

**PSYCHIATRIC CRISIS REDESIGN
CHILD / ADOLESCENT PHASE 3: DELIVERY SYSTEM PLANNING COMMITTEE
CHARTER**

BACKGROUND

Milwaukee County has made the decision to close the Behavioral Health Division (BHD) inpatient hospital and has entered into an arrangement with Universal Health Services to be the “primary inpatient receiving facility” for County residents under emergency detention. Universal will not operate the psychiatric emergency department and observation beds currently operated by BHD. As a result of these decisions, BHD and the health system members of the Milwaukee Health Care Partnership (“MHCP”) have collaborated to analyze the psychiatric crisis system and make recommendations for the redesign of the system.

Phase 1 of the Psychiatric Crisis Redesign focused on developing the Adult crisis delivery system, assuming some service and infrastructure supports would be applicable to the Child / Adolescent (C/A) system of care. The findings and recommendations of the collaborative effort are contained in the Phase 1 Adult Services Planning Summary. However, work remains on the Child / Adolescent psych crisis system of care

The Psychiatric Crisis Redesign Phase 2 resulted in a fiscal analysis of the emergency services component of the delivery system as well as an analysis of the County tax levy available to support the full continuum of crisis services for adults and children. As part of that fiscal analysis it was **recommended that C/A emergency services would be provided via a dedicated psychiatric ER, serving both adults and kids**, appreciating the desire to create entrance and milieu of C/A emergency service within the ED and the intent to enhance or develop new alternative, non-emergency room options for C/As such as urgent care, crisis residential and restorative service as part of the enhanced C/A delivery system design. Phase 2 also resulted in the affirmation that **all private health systems would enhance their emergency room behavioral health assessment, treatment and transition care management capabilities** recognizing that private hospital ERs serve the majority of adult, and a large portion of C/A patients, with a primary or secondary BH diagnosis.

Concurrently in Phase 2, ECG consultants were engaged to conduct secondary data analysis re: the **emergency services component** of the C/A delivery system with the aim of informing current and future ED utilization. Key ECG findings revealed that

- 56% of all community C/A ED visits to licensed emergency rooms were made at BHD followed by 24% at Children’s
- BHD data provided additional detail about its C/A psychiatric emergency room population
 - 78% of the C/A ED patients were between 13-17 years
 - 62% were African American
 - 55% were female
 - 84% were transported by law enforcement and presented under emergency detention
 - The top 3 patient origin zip codes are 53209, 53218, and 53215; other zip codes with high use rates include 53206, 53216, 53208, and 53225

The C/A ED utilization and demographic data provides an important profile of children in crisis and emergency department utilization patterns.

Completion of the C/A crisis delivery model (Phase 3) aligns with work already completed in planning replacement of the BHD's psychiatric emergency department and observation unit and will integrate future planning with other components of Milwaukee County's psychiatric crisis services.

- Phase 1 – Adult system current state and future system of care - COMPLETE
- Phase 2 – Fiscal analysis, both adult and C/A, and C/A emergency service current state - COMPLETE
- Phase 3 – C/A future system of care (this proposed Phase 3 scope of work)
- Phase 4 – Due diligence and Implementation planning, adult and C/A (future)

PURPOSE OF PHASE 3 C/A PSYCHIATRIC CRISIS REDESIGN

The Phase 3 Psychiatric Crisis Child / Adolescent team shall oversee the design of the C/A crisis care delivery model including the identification of service enhancements, new services and service interactions with the adult crisis delivery model, including the proposed Psychiatric ED and private ED BH service enhancements. The Phase 3 C/A Psych Crisis Design will also serve to inform the C/A service improvements to be implemented through the C/A psychiatric system of care grant that SAMHSA awarded to BHD (planning started in fall 2019, implementation starting in 2020).

The Phase 3 C/A delivery system design will:

- Assure consensus on guiding principles and assumptions
- Integrate additional data, as available from BHD and health systems, to better understand children / adolescents utilizing other crisis services beyond BHD and private health systems ERs
- Be informed by national best and promising practices for child / adolescent psychiatric crisis services
- Collect input and feedback from key stakeholders including participants, their families, community (e.g. FQHCs, law enforcement, EMS), delivery system partners
- Develop a conceptual model for the C/A system beyond emergency services, as well as how the system will operate together
- Recommendations on enhancements to the C/A crisis delivery system

The Planning Committee will secure resources from participating organizations, establish project infrastructure (e.g. schedules and record-keeping), monitor and report progress, and hire outside consultants to facilitate design decisions.

TARGET POPULATION

- Primary: Youth ages birth to 18 experiencing a mental health or substance use disorder **crisis** and their families; Youth detained by law enforcement and placed under emergency detention
- Secondary: Youth ages 19 to 25 (collect data where possible)

SCOPE

Included

- Child/Adolescent mental health and substance use disorder crisis service continuum including community-based CRISIS walk-in, urgent care, mobile, residential and ER
- Alternatives to ER services including expanded or enhanced crisis assessment, treatment and crisis care management capacity
- Behavioral health crisis-related assessment/triage, acute intervention, and navigation/resolution services
- Crisis-related support services and infrastructure including navigation, health information exchange, telemedicine, care coordination, family supports, transportation, crisis call center, peer services
- Recommendations for small-scale changes in legislation or regulation of delivery model
- Interaction/intersections with Adult psych crisis delivery system, including on family crisis
 - Assumptions: Cross-Cutting Adult Crisis Services will be applicable to C/A delivery system
 - Transportation, “Air Traffic Control”, HIE, Teleconsultation, Legal/Court System
- Intersection with 4-year BHD C/A psychiatric system of care SAMHSA grant to enhance crisis service enhancements and new services

Excluded, but related:

- Crisis prevention, crisis resolution/re-integration, inpatient and outpatient capacity building
- Redesign of the child welfare system
- Redesign of juvenile justice system
- Non-crisis school-based mental health services
- Workforce development
- Reimbursement reform
- Prevention capacity development – trauma informed care, screening (SWIM, Child mental health initiative...)

COMPOSITION OF PHASE 3 C/A PLANNING COMMITTEE

As a public-private partnership, the Phase 3 C/A Planning Committee will include 2 - 3 DHHS/BHD representatives and representatives from private health systems providing child and adolescent behavioral health and crisis services:

- 2-3 BHD / DHHS representatives (ER, WRAP, Mobile teams)
- 2-3 Children’s Wisconsin / MCW representatives (Behavioral Health, ER)
- Aurora representative(s)
- Rogers representative
- Proposed not confirmed: Ascension and Universal Health Services

The Committee shall also include such additional individuals, on an ad hoc basis, as the Committee determines to be necessary to accomplish its work.

The Committee shall engage a consultant to help with facilitation, analysis, and best practice benchmarking.

The Committee is accountable to the Psychiatric Crisis Redesign Steering Committee including the Mental Health Board and the respective project sponsors – the Milwaukee-based health system Market Leaders and the Milwaukee County DHHS/BHD.

SPONSORS

- Milwaukee County
- Healthy system members of the Milwaukee County Health Care Partnership (MHCP)

STAFF AND CONSULTING RESOURCES

- Co-Chairs
 - Amy Herbst, Children’s Wisconsin
 - Brian McBride, Milwaukee County BHD
- Project Officer
 - Deb Weiner
- Facilitating Consultant
 - Theodore Michalke
- Process and Communication Advisors
 - MHCP – Joy Tapper
 - DHHS/BHD – Leanne Delsart, with Stephanie Townsend and Steve Gorodetskiy supporting

OTHER STAKEHOLDERS FOR INPUT AND FEEDBACK (Consulted / Informed)

- MKE FQHCs
- AHW C/A Behavioral Health Committee
- Child Welfare System (Children’s Wisconsin and St. A)
- Law Enforcement
- Children’s Court
- Youth participants and their families

DELIVERABLES

4-6 facilitated meetings of the Committee in order to achieve the following:

- Develop a future-state system map for the Child / Adolescent psych crisis delivery system of care
 - Further develop the C/A Care Continuum Conceptual Model included in ECG’s Phase 2 deliverable, format and level of detail consistent with the Adult Continuum developed in Phase 1
- Develop a high-level financial analysis of C/A service enhancements and new services beyond emergency services
- Create operational models to implement the Child / Adolescent psych crisis future state model
- Inform and integrate with Adult crisis delivery system implementation planning
- Inform BHD’s C/A psychiatric crisis system of care SAMHSA grant implementation
- Augment the HSRI-produced Environmental Scan, to include any additional information learned as part of C/A study

Written documents:

- PowerPoint documents, with Appendices, will serve as the primary written deliverables
- A 2-4 page Executive Summary, written in partnership with the Planning Committee, will be produced at project conclusion

Presentations

- Psychiatric Crisis Redesign Steering Committee
- Milwaukee County Mental Health Board
- MHCP/participating health system- and BHD-specific (ECG's involvement in health system and BHD presentations to be mutually agreed upon within the scope of the consulting agreement)

TIMEFRAME AND FREQUENCY OF MEETINGS

The Committee meet for 4-6 half-day meetings through April 2019. The work is expected to be completed by May 31 to align with other key deadlines for planning the joint Adult and C/A replacement psychiatric crisis ED.

- A detailed project schedule will be developed by the Project Officer, Consultant, Advisors for approval by the and Co-chairs

KEY MILESTONES

- BHD Co-chair confirmed by 12/20/19
- Committee members confirmed by 1/2/2020
- Meeting dates/times/locations scheduled by 1/9/2020
- Detailed timeline complete by TBD
- Establish schedule for presentations, interim and final reports by TBD

.....

The diagram that follows is excerpted from the HSRI deliverable.

A deliverable from this project is to update the diagram developed by ECG in Phase 2 to this format.

Figure 2- Milwaukee County Psychiatric Crisis Redesign Adult Care Delivery Model

