Criminal Justice Committee

RI International

September 23, 2021

Outline of Presentation

- Introduction of RI Team
- Scope of Work
- Stakeholder Engagement
- Other Sources of Information
- Recommendations
- Q&A

RI Team

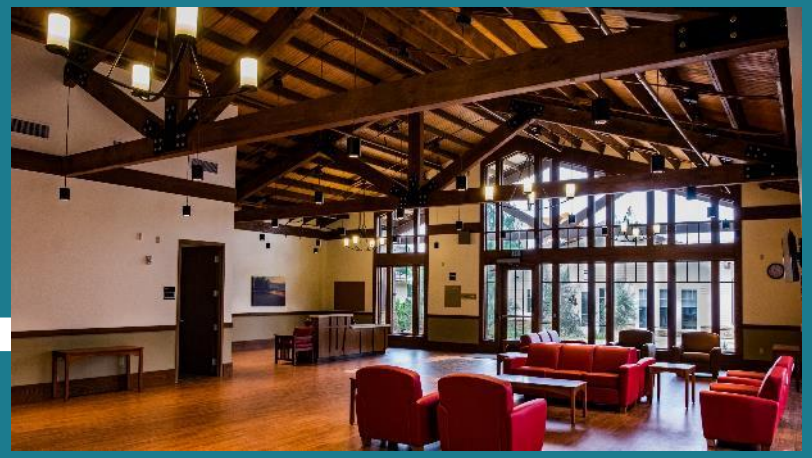
- Jamie Sellar, LPC – Chief Strategy Officer
- Tom Castellanos - Executive VP of Facilities
- Wayne Lindstrom, PhD, VP of Business Development and Consulting
- Carlos Mackall, LMSW – VP, Northeastern US

Project Scope of Work

- Conducting a study of the existing crisis care continuum available in Dane County;
- Complete a comparative analysis of the current crisis response system against best practices;
- Recommend an implementation plan for the development of the Crisis Triage & Restoration Center;
  - To be located in a safe & accessible location
  - With identification of needs, design elements, costs, timelines, & partnerships needed in order to make the development of this center feasible & sustainable.

Themes from Stakeholder Engagement

- **Convened meetings with 37 organizations & over 302 participants**
- **Themes that emerged:**
  - Support for the Crisis Triage Center (CTC) to fill a recognized service gap in the crisis response system;
  - CTC "no wrong door" approach & heavy reliance on peer support are both favorably received;
  - Recognition that state barriers to operating & sustaining the crisis response system must be overcome;
  - Better coordination of crisis & other care needs to occur;
  - Crisis services require culturally competent delivery;
  - Rural access to crisis care remains a need; &
  - Behavioral health workforce challenges need to be addressed.

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Preliminary Recommendations

1. Crisis Response System Accountability

   Establish a dedicated organizational entity within the Dane County Department of Human Services to be responsible and accountable for the oversight, resourcing, and administration of the County's behavioral health (BH) crisis response system.

2. Redesign

   a) Phase One:

      i. Eliminate the need for advance medical clearance prior to admission into facility-based crisis services and the Detox Center;

      ii. Place the responsibility, on these same crisis facilities, for the placement in and transport to, an appropriate higher level of care; and

      iii. Remove "gate-keeping" responsibilities by Journey Mental Health for voluntary admissions into the CTC

Preliminary Recommendations

2. Redesign continued

b) Phase Two:

i. Remove the behavioral health crisis "gate-keeping" function of Journey Mental Health for involuntary admissions into the CTC, but maintain Journey's responsibilities for processing civil commitments;

ii. Serve more residents experiencing a behavioral health crisis in their natural environments; and

iii. Designate the Crisis Triage Center (CTC) as the "no wrong door" to crisis care.

3. Performance Expectations and Metrics

Establish performance expectations and metrics for each component of the crisis response system and the data systems to collect information necessary to manage, analyze, and report on the performance of each component and the system as a whole.

Preliminary Recommendations

4. Policy and Regulatory Barriers

Advocate for the elimination of State statutory and regulatory barriers that stand in the way of Dane County's efforts to optimize its BH Crisis Response System to include:

a) Statutes and regulations that will permit involuntary admissions to crisis response facilities, including the CTC;

b) In the interim, request a variance from the Wisconsin Department of Health Services to allow the Dane County CTC and its crisis stabilization facilities to accept involuntary admissions. A precedent has been established by DHS regarding a similar waiver for the Detox Center operated by Tellurian;

c) Medicaid eligibility expansion under the Affordable Care Act (ACA);

d) Medicaid administrative rules that recognize the crisis response continuum of care to include the crisis call center, MCTs, crisis facility types and the array of provider types employed therein;

e) Medicaid payment rates and types of reimbursement that make a robust crisis system sustainable in the long term; &

f) Enforcement of Parity Laws, requiring commercial health insurers to pay for BH crisis response as these health plans do for emergency medical response. This should not be the continued responsibility of taxpayers to assume crisis care costs for enrollees with commercial health insurance.

Preliminary Recommendations

5. Startup and Operational Costs

Plan for the provision of financial support associated with the CTC site purchase/lease, and its construction/renovation; along with equipment, start-up and operating costs.

6. Facility-based Crisis Services

Establish and sustain an adult CTC with 20 recliners to maximize capacity flexibility, client flow, and an environment that is conducive to meaningful engagement. The CTC will operate 24/7, with stays of up to 23 hours and it will provide high acuity care under the "no wrong door" approach, admitting all those who present, whether voluntarily or involuntarily, to include those needing detoxification services or those with intellectual or developmental disabilities; and without requiring medical clearance in advance of admission. This facility will act as a "psychiatric emergency department," and accept a large percentage of its anticipated **7,085** admissions annually, as diversions from arrest and detention; and from emergency departments and psychiatric hospitalizations. The CTC will have a multi-disciplinary staff to include medical staff, behavioral health clinicians, and peer support specialists.

Preliminary Recommendations

7. Facility-based Crisis Services continued

Dane County should continue to support, but modify, its existing crisis stabilization and detoxification facilities that operate with beds. These units should serve the roughly 30% of CTC admissions that are not sufficiently stabilized in under 24 hours to represent 2,921 anticipated admissions annually. While these facilities are system assets, there are a number of reconfigurations that could be made that will add value in the overall optimization of the system.

Capacity projections needed for this level of care (LOC) are projected to be 32 beds, serving 2,921 admissions annually, in an optimized crisis response system. Currently, Dane County has a total of 57 crisis and detox beds, with 29 of these for detox in a secure facility. Given that there appears under-utilization associated with the current bed configuration, the County should examine using the CARE Center for crisis stabilization only, and refrain from using it as a step-down service for higher levels of care and potentially reduce stabilization/detox beds by 25 when the crisis response system optimization is fully operational.

Preliminary Recommendations

8. Mobile Crisis Team (MCT) Service

Realign the current mobile crisis service assets with the national crisis care guidelines, which will result in MCTs, comprised of a BH Clinician and a Peer Support Specialist, being dispatched by the crisis call center and intervening 24/7 with anyone, anywhere, and anytime. MCT capacity projections for Dane County indicate that 5.2 MCTs (each MCT operating for 40 hours per week), would meet this need.

9. Rural Crisis Service Adaptations

Planning needs to occur with the more sparsely populated areas of Dane County to craft local crisis response solutions, where access to MCTs and facility-based crisis services have historically been inadequate.

As with most metropolitan areas in the country, crisis services have been concentrated in the County's largest city – Madison. Therefore, it is critical that mobile crisis services may need to be modified, to include tele-psych options and transportation, to assure adequate rural access to crisis care.

Preliminary Recommendations

10. Crisis Care Traffic Control Hub

Further enhance the Dane County crisis call center, operated by Journey, so that it continues to function as an integral part of the Wisconsin Lifeline network which has been operational since August 2020 and serves as backup for Dane County's call center; and that it is adequately resourced to operate as a fully functional Care Traffic Control Hub, under 988 implementation. Such a hub will dispatch tech-enabled MCTs across Dane County; that possess real-time data on available crisis and psychiatric beds and outpatient BH treatment slots county-wide; and provide text, chat, and peer-to-peer warm line services, also on a 24/7 basis.

Preliminary Recommendations

10. Care Coordination

Adopt the technological tools and the supports necessary to assure that there is meaningful care coordination across the crisis response system and other adjacent service systems. A consistent message from stakeholders has been that Dane County has a rich array of crisis and other BH services, but that this service array remains largely fragmented. This makes meaningful care coordination challenging. With the adoption of the Wisconsin Statewide Health Information Network (WISHIN) by the BH service providers within Dane County, the tools necessary to enable collaborative service planning will be available. More than 2,000 provider organizations currently utilize WISHIN statewide, including BH providers. WISHIN 2.0 is currently under implementation and it will offer new technology platforms to deliver WISHIN Pulse, a community health record, as well as, other enhancements.

Preliminary Recommendations

10. Care Coordination continued

Begin transitioning to Alternative Payment Models (APM), which give providers the flexibility to coordinate and manage care. Typical service reimbursements based on price per unit of service delivered, incentivizes providers instead to produce revenue by increasing volume and not value.

11. Behavioral Health (BH) Workforce Development

Dane County should adopt BH workforce development as a priority. Particular focus should be on attracting and supporting those from Black, Indigenous, and People of Color (BIPOC) and queer and trans BIPOC (QTBIPOC) populations, to careers within BH. Dane County should implement The National CLAS Standards which are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities

Preliminary Recommendations

12. Cost Offsets and Reinvestment Opportunities

When Dane County's BH crisis response system is further optimized, analyze the resulting cost offsets and reinvest those cost offsets to further address the BH clinical and support service continuum and the social determinants of health. It is anticipated that Dane County will experience reductions in arrests, detention, ED, and hospital utilization; and therefore the reinvestment of those savings can further buildout community-based services and supports. This requires providing intensive levels of community-based care, such as peer-run crisis respite, Assertive Community Treatment (ACT) teams, Intensive Outpatient (IOP), and supportive housing, supported education and employment to address the social determinants of health and system inequities.

Preliminary Recommendations

13. Peer Respite

Establish peer respite as a component within Dane County's crisis response system. Peer respites are peer-run, voluntary, short-term (typically up to two weeks), overnight programs that provide community-based, non-clinical support for people experiencing or at risk of acute BH crisis. They operate 24 hours per day in a homelike environment and can provide a "step-down" from facility-based crisis services, where peer navigation services are provided to assist with transition back to the community. Peer respites also allow users to take a break from stressful life circumstances while building a community with peers.

Thank You!

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