

**Milwaukee Psychiatric Crisis Redesign**  
**Child-Adolescent Services (with focus on Emergency Department)**  
**Component One: Current-State Assessment**  
**Executive Summary**

**Background**

- The closure of the Milwaukee County Behavioral Health Division (BHD) hospital and psychiatric ED 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.
- A Psychiatric Crisis Redesign Steering Committee (composed of eight members from Milwaukee Health Care Partnership, and its members including four private health systems (Ascension, Advocate Aurora, Children's, Froedtert) and Milwaukee County BHD) completed a child-adolescent (C-A) focused assessment to understand the patient population served by BHD and local hospital EDs to inform future crisis services demand.
- The objective of component one was to frame the current state for C-A psychiatric crisis services, with a focus on the ED component, and reveal underlying challenges and opportunities to guide the redesign of the care model in a future component.

**Current-State Assessment Summary – Patient Profile and Statistics**

- In 2018, 2,898 C-A encounters with a primary BH diagnosis sought treatment in a Milwaukee County hospital ED; 88% (2,549) of those were Milwaukee county residents.
- Of the C-A patients requiring emergent psychiatric care, one in four are children (ages 4 to 12) and three in four are adolescents (ages 13 to 17), with Children's seeing a disproportionate volume of children and other health systems seeing a disproportionate volume of adolescents compared to the total market distribution.
- Of BHD's C-A emergency psychiatric crisis patients, 80% are Medicaid; other health systems' Medicaid payer mix ranges from 35% to 61%.
- Based on internal 2018 data, BHD received 1,548 C-A psychiatric ED encounters, which averages to 4.2 patients per day, with a maximum patient count of 12 in a single day.
- The overwhelming majority of C-A psychiatric ED patients are adolescents and Black/African American and arrive via law enforcement/police.
- Of C-A psychiatric ED visits, 92% are from Milwaukee County residents; 25% originate from three zip codes, and 46% originate from seven zip codes.
- On average, weekdays have a higher volume of C-A patients, and the ALOS is 4.3 hours for ED patients.
- Of C-A psychiatric ED visits, 45% (about two of the daily four) occur between 3 and 10 p.m. The lowest volume of psychiatric ED patients occurs between 5 and 10 a.m.
- C-A Inpatient Services (CAIS) has an average daily census (ADC) of 7.3 C-A patients based on 631 patients with an ALOS of 4.2 days; 39% of those patients had a length of stay (LOS) of 1 to 3 days.
- C-A patients arriving to CAIS on a Thursday, Friday, or Saturday have the longest ALOS.

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**Current-State Assessment Summary – Care Continuum Conceptual Model**

BEFORE	DURING		AFTER
PREVENTION	ACUTE DIVERSION	ACUTE INTERVENTION	REINTEGRATION
		Inpatient Psychiatric Unit ( <i>Outsourced</i> )	
		24/7 Psychiatric ED	
		Private Hospital EDs	
	23-hour Crisis Stabilization Unit		
	Housing (Respite)		Housing (Reintegration)
	CART Team Embedded with Law Enforcement, EMS and Fire (Prevention, Transport, Well-check Reintegration)		
Mobile Crisis (Education/Assessment/Connection/Treatment/Disposition/Reintegration)			
Intensive OP Day Treatment	Extended Hour Urgent Walk-in Centers (Localized Community Access)		Post-acute Transitions and Reintegration Support
Episodic OP Services			
Care Management Systems (WRAP, REACH, Mini-REACH for Unenrolled High Utilizers)			
Digital/Telehealth Support Systems (Community and ED Assessment, Triage, Psychiatric Provider Consultations)			
24/7 Crisis Line (Prevention, Triage, Crisis Response, and Reintegration)			
Patient, Family, and Teacher Peer Supports and Resources			
Professional Training (Residencies, Practicums, and Rotations)			

LEGEND     Existing Service Enhancements     Existing Service Relocations     New Service Developments

**Future C-A Psychiatric Crisis Services Guiding Principles**

- Four guiding principles were developed to frame the redesign requirements for future Milwaukee County C-A psychiatric crisis programs and services.

**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**  
A tailored urgent and crisis recovery facility provides a safe and cost-effective option to IP care.

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**Future C-A Psychiatric Crisis Services Preliminary Redesign Scenarios**

- Milwaukee County and its health system partners must determine the optimal setting to provide future psychiatric ED services.

