

**County of Milwaukee**  
Inter-office Communication

**DATE:** February 10, 2011

**TO:** Supervisor Joe Sanfelippo, Chairman, New Behavioral Health Facility Study Committee

**FROM:** Geri Lyday, Interim Director, Department of Health and Human Services  
Jennifer Collins, Research Analyst, Board of Supervisors

**SUBJECT: INFORMATIONAL REPORT COMPARING THE RECOMMENDATIONS INLCUDED IN THE HSRI STUDY AND COUNTY EXECUTIVE/CHAIRMAN HOLLOWAY'S MENTAL HEALTH INITIATIVE**

**Background**

At its February 1, 2011 meeting the New Behavioral Health Facility Study Committee asked for a comparison of:

- the recommendations included in the final report submitted by the Human Services Research Institute (HSRI), *Transforming the Adult Mental Health Care Delivery System in Milwaukee County*, October 2010, and
- the Mental Health Initiative presented by the then Milwaukee County Executive Lee Holloway in a memo to Michael Mayo, Sr., then Chairman, Milwaukee County Board of Supervisors and Supervisor Peggy West, Chairwoman, Health and Human Needs Committee, January 20, 2011.

The HSRI study was initiated in October 2008 by the Milwaukee Health Care Partnership, the Medical Society of Milwaukee County, and the Milwaukee County Behavioral Health Division (BHD). The report presented the findings from a comprehensive planning effort to redesign the mental health care system in Milwaukee County, conducted by HSRI in partnership with the Public Policy Forum and the Technical Assistance Collaborative, Inc.

Chairman Holloway's Mental Health Initiative has as its foundation the recommendations and ideas of multiple studies, including the HSRI Study, and feedback from advisory groups. It also incorporates mental health proposals included in the Milwaukee County 2011 Adopted Operating Budget.

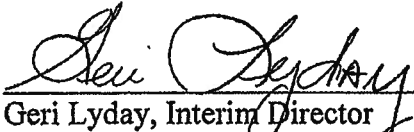
**Comparison**

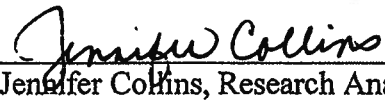
County Board staff worked with DHHS staff, including BHD managers and clinical leaders, to review both the HSRI study and the Mental Health Initiative. All were involved in the HSRI study and several had input into the framing of the concepts of the Mental Health Initiative.

Attachment 1 contains a table listing the key HSRI recommendations with a brief description of how the concepts and vision outlined in the Mental Health Initiative could relate to each.

**Recommendation**

This is an informational report. No action is necessary.

  
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Geri Lyday, Interim Director  
Department of Health and Human Services

  
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Jennifer Collins, Research Analyst  
County Board

**Attachment**

cc: Marvin Pratt, Interim County Executive  
Lee Holloway, Chairman, County Board of Supervisors  
Terrence Cooley, Chief of Staff, County Board of Supervisors  
Toni Thomas-Bailey, DAS, Fiscal and Management Analyst  
Jim Kubicek, Director, BHD Crisis Services  
Jerome Heer, Director of Audits

## HSRI Study & Holloway Mental Health Initiative

### Comparison of Overall Mission/Goals:

| <b>HSRI Study (October 2010)</b><br>(The numbered items represent the specific recommendations given in the report)   | <b>System Characteristics</b>                               | <b>Holloway Mental Health Initiative (January 2011)</b>  |
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| <p>1. Downsize and redistribute inpatient capacity.</p> <p>Gradually reduce inpatient units at the current BHD complex.</p> <p>“Ideally, the BHD complex would be reduced to one or more units with 16 beds or less.” This would make BHD’s remaining inpatient services Medicaid-reimbursable by eliminating the restriction created by the IMD exclusion.</p> <p>Downsizing and redistributing inpatient capacity requires careful multi-year planning and collaboration with community providers, private hospitals and multiple stakeholders.</p> <p>Community-based options would need to be developed.</p> <p>The report also recommends that BHD work with DHHS and the State to develop and implement a plan to phase down the 72-bed Hilltop facility.</p> | <p><b>Downsize inpatient capacity</b></p>                   | <p>The vision of what a system might ultimately look like, with a smaller County mental health facility on County grounds and multiple mental health facilities with 16 beds or less throughout Milwaukee County, is presented in a schematic.</p> <p>Some steps to get to the vision are outlined including:</p> <ul style="list-style-type: none"> <li>• Downsizing Hilltop. The County’s 2011 budget includes developing a plan for this,</li> <li>• Looking at developing an additional Crisis Resource Center and crisis services which could relieve pressure on inpatient. Studying this is also included in the 2011 County budget.</li> <li>• Developing an RFP for a pilot program to serve a yet-to-be-identified patient population in mental health delivery system in one or two smaller mental health facilities in the community.</li> </ul> |
| <p>2. Involve private health systems in a more active role.</p> <p>This includes outsourcing BHD bed capacity to the private health systems. The private systems should continue plans to hire more mental health professionals and adjust to treat persons with more severe psychiatric symptoms &amp; complex needs.</p> <p>Strategic collaboration, detailed planning and</p>  | <p><b>Involve private providers in more active role</b></p> | <p>Strengthening public/private partnerships is one of the five key concepts outlined. The initiative includes working with schools and universities to increase needed professionals providing psychiatric care. It also notes the need to partner with hospitals to expand mental health services capacity.</p> <p>The community-based mental health facilities envisioned could be privately developed and/or</p>   |

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| <p>development of agreements would be required. Adequate incentives would need to be provided to the private health systems either through reimbursement rate structures or by adding incentives such as guaranteed revenue from dedicated beds.</p> <p>It is noted that private hospitals have a “strong infrastructure, including a well-established electronic medical record (EMR) system.”</p>  |  | <p>operated but private health systems are not specifically identified as doing so.</p> <p>The vision presented in the schematic of what a system might ultimately look like, with a smaller County mental health facility on County grounds and multiple mental health facilities throughout Milwaukee County, outlined a system which would be overseen by Milwaukee County with the infrastructure provided by the County including information technology, billing and purchasing.</p> |
| <p>3. Reorganize crisis services and expand alternatives.</p> <p>This includes the suggestion that Milwaukee County consider shifting crisis services to a more central area.</p> <p>This is a critical component of the process of downsizing the BHD complex since alternative crisis services could provide the resources to divert people from acute inpatient and reduce the need for inpatient care.</p> <p>The report noted that funding for the current Crisis Resource Center should be retained.</p> | <p><b>Reorganize and Expand Crisis Alternatives</b></p>      | <p>One of the five key concepts outlined includes increasing access to crisis services including researching the development of a Crisis Resource Center (CRC) and developing a strategy for additional crisis prevention, intervention, and stabilization services such as mobile. This is consistent with the 2011 County Budget, which requires BHD to research both the need for crisis beds and the development of a CRC in the northern portion of the County.</p>                   |
| <p>4. Reduce emergency detentions.</p> <p>This recommendation involves enhanced training of law enforcement on mental health issues, including communications personnel.</p>   | <p><b>Reduce Emergency Detentions (EDs)</b></p>              | <p>Hospitalization, crisis, and ED data would be collected and monitored as part of the Pilot Program.</p> <p>It was noted that emergency detentions would be expected to decrease with an emphasis on wellness and care managed by interdisciplinary teams and payment incentives for recovery.</p>   |
| <p>5. Expand and reorganize community-based services.</p> <p>Community-based services, including outpatient care are critical to supporting individuals in community,</p>  | <p><b>Reorganize and Expand Community Based Services</b></p> | <p>Community-based services are the main component of the envisioned redesigned mental health system. The initiative notes that the service model could be roughly based on the General Assistance Medical</p>   |

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| <p>which is crucial for any gradual downsizing and redistribution of BHD inpatient capacity. Several specific recommendations include:</p> <ul style="list-style-type: none"> <li>• Work with the State to secure funding for Community Recovery Services under 1915(i).</li> <li>• Shift resources from inpatient to outpatient.</li> <li>• Explore partnerships with Federally Qualified Health Centers (FQACs).</li> <li>• Expand evidence-based practices.</li> <li>• Adopt alternative case-management models.</li> <li>• Improve discharge planning from acute inpatient stays.</li> <li>• Use benefits counseling to ensure maximum revenue.</li> <li>• Substitute some traditional treatments with alternative options for outpatient care.</li> </ul> |  | <p>Program (GAMP), which focused on care being provided in community settings, including possibly FQHCs, and therefore reducing hospitalizations, visits to crisis services, and emergency detentions.</p> <p>One of the five key concepts outlined includes leveraging federal funds and this involved developing an implementation plan for 1915(i) Community Recovery Services. This is also included in the 2011 County budget with the stipulation that questions regarding eligibility and the County’s fiscal exposure be addressed.</p> <p>The recommended first step in beginning to move toward this community-based system is to initiate a pilot program and select a population being served by BHD and develop an RFP for specific services for those individuals to be provided in the community. The RFP would outline who would be served and what services would be provided and other specifics of any capitated payment system, quality oversight, interdisciplinary teams, etc. It is not known who might respond or be interested in any RFP.</p> |
| <p>6. Promote a recovery-oriented system through person-centered approaches and peer supports.</p> <p>Recovery-oriented care, including peer supports should be further developed throughout the system. Training of mental health professionals and consumer education is recommended and expansion of peer support services.</p>   | <p><b>Recovery-oriented, Person-Centered System with Peer Supports</b></p> | <p>The vision presented in the schematic of what a system might ultimately look like, with a smaller County mental health facility on County grounds and multiple mental health facilities throughout Milwaukee County, included the idea that peer specialists would be included as part of the interdisciplinary teams on site in the community based facilities.</p> <p>Reimbursement for Peer supports is included as part of 1915(i) Community Recovery Services if Milwaukee</p>  |

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|   |   | County chose to participate.  |
| <p>7. Enhance and emphasize housing supports.</p> <p>This included reallocating resources being used for group homes, expanding permanent supportive housing, and establishing a partnership with the homeless service system.</p>  | <b>Housing Supports</b>                   | Residential facilities are envisioned as one of the options in a community-based mental health system.  |
| <p>8. Ensure cultural competency.</p> <p>Growing diversity necessitates changes in the delivery of effective mental health services in Milwaukee County, and the implementation of cultural competency measures will be beneficial to Milwaukee County's pursuit of Joint Commission accreditation. A number of specific subrecommendations were contained in the report.</p> | <b>Cultural Competency</b>                | Cultural competency was not specifically addressed.   |
| <p>9. Ensure trauma-informed care (TIC).</p> <p>The report contained a number of subrecommendations.</p>  | <b>Trauma-Informed Care (TIC)</b>         | Trauma-informed care was not specifically addressed.  |
| <p>10. Enhance quality assessment and improvement programs.</p> <p>A comprehensive, system-wide QI program should be created with performance and outcome indicators identified and improved management information systems. Changes should be made to the management information systems to collect and report common data elements.</p>                                     | <b>Quality Assessment and Improvement</b> | <p>The Pilot program includes quality oversight, monitoring of hospitalization, crisis and emergency detention rates, service costs and cost-effectiveness</p> <p>The Milwaukee mental health system would be overseen by Milwaukee County, which would be the provider/monitor of information technology, billing, and purchasing.</p> |
| <p>The study envisions the development of a comprehensive implementation plan, by utilizing the following steps:</p> <ol style="list-style-type: none"> <li>1. Re-convene system stakeholders</li> <li>2. Form oversight steering committee</li> <li>3. Establish work groups to address common themes identified in report</li> </ol>  | <b>Next Steps Envisioned</b>              | <ol style="list-style-type: none"> <li>1. County Board approval of resolution supporting concepts and objectives of the mental health initiative</li> <li>2. The Interim Director, Department of Health and Human Services develops a report describing the details of a pilot project creating a model for the managed care</li> </ol> |

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| <p>*Ensure full and active inclusion of consumer groups in all phases of implementation</p> <p>**Financing details were not provided, though the plan does indicate that an up-front investment would be necessary. It anticipates reduced costs in the long run.</p> |  | <p>system with small facilities located in the community to be included in a Request for Proposals</p> <ol style="list-style-type: none"> <li>3. BHD, DAS, and County Board staff develop a detailed fiscal analysis of the mental health pilot program</li> <li>4. Groups focusing on issues related to the Behavioral Health Division (Community Advisory Board, New Behavioral Health Facility Study Committee, and Behavioral Health Advisory Council) direct their efforts towards implementation of the plan</li> </ol> <p>**As mentioned above, initial fiscal analysis will be pulled together by staff with a presumption that a more detailed fiscal analysis will follow implementation of the pilot program.</p> |
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**General Observations:**

- In general, both the HSRI study and the Holloway Mental Health Initiative concur on overall recommendations & themes—particularly the following main themes:
  - Downsize & redistribute inpatient capacity
  - Involve private health systems in a more active role
  - Reorganize crisis services and expand alternatives
  - Reorganize and expand community-based services
  - Promote recovery-oriented system through person-centered approaches and peer supports
  - Enhance information technology systems