

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: October 10, 2013

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Jim Kubicek, Interim BHD Administrator

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, regarding Emergency Detentions under Wisconsin State Statutes and the legislative impact of Chapter 51**

Background

Over the past several years, the high number of psychiatric Emergency Detentions (EDs) in Milwaukee County has been the focus of much discourse, including in the Human Services Research Institute (HSRI) report on redesigning the adult mental health system in Milwaukee County. In 2012, there were over 7,000 EDs in Milwaukee County. Emergency Detentions in Milwaukee County are governed by Chapter 51 in Wisconsin State Statutes. Chapter 51 only applies to Milwaukee County due to its larger population and therefore makes the situation here different from the all other counties in Wisconsin. In addition, the socio-economic status of Milwaukee County is significantly different than other Wisconsin counties.

In order to respond to the requirements of Chapter 51, the Behavioral Health Division (BHD) uses a Mobile Crisis Team, which has been in existence for over 15 years. The Mobile Crisis Team works exclusively with individuals age 18 and over. The role of the Mobile Crisis Team is to respond to behavioral health crises in the community, including the evaluation of emergency detentions. Currently, the Mobile Crisis Team is comprised of RNs, Behavioral Health Emergency Service Clinicians and a psychologist.

BHD is currently in the process of implementing a number of strategic initiatives that are aimed at maintaining individuals in the community while avoiding involuntary hospitalizations, including those that result from EDs. In 2011 and 2012, BHD conducted an extensive review of factors related to EDs, including: a study of Mobile Crisis Team utilization and effectiveness at generating voluntary dispositions; a retrospective analysis of ED dispositions and probable cause hearings; a survey of local law enforcement that focused on use of voluntary alternatives rather than EDs; and finally, BHD explored possible legislative action that would impact the Chapter 51 processes.

Overview

Mobile Crisis Team Data

In 2011, there were 1,488 contacts made by the Mobile Crisis Team, of which 931 were done at a private medical facility. In all of the 931 cases law enforcement had already placed the individuals on an ED. The Mobile Crisis Team evaluated those patients and in 63% of the cases, was able to drop the ED and pursue voluntary alternatives. Additionally, 455 of the Mobile Crisis Team contacts were done in a community setting.

These contacts were either to facilitate the discharge of a patient from a higher level of care or to evaluate an individual in the community. Of these community contacts, only 24 resulted in an ED being initiated, which translates to a 95% rate of voluntary alternatives. Finally, there were 102 contacts that were directly referred by law enforcement. These were situations where law enforcement required an onsite clinical evaluation and risk assessment. Of these cases, there was a recommendation to detain 12 individuals on an ED. This corresponds to an 88% rate of voluntary alternatives for individuals that had come to the attention of law enforcement. Each of these interventions was conducted prior to any contact with Milwaukee County's Psychiatric Crisis Service (PCS). This data suggests that intervention by the Crisis Mobile Team leads to decreased numbers of EDs.

In 2011, BHD conducted an additional review of the total number of EDs with a focus on individuals who were admitted to BHD. After much analysis, It was determined that a clinical intervention (ie a Crisis Mobile Team intervention) earlier in the process could have possibly averted a probable cause hearing or admittance to PCS in up to 80% of EDs. The types of ED dispositions that factored into this percentage include:

- The ED was dropped in PCS;
- Patient was held temporarily but discharged prior to probable cause;
- No witness shows up for court;
- Time violation;
- Insufficient evidence (Facial insufficiency); and
- A stipulation agreement is struck for voluntary admission.

Proposal

Based on the above mentioned data and the desire to decrease the number of EDs in Milwaukee County, BHD and others have recently attempted to broaden the definition of who can detain an individual under Chapter 51 in the State of Wisconsin to include allowing the decision to be made by a behavioral health professional. BHD has worked with Milwaukee County Corporation Counsel to arrive at proposed alternative language delineating the type of individual that would be given authority to detain people on an ED.

Currently, BHD is required to initiate a Treatment Director Supplement (TDS) within 24 hours of detention. In addition to increasing authority to detain on an ED, Milwaukee County is also proposing that whenever a treatment director or designee initiates an ED, the TDS will not be required. This change would add language, not remove detaining authority from law enforcement. To support these efforts, a state by state review was conducted of the detention authority in the rest of the country. Wisconsin is one of the last remaining states that only allow law enforcement to initiate an emergency behavioral health hold. The balance of the country varies significantly in terms of who is allowed to detain, including:

- Any individual over the age of eighteen
- Family members
- Licensed mental health professionals
- Licensed physicians
- Only designated mental health professionals

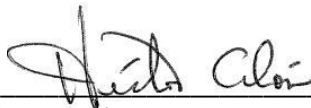
Adding language to Chapter 51 to give authority to detain people to behavioral health professionals could not only have a significant impact on the overall numbers of individuals detained in Milwaukee County, but would also likely lead to more favorable experiences and outcomes for detained individuals. By definition law enforcement's primary function is to enforce the law and arrest those individuals that

violate the law. Exclusively allowing law enforcement to detain individuals requiring emergency psychiatric treatment not only criminalizes the ED process but also adds to the stigmatization of people with behavioral health disorders. BHD would like to create a process where someone can gain access to involuntary psychiatric care through a clinical evaluation, which would be a more therapeutic and less criminal intervention.

Next Steps

BHD plans to continue to pursue changes to State Statues as described above to allow a behavioral health professional to detain individuals on EDs. We hope the County Board of Supervisors will support this effort and assist in advocating for the proposed legislative changes relating to Emergency Detentions under Chapter 51.

BHD will continue to update the Board on progress related to this initiative as necessary.



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