INTEROFFICE COMMUNICATION
COUNTY OF MILWAUKEE

DATE: August 29, 2012

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: Informational Report from the Director, Department of Health and Human Services, Outlining a Proposed Expansion of the Mobile Crisis Team

Issue

The Behavioral Health Division's (BHD) 2012 Budget included a $3 million community resource investment meant to increase community capacity for adult mental health services and reduce the reliance on inpatient hospitalization. One of the initiatives included in the investment was the development of additional community crisis options, specifically an expansion of the Crisis Mobile Team. This report provides the details of the proposed expansion.

Background

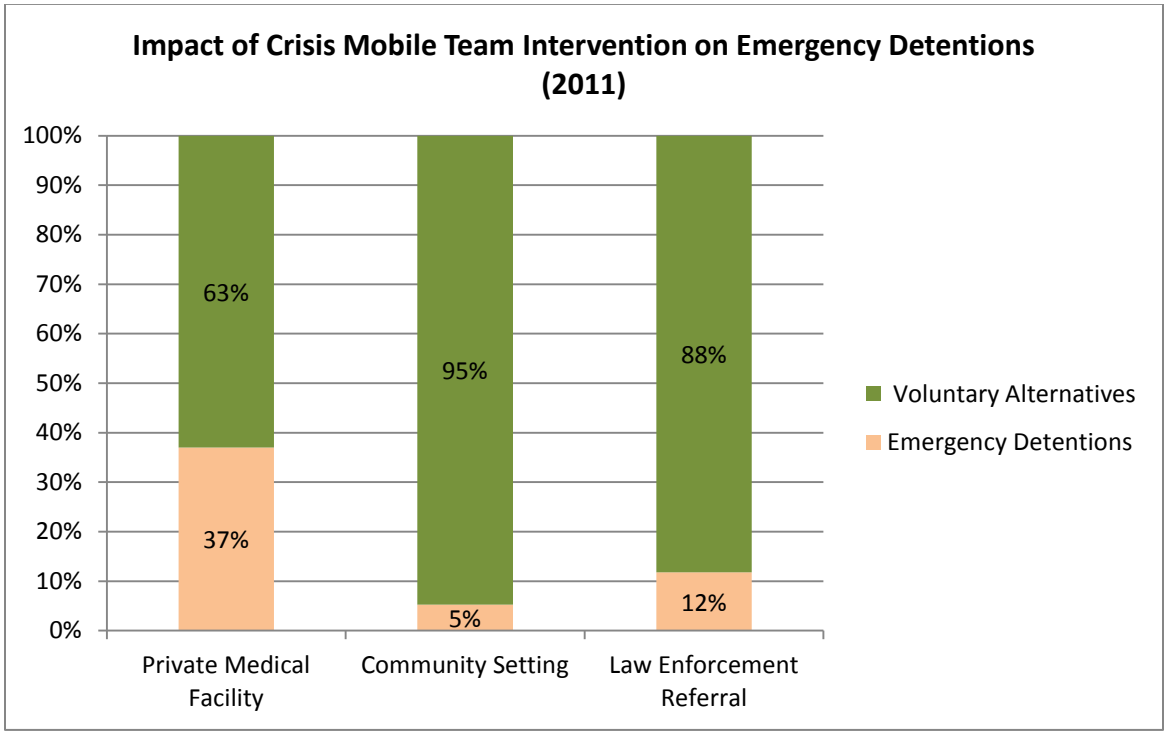
The Mobile Crisis Team has been in existence for over 15 years in Milwaukee County. The Mobile Crisis Team works exclusively with individuals age 18 and over, and the Mobile Urgent Treatment Team works with children 17 and under. The role of the Mobile Crisis Team is to respond to behavioral health crises in the community. A key component to this response is the evaluation of emergency detentions. Currently, the Mobile Crisis Team is comprised of RNs, BHESCs, and a psychologist.

A well-documented and widely publicized phenomenon that occurs in Milwaukee County is a disproportionately high number of psychiatric emergency detentions (ED). This fact has been pointed out in any number of venues and is highlighted in the Human Services Research Institute (HSRI) report on redesigning the adult mental health system in Milwaukee County. In 2011, there were over 7,000 emergency detentions in Milwaukee County. However, it is difficult to compare Milwaukee County with any other county in the State of Wisconsin as the laws that govern how we approach Chapter 51 (the State law that applies to emergency detentions) are different. In addition the socio-economic realities of Milwaukee County are also quite distinct from other Wisconsin counties.

BHD is currently in the process of implementing a number of strategic initiatives that are aimed at maintaining individuals in the community while avoiding involuntary hospitalizations. In 2011 and 2012, BHD conducted an extensive review of factors related to EDs, including: a study of Mobile

Crisis team utilization and effectiveness at generating voluntary dispositions; a retrospective analysis of ED dispositions and probable cause hearings; a survey of local law enforcement that focused on use of voluntary alternatives rather than EDs; and finally, possible legislative action that would impact the Chapter 51 processes was also explored.

For purposes of developing a plan for additional community crisis options, only data from the Mobile Crisis Team was reviewed and analyzed. In 2011, there were 1,488 contacts made by the Mobile Crisis Team, of which 931 were done at a private medical facility. In each of these cases law enforcement had already placed the individuals on an ED. The Mobile Crisis Team evaluated those patients and in 63% of the cases, was able to drop the ED and pursue voluntary alternatives. Additionally, 455 of the Mobile Crisis Team contacts were done in a community setting. These contacts were either to facilitate the discharge of a patient from a higher level of care, or to evaluate an individual in the community. Of these community contacts, only 24 resulted in an ED being initiated, which translates to a 95% rate of voluntary alternatives. Finally, there were 102 contacts that were directly referred by law enforcement. These were situations where law enforcement required an onsite clinical evaluation and risk assessment. Of these cases, there was a recommendation to detain 12 individuals on an ED. This corresponds to an 88% rate of voluntary alternative for individuals that had come to the attention of law enforcement. In each of these cases, intervention was conducted prior to any contact with PCS. The data described above and shown in the table below indicates is that an intervention by the Crisis Mobile Team leads to far fewer EDs than would otherwise have been the case.



An additional review of the total number of EDs in Milwaukee County in 2011 was also conducted, with a focus on individuals at BHD. It was determined that up to 80% of EDs written in Milwaukee

County could have been positively impacted by clinical intervention earlier in the process. The types of ED dispositions that factor into this percentage include:

- The ED was dropped in PCS;
- Patient was placed on a treatment director's stipulation but discharged prior to probable cause;
- No witness shows up for court;
- Facial insufficiency; and
- A stipulation agreement is struck for voluntary admission.

Proposed Expansion

Given the positive impact that intervention by the Mobile Crisis Team has been shown to have in reducing the number of EDs, BHD is proposing to expand the Mobile Crisis Team. This expansion will include a Milwaukee Police Officer and a BHESC (employed by BHD – a report to request the new position will be submitted in October) that work together to respond to needs in the community. This team would then be first responders to calls that are Behavioral Health emergencies. A clinical presence in these types of situations is a standard practice throughout the country. Wisconsin is one of very few remaining states where the decision to detain is made exclusively by law enforcement.

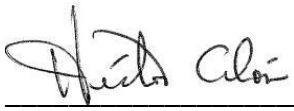
BHD plans to establish an intergovernmental contract with the Milwaukee Police Department (MPD) for the services of an identified police officer and the officer will become a dedicated part of the Mobile Crisis Team. That officer's only job responsibility will be to respond to calls for EDs or follow up calls. Initially, this team would primarily focus on Districts 3, 5 and 7, as these districts account for over 50% of EDs in the City of Milwaukee. All of these Districts share a border and are centrally located. The officer involved would receive intensive training in Behavioral Health, and would undergo the full thirty day training new Mobile Crisis Team members go through. Hours of operation would be determined based on a data review of the highest number of calls for behavioral health intervention. Proposed sites for the team to operate out of would be the newly opened North Side Crisis Recovery Center, which is located within the target area or another neutral community-based site.

BHD would look to start the agreement with the MPD as of October 1, 2012. The annual contract would be for up to $150,000, or $37,500 for the remainder of 2012. Based on an evaluation of outcome data (including disposition analysis, consumer feedback and operational efficiency) for the expanded Crisis Mobile Team, a second officer may be funded through the contract with MPD. Since the contract with the MPD constitutes an intergovernmental contract, County Board approval is not required prior to entering into an agreement.

Recommendation

This is an informational report. No action is necessary.

Respectfully Submitted:



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Tia Torhorst, County Executive's Office
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antionette Thomas-Bailey, Fiscal and Management Analyst – DAS
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff