

# MENTAL HEALTH CRISIS SERVICES

Kate Luster, LCSW, Rock County Human Services Director

Bette Trimble, LPC, Rock County Crisis Services Program Manager

# CRISIS SERVICES STATUTORY REGULATION

- In accordance with DHS Chapter 34 Crisis Services provide mobile community outreach and emergency mental health services 24 hours per day seven days a week. Any individual who is in a mental health crisis or a situation that may develop into a mental health crisis without the provision of professional supports is eligible for crisis services.
- Crisis services are also regulated by Wisconsin State Statute, Chapter 51 – The Mental Health Act which provides legal procedures for voluntary and involuntary admission, treatment, and rehabilitation of individuals with mental illness, developmental disabilities, and drug/alcohol dependency

# CRISIS SERVICES OVERVIEW

- Crisis assessments which focus is on determining immediate safety and/or behavioral health treatment needs.
- Safety Planning
- Facilitation of voluntary or Involuntary placement in a hospital or crisis stabilization facility
- Brief supportive counseling to reduce risk in a crisis or pre-crisis situation
- Referral to or arrangement for additional mental health services
- Transportation to support linkage to MH or AODA services
- Medication Deliveries
- Crisis stabilization case management services
- 24/7 Suicide and MH support hotline
- Chapter 51 legal order compliance monitoring

# ESSENTIAL VALUES FOR CRISIS SERVICES

- Welcoming and hopeful
- Person centered and Recovery Oriented
- Trauma Informed
- Holistic view of the individuals' strengths and resilience
- Collaborative and engaging with social supports and community providers
- Assuring safety while protecting an individual's right to least restrictive care

# VOLUNTARY VS INVOLUNTARY SERVICES

Chapter 51.001 - "...Access to the least restrictive treatment alternative appropriate to their needs"

- "To protect personal liberties, no person who can be treated adequately outside of a hospital, institution or other inpatient facility may be involuntarily treated in such a facility"
- A voluntary admission to services is LESS RESTRICTIVE than an involuntary admission

# MANAGING SUICIDE RISK

- Utilize evidence based assessment tools:
  - CAMS - The Collaborative Assessment and Management of Suicidality (CAMS) is a flexible therapeutic framework in which patient and provider work together to assess the patient's suicidal risk and use that information to plan and manage suicide-specific, “driver-oriented” treatment.
  - The Columbia Suicide Severity Rating Scale, or C-SSRS, is a suicidal ideation and behavior rating scale created by researchers at Columbia University, University of Pennsylvania, University of Pittsburgh and New York University to evaluate suicide risk
- Individualized Safety and Service Planning
  - Incorporates social and community supports
  - Acknowledges that removing someone from their environment (eg: hospitalization) is not always helpful because it may not address the environmental stressors that triggered the crisis



# CIVIL COMMITMENT PROCESS

- Individual has one or more of the following:
  - Mental Illness, Developmental disability, Alcohol or Drug Dependence
- The individual's illness/disability/dependency is treatable
- The individual is a proper subject for treatment if the treatment techniques may control, improve, or cure the mental illness, developmental disability, or dependency problem
- The individual is dangerous to him/herself or others, due to the illness/disability/dependence
- Are reasonably believed to be unable or unwilling to voluntarily cooperate with treatment

# STANDARDS OF DANGEROUSNESS

1. Recent act, attempt, or threat of suicide or serious bodily harm to self
2. Recent act, attempt, or threat of bodily harm to others, or violent behavior which places others in reasonable fear of serious physical harm
3. A pattern of recent acts or omissions, which evidences impaired judgment causing the individual to be an inadvertent danger to self or others
4. Mental illness causes the individual to be so gravely disabled that s/he is unable to satisfy life's basic needs for nourishment, medical self care, shelter, or safety
5. The individual's psychiatric treatment history, coupled with recent mental deterioration and refusal of psychotropic medication, causes the likelihood that the individual will be unable to function independently in the community.
  - This is a petition process and not an option for law enforcement initiation



# EMERGENCY DETENTION OUTCOMES

- **Legal Process** - Any individual detained involuntarily in Wisconsin to a psychiatric unit is opened with the Court system within the county they have been detained in. The initial hearing is within 72 hours and the entire process is complete within 14 days.
- **Court Orders** - An individual may be followed on a mental health court order for up to 3 months if under a settlement agreement or up to 6 months if under a commitment. Both orders require them to comply with mental health treatment. If under a commitment these orders are reviewed and a recommendation is made to the court on whether or not the order should be extended for up to one year.

# LAW ENFORCEMENT COLLABORATION

- Chapter 51 requires law enforcement officers to consult with and gain approval from county mental health staff prior to proceeding with an ED
- Rock County responded to this change with two collaboration initiatives:
  1. Development of Behavioral Health information sharing protocols
  2. Crisis and Law Enforcement Co-Responder Program

# BEHAVIORAL HEALTH INFORMATION SHARING

- The overall purpose of effective behavioral health information sharing is to ensure better outcomes for those with mental health needs that come in contact with the justice system
- **Mental Health Flag**: A system for flagging individuals in the Spillman system will be used to help law enforcement identify individuals with a known mental health history to assist them in engaging with the individual.
- **Crisis Strategy Information (CSIS) Sheets**: A CSIS for some identified mentally ill individuals will be available outlining specific strategies to employ with said individuals to obtain more successful outcomes and possibly divert them to more appropriate interventions than the criminal justice system.

# WHAT IS THE MENTAL HEALTH AWARENESS FLAG?

- A visual indicator, in Spillman - In-squad computer system
- Intended to provide information about an individual that may have a mental illness.
- It provides information that will allow for a more informed and individualized response by the officer.
- It is a prompt to the officer to utilize their CIT skills

# WHAT THE MENTAL HEALTH AWARENESS FLAG IS NOT

- A mechanism to stigmatize any individual with mental illness.
- An indicator that tells law enforcement that this person is likely to be violent.
- A means to misuse confidential protected health information.

# CRISIS STRATEGY INFORMATION SHEET (CSIS)

- What is it?
  - A Crisis Plan
  - A tailored approach for each individual
  - Information is only disclosed to law enforcement
  - All Rock County law enforcement officers who utilize Spillman will have access to the CSIS





# BH INFO SHARING COLLABORATION

- Rock County Law Enforcement Agencies
- Rock County Human Services
- Rock County National Alliance on Mental Illness
- Rock County District Attorney's Office
- Public Defender's Office
- Rock County Corporation Counsel
- Rock County Administration
- Rock County EBDM Committee

# MEMORANDUM OF UNDERSTANDING

- All parties agree to take steps within each agency's scope to prevent behavioral health information, shared for the purpose of collaboration on behalf of the client, from being used in a manner that would adversely affect a client (such as evidence in criminal court or in chapter 51 proceedings).

# ADHERENCE TO CLIENT RIGHTS & CONFIDENTIALITY

## ➤ **We included empowered consumer voice at the decision making table**

We invited a consumer with lived experience interfacing with law enforcement related to her mental illness to be a member of our committee that developed the Mental Health Awareness Flag process. We worked to assure that this person's viewpoint was authentically considered and integrated into the process and procedures.

## ➤ **We involved our local NAMI**

Our NAMI director was aware of the project from the start and became another source of feedback from the consumer perspective. NAMI also held a Community Forum to provide information to its members and other community members about the Mental Health Awareness Flag.

# ADHERENCE TO CLIENT RIGHTS & CONFIDENTIALITY (CONT.)

➤ **We requested review of our process and documents by clients' rights experts.**

We consulted with the Wisconsin Department of Health Services Clients Rights Office. Clients Rights Specialists reviewed our fact sheet, our consent forms, and our MOU. We requested and integrated their feedback to assure that we were honoring client rights in our procedures.

➤ **We clearly articulated that the purpose** of the mental health awareness flag is to improve outcomes for individuals living with mental illness (vs. just protecting the officers and community from potential violence), and information shared as part of this initiative will not be used in a manner that adversely affects the client.

**We did this for the public, not to the public.**

# CRISIS AND LAW ENFORCEMENT CO-RESPONDER PROGRAM

- In 2018 Rock County piloted a Co-Responder program with Janesville Police Department to provide a more integrated response for individuals with behavioral health challenges. Identified program goals:
  1. Continue established partnerships with mental health and law enforcement.
  2. Appropriately divert persons requiring immediate psychiatric interventions prior to entering the criminal justice system.
  3. Connect frequent mental health consumers to resources within the mental health system.
  4. Follow up with high risk individuals that have been determined as having a mental illness and have been released from the criminal justice system.
  5. Reduce law enforcement time on calls associated with mental health consumers.
- Current data indicates that we have demonstrated improvement in each of these areas.

# LOOKING AHEAD: OPPORTUNITIES & CHALLENGES

- Opportunities:
  - Implementation of Peer Support Services
  - Expansion of Co-Responder to additional Law Enforcement Jurisdictions
  - Integrating Behavioral Health Intake services into Crisis Services to create a “One Front Door” system for accessing services.
- Challenges:
  - Multiple public and private mental health systems: HMO, private insurance, Medicaid, Medicare, private pay, uninsured/county-funded, etc.
  - Lack of treatment facilities and/or placement options
  - Components of safety plan unavailable
  - Transport time and security concerns
  - Medical clearance requirements
  - Protocol inconsistencies between providers and receiving facilities