

**COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
Inter-Office Communication**

**DATE:** January 31, 2018

**TO:** Duncan Shrout, Chairperson – Milwaukee County Mental Health Board

**FROM:** Michael Lappen, Administrator, Behavioral Health Division

**SUBJECT:** **Report from the Administrator, Behavioral Health Division, Providing an Administrative Update**

**Background**

The purpose of this standing report is to highlight key activities or issues related to the Milwaukee County Behavioral Health Division since the previous Board meeting and provide ongoing perspectives to the Milwaukee County Mental Health Board regarding the work of the organization and its leadership.

**Discussion**

**High Quality and Accountable Service Delivery**

- **Crisis Services Collaborative Redesign**

The Behavioral Health Division (BHD) and the Milwaukee Health Care Partnership are funding a project to create a collaborative redesign of the continuum of crisis mental health and substance use disorder treatment in Milwaukee County. The project is being coordinated by the Wisconsin Policy Forum in collaboration with the Technical Assistance Collaborative (TAC) and the Human Services Research Institute (HSRI). **(See Attachment A )** An initial meeting occurred on Friday, January 19, 2018, with the identified sponsors of the project, which include decision makers from each health system, BHD, Milwaukee County Mental Health Board (MCMHB) Member Dr. Lehrmann, and the County Executive. Initial stakeholder interviews were scheduled on January 31, 2018, at BHD and February 1, 2018, at each Health System.

- **Criminal Justice Collaborative**

BHD has been a strong partner in a number of efforts to reduce the number of people with mental health and substance use issues ending up in jail. One major initiative, funded by the MacArthur Foundation's Safety and Justice Challenge is Post Booking Stabilization (PBS). In this program, individuals who have been arrested but not charged

## High Quality and Accountable Service Delivery

- **Criminal Justice Collaborative Continued**

are screened using the Brief Jail Mental Health Screen. If they are deemed eligible for early interventions based on the risk associated with their crime, they can be quickly released from jail to the care of a PBS Community Integration Specialist (the same individuals who are facilitating Housing First in the Department of Health and Human Services Housing Division). The Specialist is able to immediately respond and facilitate release from jail. Individuals are then connected or re-connected to mental health or substance abuse providers, who provide assistance with housing, benefits, etc.

If the individual engages back to treatment and does not re-offend, they are not formally charged and avoid jail and a “record” that would further marginalize them. The program was to serve 51 individuals in 2017—the pilot year—and easily surpassed that number. We expect more than 100 individuals to be admitted to the program throughout 2018. The addition of a multi-jurisdictional Crisis Assessment and Response Team (CART) is expected to help the program do outreach throughout the County as data indicates City residents with mental health and substance use issues are often arrested outside of the City of Milwaukee.

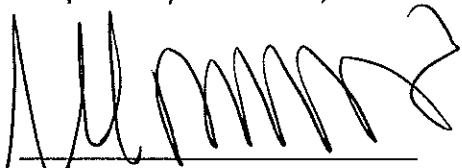
There are additional developments to report in depth at later meetings, including a new Vivitrol Program at the Milwaukee County Jail, and a successful Vivitrol Pilot Program at the Milwaukee Secure Detention Facility.

## Other Topics of Interest

- **Kane Communications Update**

(See Attachment B)

Respectfully Submitted,



Mike Lappen, Administrator  
Milwaukee County Behavioral Health Division  
Department of Health and Human Services

# Attachment A

## MILWAUKEE COUNTY PSYCHIATRIC CRISIS REDESIGN PROJECT Project Summary

### I. Scope/Purpose

- Research, develop, deliberate, and select a psychiatric crisis service model for Milwaukee County.
- The driver of the project is Milwaukee County's planned closure of PCS in conjunction with its transfer of inpatient services to a contracted provider; however, it is recognized that development of an alternative psychiatric emergency room model will require considering the entire continuum of crisis services and related legal and financial issues and constraints.

### II. Structure

- Project sponsors are the four MHCP health systems and Milwaukee County.
- HSRI – with assistance from TAC – is the subject matter expert and will lead the analytical aspects of the project; WPF is the fiscal agent, project manager, and facilitator and also will lead County-related fiscal research if necessary.
- Project will be guided by an advisory team (Tapper, Carlson, Lehrmann, Lappen, Myers). Team will meet personally or by phone at least monthly and will guide project scope, identify key stakeholders, monitor progress.
- Sponsor meetings will occur twice (beginning and end) and perhaps middle if appropriate. WPF will provide e-mail project updates as key milestones met.
- Other key stakeholders (private ER/BH leaders, BHD leaders, community-based service providers, State of Wisconsin, advocates, law enforcement, corp counsel, etc.) will be involved in key informant interviews and deliberation of options.

### III. Three Components

- **Environmental scan** – identify exemplary models nationally, describe characteristics (programmatic and fiscal) in a written document.
- **Key informant interviews** – understand the demand for services, how and where they are currently being provided, key challenges, key opportunities.
- **Identify options/facilitate decision-making, prepare implementation plan.**
- Complete within six months, though accessibility of data and key informants will drive timeline.

#### IV. Parameters

- The design will consider the current and future continuum of BHD psychiatric crisis services (both for adults and children/adolescents).
- The design will address the current and future role of both public (county and state) and private providers.
- The design will consider the County's legal and regulatory responsibilities.
- The design will include consideration of opportunities for workforce training and education (medical and non-medical).
- If a psychiatric emergency department is among the recommendations for the new system, it would not be operated by BHD or located in the current BHD facility.
- The new design will consider the County's current property tax levy expenditures on PES and seek to reduce the amount of those annual expenditures.
- The redesigned system must be implemented on or before the date of outsourcing and relocation of BHD inpatient services slated for late 2020 or early 2021.