

County of Milwaukee Inter-Office Communication

DATE: October 3, 2011

TO: Supervisor Peggy Romo West, Chairperson, Health & Human Needs Committee

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Jim Kubicek, Director of Crisis Services, Behavioral Health Division

SUBJECT: **From the Interim Director, Department of Health and Human Services, submitting an informational report regarding a crisis bed analysis to determine the number of crisis beds needed in Milwaukee County to alleviate strain on the Psychiatric Crisis Services Admission Center in the Behavioral Health Division**

Background

The 2011 Behavioral Health Division (BHD) Budget included an amendment directing BHD to conduct a crisis bed analysis to survey the needs in Milwaukee County to alleviate strain on the Psychiatric Crisis Services (PCS) Admission Center and build capacity for stabilization and linkages to services in the community. In the amendment, BHD was also directed to explore the possibility of developing a Crisis Resource Center (CRC) in the northern portion of Milwaukee County. BHD was directed to provide quarterly reports to the Board. This is the third quarterly update and includes information as to the progress being made in negotiations with the State of Wisconsin in recognizing "Sub-Acute Community-Based Psychiatric Treatment" as a reimburseable level of care.

Discussion

The first quarter report reviewed the historical context regarding crisis services in Milwaukee County including current capacity (16 crisis respite beds in the community and seven crisis resource center beds) and program design. The second report focused on a number of key metrics aimed at determining the efficacy of the program based on several key metrics, specifically:

- **Impact on Recidivism**

A study was conducted of 100 patients utilizing CRC resources. For these 100 patients, in the six months after the CRC referral, there was a:

- 40% reduction in PCS usage
- 39% reduction in inpatient admissions
- 46% reduction in inpatient bed days

- **Impact on Emergency Detentions:**

- There was a 35% reduction in emergency detentions for these 100 patients after a referral was made to CRC.

- **Determine Specific Indicators Regarding Community Need:**

- Through September 2011, there have been 176 patients that met CRC admission criteria but who were not accepted due to capacity issues.
- Typically the CRC is at their maximum capacity three out of seven days per week, or approximately 40% of the time.

Examine Other Possible Funding Sources

BHD provides \$200,000 per year in funding to the CRC, which accounts for approximately 36% of their overall budget. In addition the CRC is able to generate approximately 28% of their budget through revenue. The remaining 32% of their budget is funded through various grants. These grants are all expiring as of the end of 2011. At this time, BHD is not aware of a viable sustainability plan that has been identified and is, in large part, dependent on negotiations between the CRC and the State of Wisconsin.

Further Exploration of Revenue Options at the State Level

Approximately 50% of the individuals currently using the CRC are members of Medicaid (Title 19) HMOs. These HMOs have indicated that they want to use the CRC as an alternative to inpatient hospitalization and emergency care but, unfortunately the CRC level of care is not a covered service within the HMO capitated rate from the State. Therefore, the HMOs cannot claim patients getting services at the CRC and in many cases the CRC does not receive payment for these services, which results in a sizable amount of unrecognized revenue.

Currently TLS, the fiscal agent for the CRC, is in the final stages of facilitating a proposed Contract Amendment for the State of Wisconsin contracted HMOs to include a "Sub-Acute Community-Based Psychiatric Treatment" level of care as a reimbursable service. This Amendment would be similar to the following:

"The HMOs may use programs offering medically necessary sub-acute psychiatric treatment/recovery center services. These services will include a community-based clinical treatment alternative to emergency room, inpatient hospitalization, and a step-down stabilization from acute inpatient hospitalization. This program is in lieu of inpatient psychiatric hospitalizations, when deemed appropriate by the treatment center admission staff and as authorized as medically necessary by the HMO."

This proposed amendment, if accepted, would be in effect beginning January 1, 2012.

Next Steps

BHD will continue to examine additional programmatic enhancements in order to decrease the number of emergency detentions in Milwaukee County, reduce dependence on PCS and build capacity for stabilization and linkages to services in the community. In addition, BHD is exploring a 24-hour mobile crisis team and a new crisis stabilization model for clients with Developmental Disabilities/Mental Health dual diagnosis.

Recommendation

This is an informational report. No action is necessary.



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Department of Health and Human Services

cc: County Executive Chris Abele
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