Milwaukee County Behavioral Health Services

Mobile Crisis Services

LAUREN HUBBARD

DIRECTOR OF COMMUNITY CRISIS SERVICES



MKE Mobile Crisis Services

Milwaukee County Crisis Line & MKE Mobile Crisis

- Geriatric Specialist
- Community Consultation Team (CCT)
- Youth Integration
- Team Connect

Crisis Assessment Response Team (CART)

414-257-7222



- Adult crisis mobile team initiated the crisis line in 2001
- Dispatches mental health professionals from call center
- Available 24hrs/day, 7days/week
- Youth and adult crisis line integration (2022) –
 "No Wrong Door"

- Provides services to individuals experiencing a mental health or co-occurring crisis over the phone
 - Support
 - Screening & assessment
 - Crisis Counseling/Crisis Intervention
 - Emergency service coordination
 - Resource information
 - Referrals
 - Professional consultation

Collaboration with IMPACT Inc. (2018)

- Triage & screening
- Warmline support
- Linkage to community resources (shelter/housing, food, clothing, energy assistance, etc.)
- No call goes unanswered

- The Milwaukee County Crisis Line receives over 35,000 calls annually:
 - 2020 36,372
 - 2021 38,744
 - 2022 36,778
- 15-20% of calls are transferred to mobile crisis clinicians



- Crisis Mobile Team (CMT) began in 1995
 - Initially provided community based follow-up to adults from crisis clinic
 - Later expanded to 7 day service
- Non-police response for mental health support

- 7days/week from 7:30 a.m. midnight
- In-person response available:
 - 7:30 a.m. midnight (M-F)
 - ∘ 7:30 a.m. 8:00 p.m. (weekends and holidays)
- Can be requested by individuals in crisis, family/friends, schools, police, landlords, professionals

- Registered Nurses, licensed Social Workers, Therapists, Professional Counselors and Psychologists
- Integrated with Children's Mobile Crisis in 2022 to serve all residents across the lifespan
- Team Connect: community based follow-up post d/c from ERs and Inpatient
 - Clinician and Certified Peer Specialists

- Other specialty mobile services provided by:
 - Community Consultation Team (CCT) Serves individuals who live with developmental/intellectual disabilities
 - Geriatric RN Specialist

- In-person assessment
- Stabilization through reduction of risk and stressors
- Safety planning
- Education
- Consultation with police & professionals
- Crisis Plans
- Follow-up
- Linkage & referrals

•2022 Volume:

- Mobile Crisis completed 3,571 contacts
- RN specialists completed 230 contacts with older adults
- CCT completed 179 mobiles

CART Crisis Assessment Response Team



- Co-responder teams of a clinician and law enforcement officer
- CART is a resource to partnering law enforcement agencies
 - Alternative response for individuals experiencing a behavioral health crisis
 - Decrease involuntary detentions and improve outcomes
- CART is dispatched by 911 dispatchers, requested by officers on scene, or self-dispatched from monitoring calls to 911

- MacArthur Safety & Justice Challenge Grant initiative
- Established in 2013 in partnership with Milwaukee Police Department
 - ∘1 team, M-F
 - Expanded to 3 teams by 2016
 - Officers initially funded by DHHS tax levy

- Expanded to the City of West Allis in 2017
- Milwaukee County Sheriff Department 2021
- 2,551 total contacts in 2022



MPD CART

- Serves the City of Milwaukee in collaboration w/ MPD
- 7 days/week, 5 teams
- Service hours:
 - 8:30am-midnight (M-F)
 - 11am-midnight (weekends)

West Allis CART

- Serves West Allis in collaboration with WAPD
- 5 days/week, 1 team
- Service hours:
 - 11am-7pm (M-F)

County CART

Serves Milwaukee County in collaboration with Milwaukee County Sheriff's Office

 Responds to County grounds/facilities & as requested by municipal law enforcement agencies

5 days/week, 3 teams

Service hours:

11am-11pm (M-F)



MILWAUKEE COUNTY





Community Alternative Response Emergency Services (CARES)





Background

- Historically, the City of Madison's mental health crisis response model has been primarily law-enforcement driven
- •In 2019, MPD estimates it received approximately 7,000 calls related to mental health crises
- •In researching national best-practices around mental health response, the model found to be most patient-centered is one that incorporates unarmed first responders with mental health providers

Objectives

- •In an effort to reimagine public safety, the Mayor and the City Council requested the development of a mobile crisis response team to respond to a wide range of non-violent, mental health related crises
- •Goal is to ensure that medical and behavioral health care is integrated from the onset of intervention, increasing patient satisfaction and diverting people away from emergency departments and jails

Alternative Response to 911 Calls

- •911 Center call-takers are trained to screen incoming calls and dispatch the appropriate resource: Police, EMS, Fire, CARES
- Non-violent behavioral health CFS directed to CARES
- •CARES may respond to check person/check welfare calls UNLESS:
 - Weapons or violent behavior involved
 - Sounds of an active disturbance
 - Crime is being reported
 - Police resources needed (e.g. phone ping to locate suicidal person)
 - Ambulance needed (e.g. acute medical emergency or non-ambulatory patient)

CARES Operations

- Journey Crisis Worker and MFD Community Paramedic are dispatched in pairs
- •All staff carry radios
- Currently in operation 8am-8pm Monday-Friday
- •CARES 1: 8am-5pm; CARES 2: 11am-8pm
- •Four 10-hr shifts (one hour buffer for charting, etc.)
- Can respond anywhere in the City of Madison
- MFD vehicles have lights and sirens (used minimally)

Dispositions

- Team has autonomy and flexibility to determine appropriate resolution for each individual call
- They may simply provide support on site (or via phone call) and disengage
- •They can transport a patient anywhere (home, friend's home, shelter, hospital, detox, other resource)
- •They may assist a patient in connecting to services, and in some cases contact the patient at a later date to check on their progress
- Crisis Unit will become involved if ED evaluation is needed

CARES Contacts

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Clinical Team Manager Assistant Chief – Medical Affairs

Journey Mental Health City of Madison Fire Department

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CIT and CIP Programs in Wisconsin

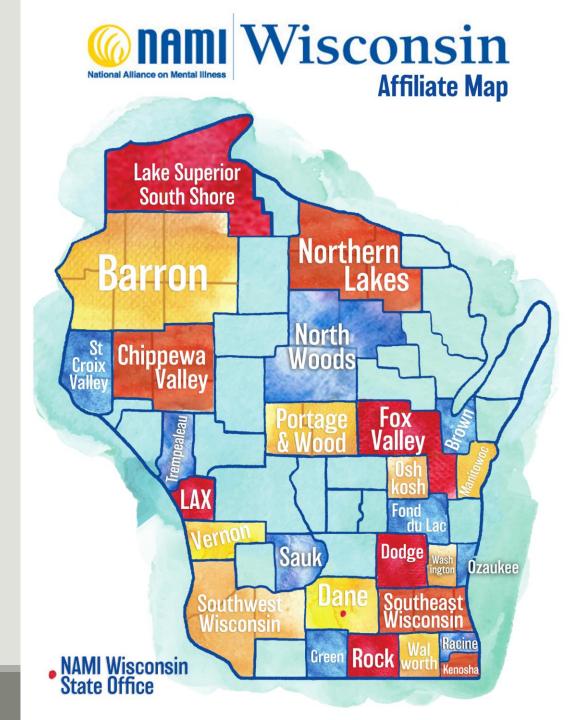
Emilie Smiley, Program Director NAMI Wisconsin



NAMI WISCONSIN

The mission of NAMI Wisconsin is to improve the quality of life of people affected by mental illnesses and to promote recovery.









Crisis Intervention Team (CIT)

Crisis Intervention Team training is a community initiative designed to improve the outcomes of police interactions with people living with mental illnesses.

It is more than just a training!







CIT 40-Hour Training Requirements

- 1. Major Mental Illness Overview
- 2. Special Populations Topics
- 3. Medically Significant Behavior
- 4. Lived Experience/Family Panel
- 5. Site visits/Ride Along
- 6. Auditory Hallucination Simulation
- 7. Trauma-Informed Care
- 8. Officer Wellness and Law Enforcement Suicide
- 9. De-escalation Overview and Techniques
- 10. Roleplay De-escalation Scenarios
- 11. Suicide Prevention





CIT International Certified State

CIT International is the guiding organization for CIT programs across the world. NAMI Wisconsin proudly holds the state certification for our program through CIT International

State Certified Program: a state-wide program. A
 CIT state program is responsible for the
 development and support of more localized
 programs, either on a regional or agency level.





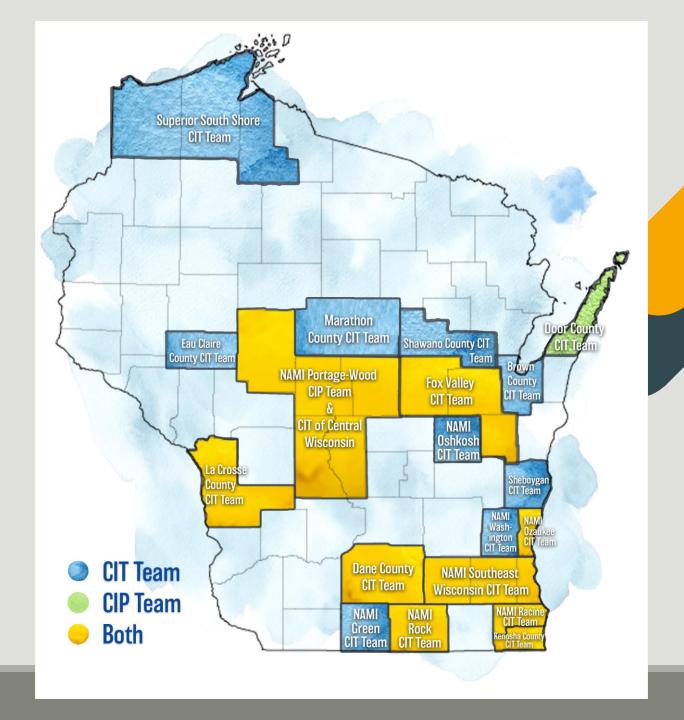


Crisis Intervention Partners (CIP)

Crisis Intervention Partners (CIP) training is a 16-hour training modeled after the training component of Crisis Intervention Team (CIT) programs. CIP is designed for wide-ranging audiences interested in better understanding and improving interactions with people who experience mental health crises. Participants include correctional officers, 911 dispatchers, emergency personnel, hospital staff, teachers, social workers, and more.



NAMI Wisconsin CIT & CIP Teams





CIT Data: Wisconsin

Professionals Trained in CIP 2014-2022: 2,834

Officers Trained in CIT from 2014-2022: 2,672

2022 Year Data CIT & CIP & CIT Advanced

- CIT Trainings held: 23
- CIT Officers Trained: 494
- CIP Trainings held: 24
- CIP Professionals Trained: 620
- CIT Advanced Trainings Held: 8
- Officers trained in CIT Advanced: 306





Green Bay Police Department Behavioral Health Unit

Mission: **Coordinate** the response of law enforcement and the behavioral health system to aid people in behavioral crisis resulting from known or suspected mental illness.

Officer-Clinician Collaboration

Established 2019

Clinician Employed by Brown County Sheriffs Office

 Access to case managers, diagnosis, upcoming appointments. Ability to complete detentions, safety plans, and follow-ups.

Behavioral Health Officers with Green Bay Police Department

• Three full-time officers dedicated to mental health related police contacts.

Clinician and Behavioral Health Officers work together.

 Co-Responder approach with efforts of jail diversion and early intervention to prevent situations from turning into a crisis.

Goals of the Behavioral Health Unit

Jail Diversion

Emergency
Detention

Dual Detention

Return On Commitment

Family and Community Support

> Voluntary Treatment

Outpatient Connections

Home Visits

Case Worker Interaction

Phone Contact

Email Contact

Case Monitoring

Keeping Intel on Clients

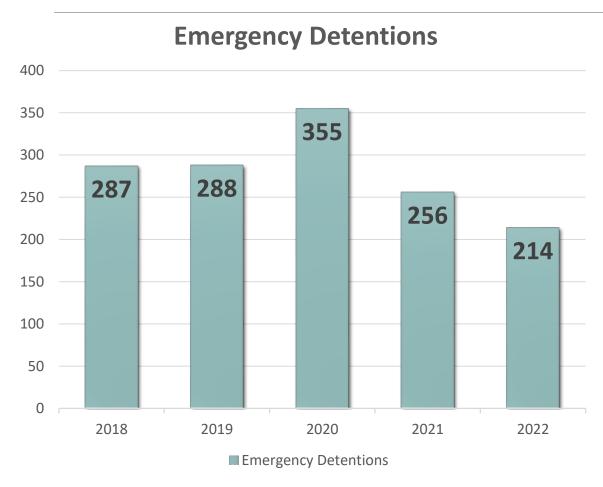
Early Intervention for Long Term Based Solutions

Rehab

Outpatient

Case Management

The Last 5 Years...



Forced hospitalizations

• 72-hour hold

Criteria

- Mental Illness, drug dependence, or developmentally disabled and
- Evidences behavior which constitutes a substantial probability of physical harm to self or others.
- Taking the subject into custody is the least restrictive alternative appropriate to the subject's needs.
 - Safety Plan
 - Voluntary

Disposition Statistics-January to March 2022 vs 2023

Emergency Detentions

44% Decrease

Voluntaries

15% Increase

Safety Plans 37% Decrease



Challenges

- Agency education and communication
- •Out-of-county placement due to capacity concerns
- •Misunderstanding of legality from outside entities
- •Out of county residences coming to the area for treatment
- •Proactive intervention options with current legal limitations

GBPD BHU Contacts

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