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Joint Committee on Finance

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Winnebago Mental Health Institute Operations (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 208, #1]

CURRENT LAW

The Department of Health Services operates the state's two mental health hospitals, the Mendota Mental Health Institute in Madison and the Winnebago Mental Health Institute in Oshkosh. Persons are committed to one of the mental health institutes either as the result of a civil process or a criminal process. Persons who are admitted to one of the mental health institutes under a civil process have been found to be dangerous to themselves or others as the result of mental illness or drug addiction. This can be done on an emergency, time-limited basis under a process known as emergency detention, or on a longer-term basis, known as civil commitment. Persons who have been committed as the result of a criminal proceeding, known as forensic patients, fall in one of three categories: (a) persons found not guilty of a crime by reason of mental disease or defect; (b) persons who have been deemed not competent to stand trial for a criminal charge as the result of mental illness and for whom the court has ordered treatment to restore competency; and (c) persons who are undergoing evaluation to determine competency to stand trial.

The Winnebago Mental Health Institute is used for adult and youth civil patients subject to emergency detention or civil commitment, as well as for female forensic patients. Mendota is used almost exclusively for male forensic patients, but also has a geriatric civil commitment unit. Winnebago currently has eight treatment units, with a total staffed capacity of 184 beds.

Mental health institute facility and operations costs associated with civil patients are primarily the responsibility of the patient's county of residence, although costs can be billed to third parties, including Medicaid, in some cases. Payments received from counties and other parties are deposited in a program revenue appropriation for institution costs. Costs associated with forensic patients are funded primarily with a GPR appropriation, although some costs can be billed

separately to Medicaid or other third-party insurance.

Winnebago has a base budget for its principal operations of \$54,622,900, which includes \$17,384,400 GPR and \$37,238,500 PR and 587.44 positions, including 175.91 GPR positions and 411.53 PR positions.

GOVERNOR

Provide \$6,242,000 PR in 2019-20 and \$6,092,000 PR in 2020-21 and 51.0 PR positions, beginning in 2019-20, to create a separate admissions unit and to increase evening and nighttime supervisory staff at the Winnebago Mental Health Institute. Of these amounts, \$5,011,300 in 2019-20 and \$4,891,300 in 2020-21 and 39.0 positions would be to establish a separate, 24-bed admissions unit used for initial intake, triage, and treatment of patients upon first arrival at the facility. The remaining \$1,230,700 in 2019-20 and \$1,200,700 in 2020-21 and 12.0 positions would be for psychiatric care supervisors for evening and nighttime shifts.

DISCUSSION POINTS

1. The Winnebago Mental Health institute serves as the state's primary treatment facility for the emergency detention and for ongoing involuntary civil commitment stemming from a mental health crisis. Some individuals subject to these procedures may be admitted to private hospitals, although these hospitals are not required to accept these patients. Winnebago is required to accept all patients for emergency detention or civil commitment. The Milwaukee County Behavioral Health Division's Mental Health Complex serves this function for that county.

2. Although Winnebago serves forensic patients, 97% of admissions involve civil patients. Services involving civil patients are characterized by a high number of daily admissions and discharges, with shorter stays, in comparison to forensic patients. Winnebago averages between nine and 10 admissions per day, for an annual total of over 3,400. By comparison, Mendota, despite having over 100 more staffed beds, averages fewer than two admissions per day. The average length of stay at Winnebago is about two weeks, while the average stay at Mendota is 69 days.

3. Unlike Mendota, which generally has admissions scheduled on weekdays during daytime hours, admissions at Winnebago can occur at any time of the day or week. Three-quarters of admissions at Winnebago occur during evening or nighttime hours, and admissions tend to be higher on weekends than during the week. When civil patients arrive at Winnebago, they are frequently in a state of high distress and require the full time attention of multiple staff members for at least an initial period. The combination of irregular admissions, frequent patient turnover, and high acuity means that the care and treatment of civil patients is more staff intensive than for forensic patients.

4. In July, 2017, in response to concerns that Winnebago was inadequately staffed for its current population, DHS contracted with Cerner Corporation to conduct a staffing and operations analysis for the facility. Following interviews with staff at all levels, unit observations, and data analysis, Cerner presented its report in April, 2018. The report identified several staffing and

operational problems. It noted that while administrators from Winnebago and the Department's Division of Care and Treatment Services had taken measures to address some of these issues, further steps are needed.

5. According to the Cerner report, one of the factors that has contributed to staffing and operational problems at Winnebago, was the shift to taking all civil commitments at Winnebago, instead of maintaining a mix of forensic and civil patients. Beginning on April 1, 2014, DHS changed its policy with regard to adult male admissions for emergency detention. Whereas prior to that time adult males taken into custody for the purposes of emergency detention were admitted to either Mendota Mental Health Institute or to Winnebago, they are now exclusively admitted to Winnebago, while all male forensic patients are admitted to Mendota. Cerner does not indicate that this shift was, in itself a problem, but instead notes that the high frequency and unpredictability of civil admissions, as well as the acuity associated with civil patients, has placed an additional strain on existing Winnebago staff. No additional positions have been provided for Winnebago since the 2014 admissions policy change. Consequently, one of Cerner's findings was that "additional staff may be warranted to manage the increased patient volumes, patient acuity, and complexity of care."

6. Among the problems identified by Cerner is employee retention at all levels of staff. Cerner indicated, in particular, that some staff report that the over-utilization of mandatory overtime for psychiatric care technicians has led to low morale and employee turnover.

7. Attracting and retaining psychiatrists has also been a problem at Winnebago. Because individuals subject to emergency detention can arrive at any time of day or night, and frequently arrive in a state of high stress, psychiatrists must be available at all times to provide diagnosis and medication management. In order to address the difficulty in hiring and retaining psychiatrists, Winnebago has taken some steps, including: (a) utilizing contract agencies to provide psychiatrists and other mental health professionals; (b) supporting the use of advanced practice registered nurses and physician assistants to support psychiatrists; and (c) initiating a psychiatry residency program at the hospital through the Medical College of Wisconsin. Nevertheless, Cerner notes that additional efforts are needed to effectively serve its mission.

8. The Cerner report included a series of recommendations to stabilize and improve the workforce. The administration indicates that the budget initiatives are intended to as steps toward implementing those recommendations. There are two components of the initiative, described below.

9. The bill would provide \$5,011,300 PR in 2019-20 and \$4,891,300 PR in 2020-21 and 39.0 PR positions, beginning in 2019-20, to establish a separate, 24-bed unit used for initial intake, triage, and treatment of patients upon first arrival at the facility. After an initial assessment and treatment period, the patient would be transferred to the treatment unit that is most appropriate for his or her needs, generally within 24 hours. In cases where a patient does not require continuing care, an admission to one of the treatment unit would not be necessary. The admissions unit would be established in existing space in Sherman Hall, which is currently unused.

10. DHS indicates that currently new patients are typically placed immediately in any available open bed in one of WMHI's eight units, which may or may not be in a unit matching the patient's treatment needs, and complicates staffing assignments.

11. DHS indicates that the 24-bed intake unit would not be considered an increase to the number of regular treatment beds. Instead, the Department would utilize the admissions unit as a way of freeing existing beds and staff for patients who are not undergoing the initial observation and treatment process.

12. The additional positions would consist of 24.0 psychiatric care technicians, 12.0 nurse clinicians, 2.0 nursing supervisors, and 1.0 office associate. In addition, bill would provide funding for 9.0 limited term employee psychiatric care technicians and 10.0 contracted medical staff (2.0 psychiatrists, 4.0 medical assistants, and 4.0 physician assistants). The following table summarizes the position and funding in the bill for each of these components.

Positions and Funding for Admissions Medical Education Unit

	<u>FTE Positions</u>	<u>Proposed Funding</u>	
		<u>2019-20</u>	<u>2020-21</u>
Permanent Positions			
Psychiatric Are Technicians	24.0	\$1,314,500	\$1,314,500
Nurse Clinicians	12.0	1,167,900	1,167,900
Nursing Supervisors	2.0	260,200	260,200
Office Associate	<u>1.0</u>	<u>42,900</u>	<u>42,900</u>
Subtotal	39.0	\$2,785,500	\$2,785,500
LTE Positions			
Psychiatric Care Technicians	9.0	\$189,000	\$189,000
Contract Staff			
Psychiatrists	2.0	\$595,200	\$595,200
Physician Assistants	4.0	559,200	559,200
Medical Assistants	<u>4.0</u>	<u>178,800</u>	<u>178,800</u>
Subtotal	10.0	\$1,333,200	\$1,333,200
Supplies and Services		\$703,600	\$583,600
Totals	58.0	\$5,011,300	\$4,891,300

13. The use of limited-term employees as part of the admissions unit staff is intended as one step toward implementing Cerner's recommendation to adopt a more flexible contingency staffing model. LTE staff can be used at times of high census, either to supplement or relieve core staff. Cerner promotes the use of LTE staff to reduce the use of overtime, as well as ensure that the facility can be adequately staffed at all times without relying on permanent positions. The number of hours an LTE can work is limited to the equivalent of one-half time. Consequently, the proposed 9.0 proposed LTE positions is equivalent to 4.5 full time positions.

14. Due to the difficulty hiring employed psychiatrists, as well as provide additional staffing flexibility, the administration proposes using contract staffing for medical personnel. In addition, the administration proposes to operate the admissions unit as a training facility for psychiatric residents from the Medical College of Wisconsin. The Department believes that establishing a site for residency

increases the chance that psychiatrists will remain in the Fox Valley, either as employed psychiatrists at Winnebago or in private practice in the region.

15. The other component of the Winnebago initiative would provide \$1,230,700 in 2019-20 and \$1,200,700 in 2020-21 and 12.0 positions, beginning in 2019-20, for psychiatric care supervisors for evening and nighttime shifts. The Department notes that since most admissions to Winnebago occur during evening and nighttime hours, the additional supervisory staff for those shifts would help address the higher staffing needs that come with more frequent admissions.

16. Winnebago has 234.6 psychiatric care technicians positions and 72.1 nurse clinician positions. Currently, the psychiatric care technicians are supervised by 15.0 nursing supervisors. With the addition of psychiatric care supervisor positions, nursing supervisors would concentrate on medical care and the supervision of nurse clinicians. With the addition of additional 12.0 psychiatric care technician supervisors, Winnebago would have a staff-to-supervisor of 19.6-to-one for that position. Nursing supervisors, who would supervise only nurse clinicians, would have a staff-to-supervisor ratio of 4.8-to-one, which the Department believes is more appropriate for the medical services provided by nurse clinicians at Winnebago.

17. The funding source for the Winnebago staffing initiative is the Department's institutional operations program revenue appropriation. Most of the revenue in this PR appropriation is collected from counties for services provided to civil patients. According to the Department's projections, there would be sufficient revenues in this appropriation for the Winnebago staffing initiative. However, the balance in the PR appropriation would decline from an estimated \$19.5 million at the start of the biennium to \$8.6 million at the close, suggesting that the Winnebago staffing initiative is at least partially funded with an accumulated balance. Going forward, the Department would likely need to increase fees for services, corresponding to the proposed staffing increase in order to maintain a positive PR appropriation balance.

18. The administration's Winnebago initiative is in response to issues that have been the subject of growing concern over the past few years and that, as confirmed by the Cerner analysis, can be at least partially attributed to insufficient staffing for the current civil population. Approval of the Governor's recommendation would allow the Department to begin implementation of Cerner's recommendations (Alternative 1).

19. Typically, the state budget provides nine months of funding for new positions in the first year of new initiatives, to reflect that new positions would not be filled immediately at the start of the fiscal biennium. The bill would not follow this practice, but would instead provide a full year of funding for state positions and contract staff. The Department indicates that since Winnebago is continuously hiring and training new employees, the new positions could be filled promptly following passage of the budget. However, if the Committee determines that the Winnebago initiative should adhere to the usual budget timeline for new positions, funding could be reduced by \$1,076,900 PR for the state and contract positions to reflect nine months of funding rather than a full year (Alternative 2).

ALTERNATIVES

1. Approve the Governor's recommendation to provide \$6,242,000 PR in 2019-20 and \$6,092,000 PR in 2020-21 and 51.0 PR positions, beginning in 2019-20, to create a separate admissions unit and to increase evening and nighttime supervisory staff at the Winnebago Mental Health Institute.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	\$12,334,000	51.00	\$0	0.00

2. Modify the Governor's recommendation by reducing funding by \$1,076,900 PR in 2019-20 to provide nine months of funding for state and contract positions in that year rather than a full year of funding.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	\$11,257,100	51.00	- \$1,076,900	0.00

3. Take no action.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	\$0	0.00	- \$12,334,000	- 51.00

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