BHD Behavioral Health Division

A Division of the Department of Health & Human Services

Psychiatric Crisis Redesign

FAQ Q4 2019

1. **What is the two-year timeline for this transition including the closure?**

   The Milwaukee County Behavioral Health Division (BHD) transition timeline is closely connected to Universal Health Services (UHS). It's anticipated that UHS will complete the sale of land agreement for the new behavioral health hospital in West Allis by November 1, 2019. The estimated hospital build time is 12-14 months and the hospital is projected to open in early 2021. BHD will continue to serve individuals at the Mental Health Complex through this time to ensure a seamless transition of services.

2. **What dollars are being allocated to fund resource development, and what partnerships are being created?**

   BHD is continuously evaluating how to best connect individuals with the appropriate services that best meet their needs. There are several projects under development, including significant partnerships with community providers. There is a collaborative effort between local, private health systems (Ascension, Aurora Advocate, Froedert, and Children's Hospital) that started with the HSRI (Human Services Research Institute) current state analysis and recommendations in 2018. The group is working now to establish a memorandum of understanding to realize the recommended Psychiatric Emergency Department that was included in the HSRI plan.

   As part of the transition plan, BHD has begun reallocating resources to community-based services. For example, BHD has expanded Crisis Case Management (CCM) which has improved access to services that are flexible to clients' emergent needs. Also, BHD recently announced plans to relocate two high-performing employees to Progressive Community Health Center in November in efforts to provide embedded crisis response services at the local health clinic. Additionally, BHD has partnerships with and has invested resources and funding in the Outreach Community Health Centers and Sixteenth Street Community Health Centers to expand community-based resources and create more high-quality accessible care for residents of Milwaukee County.

3. **How will stakeholders be involved in the planning process?**

   Stakeholder feedback has continually been part of our redesign efforts. There will be a number of "kitchen table" style community conversations for key stakeholder groups including people with lived experience, those who have used crisis services, service providers, legal advocates, case managers, etc. Input will be sought on the needs to be addressed by the future state crisis continuum. Additional stakeholder involvement

opportunities include a Crisis Continuum Steering Committee and an advisory team specific to the negotiations with the hospital systems around the development of a centralized psychiatric emergency service.

4. **What additional community-based crisis resources will be developed as part of the closure and redesign?**

   BHD is currently working on transitioning members of its mobile crisis team and "Team Connect" at local Community Health Center partners as well as potentially housing administrative staff at these locations in the future.

   The expansion and the addition of services such as telepsychiatry, Crisis Resource Centers and Crisis Care Coordination are also being evaluated based on funding availability. There are also plans to include system navigators, especially peer-led services, where Certified Peer Specialists will provide navigation and support to individuals experiencing a crisis.

5. **Is it possible to divert more resources to Community Support Programs (CSP)? Or expedite the CSP wait list process so people aren't placed in Targeted Case Management (TCM) or Crisis Case Management (CCM) when they really need a CSP level of care?**

   In 2019, the CSP budget is $16.5 million, with just about $7.5 million in tax levy. There are six agencies, with 17 teams, serving about 1300 individuals. Wait times from initial referral to placement in CSP is currently within two weeks or less (as of October 1). ACT standards recommend no more than one admission per week per program which can lead to delays. There have been significant workforce issues that providers report are impacting quality of services. We are committed to high quality CSP programs, but prudent utilization review/management of all levels of care are essential to stretching our limited resources to meet community needs. We are reluctant to cut other valuable services to "divert" more tax levy to CSP.

6. **Are there plans to re-open the peer-run drop-in center?**

   The peer drop-in center funding was re-allocated to other peer based crisis services based on the extremely limited utilization of that services over an extended period of time. BHD would be open to proposals for peer run drop in centers, or any innovative peer service that was able to demonstrate effectiveness in meeting the needs of our community and fit within the crisis continuum.

7. **How are you going to transport the patients?**

   Transportation is a challenge in Wisconsin. We have experienced significant quality and reliability issues with contracted transport companies. We plan to engage a team of stakeholders to address this.

8. **How will people in need of behavioral health services be cared for under the new system, including those who need immediate hospitalization or medications and those who don't need acute care, but want help?**

   Individuals voluntarily in need of behavioral health services will continue to access services at facilities and access points of their choice, including the new UHS hospital. Medications could be accessed through any of the Community Health Center access point collaborations.

   Involuntary cases will be assessed by BHD for the required Treatment Director's Supplement (TDS). UHS will be the primary receiving facility for those involuntary cases without insurance, but as is the case today, many individuals will be served in the health system where they have chosen to receive care. Today, more involuntary cases are served by system hospitals under our memorandum of understanding than are admitted at BHD.

9. **How will case management agencies be notified of contact with their patients?**

   Patient Ping, a software notification system that has been added to Wisconsin Statewide Health Information Network Health Information Exchange (WISHIN HIE) will be piloted with CSP. The system will generate a text message alert to the identified case manager whenever someone is registered at a service that feeds WISHIN - currently the local emergency rooms, hospitals. The program can "ping" back a crisis plan, including provider contact information.

10. **How will crisis redesign address the needs of those who are justice involved and what safeguards will be in place to ensure people experiencing a mental health crisis receive treatment rather than being incarcerated?**

    BHD collaborates with local justice system partners to support diversion and re-entry of individuals in need of mental health services. Through this collaboration, BHD's Crisis Assessment Response Team (CART) has been successful in diverting people from the criminal justice system and connecting individuals to voluntary community-based services. As part of the Safety and Justice Challenge, BHD has provided a liaison to the justice system to assist in connection and reconnection to BHD services.

In addition, the expansion of Crisis Resource Centers and expanded crisis services delivered in local Community Health Centers will provide CART and other front-line crisis staff more options for diversion instead of incarceration.

11. **How will you ensure Treatment Director's Supplement (TDS) are completed in a timely manner to ensure patients get the care needed?**

    BHD currently meets and will continue to meet its statutory responsibility to complete a Treatment Director's Supplement within 24 hours.

12. **What recruitment efforts do you have to ensure minimum staffing levels of psychiatrists, crisis workers, psychologists, etc? What plans do you have to address shortages in the event you are not up to full staffing levels?**

    BHD is fully staffed with psychiatrists and psychologists at this time. BHD has a $5 million dollar retention and severance plan going into action November 1, 2019 to retain staff impacted by the hospital closure.

    Until the full transition of service occurs, BHD will continue to recruit nurses and crisis workers. Recent recruitment campaigns, sign-on and referral bonuses, social media and ad campaigns, and word of mouth referrals are contributing to this success. If needed, temporary staffing agencies are also available.

13. **How will people know where to go and how to access services?**

    Milwaukee County Department of Health and Human Services Director Mary Jo Meyers and the entire leadership team are working together to better align programs so that individuals and families experience fewer barriers to high-quality services.

    As it relates to the transition of behavioral health services in the community, increased communications, community outreach and education are top priorities. BHD will engage partners, including the Mental Health Task Force, to help communicate how services will be accessed.

    Individuals will have many warm access points to care, with a DHHS wide effort to better front doors. Plans include:

    - System navigators, especially peer led services where Certified Peer Specialists will provide navigation and support to people experiencing crisis.
    - Community Health Center partnerships will, over time, become a significant front door for integrated health and other needs related to social determinants of health facilitated by DHHS entities and many community partners.

14. BHD currently has a courtroom. Under the new system will court personnel travel to all hospitals?

BHD does not control the courts or Corporation Counsel. UHS is required to provide space for a courtroom in its new hospital. While court personnel occasionally meet with individuals in local hospitals outside of BHD, it is unlikely that this will become a regular practice. Current BHD legal department staff will likely be stationed at the new UHS hospital.

15. How will local providers obtain individuals' crisis information and what are providers' plans to support and discharge individuals who are experiencing or who have experienced a crisis?

There will be some communication though WISHIN, and facilitated by crisis teams. Much of the information sharing depends on individual choice and consent and for providers to provide the information needed and in a timely manner. WISHIN HIE and Patient Ping is likely the best way to share info with hospital emergency rooms.

Individuals at UHS will be closely monitored by BHD, and BHD will be involved in the discharge planning, including making connections for housing, transitional and community care. Private health providers have their own discharge processes.

16. How will the needs of specific populations be addressed, including youth and teens, the disabled, non-English speakers and the deaf?

BHD has robust resources and services available for youth and teens through Wraparound Milwaukee programs like Reach, O-Yeah, CORE (Coordinated Opportunities for Recovery and Empowerment), and CCS (Comprehensive Community Services) as well as resources that address substance use for families. BHD also continues to expand its bilingual provider network and works with contract agencies to facilitate bilingual communications when necessary.

There are shortages in available interpreters and providers, specifically to the deaf community. There is also a shortage of deaf or hard of hearing licensed therapists in Wisconsin. BHD welcomes additional resource ideas to help solve this challenge.

BHD makes every attempt to make services accessible and take into account the needs of people with differing abilities. The Clinical Consultation Team (CCT) continues to provide support internally and externally to those providing services to people with intellectual disabilities, including efforts to help maintain community placements by educating and supporting staff to proactively avoid situations rising to the level of a crisis.