

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
INTER-OFFICE COMMUNICATION

**DATE:** February 22, 2011

**TO:** Supervisor Peggy 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 PSYCHIATRIC CRISIS SERVICES ADMISSION CENTER**

**Background**

The 2011 Behavioral Health Division (BHD) Budget included an amendment directing BHD to conduct a Crisis Bed Analysis to survey the need for crisis beds 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. Included in this initiative is exploring the possibility of developing a Crisis Resource Center in the northern portion of Milwaukee County. This report provides the first quarterly update to the County Board and includes a historical context regarding crisis services in the Milwaukee community.

**Discussion**

In 2004 the Milwaukee County Behavioral Health Division's, Crisis Services Branch established a Memorandum of Agreement with the Wisconsin Hospital Association. As a result of this collaboration, the four Milwaukee County hospital systems provided \$500,000 in annual funding to Milwaukee County, which was used to secure 16 crisis respite beds in the community. These 16 beds were provided through a contract agreement with Phoenix Care Systems. The Department of Health and Human Services (DHHS) and BHD created three full time positions within PCS to provide clinical oversight for this program.

One of the stated goals of this initiative was a reduction in both the number and length of time that Crisis Services must function on a "Wait List" status. The addition of community crisis beds was one of several system changes undertaken to address this problem. These initiatives included; expansion of the observation area, expanding the number of private Hospitals accepting involuntary transfers, hiring a Mobile Psychologist and creation of the Behavioral Health Advisory Committee. The impact of these enhancements over the last 4 years has been significant. (See Table 1.) In 2010 BHD admitted over 2100 Patients to the observation area and transferred over 1300 to the Private Hospital setting.

In September 2007 the privately run Crisis Resource Center (CRC) was opened. The CRC was initially funded exclusively by grants and private funding sources. The focus of the Crisis Resource Center was to make the Behavioral Health System accessible to more individuals in a less threatening more consumer driven system of care. The major goal of the CRC was to reduce the number of individuals with mental illness or co-occurring disorders who, during a psychiatric crisis, end up in the criminal justice system, local hospital emergency rooms or subject to involuntary psychiatric hospitalization. In 2009, 8 of the 16 Crisis Respite Beds were relocated to the Crisis Resource Center facility.

The overall budget for the CRC and Crisis Respite programs currently is approximately \$861,000 per year. In 2010 BHD allocated \$450,000 to fund both programs, in 2011 this amount increased to \$500,000. The remainder is made up of T-19 and HMO billing, grants and other revenues.

In 2010 Milwaukee County experienced an unprecedented number of psychiatric emergency room visits (13,444). Approximately 8,500 of those contacts were for patients on some type of involuntary hold. In 2010 BHD admitted over 2100 Patients to the observation area and transferred over 1300 to the Private Hospital setting. Despite the continued high utilization of the Observation unit and Private Hospital transfers, the sheer volume of Patients entering the system contributed to a 10% increase in "wait list status" in 2010. (See Table 2.) These increases lead to the call for an evaluation of crisis bed capacity in Milwaukee County, and the need for additional prevention, stabilization and linkage resources in a sub-acute setting.

The Milwaukee County Behavioral Health Division as well as the behavioral health provider network as a whole, is highly dependent on the CRC and the Crisis Respite programs. 85% of all CRC admissions were diversions from an Emergency Room, Hospital or involvement in the Criminal Justice system. The remaining referrals were from inpatient units, allowing them to be discharged into a less restrictive environment. BHD is the largest referral source to the CRC, accounting for 35.5% of its overall volume. 98% of the referrals from BHD are from the Crisis Services Branch. 99% of the referrals to CRC were able to be cared for at the facility, with 1% having to be transferred to PCS. 46.5% of all referrals were able to be referred directly to the CRC without having to come to BHD.

In 2010 the CRC and Crisis Respite programs accounted for a total of nearly 6,700 bed days. It could reasonably be assumed that the majority of those bed days would have been spent in a higher cost, more restrictive environment had it not been for these programs.

BHD plans to explore the following items as they move forward with this initiative and will report back to the Board on progress in quarterly reports.

1. Determine the existing Crisis programs impact on recidivism.
2. Determine the existing Crisis programs impact on emergency detentions.
3. Determine specific indicators as to community need, i.e. numbers of consumers turned away due to capacity issues, number of days at capacity etc.

4. Investigate law enforcement interest in North side location.
5. Identify impediments to direct law enforcement referrals.
6. Further exploration of revenue options at the State level for this level of care.
7. Examine other possible funding sources that would provide ongoing programmatic sustainability.

### **Recommendation**

This is an informational report. No action is necessary.



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Geris Lyday, Interim Director  
Department of Health and Human Services

cc: Interim County Executive Marvin Pratt  
Terrence Cooley, Chief of Staff – County Board  
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