Milwaukee Mental Health Task Force Testimony

Milwaukee County Mental Health Board Meeting –
Kelly Davis, PhD – Milwaukee Mental Health Task Force Co-chair
January 24, 2018

Thank you, Chairman Shrout, and members of the Milwaukee County Mental Health Board (MCMHB) for this opportunity for public comments. As Co-chair of the Milwaukee Mental Health Task Force (MHTF), I am pleased to share with you this testimony and to partner with you in this important work.

- Thank you for advancing important initiatives in the 2018 budget, that are strongly supported by the Mental Health Task Force. It is very encouraging to see Milwaukee move forward with adding a Peer Run Respite and an additional CART team, as well as allocation of funds to address transportation which is an important social determinant and key to recovery. We stand ready to help with implementation and thank the Mental Health Board and BHD leadership for your responsiveness. The MHTF hopes to conduct another survey to get input on priorities for the 2018 budget.
- One area of grave concern is ensuring effective and caring support for people experiencing a mental health crisis. We are very concerned about the recent experiences of vulnerable individuals who did not receive the support they needed at area emergency rooms. In addition, we continue to hear from our members about individuals in crisis who are turned away at PCS. As BHD and the Mental Health Board move with the Public Policy Forum study for the future of emergency room services for those experiencing a psychiatric crisis, we urge you to include people with lived experience, advocates and providers in this process. The MHTF has been a resource to provide this perspective in the past and we stand ready to be a resource on this very important initiative to determine the future of psychiatric emergency room care.
- The Milwaukee Mental Health Task Force has identified a number of concerns and questions related to the outsourcing of inpatient services and the potential contract with UHS. These were listed in the attached letter to the Mental Health Joint Task Force dated December 3rd. We appreciate your consideration of these questions and look forward to a written response that we can share with the full task force.
- We ask for your consideration of the following priorities for 2018:
    - Expanded capacity on the Northside including the northside hub or other community based alternatives located in northside locations, as well as a developing plan to provide a continuum of community services on the northside. We recommend this as a top priority as there was an expectation for northside hub to be in place this year.
    - Maintain the commitment to expanding community services, including crisis services, and to increasing funding as the county transitions from being a provider of inpatient care to serving as a contractor.
    - Recognize and build on the success of the Crisis Resource Centers (CRCs) which have a 10th anniversary this year and are a valued part of the continuum of care in our community
    - Continue to address and improve quality and accountability for community services, including increased awareness of client rights and options for seeking advocacy assistance.
    - Develop strong oversight provisions for inpatient services to address quality, comprehensive discharge planning, coordination with BHD community services, client rights, access to public defenders and advocates, etc.

- Increase awareness of and access to services with a public information campaign including an enhanced web site and signage in the community.
- One of the duties of the Mental Health Board as listed in Act 203 is "**Diverting people experiencing mental illness from the corrections system when appropriate."** Some promising steps are being taken in Milwaukee to develop the capacity and protocols to support diversion, but a major investment will be needed to build this to scale. This is especially critical as the county ends its role as a provider of inpatient services, and determinations about whether individuals will receive inpatient services will rest with private entities. In our testimony last March, we had suggested that the Board schedule a briefing from the Community Justice Council regarding the MacArthur Safety and Justice Challenge. We urge you to prioritize this in 2018.

Thank you for your consideration of our testimony and for your service on the Mental Health Board.

December 3, 2017

Dear fellow members of the MHB Joint Task Forces on Local Public\Private Partnership and National Entity Partnership,

As the Milwaukee Mental Health Task Force representative on the Mental Health Board, I have heard from many members of the MHTF who have questions about the future direction for inpatient care, and have raised concerns about Universal Health Services, given recent media coverage. As a member of the Task Force, I am aware that we have put in a place a very thorough "Due Diligence" process which has been tasked with addressing many of these concerns, but the findings have not been communicated to members of the public, and many are not aware of the Due Diligence progress. There needs to be a plan for responding to these concerns from members of the public, and explaining the process that is being followed.

I am writing to pass on the concerns members of the Milwaukee Mental Health Task Force have shared with me and ask that our December 7 meeting include a discussion of how to communicate the findings of the Due Diligence process to the public, as well as how to address other questions, including those listed below. The concerns shared with me from members of the Milwaukee Mental Health Task Force include the following:

1. PUBLIC ACCESS AND INPUT. Public money is being used to fund inpatient services and that warrants a public process. To date the UHS proposal has not been available to the public. What elements of the proposal will be made public, and when? Will there be an opportunity for public comment?

2. MH BOARD OVERSIGHT ROLE FOR UHS SERVICES. Given the shift in the role of the MH Board and county from being a provider of inpatient services to a purchaser of services, what provisions will be in place for oversight and quality control for the purchased services, and how will this be staffed? Will there be specific performance expectations imposed on the contractor and, if so, who is developing these and how will they be monitored?

3. STAKEHOLDER ROLE IN OVERSIGHT PROCESS. Does the proposal address the role of consumers, advocates, and family members in the oversight process? This should include requirements for the private entity regarding inclusion of these stakeholders on their governing and oversight boards.

4. OVERSIGHT RESPONSIBILITY. What other independent oversight will be in place to ensure compliance, monitor performance, provide site visits, and survey the facility? Is UHS planning to pursue Joint Commission accreditation and if so, what is the timeline? What will be the role of Wisconsin DQA?

5. ACCESS FOR PUBLIC DEFENDERS AND ADVOCATES. Does the proposal response make a commitment to ensure that public defenders will be able to continue to meet with their clients on the units to ensure clients have timely and regular access to their attorney, as well as ensure access for advocates and community support staff working with clients, including the state Protection and Advocacy agency?

6. WHO WILL BE SERVED? Who will the contractor be required to serve? Does the proposal make a commitment to serving all uninsured and high acuity patients? Will there be a no refusal policy? Does the county anticipate any increased use of state facilities such as Winnebago, as a result of closing the Complex?

7. DEESCALATION AND USE OF FORCE. The video from the national investigation clearly shows that there was no attempt at verbal de-escalation of the situation in the hallway (presuming that there even was a need?) The employee went straight to hands on use of force with

improper techniques. While we understand that a hospital must have safety precautions in place, the practices shown here are unacceptable. Those policies should be scrutinized. What data has UHS provided regarding their use of seclusion and restraints, and practices implemented to encourage voluntary treatment?

8. TREATMENT PLANS/TREATMENT PLAN UPDATES. How long and why are people staying as an inpatient at the facility? Are there standard protocols for treatment? What if someone does not have insurance? Will they be released pre-maturely for inability to pay? Are consumers involved in treatment plans? Consumer's families?

9. DISCHARGE PLANNING. How will discharge planning be coordinated with Milwaukee County community services, housing, Medicaid HMOs, and Family Care MCOs, Winged Victory, and others? What safeguards are in place to ensure patients have access to a full range of services to support re-entry including assistance with housing, benefits counseling, and assistance with enrollment in a wide range of community services?

10. STAFFING RATIOS. What is the recruitment and retention process for staffing? A big criticism of "for profit" privatized outfits is that they pay their staff very little and profit immensely. Are there limits on the use of overtime? Will they temporarily shut down beds if they are not fully staffed?

11. EMPLOYEE DISCIPLINE. What is the response of UHS to rule infractions that affect patient care? (e.g. HIPAA violations, abusive language, power differential boundary violations)

12. MEDICATION MANAGEMENT and DISTRIBUTION. What is the philosophy on medication management as it relates to poly pharmacy? Who distributes medications? (Nurse versus ??) What is the policy on non-formulary medications for those for whom first line medications do not work? Is there a protection against the vendor using an inappropriately limited formulary?

13. GRIEVANCE PROCEDURE. What rights do patients have in terms of grieving decisions, behaviors, roommate situations, physical conditions, food etc.? Are patient's voices heard and taken seriously? What staffing will be in place to address client rights?

14. PHYSICAL PLANT SECURITY. We recommend assessing how cameras are used in the facility for safety, security, and confidentiality functions. Also food and room temperature are a big deal when dealing with certain medications.

15. PATIENT RESTRAINT POLICY. Obviously the use of restraints is a major concern. What are their policies regarding use of both physical and chemical restraints? What is the suicide watch policy? What property does a patient retain and for how long is their property taken from them?

16. INITIAL and ANNUAL UPDATE TRAININGS. What does new employee orientation training entail? Are workers oriented, trained properly, and given update trainings yearly? On what?

17. PEER SUPPORT. BHD has been a leader in employing Certified Peer Specialists on the units. Has UHS made a commitment to continue to employ Certified Peer Specialists on the units?

Thank you for your consideration of these concerns and for including on the agenda at our December 7th meeting a discussion of the process for addressing these and other questions from the public.

Mary Neubauer
Milwaukee Mental Health Task Force Co-chair
Milwaukee County Mental Health Board