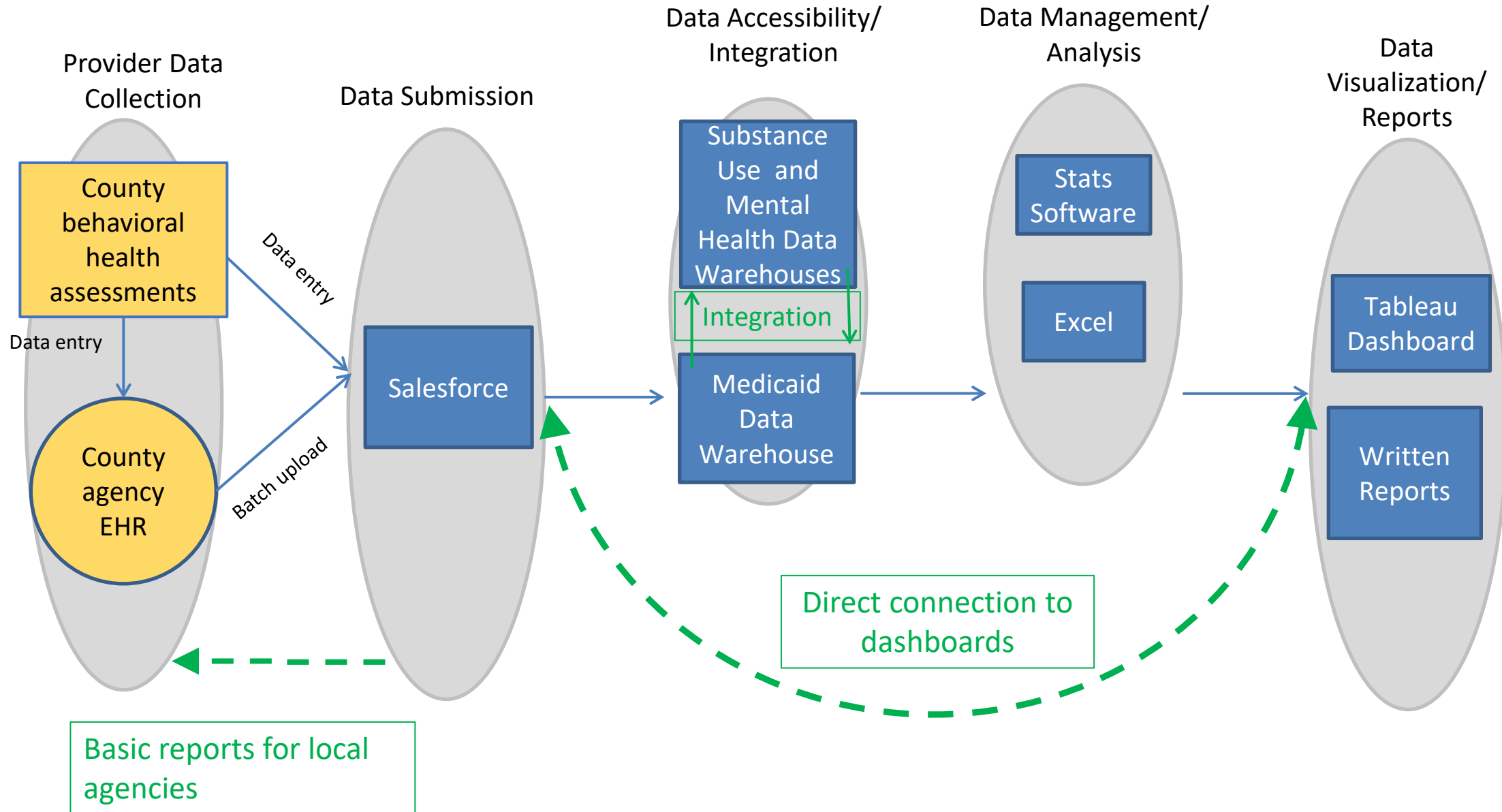
Salesforce System Capabilities

- Applications to meet many Division of Care and Treatment Services needs
Substance Abuse Prevention Services Information System included
- Download extracts of your own data
- More than just a data submission system: Visual analysis reports available for state and local staff
- Examples of report topics
 - Data quality assurance – data omissions to address for counties
 - Monitoring – admissions and discharges by program, gender, etc.
 - Performance – substance use frequency at discharge

Current PPS-Related Data Systems



Future PPS-Related Data Systems



Next Steps

- April 2022: Finished DHS internal input process
- May-June 2022: Conduct external input process with counties and advocates
- July-August 2022
 - Finalize detailed specifications for Salesforce vendor
 - Announcement communicating specifications to counties
- August 2022-March 2023: Technical development of Salesforce data system
- August 2022-July 2023: County adaptation of assessment data forms and EHR systems
- August 2023-December 2023: Phased county transition to new Salesforce system

HSRR, 942, and Core Modules

What are the reports?

- 942 Expenditure Report
Expense reporting
- HSRR – Human Services Revenue Report
Revenue source reporting
- Core Module
Client and service data

Why the 942?

- Required under the consolidated state/county contract
- Must be prepared for the period January–December of each year
- Used to report all agency expenses regardless of source

What is Included in the 942?

- Human service expenses
- System/agency management expenses: Agency expenses that are associated with program cost

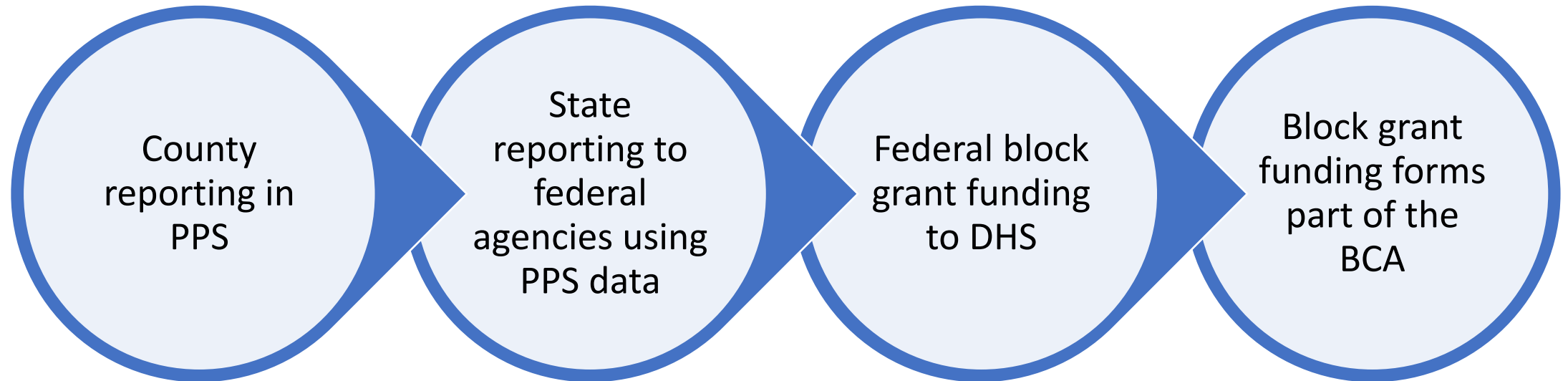
Why the HSRR?

- Required under the consolidated state/county contract
- Must be prepared for the period January–December of each year
- Used to capture total gross expenditures by revenue source for all human service programs for costs incurred and revenues applied on an accrual basis for each calendar year

What is included in the HSRR?

- Total revenues for human service programs
- Total revenues reported should include all revenue needed for direct costs and the cost of administrative management support and overhead and indirect costs

DHS Financial Reporting Processes



DHS Federal Block Grants

- Social Services Block Grant - \$28,326,961
- Substance Abuse Block Grant - \$27,200,570
- Mental Health Block Grant - \$12,408,047



Department of Children and Families

- DCF uses the 942 to prove federal maintenance of effort requirement under federal funding (Title IV-B Part 1) is being met. Title IV-B Part 1 goes into the children and families allocation to counties (the DCF half of Community Aids).
- HSRR data is used to see how much of the total funding for specific target groups are covered by state children and families allocation funds versus local funds.
- HSRR data is used for the Delinquent and Status Offender (Youth Justice) target population to see how much of the total funding for youth justice services is covered by state youth aids funds versus local funds.



Core Module

The CORE client and service data module is the catch all module for individuals who do not require reporting to a program specific module like substance use, mental health, Birth to 3, or CLTS.



Core Population

- Non-children's, non-mental health, and non-substance use services to clients who also receive children's, mental health, and substance use services.
- Clients who are not served at all through the children's, mental health, and substance use services modules.



Core Services

- Clients receiving adult protective services, including investigations or protective placements
- Services to seniors including nutrition assistance, senior centers, elder abuse, and transportation
- Individuals of all ages receiving heating assistance

*Distinction of Populations for Reporting to
Different Systems*

PPS Mental Health and Substance Use Populations

- Individuals authorized for services by the county behavioral health agency.
- Individuals authorized by county behavioral health agencies, but served by contracted behavioral health agencies
- CST youth served by Department of Social Services in select counties
- CST and Comprehensive Community Services participants served by tribal agencies

PPS Core Populations

- Populations that do not need to be reported in Core
 - Clients receiving services in the mental health/substance use modules do not need to be reported in Core.
 - Clients reported in other PPS modules (Birth to 3, CLTS, etc.) do not need to be reported in Core
 - **Exception:** Clients can be duplicated if they receive several services that fall under multiple PPS modules.
- Populations that are often reported in Core include

Target Groups	SPC Descriptions
Adults and Elderly	Case Management, Intake Assessment, Court Intake and Studies
Children and Family	Counseling/therapeutic resources, Case Management, Community Living/Support Services
Developmental Disability	Work related services, Case Management, Community Living/Support Services

Contact Information

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