Health and Human Needs Committee

RI International

October 25, 2021

Outline of Presentation

- Introduction of RI Team
- Scope of Work
- Stakeholder Engagement
- 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

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 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 39 organizations & over 304 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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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. Crisis Response System Redesign

   a) Eliminate the need for advance medical clearance prior to admission into the CTC & any facility-based crisis services & the Detox Center;

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

   c) Remove any "gate-keeping" responsibilities by Journey Mental Health Center for voluntary & involuntary admissions into the CTC, but maintain Journey's responsibilities for processing civil commitments;

   d) Serve more residents experiencing a behavioral health crisis in their natural environments; &

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

Recommendations

3. Performance Expectations and Metrics

Establish performance expectations & 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.

4. Policy and Regulatory Barriers

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

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

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

c) 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.

Recommendations

5. CTC 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. CTC Implementation

Establish and sustain an adult CTC with 22 recliners to maximize capacity flexibility, client flow, and an environment that is conducive to meaningful engagement.

a) The CTC will operate 24/7, with stays of up to 23 hours;
b) 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 detox or those with IDD;
c) No medical clearance required in advance of admission;
d) Will accept a large percentage of its anticipated **8,550** admissions annually, as diversions from arrest and detention; and from EDs and psychiatric hospitalizations; and
e) Will employ a multi-disciplinary staff to include medical staff, behavioral health clinicians, and peer support specialists to operate this high acuity setting.

Recommendations

7. Facility-based Crisis Services

Continue to support, but modify, Dane County's existing crisis stabilization and detoxification facilities that operate with beds. These units should serve the 30% of CTC admissions that are not sufficiently stabilized in the CTC to represent 2,921 anticipated admissions annually. Reconfigurations 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. Currently, there is a total of 57 crisis and detox beds, with 29 of these for detox in a secure facility. Given current under-utilization, the County should examine using the Detox Center for crisis stabilization and detox, and potentially reduce stabilization/detox beds by 25 when the crisis response system optimization is fully operational.

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 indicate that **5.2 MCTs** (each MCT operating for 40 hours per week with an average of 3 crisis interventions per MCT), 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.

Recommendations

10. Crisis Care Traffic Control Hub

Further enhance the crisis call center, operated by Journey MHC, as an integral part of the Wisconsin Lifeline network which has been operational since August 2020; and that it is adequately resourced to operate as a 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.

Recommendations

11. 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. With the adoption of the Wisconsin Statewide Health Information Network (WISHIN) by the BH service providers, 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.

Recommendations

11. 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.

12. Behavioral Health (BH) Workforce Development

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

Recommendations

13. 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. 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

14. 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!

Wayne W. Lindstrom, PhD
VP, Business Development / RI International, Inc.
wayne.lindstrom@riinternational.com

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