Milwaukee County Psychiatric Crisis Redesign

Phase 3 Child-Adolescent Crisis Services Plan

Conceptual Model and Development Recommendations

August 14, 2020

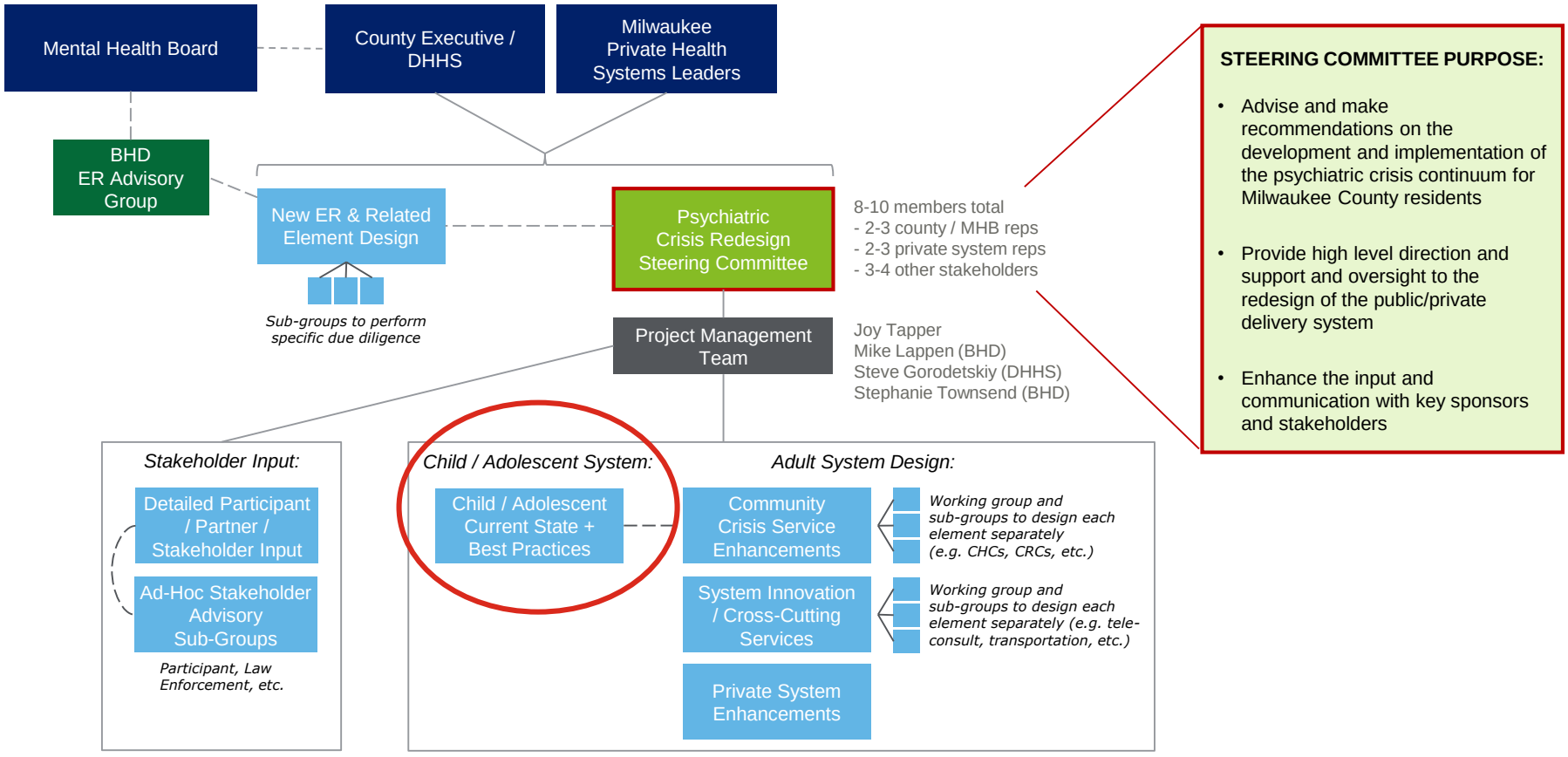
CONFIDENTIAL

Psychiatric Crisis Redesign Structure

Background and Current State

- Behavioral Health Division (BHD) has decided to outsource inpatient services and close the BHD hospital, which includes the psychiatric emergency room (ER) and inpatient (IP) units.
- Universal Health Systems (UHS) is building a new facility focused on IP care for child, adolescent, and adult populations and has contracted with BHD to provide IP services to the patient populations it serves.
- With the shift from the current BHD location to contracted IP units at UHS, BHD has decided that it no longer makes programmatic or financial sense to operate a freestanding psychiatric ER at the current site.
- The closure of the BHD hospital and psychiatric ER will not only impact patients who received care there, it will also affect the private hospitals and other community-based organizations that provide emergent and crisis-related care.
- With these pending changes, BHD and other private hospitals see an opportunity to redesign the entire psychiatric crisis system consistent with its goal of transitioning to a more community-based system of care. As a next step in the redesign effort:
  - The Psychiatric Crisis Redesign Steering Committee is completing the assessment and planning to address adult crisis needs.
  - The Psychiatric Crisis Redesign Steering Committee is completing a child-adolescent (C-A) focused assessment to understand the patient population served by BHD and local hospital ERs to inform future crisis services demand.

Phase 3 Psychiatric Crisis Redesign Structure



STEERING COMMITTEE PURPOSE:

- Advise and make recommendations on the development and implementation of the psychiatric crisis continuum for Milwaukee County residents
- Provide high level direction and support and oversight to the redesign of the public/private delivery system
- Enhance the input and communication with key sponsors and stakeholders

Phase 3 Expectations and Deliverables

Child-Adolescent Psychiatric Crisis Redesign

Develop the future-state system map for Child-Adolescent psychiatric crisis care

- Refine the Conceptual Model developed in C-A Phase 2 planning
- Differentiate levels of care and define services and roles to:
  - Provide acute treatment (inpatient, psychiatric crisis recovery)
  - Triage, stabilize and refer acute cases (psychiatric ER, private hospital ERs)
  - Establish alternatives to ER and inpatient services (urgent access, crisis stabilization)
  - Align in-field care systems (law enforcement, Fire/EMS, BHD mobile services)
- Discover opportunities to create, relocate, expand, eliminate, consolidate infrastructure, such as:
  - Inpatient and psychiatric ER
  - Mobile services (CART, CMCT)
  - Urgent access (private hospital, FQHC, BHD partnerships)
  - SAMHSA system of care (SOC) and other new grant-funded initiatives
  - Telehealth
  - Training and professional development
- Identify unique C-A requirements that must be integrated into concurrent Adult crisis delivery system operations planning

Conceptual Model

Guiding Principles

Key Tenets As North Star on Critical Decisions

Four guiding principles were applied to prioritize development opportunities for a seamless future Milwaukee County C-A psychiatric crisis system of care.

Psychiatric Crisis Services Guiding Principles

1

Public and private resource alignment closes care continuum gaps and enhances care management.

2

Prevention, early detection, and community-based resources reduce crisis services needs.

3

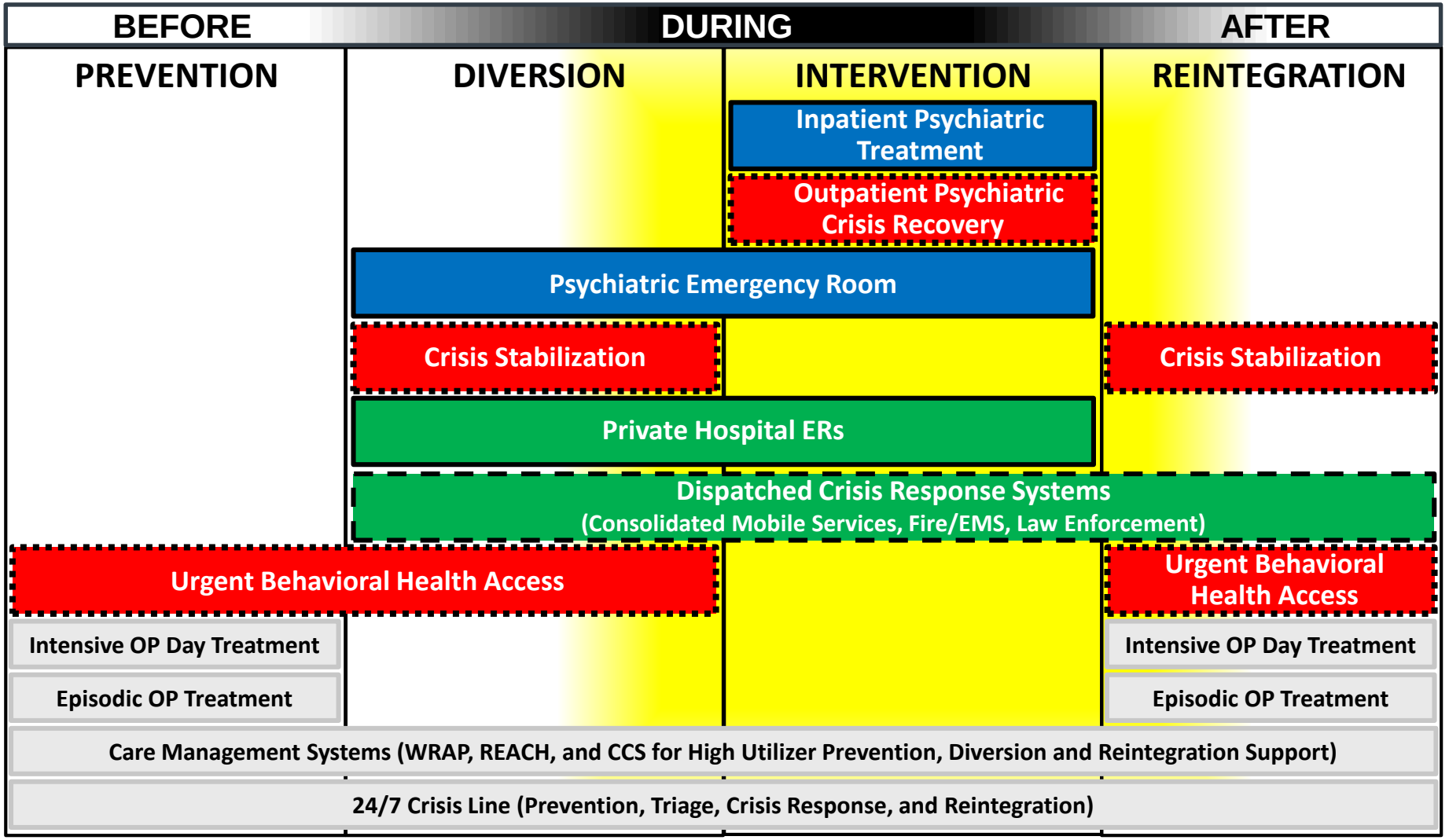
C-A care requires a family-centered, integrative approach that meets people where they are.

4

Urgent access and low-acuity crisis services provide a safe, cost-effective alternative to ER and IP care.

Conceptual Model

Increased Emphasis on Psychiatric Crisis Prevention, Diversion, and Reintegration



Development Decisions

Opportunities to Enhance Crisis Services within a Larger System of Care

Investment in services and programming is needed to create and establish safe, effective alternatives to inpatient and psychiatric ER care, while also consolidating and eliminating some services to reduce redundancies. Development requirements are color coded on the Conceptual Model to represent three categories:

- Existing Service Enhancements and Expansions
  - Private Hospital ERs
  - Dispatched Crisis Response Systems (Consolidated Mobile Services, Fire/EMS, Law Enforcement)
- Existing Service Relocations and Enhancements
  - Psychiatric Emergency Room
  - Inpatient Psychiatric Treatment
- New Service Developments
  - Urgent Behavioral Health Access
  - Crisis Stabilization
  - Outpatient Psychiatric Crisis Recovery

Summary and Next Steps

Operational and Financial Planning

Recommended Process for Next Steps

The following process is recommended to advance the implementation planning:

- Incorporate key stakeholder group input to finalize the conceptual model.
- Charter a multi-organizational, multidisciplinary implementation oversight team to support and monitor partnership development, identify measurement and reporting accountabilities, establish communication requirements, and ensure the creation of well-integrated, complementary services that reduce the duplication of scarce resources.
- Align C-A psychiatric crisis planning with ongoing Adult services planning.
- Complete further activity analysis to forecast volume projections for the proposed services, potentially on a concurrent path with the conceptual model approval process.
- Advance a well-defined financial and operational planning process that incorporates community stakeholder expectations to refine and align development priorities.
- Consider issues that were outside the scope for this project (see slide 24) to establish the most comprehensive system of care to reduce, avert, and meet C-A psychiatric crisis needs.

Appendix 1
Phase 3 Planning Committee Members

Phase 3 Planning Committee Members

Cross-Organizational Public and Private Representation

Twenty two planning committee members representing ten organizations have been tapped to forge a new care model for child and adolescent psychiatric crisis care.

Name	Title	Organization
Planning Committee Co-Chairs		
Herbst, Amy	Vice President, Mental and Behavioral Health	Children's Wisconsin
McBride, Brian	Director, Community Services and Wraparound	Milwaukee County BHD
Planning Committee Members		
Bennett-Pfister, Brooke	Behavioral Health Manager – Child/Adolescent Services	Advocate Aurora Health
Chayer, Dr. Robert	Medical Director (CHW), Department Vice-Chair (MCW)	Children's Wisconsin/Medical College of WI
Cherry, Rashaan	SOC Integrated Services Manager	Milwaukee County BHD
Delsart, Leanne	Integrated Services Manager of Strategic Initiatives	Milwaukee County BHD
Dykstra, Dr. Steven	Director, Children's Mobile Crisis Team	Milwaukee County BHD
Gilbert, Elizabeth	Director of Hospital Operations	Rogers Behavioral Health
Grove, Ann Leinfelder	President and CEO	SaintA
Gorodetskiy, Steve	Director of Strategic Initiatives	Milwaukee County DHHS
Hall, Linda	Director	Wisconsin Office of Children's Mental Health
Hubbard, Lauren	Director of Community Crisis Services	Milwaukee County BHD
Jepson, Leah	Project Director, MKE Coalition for Children's Mental Health	Mental Health America of Wisconsin
Perez, Dr. Maria	Vice President, Behavioral Health	Sixteenth Street Community Health Centers
Quesnell, Amanda	Director, Mental and Behavioral Health	Children's Wisconsin
Radcliffe, Margaret	Behavioral Health Registered Nurse	Advocate Aurora Health
Radke, Dena	Manager, School Social Work and Transition Services	Milwaukee Public Schools
Schwichow, Robert	Director, Patient Care-Emergency Department/Trauma Care	Children's Wisconsin
Small, Jessica	VP, Operations-WI, Behavioral Health Services	Advocate Aurora Health
Tapper, Joy	Executive Director	Milwaukee Health Care Partnership
Townsend, Stephanie	Project Manager	Milwaukee County BHD
Whelan, David	Vice President	Children's Wisconsin
Planning Committee Meeting Co-Facilitators		
Michalke, Theodore	Senior Manager	ECG Management Consultants
Weiner, Debra	Senior Strategy Consultant	Children's Wisconsin

Highlights denote scaled-down Sponsor Planning Group due to COVID-19 restrictions

Appendix 2
System of Care Requirements

Care Level Differentiation

Navigation, Telehealth and Professional Resource Infrastructure Requirements

Level of Care	Navigation	Telehealth	ON-SITE PROFESSIONALS									
			Law Enforcement	Fire/EMS	Peers	Psych Techs	Psych Nurses	Social Workers	Therapists	Psychologists	APPs	Psychiatrists
Inpatient Psychiatric Treatment	☑	☑			☑	☑	☑	☑	☑	☑	☑	☑
Outpatient Psychiatric Crisis Recovery	☑	☑			☑	☑	☑		☑	☑	☑	☑
Psychiatric Emergency Room	☑	☑	☑		☑	☑	☑	☑	☑	☑	☑	☑
Crisis Stabilization	☑	☑			☑	☑			☑		☑	
Private Hospital Emergency Rooms	☑	☑	☑					☑	☑		☑	
Dispatched Crisis Response Systems	☑	☑	☑	☑	☑	☑		☑	☑			
Urgent Behavioral Health Access	☑	☑						☑	☑		☑	

LEGEND ☑ Possible Hub Site ☑ Receiving Site ☑ Primary Role ☑ Secondary Role

Care Level Definition

Urgent BH Access Development Priorities, Requirements and Key Services

Urgent Behavioral Health Access	Recommended Key Services	Role (Funding)
Development Priorities • Develop seamless urgent access to BH services across both public and private provider systems • Establish transfer and care transition agreements with psychiatric ER, crisis stabilization, and future psychiatric recovery services to streamline discharge dispositioning and safety planning • Ensure access to "bridge" post-acute inpatient, crisis stabilization or recovery and ER follow-up to achieve care continuity, support community reintegration, and reduce recidivism **Unique C-A Requirements:** • Sufficiently private, ligature-safe exam/consultation rooms • Alignment of BHD telehealth and navigation systems with private health systems and integrated BH resources • Digital technology integration to primary care offices and private health system ERs • Telehealth consultation support to backstop high-acuity crisis diversion • Alignment with embedded school nurse and therapist programs	• Triage and assessment (risk, LOC, acuity, safety, preliminary dx) • Medication screen • Bio-social screen • History and bio-social screening • Prescription management • In-person therapy and activation of digital solutions • Acute care diversion, crisis care coordination, and well checks • Bridge for stepdown from higher acuity care settings	**MKE County BHD Partnerships** (e.g., FQHCs and telehealth and navigation support) **Private Health Systems** (walk-in clinics, ERs, primary care and urgent medical care integration)

LEGEND

Service Development

Expansion

Care Level Definition

Dispatched Crisis Response Development Priorities, Requirements and Key Services

Dispatched Crisis Response Systems	Recommended Key Services	Role (Funding)
Development Priorities • Assess and redesign existing mobile crisis systems (CART, CMCT) to advance a peer-driven crisis intervention model • Reduce law enforcement activations for BH emergencies • Extend telehealth support to help in-field providers triage, assess, stabilize, and refer to alternative care settings designed to reduce Chapter 51 utilization • Establish transfer and care transition agreements with psychiatric ER and private hospital ERs to streamline intake • Ensure community-based alternatives are available to avert escalation to psychiatric ER and inpatient care **Unique C-A Requirements:** • Designated, trained in-field teams (redesigned mobile crisis, fire/EMS) • Designated, trained BHD team members and community-based peers • Law enforcement response training and coordination in target districts • Telehealth consultation support • Safe, effective placement alternatives to psychiatric ER and IP • Alignment with embedded school nurse and therapist programs	• In-home/in-community/in-school crisis intervention and assessment • Acute care diversion • Safety assessment and planning • Reintegration support • WRAP/REACH/CCS coordination/enrollment	**City and County Law Enforcement, Fire/EMS** **MKE County BHD** (e.g., mobile services, WRAP, REACH, CCS)

LEGEND

Service Continuation

Consolidation

Care Level Definition

Private Hospital ERs Development Priorities, Requirements and Key Services

Private Hospital ERs	Recommended Key Services	Role (Funding)
Development Priorities • Establish transfer and care transition agreements with psychiatric ER and inpatient services to streamline discharge dispositioning and safety planning • Ensure alignment with dispatched services • Advocate for Chapter 51 redesign and diversion strategies and treatment director collaboration • Develop dedicated/designated C-A telehealth coverage and navigation support systems • Develop care management inventory and notification (WISHIN, Patient Ping, air traffic control/navigation capabilities) • Initiate ER staff training/education to build resource awareness and activate a systems approach to psychiatric crisis care **Unique C-A Requirements:** • Designated, trained mental health staff for ERs with high C-A volume • Embedded MKE BHD team members in high-need markets • Telehealth consultation and care navigation support • Seamless family support and proactive post-acute follow-up	• Acute triage, assessment, and stabilization • Medical care and clearance • Safety assessment and planning • Discharge and follow-up care planning • Activation of BHD telehealth, navigation and follow-up support	**Private Health Systems** (existing services) **MKE County BHD** (navigation and telehealth)

LEGEND

Service Continuation

Enhancement

Care Level Definition

Crisis Stabilization Development Priorities, Requirements and Key Services

Crisis Stabilization	Recommended Key Services	Role (Funding)
Development Priorities • Address short-stay capacity gaps for female teens and high-need younger children to augment male teens capabilities currently in development • Establish transfer and care transition agreements with psychiatric ER and private hospital ERs to streamline intake • Ensure crisis recovery, telehealth, and community reintegration alternatives exist to avert escalation to psychiatric ER or inpatient care **Unique C-A Requirements:** • Requisite age/sex segregation in a ligature-safe, residential environment • Development of, and alignment with, professional foster care options for lower-acuity cohorts • Telehealth consultation support to avert escalation and facilitate reintegration • Seamless guardianship adjudication	• Acute care diversion • Crisis de-escalation • Individual and group support and recreation • Safety monitoring • Care planning • Activation of BHD navigation and reintegration support	**MKE County BHD** (male teens grant funds secured) **MKE County BHD** (navigation and telehealth)

LEGEND

Service Development

Expansion

Care Level Definition

Psychiatric ER Development Priorities, Requirements and Key Services

Psychiatric Emergency Department	Recommended Key Services	Role (Funding)
Development Priorities • Ensure safe access, high quality and customized ED services for C-A and their families in dedicated, centralized Psych ED setting • Align C-A with concurrent adult operations and facility planning, (health information exchange, air traffic control, patient ping, telehealth, transportation, professional development, etc.) • Establish transfer and care transition agreements between lower acuity care settings to streamline intake and community-based family reintegration support **Unique C-A Requirements:** • Segregated, ligature-safe C-A bays • Dedicated/designed C-A mental health team (particularly during peak demand times) • After-hours telehealth coverage for periodic overnight and weekend needs (if C-A staff coverage is aligned to peak demand times) • Observation stays (e.g., safely conjoin C-A with Adult observation or modify C-A care model to accommodate occasional extended stays) • Seamless guardianship adjudication	• Acute assessment, stabilization and referral • Medication management • Safety monitoring • Discharge and safety planning to seamlessly connect youth transitioning to adult resources • Family support	MKE County BHD, private health system partners, state reimb., grants, and philanthropy

Care Level Definition

Outpatient Crisis Recovery Development Priorities, Requirements and Key Services

Outpatient Psychiatric Crisis Recovery	Recommended Key Services	Role (Funding)
Development Priorities • Secure seed funding and negotiate payment mechanism with Wisconsin Medicaid • Select location (co-location with psychiatric ER unlikely) • Define scope of care and admission criteria • Establish transfer and care transition agreements to streamline intake and reintegration support **Unique C-A Requirements:** • Designated ligature-safe bays with segregation from adult populations • Optimal provider line of sight • Seamless guardianship adjudication	• Assessment • Acute stabilization and recovery • Medication management • Safety monitoring • Placement and care transition planning • Discharge care and safety planning	**Milwaukee County BHD** (seek grant funding)

LEGEND

Service Development

Expansion

Care Level Definition

Inpatient Psychiatric Development Priorities, Requirements and Key Services

Inpatient Psychiatric Treatment	Recommended Key Services	Role (Funding)
Development Priorities • Enhance existing and create new services that fill a gap between community-based programs and higher-acuity ED and IP care to, where possible, reduce the need for and divert to lower acuity, lower cost, and less-traumatizing care settings • Establish seamless transfer and care transition agreements between UHS, BHD and private health systems to forge systems thinking and streamline intake and community reintegration support • Develop bridge services to activate successful step-down, reduce recidivism, and connect transition age youth to adult care systems **Unique C-A Requirements:** • Requisite age/sex segregation in a ligature-safe, locked unit(s) • Devise programming to engage and provide family support and education during and after acute inpatient encounters	• Assessment • Acute stabilization and treatment • Medication management • Individual and group therapy • Safety monitoring • Care planning • Family Support	**UHS** (County Partnership) **Private Hospitals Providing C-A IP Care** (PRN County Contract)

LEGEND

Service Relocation

Enhancement

Appendix 3
Issues for Future Consideration

Issues for Future Consideration

Stakeholders surfaced some issues that are beyond the scope of this phase; however, this list was compiled to help inform future operational planning and activation initiatives that may be fundamental to developing and sustaining a seamless system of care:

- Advocacy and Regulatory Issues
  - Chapter 51 redesign
  - Outpatient crisis recovery reimbursement mechanisms
- Prevention
  - In-field service investments engaging schools and high-need communities
  - At-risk and high-utilizer programs
- Gaps in Services for Younger Children and Their Families
  - Pre-school
  - Early elementary
- C-A AODA Education, Screening, and Service Gaps
- Engagement and alignment with additional key stakeholders
  - Universal Health Services
  - Schools
  - Community-based providers (e.g., Pathfinders, Walker's Point, etc.)