

Milwaukee County-MCO Crisis Planning Guidelines

3/22/2018

Purpose:

To support a member/client who is experiencing a mental or behavioral health crisis through consistent Crisis Plan creation and communication practices around effective individual crisis planning and implementation.

Note: Please reference the Definitions/Acronyms section on page 3 as needed.

Criteria for Identifying Members/Clients for Referral to Develop a Crisis Plan or Modification to an Existing Crisis Plan:

"As per DHS 34.23(7)(a) "the program shall prepare a crisis plan for a person who is found to be at high risk for recurrent mental health crisis."

To help identify those individuals who may be at risk for a recurrent mental health crisis, and therefore should be referred for consideration of a Crisis Plan, the following criteria should be considered:

- Risk of harm
 - Risk/threat of, or continued risk of, self-harm
 - Risk/threat of, or continued risk of, harm to others
- Reduced functional abilities
 - Impaired functioning due to symptoms of a mood and/or thought disorder
 - All programs involved should work with members/clients medical providers to ensure accurate diagnosis
 - Behaviors and symptoms that could require hospitalization
 - Decreased medication compliance that will likely lead to increase in symptoms
 - Lack of available/effective supports (including family) to maintain functioning and safety
 - Behavioral changes that require additional staff intervention and/or disrupts the functioning of other residents in the environment or neighborhood
- High utilization of external supports
 - More than one psychiatric Emergency Room visit or psychiatric hospital admission (this can include admission to psychiatric crisis services/observation) for mental health stabilization within the past 4 months
 - Two or more behavioral related police contacts in a month
 - More than 2 mobile crisis assessments within the past 2 months
 - More than 3 mobile crisis calls within the past 2 months
 - Two or more calls to APS or Elder Abuse within a month
- Transition points
 - Recent failure of less restrictive services and placements (independent living, community support program, etc.)
 - A change in the person's residential placement that is likely to increase stress for the person.
 - New significant psychosocial stressor such as death of a loved one, significant loss, major disruption in support system, etc.
 - Need for intensive monitoring of symptoms and/or response to recent medication change
 - New admission to another level of care
 - Recent history of any of the above changes in symptoms and/or behaviors that supports the belief that if supports were withdrawn, the risk of a more restrictive setting would be imminent
 - Member/client that is in CSP

Criteria that absolutely require a member to have a crisis plan are:

- Member/client that has a Chapter 51 Stipulation or Commitment
- Member/client that is in a crisis stabilization house or the crisis resource center

Process for Creating and Maintaining a Crisis Plan:

"Person's crisis plan shall be developed in cooperation with the client, his or her parents or legal representative where their consent is required for treatment, the case manager, if any, and the people and agencies providing treatment and support for the person." (Chapter 34.23 (7) (c))

The purpose of the crisis planning meeting is to develop a plan to prevent the member/client or situation from escalating to the point emergency detention or involuntary commitment is required. If an involuntary process needs to be initiated the crisis plan helps to guide the emergency responders.

Developing the crisis plan is facilitated by the Milwaukee County Behavioral Health Division and should be a collaborative effort with active involvement from the member/client, the client's supports, the MCO, and the County. The procedure is outlined below:

- All "entities" (defined as the entity that serves the member/client; this could be a MCO, a CMT member, PCS, a Community Access to Recovery Services case manager, hospitals, etc.) monitor regularly for members/clients who meet the criteria for consideration of a Crisis Plan
- If the member/client is believed to be in need of a Crisis Plan or clinical consultative services, the relevant Milwaukee County Crisis Entity below should be contacted:
 - Crisis Mobile Team: 414-257-7222
 - Geriatric Specialist: 414-257-4729
 - Community Consultation Team: 414-257-7797
- If the Crisis Entity makes a decision to create a Crisis Plan the program who initiated the contact with the Crisis Entity will send the names and contact information of pertinent people to attend a staffing.
- The Crisis Entity will coordinate a Crisis Planning meeting between the member/client, case manager, family members, legal representatives, providers, informal supports, and crisis staff as clinically appropriate. If possible, this will occur within two weeks of the call.
- The Program will provide information about the member in advance of the meeting and bring copies to the planning meeting. The Program will also bring a copy of the Behavioral Support Plan and protocols that exist.
- In person, the group will decide on and fill out the clinical information on the Crisis Plan, with staff from the Crisis Entity acting as lead. Signatures on the plan will be obtained at the meeting.
- The member/client will sign releases for those who should get a copy of the Crisis Plan, which will be distributed at the meeting
 - Milwaukee County is the "owner" of the Crisis Plan, and it should only be released by Milwaukee County through a release from the client. The Crisis Plan should not be re-released.
- Any relevant referrals that are identified during the meeting (e.g., a CARS referral) will be made by the Program or Crisis Entity, as appropriate
- The Crisis Entity will monitor the psychiatric record for all members/clients on a crisis plan tracking spreadsheet. Within 6 months, the Crisis Entity will review the record and recommend to the Program a renewal or non-renewal of the Crisis Plan based on clinical need. If a Crisis Plan renewal is recommended, the process will begin again with the Crisis Entity setting up the Crisis Planning meeting
- During the 6-month period, if there are any changes in the member's/client's condition, residency, or BSP the Program should notify the Crisis Entity of changes contacting the crisis program that created the crisis plan.

Definitions/Acronyms:

Acute Unit of the Milwaukee County Behavioral Health Division: This is a short-term inpatient stabilization unit in a hospital environment where psychiatry, psychology, nursing, social services, and rehabilitation services are provided. Admission to the Acute Inpatient Service is completed after a thorough evaluation at the Behavioral Health Division Psychiatric Crisis Service.

Behavior Support Plan (BSP): A plan that assists a member/client in building positive behaviors to replace or reduce a challenging/dangerous behavior.

CARS: Community Access to Recovery Services. CARS is the community based mental health and substance use system for adults and families in Milwaukee county. CARS provides a full array of supportive, recovery-oriented services for persons and families coping with behavioral health needs.

CCS: Comprehensive Community Services. CCS programs are certified per the requirements of Wis. Admin. Code ch. DHS 36 and provide a flexible array of individualized, community-based, psychosocial rehabilitation services authorized by a licensed mental health professional under Wis. Admin. Code § DHS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed Mental Health/Alcohol and Other Drug Abuse Functional Screen.

CIT Officers: Specialized police who have skills and crisis intervention team (CIT) training to identify and provide the most effective and compassionate response possible to police situations involving people experiencing mental health crisis.

Crisis: A situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual or persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

Crisis Assessment and Response Team(CART): Co-responder program where a clinician and law enforcement officer respond to mental health calls in the community to support people in crisis. CART can be requested through the Crisis Line or the Milwaukee Police Department dispatch system.

Crisis Entities: For Milwaukee County these include: Crisis Mobile Team, Geriatric Specialist, Community Consultation Team, Team Connect, Psychiatric Crisis Service/Observation Unit, Crisis Stabilization Houses, and Crisis Resource Centers.

Crisis Mobile Team (CMT): A mental health service which provides immediate, onsite, in person mental health service for individuals experiencing a mental health crisis.

Crisis Plan: A plan prepared by the county crisis program under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person's individual service needs.

CSP: Community Support Program. CSP is the provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness and assisting clients to access and participate in the community.

CST: Coordinated Service Teams. CST is based on the traditional wraparound philosophy emphasizing a collaborative system change approach for youth. CST is an intervention and support model that offers a collaborative, team-centered, strengths-based assessment and planning process.

DHS: The State of Wisconsin Department of Health Services

DHHS: Department of Health and Human Services.

Emergency Detention (ED): An involuntary detention for evaluation and treatment of a mental illness according to Wisconsin State Chapter 51.15: Someone who has a mental illness, is drug dependent, or developmentally disabled and is reasonably believed to be unable or unwilling to cooperate with voluntary treatment, who meets one of the following criteria:

1. Is a physical harm to himself or herself as evidenced by suicidal or self-harm behavior
2. Is a physical harm to others as evidenced by homicidal or other violent behavior
3. Is a harm to himself, herself, or others due to impaired judgment
4. Is unable to satisfy basic needs for safety, medical care, and shelter because of his or her mental illness, drug dependency, or developmental disability

Interdisciplinary Team (IDT Staff): Individuals identified by the MCO to provide care management services to the member/client consisting of a Social Work Service Coordinator and Registered Nurse Service Coordinator. If in the Partnership Program this will include a Nurse Practitioner. If in the PACE Program this will include a Social Worker, Registered Nurse, and Nurse Practitioner or Physician.

Licensed Mental Health Professional: A professional qualified under Chapter 34.21 (3)(b) 1- 8.

Managed Care Organization (MCO): An entity that is certified and contracted with the Department of Health Services, that manages and delivers the Family Care benefit to eligible individuals.

Member/Client: The individual that potentially may be in “crisis” and need support.

Psychiatric Crisis Service/Observation (PCS/OBS) of the Milwaukee County Behavioral Health Division: As part of Milwaukee County’s Crisis Service PCS provides psychiatric evaluation with treatment options and dispositions assigned as clinically indicated.

Agencies and Their Roles with Members/Clients in Crisis:

Milwaukee County Crisis Entities:

- **Crisis Mobile Team(CMT):**
 - **414-257-7222 Hours available: 24 hours/7 days a week**
 - Families, friends, individuals, Providers, MCO Staff, and law enforcement can call the Crisis Mobile Team. Calls will be evaluated to determine if a mobile intervention is indicated
 - The Crisis Mobile Team is available to provide community based assessment as appropriate.
- **Geriatric Specialist:**
 - **414- 257-4729 Hours available: M-F 8am-4:30pm**
 - The geriatric specialist is a member of the Crisis Mobile Team who specializes in working with individuals 60 years and older
- **Community Consultation Team (CCT):**
 - **414-257-7797 Hours available: M-F 8am-5pm. CMT provides after hours and holiday coverage.**
 - The Community Consultation team provides the following services for adults with a diagnosed developmental disability:
 - Consultations especially for individual having behavioral issues who may benefit from a comprehensive behavioral assessment and/or additional supports

- Direct client support where an individual with a developmental disability can call the CCT phone line when not in crisis and talk with CCT staff
- Crisis services including a crisis line to assist providers, families, individuals, MCO staff, or law enforcement when the individual is having significant behavioral issues
- Educational workshops for those supporting adults with developmental disabilities
- **Psychiatric Crisis Service/Observation (PCS/OBS):**
 - **414-257-7260 Hours available: 24 hours/7 days a week**
 - Provides psychiatric emergency services. As part of the crisis service, PCS provides assessment and evaluation, crisis intervention, medications, and the capacity for observation as determined by the assessing psychiatrist. In addition to referral and coordination with other mental health providers, persons are evaluated for possible admission into the Behavioral Health Division inpatient units or for admission to a community psychiatric hospital.
- **Crisis Stabilization Houses (CSHs):**
 - **414-257-7222 Call to make a referral via the crisis line**
 - CSHs are an alternative to psychiatric inpatient hospitalization. The CSHs provide a less restrictive environment in which to treat and support people experiencing psychiatric crisis.
 - Criteria for referral:
 - 18 years or older
 - Milwaukee County resident
 - Primary psychiatric diagnosis
 - Voluntary
 - Ambulatory
 - Free of acute or uncontrolled medical problem and infectious diseases
 - Willing to participate in their recovery and minimal to no risk of harm to self or others
- **Crisis Resource Centers operated by Whole Health Clinical Group (WHCG):**
 - **Call directly to make referral:**
 - **2057 S. 14th St.: 414-643-8778**
 - **5409 W. Villard St.: 414-539-4024**
 - Like stabilization houses, Crisis Resource Centers are a short-term stabilization resource that provide assessment, stabilization, supportive, and recovery services
- **Crisis Services Team Connect**
 - Clinicians and Peer Specialists provide follow -up services and supports for individuals (18 and older) who have been discharged from BHD's PCS, Observation unit or one of the BHD acute units.
 - Program is designed to support and reduce the risk of harm to individuals as they return to the community.

Elder Abuse and Adult Protective Services (EA/APS):

- **When to refer member/client:**
 - There is a concern for safety, or involves abuse, neglect, financial exploitation.
 - If there is an issue of self-neglect, generally APS will focus on getting member/client into services, so if MCO is already doing this may not need a referral to APS
- **Information that is helpful to APS when referring a member/client:**
 - If this is a referral for financial abuse did the MCO try to get a payee involved?
 - Was a psychological evaluation completed to determine if irreversible cognitive impairment exists?
 - What has the MCO tried to reduce the risk? Have case notes to send that support why the MCO is concerned

- APS versus DQA:
 - APS does not investigate licensed providers; this is done by the Department of Quality Assurance (DQA).
- Contact Information:
 - **Aging Resource Center /Elder Abuse:** for clients 60 years of age and older
 - **414-289-6874 Hours available: M–F 7:00am-5:30pm**
 - **Disability Resource Center /Adult Protective Services:** for clients under age 60 years of age
 - **414-289-6660 Hours available: M-F 8:00am-4:30pm**

Managed Care Organization (MCO):

- Family Care Program has at minimum a case manager (CM) and registered nurse (RN) assigned to every member and if they are in Partnership Program they will also have a nurse practitioner (NP) assigned to the member/client. The Pace Program (Program for All-Inclusive Care for the Elderly) has a social worker, RN, and physician/NP assigned to the member/client.
 - Frequency of reassessments and visits from the CM and RN will be determined by the needs of the member however, at a minimum member will have contact with staff quarterly and the CM and RN will conduct reassessments at least every 6 months
 - The MCO is responsible for developing a Member Centered Plan (MCP) with the member and/or legal representative for every member and at minimum this needs to be reviewed every 6 months
 - The MCP should include any Behavior Support Plan (BSP) that has been developed and any Crisis Plan that has been developed with the County
 - The MCP will outline the frequency of visits by the CM and RN
 - The MCO can provide to Crisis and APS staff documentation that includes:
 - Current MCP and BSP for member
 - IDT Staff assessments
 - Interventions that have been tried
 - Risks that exist that the IDT Staff have identified that have not been mitigated (these will have a risk agreement in place)
 - MCO's work closely with providers to ensure they are meeting the member's needs and are following treatment plans including BSP's
- **Contact Information for MCO's:**
 - **My Choice Family Care**
 - Best Practice Team
 - 877-489-3814
 - bpt@milwaukeecountywi.gov
 - **Independent Care Health Plan (iCare)**
 - Renee Dean FCP Supervisor/ Restrictive Measures Lead
 - #414-225-4719
 - Restrictive Measures In Box
 - FCP.RM.BSP@icare-wi.org
 - iCare Main Line
 - #414-223-4847
 - **Community Care (CCI)**
 - Community Care Call Center
 - 414-231-4000

- Call center staff can identify who the care team is for the member, program enrollment, and connect to the appropriate Program Manager
- Program Managers are:
 - Lori Marquez – Family Care Manager
 - 414-231-4192
 - Lori.marquez@communitycareinc.org
 - Ann Walker – Family Care Manager
 - 414-231-4285
 - Ann.walker@communitycareinc.org
 - Danyel Covington – Partnership Program Manager
 - 414-902-2523
 - danyel.covington@communitycareinc.org
 - Shelita McCloud – PACE Program Manager
 - 414-231-4020
 - Shelita.mccloud@communitycareinc.org