Report on
Mental Health Service Delivery in Milwaukee County
December 2014

Wisconsin
Department of Health Services

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Ms. Kitty Rhoades, Secretary
Department of Health Services
1 W. Wilson St., Rm. 650
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Secretary Rhoades:

With this letter, I am transmitting to you the Department's recommendations for changes to the delivery of mental health services in Milwaukee County. The Department's recommendations are based on an assessment of the current mental health delivery system in Milwaukee County by Deloitte Consulting. Together, these documents satisfy the requirements of 2013 Wisconsin Act 203 Section 53 (4). The Division of Mental Health and Substance Abuse (DMHSAS) supports reforms to the current Milwaukee County mental health service delivery system that ensures individuals in Milwaukee County receive mental health services in the most appropriate and least restrictive settings.

DMHSAS looks forward to partnering with the Department, the Governor, the Legislature, Milwaukee County, advocates, as well as other stakeholders to develop and implement the reforms needed to transition mental health care in Milwaukee County from a heavy reliance on institutional services to more proactive community based programs designed to address crisis in the community and to reduce institutional and other inpatient care.

Thank you.

Sincerely,

Linda A. Harris

Linda A. Harris
Administrator

Mental Health Service Delivery

Recommended changes to mental health service delivery in Milwaukee County

Department of Health Services

December 8, 2014

Background

2013 Wisconsin Act 203 requires the Department (DHS) to arrange for an operational and programmatic audit of:

1. The behavioral health division (BHD) of the Milwaukee County department of health and human services;
2. The psychiatric hospital of the Milwaukee County mental health complex (MCMHC); and
3. Other related behavioral health programs.

The act further requires that the audit include recommendations for:

1. The state assuming oversight responsibility for emergency detention services and the psychiatric hospital of the Milwaukee County Mental Health Complex; and
2. Development of a plan for closing the Milwaukee County Mental Health Complex, developing a plan for state oversight of a regional facility for the delivery of institutional, inpatient, crisis services, and behavioral health services using similar state-operated regional facilities as a model.

Finally, the act requires the audit to provide details and specifications on, after the transitioning of the county-run institutional model to a state-based regionalized model, how:

1. The state-based Milwaukee County Mental Health Board (MCMHB) will transition to a county-based board;
2. The positions on the MCMHB will transition to community-based focus;
3. The funding for inpatient services and community-based services will continue; and
4. Mental health services will be delivered in a manner that reflects the following principles:
    a. Community-based, person-centered, recovery-oriented mental health systems.
    b. Maximizing comprehensive community-based services.
    c. Prioritizing access to community-based services and reducing reliance on institutional and inpatient care.

d. Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible.
e. Providing early intervention to minimize the length and depth of psychotic and other mental health episodes.
f. Diverting people experiencing mental illness from the corrections system when appropriate.
g. Maximizing use of mobile crisis units and crisis intervention training.

The Department contracted with Deloitte Consulting to meet the requirements of 2013 Act 203. Deloitte provided an assessment and findings to DHS on November 26th, 2014. The act also requires DHS to submit the assessment and recommendations to MCMHB, the Milwaukee County board, the Milwaukee County executive, and the Legislature.

The Deloitte assessment includes twelve findings that summarize the current system of mental health service delivery in Milwaukee County. The assessment identifies several areas where differences in state law, the processes used in assessing individuals in need of mental health services, and the role of community programs create unique challenges for Milwaukee County in delivering mental health services. While the assessment identifies strengths in the current system, the Department believes the assessment also identifies areas for improvement.

Based on the Deloitte assessment, the Department offers four recommendations to improve the mental health service delivery system in Milwaukee County:

1. Consider statutory changes to align the emergency detention process in Milwaukee County with the process in other counties in the state.
2. Require community based crisis services prior to emergency detention.
3. Strengthen community based mental health services.
4. Implement reforms and policies that reduce inpatient utilization in Milwaukee County, and over time, transition the Milwaukee County inpatient treatment model to deliver services in the most efficient and cost effective setting.

Recommendations

Emergency Detention Statutes:

The Department recommends that the state consider changes to align the emergency detention process in Milwaukee County with other Wisconsin counties.

Wisconsin law provides for the emergency detention of individuals who present a risk of harm to themselves or others. Generally, law enforcement initiates emergency detentions. In counties except Milwaukee, law enforcement is required to receive approval from the county department of community programs prior to delivering an individual to an authorized detention facility. The county department is permitted to approve the detention only if it reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual. This provision provides the county human services programs the opportunity to address the individual's needs through community based services, which in the case of a potential emergency detention is most likely to be crisis services. Crisis services are effective in avoiding the need for an inpatient admission.

However, in Milwaukee County, the statutes direct that anyone being held because they pose a risk of harm to themselves or others be brought to a treatment facility for assessment for up to 24 hours to determine if an emergency detention is appropriate. In Milwaukee County, the MCMHC is the facility where these assessments are made. In addition to inpatient beds, MCMHC operates approximately 18 observation beds for, among other purposes, determining if someone should be admitted for inpatient services on an emergency detention. In addition, MCMHC also operates the Psychiatric Crisis Services (PCS), which is the psychiatric emergency room / admission point of the MCMHC.

Statutes for emergency detention in Milwaukee County further require that the treatment director of the facility determine within 24 hours of an individual being brought to the facility by law enforcement whether or not the individuals should be detained for up to a total of 72 hours under an emergency detention. If the treatment director determines the individual does not meet the criteria for detention, the individual is released and no detention order is filed with the court.

2013 Wisconsin Act 235 created a two-year emergency detention pilot program in Milwaukee County. This pilot expands the treatment director role in current statute to allow the treatment director or a licensed mental health professional designated by the treatment director to take a

person into custody for emergency detention if the person meets all of the criteria for detention.

This process differs significantly from other Wisconsin counties. The current statutes requiring individuals to be assessed at the MCMHC embeds the emergency detention assessment process into the inpatient admission process at MCMHC. The Deloitte assessment indicates that 85% of PCS admissions do not result in an emergency detention. Given that fact, it could be argued that many of these individuals could have been more appropriately served through community based programs, such as crisis intervention services. If the assessment of individuals in need of emergency mental health services occurs in the community, and the approval for emergency detention is granted first by the county department for community programs or a community based crisis services program, inpatient utilization is likely to be reduced.

The Department recommends that the state consider a statutory requirement that an assessment by a community based crisis program in Milwaukee be completed prior to a law enforcement officer taking an individual to the PCS at MCMHC.

In Milwaukee County, law enforcement determines when crisis intervention is initiated and this, in turn, has an impact on the setting in which individuals are initially triaged and screened. The Deloitte assessment indicates that studies on the Milwaukee system recommend training law enforcement on community based crisis programs to reduce incidence of emergency detentions. Advocates and treatment professionals indicate that the determination solely by law enforcement raises questions about unintentional bias and may impede creating a recovery-orientated, person-centered system of care.

The assessment indicates that there appears to be only one source of crisis services for children and adolescents that also includes children and adolescents with intellectual and developmental disabilities. The assessment suggests that this gap may result in a higher rate of restraint use, commitments and use of the criminal justice system.

It should be noted that funding pressures may also be contributing to the limited availability of crisis interventions and other community based mental health services. The report cites previous studies that have indicated a savings from a reduction in inpatient bed capacity and utilization that result from strengthening community based crisis programs would offset the cost of the investment in community programs. However, this may not consider the full legacy costs associated with maintaining a facility like MCMHC. For example, according to the report, the 2015 recommended BHD budget includes an increase of approximately $3.7 million, but roughly $2.7 million is needed to fund increased fringe benefit costs for MCMHC staff and other costs to continue inpatient operations. If BHD is to expand community services, additional

funds are likely needed to support community programs until savings can be generated through inpatient reductions, which may take several years to realize.

The Department will continue to support Milwaukee County in developing community programs by providing technical assistance and training to county staff. The Department will also continue to support policy changes that encourage further utilization of community based mental health services.

Strengthen Community Based Programs:

The Department recommends strengthening community programs through an increased focus on community crisis interventions and other crisis services, and continued expansion of other community based psychosocial services, including Comprehensive Community Services (CCS) and other Medicaid mental health programs available to counties.

The Deloitte assessment finds that Milwaukee County has initiated community based programs, but identifies many areas where these programs can be strengthened and expanded to serve individuals in the least restrictive setting and reduce inpatient utilization. For example, the report indicates that approximately 30% of individuals served through PCS return to PCS within 90 days, and at the same time over 50% of individuals served by PCS are returned to their home or the community rather than entering an inpatient facility. It could be argued that many individuals being served by PCS and returned to their home or the community without inpatient hospitalization could have been better served by more robust community based programs.

The Deloitte assessment also indicates that both emergency detentions and involuntary admissions as a percentage of all PCS admissions has declined for several years. This may also indicate that an increasing percentage of individuals entering the PCS do not need inpatient services and could be more appropriately served through less restrictive community based alternatives may be more appropriate.

In 2014, Milwaukee County implemented the Comprehensive Community Services (CCS) and Community Recovery Services (CRS) programs. These Medicaid programs provide counties reimbursement for community based psychosocial services provided at home or in the community.

The Governor and Legislature expanded CCS in the 2013-15 biennial budget, 2013 Wisconsin Act 20. The budget created an option for counties to receive full reimbursement for the costs of providing CCS if services are provided through a regional program approved by the Department. Previously, like CRS, counties were required to provide the non-federal share of CCS costs. Milwaukee formed a region consisting of Milwaukee County and was certified as a regional CCS provider in September of 2014. As of November 24, 2014, Milwaukee County had enrolled 41 individuals in the CCS program. The Department projects that 169 individuals will be enrolled in CCS in Milwaukee County by the end of SFY 15.

CRS provides psychosocial rehabilitation services, including peer supports, employment supports, and residential supports to aid individuals with activities of daily living.

Inpatient Services:

The Department recommends that the Governor and Legislature implement reforms and policies that reduce inpatient utilization in Milwaukee County, and over time, transition the Milwaukee County inpatient treatment model to deliver services in the most efficient and cost effective setting.

The current decentralized county-based mental health system in Wisconsin creates disparities in the services that are provided across the state and creates budgetary pressures for counties. Behavioral health services must compete for resources with other county priorities. Milwaukee County faces special budgetary pressures because of the fact that the MCMHC serves as the "safety net" treatment facility for individuals in need of emergency mental health services. In other counties, state run mental health institutes (MHI) serve as the "safety net" facilities. The report cites a 2010 Human Services Research Institute (HSRI) report that suggests Milwaukee County government lacks administrative flexibility and independence to effectively govern a behavioral health system that includes psychiatric inpatient units and an emergency department. The result in Milwaukee County is that community based mental health services not only compete with other county priorities for budget resources, but also compete with the cost to continue operations of an inpatient mental health facility.

The assessment discovered a number of gaps in the information available from BHD, creating challenges for the assessment to thoroughly evaluate the inpatient program on a number of key issues with the current inpatient facility and the existing administrative structure. However, there is a general consensus between BHD, state staff and advocates on the following issues:

1. MCMHC is an aging facility. The design and limitations of the facility infrastructure create additional workload for treatment staff.
2. Overhead costs of the aging facility are increasing over time. At the same time, inpatient capacity has decreased, resulting in higher per patient overhead costs to provide inpatient services.
3. Efficient operation of MCMHC as a "safety net" facility is complicated and compromised when the facility shifts to "waitlist" or "full-diversion" status.
4. The Institution for Mental Disease (IMD) status of MCMHC limits opportunities to maximize federal funding through Medicaid.

There is consensus that the MCMHC serves a unique role among inpatient mental health providers in Milwaukee County as the "safety net" facility, serving the most complex and

challenging consumers, and that ongoing inpatient capacity and services will be needed to serve this population in the future. The report indicates general agreement among stakeholders that 54-60 adult inpatient beds are needed to serve the highest acuity adults. However, it could be argued that fewer beds would be needed if a greater emphasis were placed on crisis services and other community based programs since the current facility has a staffed operating capacity of 60 adult beds and operates beyond the scope of a true "safety net" facility.

The assessment includes a range of options for the provision of inpatient services in Milwaukee County in the future (See finding #6 and the table following finding #6). However, the Department believes there are three important decision points to be considered in planning for future inpatient needs in Milwaukee County that will drive the inpatient service model:

1) **Administration** – Should future inpatient services continue to be administered by BHD or should the state operate one or more facilities to provide inpatient services?
2) **Service Area** – Should the inpatient services be provided exclusively for Milwaukee County residents or should the inpatient services be designed to serve individuals from a larger southeastern Wisconsin region who would otherwise be referred to a state Mental Health Institute (MHI) under current law?
3) **Facility type** – What type of facility should be used for inpatient mental health services?
    a. Existing MCMHC facility
    b. Contracted or leased private hospital beds
    c. 16 bed or smaller community hospitals
    d. New IMD inpatient facility

It should be noted that capital investments would be needed under any scenario that transitions inpatient care from the use of the current inpatient facility. It is likely that such a project would take at least 5 years before a new state facility could be constructed based on the timing of the state capital budget process. Further analysis would be necessary to determine what funding and actions would be needed to assist Milwaukee County in constructing a facility or purchasing inpatient beds from a private hospital.

It could be argued that the nature of a county operated facility like MCMHC creates a situation where the only means to address and reduce the utilization of inpatient services is a transfer of administration of the inpatient facility from the county to the state. Such a transfer would force a reprioritization by BHD to focus more exclusively on community-based solutions, even for more intensive services. However, there may also be opportunities to create financial incentives sufficient to modulate Milwaukee County policy to focus on reducing inpatient services by strengthening and expanding utilization of community based programs.

In conclusion, this report outlines recommendations that the Department has identified to provide policy makers opportunities to improve mental health service delivery in Milwaukee County. It is important to note that that this report only recommends a broad framework for changes that should be considered by state and local policymakers. A number of the recommendations in this report reflect major changes to the existing service delivery system. Careful planning and analysis by the state and the county will be required to implement any of the recommendations in this report. The Department is committed to improving the mental health delivery system in Milwaukee County by supporting reforms at the state and county level that ensure individuals in Milwaukee County receive appropriate services in the least restrictive settings.