To View Report 16-14

Milwaukee County Mental Health Board

December 2016

Report Highlights

BHD has not consistently or clearly delineated the specific programs and services it administers.

BHD's expenditures increased from $171.4 million in 2014 to $173.5 million in 2015, or by 1.3 percent.

BHD plans to close the Mental Health Complex and discontinue its direct provision of institutional-based care in 2018 or later.

BHD has not developed specific performance indicators for each of its community-based programs.

The Milwaukee County Mental Health Board was created by 2013 Wisconsin Act 203 to assume responsibility for overseeing mental health functions, programs, and services that had previously been the responsibility of the Milwaukee County Board of Supervisors and to establish policies and develop budgets regarding them. Since July 2014, the Board has overseen the Behavioral Health Division (BHD) of the Milwaukee County Department of Health and Human Services, which is responsible for ensuring the provision of mental health services to county residents.

Under s. 13.94 (1) (mg), Wis. Stats., the Legislative Audit Bureau is required to conduct a biennial financial and performance evaluation audit of the Board and of the mental health functions, programs, and services it oversees. Therefore, we analyzed:

- the policies adopted by the Board;
- the mental health programs and services overseen by the Board;
- expenditures for mental health functions, programs, and services; and
- available data on the outcomes of mental health programs and services in the period after formation of the Board.

Our analysis of the mental health functions, programs, and services overseen by the Board was limited by several factors. For example, BHD has not:

- consistently or clearly delineated the specific programs it administers or the services it provides;

- consistently budgeted on a program-level basis or maintained expenditure information in sufficient detail to allow for an accurate estimation of program-level expenditures for most of its 26 programs;

- consistently included in its contracts the specific policies with which vendors are expected to comply or the standards that BHD will use to measure performance; and

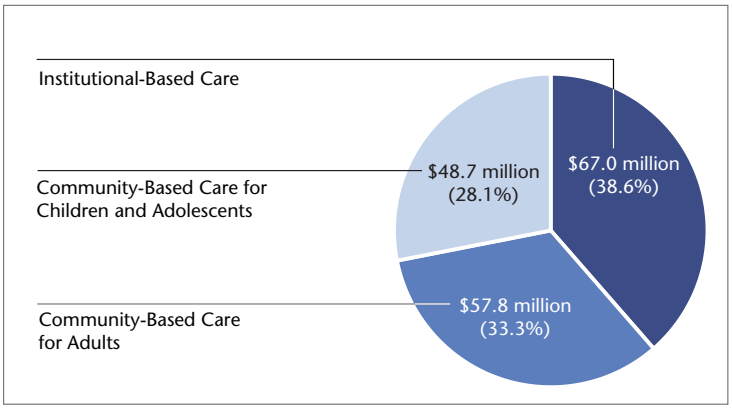
- developed overall performance indicators for each of its community-based programs.

Therefore, we focused our analyses on strategies to improve the ability of BHD and the Board to administer and oversee mental health functions, programs, and services in Milwaukee County.

Expenditures

BHD's expenditures increased from $171.4 million in 2014 to $173.5 million in 2015, or by 1.3 percent. Medical Assistance was the largest funding source in both years. Because most program-level expenditures could not be accurately estimated, we instead grouped expenditures into three broad categories: institutional-based care, community-based care for adults, and community-based care for children and adolescents.

BHD Expenditures by Program Category (2015)



Institutional-Based Care

In 2015, BHD provided institutional-based care through three programs: a psychiatric emergency room, a 72-bed psychiatric hospital, and two long-term care facilities. In 2015, there were 10,173 admissions of 5,987 recipients to the psychiatric emergency room.

BHD plans to close the Mental Health Complex and discontinue its direct provision of institutional-based care in 2018 or later. As of November 2016, BHD and the Board were pursuing options to enter into a multi-year contract with a private vendor. In addition, BHD closed both long-term care facilities, one in January 2015 and the other in January 2016. Of the 133 recipients who had resided in these facilities before their closure, 100 (75.2 percent) were determined to be eligible for the State's Family Care program. In 2015, BHD used 27 performance indicators to help measure its performance in providing mental health services through its psychiatric emergency room and hospital. We found that it met 9 (33.3 percent) of the 27 goals it established for these indicators.

Community-Based Care for Adults

In 2015, BHD provided mental health services to adult recipients through 19 community-based programs. We found that BHD has not clearly or consistently defined the programs and services it provides. In addition, BHD does not maintain or make available consistent descriptions of its programs that identify who may be served and what services are available under each program, nor does it electronically maintain information documenting what services have been provided to which recipients in a readily accessible format.

We found that BHD had not developed performance indicators for each of its 19 programs for adults and instead relied on eight performance indicators to help assess the overall operation and effectiveness of these programs. In 2015, it met its goals for three (37.5 percent) of the eight performance indicators for adults.

Community-Based Care for Children and Adolescents

In 2015, BHD provided mental health services to children and adolescents through four community-based programs. Services provided include on-site assessment and crisis stabilization of those with urgent mental health needs, counseling, medication, and support services. We found that BHD had not developed performance indicators for each of its four programs for children and adolescents. Instead it relied on six performance indicators to help assess the overall operation and effectiveness of these programs, but only two were directly associated with a specific program. In 2015, BHD met its goals for three (50.0 percent) of its six performance indicators for children and adolescents.

Oversight

We reviewed the oversight provided by BHD and the Board. We found that BHD's contracts for community-based mental health services do not generally contain provisions for assessing vendor performance, describing what constitutes acceptable performance, or delineating what actions BHD may take in instances of inadequate performance. This may limit BHD's ability to address instances of inadequate performance.

We also found that as of August 2016, BHD had not reviewed 144 of its 505 policies (28.5 percent) in a timely manner, including 43 that were overdue for review by over 10 years. Timely review is important to ensuring that policies reflect current legal requirements and Board priorities, as well as adequately meet the needs of recipients.

Through September 2016, the Board had adopted 27 policies. However, BHD has not centrally compiled these policies or made them readily available to Board members or the public. We identified two instances in which the Board was not following its own bylaws. After we raised these issues during the course of our audit, the Board took action in August 2016 to amend its bylaws.

Key Facts and Findings

BHD has not typically submitted fee-for-service contracts to the Board for its approval, even when incurred costs have totaled $100,000 or more.

Admission to BHD's psychiatric emergency room may be voluntary or involuntary.

In 2015, BHD reported using physical restraints on children and adolescent recipients 19.3 times more often than the national average.

We identified flaws in the methodology BHD used to measure performance for some programs.

BHD's contracts generally do not establish standards for acceptable vendor performance or how performance will be measured.

BHD has not centrally compiled Board policies or made them readily available to Board members or the public.

Recommendations

We include recommendations for BHD to:

- ☑ budget for mental health expenditures on a program-level basis, maintain detailed expenditure information, and regularly provide the Board with status reports *(p. 19);*
- ☑ submit to the Board for its review and approval all fee-for-service contracts that are likely to total or exceed $100,000 *(p. 20);*
- ☑ maintain and analyze electronic data on the specific community-based services provided to all recipients who are discharged home from its psychiatric emergency room *(p. 26);*
- ☑ develop and submit to the Board for its approval adequate performance indicators for each of its programs, modify the calculation of certain performance indicators to ensure they are accurate, maintain information on the procedures it used, and annually report performance results to the Board *(pp. 34, 52,* and *61);*
- ☑ modify its contracts for mental health services to include provisions establishing performance-based standards, annually assess vendor performance, and annually report to the Board on these assessments *(p. 64);* and
- ☑ centrally maintain all policies adopted by the Board and make them accessible to Board members and the public *(p. 67).*

We include recommendations for BHD to report to the Joint Legislative Audit Committee and the Board by June 1, 2017 on:

- ☑ developing a strategy to address staffing issues at its hospital *(p. 39);*
- ☑ developing performance indicators for individuals placed on a waiting list for institutional-based care *(p. 39);*
- ☑ clearly delineating the community-based programs for adults that it administers and the services provided by each *(p. 48);*
- ☑ electronically maintaining records of services provided to recipients *(p. 48);*
- ☑ identifying the policies that apply to each of its programs and the policies with which vendors are expected to comply *(p. 48);* and
- ☑ reviewing 144 policies that are overdue for review *(p. 65).*

We also recommend the Board comply with statutes by appointing a Board of Trustees for BHD's psychiatric hospital, as specified in s. 46.18 (1), Wis. Stats. *(p. 70).*