

**PROPOSAL TO CREATE
THE MILWAUKEE COUNTY MENTAL HEALTH BOARD
TO OVERSEE AND DIRECT
THE DELIVERY AND FINANCING OF MENTAL HEALTH SERVICES
IN MILWAUKEE COUNTY**

by

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PROBLEM DEFINITION

The problems and challenges faced by Milwaukee County in carrying out its statutory mandate to provide mental health services have been widely discussed, analyzed and documented by various stakeholders including consumers, advocacy groups, government officials, and the local media. In particular the *Milwaukee Journal Sentinel* has published a series of award-winning articles by its investigative journalists since 2006 revealing a system that is broken and in need of an overhaul. Reporter Meg Kissinger, in a November 5, 2013 article, summarized the mental healthcare crisis as follows:

Despite decades of calls for change, Milwaukee County still has the most lopsided mental health system in the country, pouring more money into expensive and inefficient hospital care instead of into programs that can help more people. That's the opposite of what a healthy system looks like.

The outdated Mental Health Complex drains the budget, leaving little left for more effective care such as walk-in clinics and wrap-around services that would let thousands of people with illnesses that affect the way they think stay in their homes with support.

Politicians have promised reforms for 40 years. While the community awaits improvements, people are dying of abuse and neglect. Thousands more who need care are not getting it and are suffering. Other cities have shown there is a better way. <http://www.jsonline.com/news/milwaukee/chronic-crisis-how-can-milwaukee-countys-broken-mental-health-system-be-fixed-229974841.html>.)

Disability Rights Wisconsin, a federally mandated watchdog group, commissioned a board certified psychiatrist in the spring of 2013 to investigate six 2012 deaths that occurred at the county's mental health hospital. The two excerpts below are from Journal Sentinel Chronic Crisis Series stories printed on January 14, 2014 and January 21, 2014 respectively.

"An independent doctor, hired last spring to examine six 2012 deaths at the Milwaukee County Mental Health Complex, found that medical treatment there was so poor, the place should be closed". <http://www.jsonline.com/news/milwaukee/poor-care-called-factor-in-four-deaths-at-mental-health-complex-b99183920z1-240225111.html>

William Knoedler, the psychiatrist who conducted the review of the six deaths from 2012, said he is "appalled at how the people of Milwaukee have tolerated" the poor quality of care at the complex. <http://www.jsonline.com/news/milwaukee/mental-health-complex-cited-in-another-death-b99188903z1-241390981.html>

Compounding the problem in Milwaukee is the extreme financial pressure placed upon the county

by a state-directed funding mechanism that puts critical services such as mental healthcare in competition for scarce resources against other county-provided programs and services. This problem is not unique to Milwaukee County. The state's fragmented model of delivering mental health services through the counties is negatively affecting all Wisconsin counties and is unsustainable.

BACKGROUND

In its March 2013 report entitled "Assessing the Financial Outlook of Milwaukee County's Behavioral Health Division", the Public Policy Forum writes:

"BHD provides a variety of inpatient, emergency and community-based care and treatment to children and adults with mental health and substance abuse disorders. The county's role is dictated primarily by the Wisconsin Statutes, which specifically assign to Milwaukee County government responsibility for the "management, operation, maintenance and improvement of human services" in the county, including mental health treatment and alcohol and substance abuse services (Section 46.21).

Section 51.42 of the Wisconsin Statutes lays out more specifically the mandated role for Milwaukee County pertaining to the provision of behavioral health services:

"The county board of supervisors has the primary responsibility for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug dependent citizens residing within its county and for ensuring that those individuals in need of such emergency services found within its county receive immediate emergency services. This primary responsibility is limited to the programs, services and resources that the county board of supervisors is reasonably able to provide within the limits of available state and federal funds and of county funds required to be appropriated to match state funds."

The county has interpreted this language as a legal requirement to provide immediate emergency services for persons with mental illness and substance abuse disorders. That interpretation, in turn, has been defined as a requirement that the county also provide a broad range of inpatient, long-term care and outpatient services to indigent persons in order to curtail the need for emergency services and meet the more general statutory language pertaining to well-being, treatment and care. Notably, private health systems and hospitals also have taken into account this interpretation and have considered it to be Milwaukee County's ultimate responsibility to provide for the care of indigent individuals with mental health and substance abuse disorders.

At its Mental Health Complex, Milwaukee County owns and runs an inpatient hospital consisting of five licensed units (one of which is for children and adolescents); two nursing home facilities (a 70-bed nursing home for individuals with complex needs who require long-term treatment and a 72-bed facility for individuals diagnosed with both developmental disability and serious behavioral health needs); a Psychiatric Crisis Service (PCS) that serves persons in need of emergency mental health treatment, more than 60% of whom typically are brought in by law enforcement on an Emergency Detention; a mental health Access Clinic; and an Observation Unit. It also contracts for a wide variety of community-based services, including targeted case management, community support programs, community residential services, outpatient treatment,

substance abuse treatment and recovery support, crisis respite, and specialized services for children and adolescents.

The total expenditure budget for BHD in 2012 is \$188 million, making it the second largest organizational unit in Milwaukee County government after the Family Care program's Care Management Organization (CMO). BHD's 2012 property tax levy is \$61 million, again ranking it second after the Office of the Sheriff. Other key revenue sources are state/federal revenue and direct reimbursement from patient care.

BHD also is one of the county's largest functions in terms of individuals served. For example, on an annual basis, BHD typically handles close to 4,000 inpatient and 13,000 PCS admissions, provides or administers services to more than 2,000 individuals in case management programs, and administers community-based substance abuse services to more than 4,500 individuals.

Finally, BHD is the second largest county organizational unit in terms of its number of employees (first is the sheriff), with 810 full-time equivalent employees (FTEs) budgeted in 2012." (Retrieved from:<http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/BHD/MH-Redesign/Resources/AssessingtheFinancialOutlookof.pdf>.)

PROPOSED SOLUTION

Legislation shall be enacted to create a statutory board with responsibility for overseeing and directing the delivery and financing of mental health services in Milwaukee County required to be provided under Section 51.42, Wis. Stats. The board shall be managed by an active 11-member Board of Directors along with two representatives of academia in an *ex-officio* capacity to be known as "The Milwaukee County Mental Health Board" (MCMHB). The mission of the Board shall be:

The Milwaukee County Mental Health Board shall oversee the provision of mental health and related services to and for the citizens of Milwaukee County, as required under Section 51.42, Wis. Stats. The Board shall have executive level responsibility to conceptualize, plan, direct and implement on an ongoing basis a mental health delivery and financing system ("System") that relies on (a) evidence-based best practices in order to provide high-quality, compassionate and individualized care for patients, and (b) sound business practices in order to ensure that the overall cost of the care, on a per-unit or other quantifiable basis, is the least amount that is required to provide the foregoing care.

In carrying out its mission, the Board shall be guided by the following principles:

1. The System shall seek to protect the personal liberty and dignity of mental health patients by treating them in the least restrictive environment to the maximum extent possible.
2. The System shall be community-based and recovery-oriented. Services shall be provided in community-based non-institutional settings to the maximum extent feasible. Admission to an

inpatient psychiatric hospital shall be limited to severe episodic cases where such admission is required for the health and safety of the patient; such admission shall be monitored daily, shall be viewed as a short term solution, and the client shall be discharged to a community-based option as soon as that can be done safely.

3. The System shall promote screening and early intervention strategies in order to identify persons at-risk for mental health illnesses and refer them for treatment. These strategies shall include training programs for treatment providers in crisis intervention, and the creation of crisis mobile teams.
4. The System shall be case-management driven. Each client shall be assigned a case manager whose responsibility will be to manage the care of the client on an ongoing, regular basis. The use of innovative technology, including telehealthcare and home monitoring systems, shall be embraced where appropriate.
5. The System shall seek to divert persons suffering from mental illnesses from the Correctional system where appropriate.
6. The System shall promote not simply maintenance but recovery, with the goal of reintegrating patients into the community enabling them to become productive members of society.

PROPOSED BOARD COMPOSITION

The Milwaukee County Mental Health Board (MCMHB) shall be composed of 13 members who collectively possess the professional credentials, expertise and experience required to effectively and efficiently manage the System (“Members”). The Members shall be appointed to staggered 4-year terms. The agencies listed below shall each be responsible for recommending Members to the Governor for his nomination with confirmation by the Senate.

1. A psychiatrist or psychologist who is suggested by the Milwaukee County board of supervisors. The Milwaukee County board of supervisors shall solicit suggestions for psychiatrists and psychologists from organizations including the Wisconsin Medical Society, Medical Society of Milwaukee, the Wisconsin Psychological Association and Wisconsin Association of Family and Children’s Agencies (WFAFCA) for individuals who specialize in a full continuum of behavioral health services for children and adolescents. The Milwaukee County board of supervisors shall suggest to the governor 4 psychiatrists and psychologists for this board membership position.
2. A psychiatrist or psychologist who is suggested by the Milwaukee County board of supervisors. The Milwaukee County board of supervisors shall solicit suggestions for psychiatrists and psychologists from organizations including the Wisconsin Medical Society, Medical Society of Milwaukee, the Wisconsin Psychological Association and the Milwaukee Co-occurring Competency Cadre (MC3) for individuals who specialize in a full continuum of behavioral health services for adults. The Milwaukee County board of supervisors shall suggest to the governor 4 psychiatrists and psychologists for this board membership position.

At least one of the two above positions nominated by the Governor must be a psychologist.

3. A representative of the community who is a consumer suggested by the Milwaukee County board of supervisors. The chairperson of the Milwaukee County board of supervisors shall solicit suggestions for individuals who have lived with mental illness, substance abuse or co-occurring from organizations including Warmline, Milwaukee Mental Health Task Force and the Milwaukee Co-occurring Competency Cadre (MC3). The Milwaukee County board of supervisors shall suggest to the governor 4 representatives of the community for this board membership position. (could be consumer, advocate or family member)
4. A medical director who is suggested by the Milwaukee County executive. The Milwaukee County executive shall solicit suggestions from organizations including the Wisconsin Hospitals Association for individuals who specialize in a full continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services. The Milwaukee County executive shall suggest to the governor 4 medical directors for this board membership position.
5. An individual specializing in finance and administration suggested by the Milwaukee County executive. The Milwaukee County executive shall solicit suggestions from organizations including the Wisconsin Hospitals Association, Wisconsin County Human Services Association and Public Policy Forum for individuals with experience in analyzing healthcare operating expenses, revenues, and reimbursement and expertise in financial restructuring for sustainability. The Milwaukee County executive shall suggest to the governor 4 individuals specializing in finance and administration for this board membership position.
6. A clinician with experience in the delivery of substance abuse services (AODA) who is suggested by the Milwaukee County executive. The Milwaukee County executive shall solicit suggestions from organizations including the Milwaukee Co-occurring Competency Cadre (MC3) specializing in providing AODA services.
7. An individual with legal expertise. The governor shall solicit suggestions from organizations including the Legal Aid Society of Milwaukee or Legal Action Wisconsin, Community Justice Counsel, and Disability Rights WI for 4 individuals who have legal expertise specializing in emergency detention regulatory requirements including policies, procedures, provider responsibilities, and patient rights including judges, lawyers, crisis intervention team police officers, and other service providers.
8. A clinician representing community-based mental health service providers. The governor shall solicit suggestions from organizations including the Milwaukee Healthcare Partnership and the Milwaukee Mental Health Task Force and the Milwaukee Co-occurring Competency Cadre (MC3), specializing in Community-based, recovery-oriented, mental health systems.

9. An individual who is a consumer or family member representing community-based mental health service providers. The governor shall solicit suggestions from organizations including the Milwaukee Healthcare Partnership and the Milwaukee Mental Health Task Force and the Milwaukee Co-occurring Competency Cadre (MC3), specializing in Community-based, recovery-oriented, mental health systems.
10. An employee of the department of health services who has direct knowledge of funding and systems, oversees the state mental health institutes, and is the official contact for the federal government on behavioral health issues or, if this individual is unavailable to serve on the board, the secretary of the department of health services or his or her designee.
11. The Milwaukee Mental Health Task Force Chairperson or his or her designee.
12. NON-VOTING MEMBER A member of academia who is a clinician. The Governor shall solicit suggestions only from the Medical College of WI specializing in community-based recovery-oriented mental health systems, maximizing comprehensive community-based services, prioritizing access to community-based services and reducing reliance on institutional and inpatient care, 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, providing early intervention to minimize the length and depth of psychotic and other mental health episodes, diverting people experiencing mental illness from the corrections system, when appropriate, or maximizing use of mobile crisis units and crisis intervention training.
13. NON-VOTING MEMBER A member of academia who is a clinician. The Governor shall solicit suggestions only from the University of Wisconsin – Madison specializing in community-based recovery-oriented mental health systems, maximizing comprehensive community-based services, prioritizing access to community-based services and reducing reliance on institutional and inpatient care, 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, providing early intervention to minimize the length and depth of psychotic and other mental health episodes, diverting people experiencing mental illness from the corrections system, when appropriate, or maximizing use of mobile crisis units and crisis intervention training. (permanent member)

ADMINISTRATOR

The day-to-day affairs of the MCMHB shall be delegated to an “Administrator”, who shall be nominated by the County Executive and approved by the Board. The administrator will be accountable to and serve at the pleasure of the Board and the Executive, outside any civil service mechanism to maximize accountability to the policy makers. The qualifications of the Administrator should include:

1. At least a baccalaureate degree in business administration or healthcare administration from an accredited University.

2. At least seven years of experience in (a) direct supervision and management, (b) budgeting and finance, and (c) behavioral healthcare.
3. A proven track record implementing new programs and services.
4. Experience and expertise in the role of technology (including home-monitoring systems and telehealthcare) in delivering healthcare services.
5. Experience in working with multiple stakeholders, including community organizations, advocacy groups, government agencies, health care systems, insurance companies, mental healthcare professionals, and clients with mental illnesses.
6. A personal commitment to protecting the rights and dignity of persons suffering from mental illnesses.

PROGRAMS AND SERVICES

The MCHMB would have jurisdiction over and responsibility for all programs and services currently under the Milwaukee County Behavioral Health Division. A summary can be found in the county's annual budget under org unit 6300.

<http://county.milwaukee.gov/MilwaukeeCountyBudget>

OTHER STATUTORY REQUIREMENTS

The proposal requires the MCMHB to provide an annual report to the Department of Health Services, the Legislature and county describing how money is spent, what programs and services are being provided and how service to the community has improved over the past year. The report is directed to be made readily available to public. As with other county departments, the independent County Comptroller will have oversight of spending which includes audit authority.

The state Legislative Audit Bureau is also directed to conduct financial and performance audits of the MCMHB with reporting requirements similar as outlined above.

The Board is also directed to study alternative methods of funding mental health services to ensure long-term sustainability and to report the findings to the State and County.

CONCLUSION

The reform plan put forth in this proposal is aimed at addressing the immediate, well documented threats to patient safety in Milwaukee, as well as piloting new methods for oversight and financing a mental health system that could be used as a model for other counties or regions around the state in the future.