Milwaukee County Behavioral Health Division

Update to the
Mental Health Task Force
February 13, 2018

Crisis Redesign

- In 2017, BHD Crisis Services focused on a redesign that impacted all community-based crisis services to:
  - Increase access to services by prioritizing community-based mobiles
  - Create the documentation and electronic infrastructure needed to support required response plans and crisis plans
  - Expand the utilization of Crisis Case Management
  - Increase revenues through increased billing for crisis services

Crisis Redesign

- Crisis Case Management was expanded to the following teams:
  - Care Coordination Team (expansion)-completed 9/26/17
  - CARS Intake Administrative Coordinators (new)-completed 12/11/17
- Redesign efforts to optimize utilization and efficiencies were also implemented for:
  - Crisis Resource Center (CRC)
  - Crisis Line
  - Day Treatment/Access Clinic

Crisis Resource Center

- Two locations
- Provides a safe place for people who may be experiencing a mental health crisis
- Services offered on site
- Average length of stay is 5-7 days
- Documentation into the BHD Electronic Medical Record (EMR) System-Avatar went live August 15, 2017

Crisis Resource Center

- 8 Becher Crisis Stabilization House (CSH) beds transferred to CRC November 1, 2017
- 27 beds total: 12 at North and 15 at South
- Locations:

Crisis Resource Center South
2057 South 14th St.
Milwaukee, WI 53204
414-643-8778

Crisis Resource Center North
5409 West Villard Avenue
Milwaukee, WI 53218
414-539-4024

Crisis Line Redesign

- Contracting with a community partner to answer first line of calls
- Contracted agency will assess the person's immediate needs
- Three Levels of Response:
  - Calls for resources or "warm line" stay with contracted provider
  - Crisis calls forwarded to the Crisis Mobile Team
  - Imminent danger calling 911 and Crisis Mobile Team

Crisis Line Redesign

- Maximize linking people to resources
- Primary focus for Crisis Mobile Team is crisis response
- Increased availability for community crisis response

Day Treatment → Expanded Access Clinic

- Starting March 5, 2018, Day Treatment budgeted resources will be transferred to expand our Access Clinic
- Access will expand its ability to support "Walk in" uninsured clients with same day and short-term Outpatient Behavioral Health Services

Current State Staffing

Current State Staffing	Staffing as of March 5, 2018
1.0 FTE Crisis Clinician	2.0 FTE Crisis Clinician
0.375 FTE Prescriber (3 MDs)	1.6 FTE Prescriber (adding APNP and more MD Time)
1.0 FTE Clinic Receptionist	1.0 FTE Clinic Receptionist
	1.0 FTE Registered Nurse

Day Treatment → Expanded Access Clinic

- A Few Data Points supporting Change:
  - The Program struggled with a very poor Reimbursement Rate (~$26/hr), despite costs that are far higher (~$200/hr); State rules mandate multiple disciplines
  - Long Term low program census, high no show rate, many referred clients require lower level of care
  - June 2017 staffing reduction (3.0 FTEs) improved financial outlook of program, but could not close gap

Day Treatment → Expanded Access Clinic

- BHD decides to transition Day Treatment Program Resources to an expanded Access Clinic
- Key Reasons:
  - Multiple challenges/barriers limit sustainable Day Treatment Program
  - With current staffing model, Access Clinic is able to serve ~1,100 clients annually; an increased staffing model will allow us to serve more clients with greater frequency and improved follow up
  - An expanded Access Clinic is progress for BHD towards its goal of establishing community based hubs

Day Treatment → Expanded Access Clinic

- Day Treatment stopped accepting referrals 12/14/17
- All clients to be discharged from program and transitioned to other providers no later than 3/2/18
- Timeline was set to allow all current clients a full course of treatment and a robust discharge and transition plan process

Expanded Access Clinic Service Array

- Increased "Walk in" Capacity: Clinicians complete a comprehensive assessment and respond per client request and need
- Increased Linkage and Referral to BHD network and other community services
- Structured, Scheduled Follow up (following assessment) per client need and request
- Increased Bridge and Short Term Prescriber Services (shorter wait times, increased capacity)
- An Array of Nursing Services

Expanded Access Clinic Service Array

- Brief Course Cognitive Behavioral Therapy
- "Zero Suicide" Practices (Suicide Screening, Safety Planning, Lethal Means Restriction, Transition and Follow up)
- Motivational Interviewing
- Use of Routine Outcome Measures to track and improve clinic quality and clinician practice

Expanded Access Clinic Goals

- 100% of "Walk in" Clients will receive same day access, mental health assessment and follow up services. (Assumed in Model)
- 100% of clinic clients will be screened for suicide risk at every visit
- 100% of clients who are assessed as Moderate or High Risk for suicide will have Safety Plans
- 100% of client Response Plans (Short Term Care Plans) will include referrals to resources that meet client need and are client chosen

Expanded Access Clinic Goals

- 100% of all direct practice clinic staff will achieve their established productivity standard monthly (leads to increased access for clients)
- 100% of clients will show improvement as measured by the Outcome Ratings Scale Scores from Intake to Discharge
- 100% of responding clients will identify satisfaction with "today's session" per Session Rating Scale Report

Psychiatric Crisis Service (PCS) and the Observation Unit (OBS)

Tony Thrasher, D.O., DFAPA
Medical Director-Crisis Services

Flowchart

- Milwaukee County DHHS
  - BHD
    - Crisis Services
      - ***PCS
      - ***OBS
      - Access Clinic
      - Mobile Team (CCT, CART, Gero specialist)
      - Team Connect
      - Crisis Line
      - Crisis Stabilization Houses

Psychiatric Crisis Service

- Freestanding Psychiatric **Emergency Room**
- One of the largest in the US with more in construction…..
- More acuity/pts than any other psychiatric ER except Bellevue (NY) or Oakland/Alameda
- Staffed 24 hours/day with psychiatrists and RNs

PCS as a National Model

- In addition to our work with the American Association for Emergency Psychiatry (AAEP)…

- Assist others in their development of similar models:
  - Chicago Sinai and Holy Cross
  - Chicago Swedish Covenant
  - Omaha
  - Wisconsin Communities
    - Black River Falls, Madison, Green Bay, etc…

PCS Experience

- Similar to that of other Emergency Rooms/Departments
- **More focus on safety, Trauma Informed Care, and Psychological First Aid**
- All patients seen by nursing, physicians, and security

Who presents?

- **Myriad of sources:**
  - Both involuntary and voluntary
  - Uninsured and payer sources
  - Walk ins, police accompanied, outside transfers, etc…..
- **Myriad of reasons:**
  - Safety
  - Treatment
  - Resources
  - Linkage

Treatment Outcomes

- Like all other Emergency rooms:
  - ~50-55% are treated in the ER and then returned to ambulatory setting
  - ~45-50% are admitted to differing levels of care:
    - BHD Inpatient Units
    - Private Psychiatric Units
    - Observation Unit
    - CSH/CRC
    - Detox
    - Custody of Law Enforcement

Observation Unit

- Similar to “Observation Status” in medical emergency rooms
- We have increased this to include a separate unit, room, and programming
- Staffed by the same RNs/MDs as working in PCS

OBS (cont.)

- Typically 24-48 hours length of stay
- Excellent outcomes at de-escalation, linkage, and handling of short term needs
- **Also is forced to serve as back up for when Inpatient capacity is full**

Chapter 51 Philosophy

- ***Wis. Stat. §51.001 Legislative Policy***: **Least restrictive treatment** appropriate to needs and movement through all treatment components to assure continuity of care within limits of available funding.

Contact Information

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- Medical Director Crisis Services
- Milwaukee County Behavioral Health Division

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- (414) 257-4789

- PCS: 414-257-7260
- Crisis Line: 414-257-7222

Team Connect

- Services began June 19,2017
- Staffing: Clinicians and Certified Peer Specialists
- Supports persons 18 years and older seen in BHD PCS or discharged from the Observation unit and Acute units
- Intended outcomes: To reduce the risk of harm post discharge, to help improve continuity of care, reduce incidence of hospital readmission and PCS visits
- Services provided, but not limited to: Assessments, crisis intervention, frequent phone contact, assistance with managing aftercare appointments, linkages to recovery focused supports
- Approximately 2100 episodes of care for 2017

Crisis Assessment and Response Team (CART)

Milwaukee Police Department:

- Three Teams in collaboration with the Milwaukee Police Department
  - 3rd team implemented in January 2017
  - Increased hours of service (nights and weekends)
  - Significant increase in utilization
  - Meeting current community needs

CART

County Wide Team:

- Team started in November 2017
  - Serves all of Milwaukee County
  - Funded through the MacArthur Grant
  - Hours of operation 10-6 Monday-Friday

CART

West Allis Police Department:

- Team beginning early April
  - Two years of funding provided by BHD to fund the police officer
  - West Allis invested in the collaboration
  - Hours of operation 11-7 Monday-Friday

2019 Budget Items

- 2019 community based budget initiatives will focus on prevention, treatment, and recovery for substance abuse issues
- Initiatives will need to focus on increased rates, especially for services that have received rate increases from Medicaid, and capacity expansion if possible