Wisconsin Counties Association
ANNUAL CONFERENCE & Exhibit Hall 2022
3:30 - 4:30 PM
Review and Reform Wisconsin’s Mental Health System
Mental Health Emergency Center

Presentation to WCA Annual Conference

September 19, 2022
Michael Lappen
Data Dashboard

Milwaukee County
Behavioral Health Services

Revised January 13, 2022
Psychiatric Crisis Service (PCS) Admissions, 2010-21

PCS: Psychiatric Crisis Service (Behavioral Health Services emergency department)
PCS Admissions by Legal Status, 2010-21

**PCS:** Psychiatric Crisis Service (Behavioral Health Services emergency department)

**Other Involuntary:** Three-Party Petition, Treatment Director Affidavit, Treatment Director Supplement, Re-Detention from Conditional Release, Re-Detention / Not Follow Stipulations

Redesign Task Force established
Capacity on BHS inpatient units (Adult & Child/Adolescent) was 108 from 2008-11. Staffed capacity was reduced to 91 in 2012, 78 in 2013, and 64 in 2014. There are three adult units (16, 18, and 18 beds) and one Child/Adolescent unit (12 beds).
Issues addressed by domain: **Dignity** – respect, recovery-oriented staff; **Outcome** – crisis planning, reduced symptoms, social improvement; **Participation** – engaging community provider(s), involved in discharge planning; **Environment** – atmosphere, privacy, safety, comfort; **Rights** – grievances addressed, safety refusing treatment; **Empowerment** – choice, helpful contact
The Access Clinics (Access Clinic – South, Access Clinic – East, & Access Clinic - Progressive) are walk-in centers providing mental health assessment and referral for individuals without insurance.
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Mental Health Redesign in Milwaukee County

- Since 2010, significant input from consumers, community partners, advocates, and health care providers has helped shape the redesign of mental health services in Milwaukee County.
- The goal of the redesign is to make behavioral health care more accessible with a community based system of care.
- Over the past 10 years we have:
  - Crisis line: (414) 257-7222
  - Community-Based Access Clinics in Partnership with FQHCs
  - Expanded and Enhanced Crisis Resource Centers (CRCs)
  - Crisis Mobile Teams (CMT) & Crisis Assessment Response Teams (CART)
  - Strengthened Private Hospital ER Behavioral Health Capabilities
  - Granite Hills Hospital
  - Mental Health Emergency Center
Mental Health Redesign in Milwaukee County

Expanded services are having an impact:

- 76% decrease in adult inpatient admissions
- 53.2% decrease in psychiatric crisis services visits
- 64.2% decrease in emergency detention visits to PCS
MHEC: Joint Venture Partnership

The new Mental Health Emergency Center is a joint venture between Milwaukee County and the area’s four health systems.

Start up and operating costs will be split equally, with Milwaukee County responsible for 50% and the health systems in charge of the other half:

- Milwaukee County: 50%
- Advocate Aurora Health: 12.5%
- Ascension Wisconsin: 12.5%
- Children’s Wisconsin: 12.5%
- Froedtert Health: 12.5%
The new Mental Health Emergency Center will provide:

- 24/7/365 crisis mental health assessment, stabilization, treatment and transition care management for children, adolescents and adults
- A therapeutic environment for both voluntary and involuntary patients
- Timely treatment and transfer to the appropriate level of care
- Extensive care management and navigation services
Target Populations

93% of the patient visits to the Behavioral Health Division’s Psychiatric Crisis Services (PCS) originate from the City of Milwaukee.

70% of patients served by PCS live in close proximity to the new center.
Community Need

- In 2019, over 24,000 individuals who visited emergency departments in Milwaukee County received a primary mental health diagnosis.
- The COVID-19 pandemic has only exacerbated the rates of mental health and substance use in our community.
Co-Response Pilot Project

LA CROSSE COUNTY CRISIS AND CITY OF LA CROSSE POLICE DEPARTMENT
Partnership

La Crosse County Crisis and City of La Crosse police have had a long-standing informal partnership
  ◦ State statutes require law enforcement to be part of the Emergency detention process

Crisis Intervention Training
  ◦ Collaboration with Human Services, Local Law Enforcement, and NAMI
    ◦ Training focus on Mental health awareness, Substance Use, De-escalation, and dementia awareness

Majority of Emergency Detentions occur within the City limits
La Crosse County Crisis Program

Structure
- 1 Therapist
- 4 Social Workers
- 4 Crisis Specialists
- 12 Crisis Responders
- 1 Psychologist
- 2 Supervisors

Services
- Crisis support
  - 24/7 Crisis line
- Short term Case Management
- Crisis Counseling
- Crisis Assessments
- Co-Response
City of La Crosse Police Department

History of Law Enforcement
- Causes for concern
- Changes in approach

Training staff in areas of MH (MHFA)
Part of the Professional Standards and Community Service Bureau
- Community Resources Unit
  - One officer
  - One Investigator
Model

Participated in many statewide and nation-wide learning sessions

Many different models and many are tailored to the county specific needs

Overall implication is to decrease Hospitalization and increase diversions from Jail

Crisis is one of the first “connection points” for those initially involved in the criminal justice system

Current Model

◦ Crisis Specialist and Law Enforcement officer
  ◦ Monday through Friday 3 pm to 7:30pm (Expanding hours)
  ◦ The Crisis specialist ride in a car with the Officer

Tasks

◦ Follow up to Mental Health struggle that Police were Faster Crisis response involved when Co-Response was not available
◦ Crisis response to the community
◦ Intercept Mental Health Calls that were previous handled by Law Enforcement

Implications

◦ Immediate response vs. past response
◦ The right person, the right time and the right location
Community Work
# Emergency Detentions

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Detentions</th>
<th>Dropped</th>
<th>Stabilized</th>
<th>Legal Issue</th>
<th>AODA cleared</th>
<th>Other</th>
<th>Went to Court</th>
<th>Transfer to more restrictive</th>
<th>Unknown outcomes due to out of county</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>777</td>
<td>679</td>
<td>679</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>89</td>
<td>13</td>
<td>33</td>
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<tr>
<td>2021</td>
<td>267</td>
<td>132</td>
<td>101</td>
<td>14</td>
<td>8</td>
<td>9</td>
<td>89</td>
<td>13</td>
<td>33</td>
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</table>

777 (679 discharged prior to a probable cause hearing)
87% rate of Dismissing the Detention

51% rate of dismissing the detention prior to final hearing
36 individuals had more than one detention
1 individuals place on 5 detentions in one year
1 individual with 4 detentions
Both connected to family cares
One was an out of county placement
## Data - Crisis

<table>
<thead>
<tr>
<th>Co-Response</th>
<th>~248</th>
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</thead>
<tbody>
<tr>
<td>Basic Demographics</td>
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<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>147</td>
</tr>
<tr>
<td>Male</td>
<td>124</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>White</td>
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<tr>
<td>Unknown</td>
<td>32</td>
</tr>
<tr>
<td>African American</td>
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<td>Latino/Hispanic</td>
<td>5</td>
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<tr>
<td>Asian</td>
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<tr>
<td><strong>Veteran</strong></td>
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<tr>
<td>Unknown</td>
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<tr>
<td>No</td>
<td>164</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
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<tr>
<td><strong>Dispositions</strong></td>
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<tr>
<td>~50 hospital diversions</td>
<td></td>
</tr>
<tr>
<td>~19 detentions</td>
<td></td>
</tr>
<tr>
<td>~2 care center admission</td>
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<tr>
<td><strong>Substances</strong></td>
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<tr>
<td>Meth/Heroin</td>
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<tr>
<td>Alcohol</td>
<td>25</td>
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<td>Unknown</td>
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<td>N/A</td>
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<td><strong>L.E. Action</strong></td>
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<td>None</td>
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<tr>
<td>N/A</td>
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<td>Citation</td>
<td>6</td>
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<tr>
<td>Arrest</td>
<td>6</td>
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<tr>
<td><strong>Emails</strong></td>
<td></td>
</tr>
<tr>
<td>~ 4 to 5 emails a week regarding individuals in the community that may need help</td>
<td></td>
</tr>
</tbody>
</table>
Community Resource Unit

Co-Responding in a squad together August 23rd 2021

Attended training together

Presentations CRU and Co-Responder Team

1295 involvements by CRU with the community between July 9th 2021-July 8 2022

Follow-ups has allowed relationships to be formed, gaps to be closed in consumers’ care, and reduction in the number of Calls For Service.

CRU is being sent emails from department members and partnering agencies asking for follow-up with consumers in our community to assist with resources.

*Consumers call CRU directly when in need.
• Collaboration
• Partnerships
• Wrap Around Services
• Out Reach
Questions?