Overview of Mental Health/Crisis Services and Confidentiality

CIT Training
MPD Training Facility
December 9, 2015
Law Enforcement and Mental Health Provider Shared Cases

- Emergency detentions
- Suicide attempts
- Acute danger to self or others
- Acute mental illness
- Family/domestic crises (abuse, neglect, etc.)
- AODA + dangerousness + mental illness
- Vulnerable populations in crisis
- Noncompliance with commitment
- Others
System Issues

- Multiple public and private mental health systems: HMO, private insurance, Medicaid, Medicare, private pay, uninsured/county-funded, etc.
- Protected health information and HIPAA
- AODA: lack of secure facilities (Detox)
- Lack of placement options
- Components of safety plan unavailable
- Transport time and security concerns
- Medical clearance requirements
- Protocol inconsistencies
Least Restrictive Setting

- Goal is to identify the least restrictive setting necessary to address treatment needs and safety.
- There may be differences of opinion among involved parties – including the patient – about what that is.
- Decision driven by:
  - Cost
  - Availability
  - Efficient use of resources
  - Best practice for patient
Acute Care Treatment Continuum

1) State institute
   - Winnebago (civil admissions) and Mendota (geriatric)
   - Admissions are involuntary

2) Local hospital psychiatric unit
   - May require approval of insurance provider, or county crisis unit if uninsured
   - Receiving hospital has right of refusal
   - Can be voluntary or involuntary

3) Community care center
   - Bayside and Dane County Care Center
   - Unlocked, voluntary, clinical staff 24/7
Sub-Acute Care Treatment

- May be used as alternative to, or step-down from, acute-care treatment
- Includes:
  - Recovery House, Crisis homes
  - Group homes
  - Short-term care beds
  - Transitional housing programs
  - Residential substance abuse treatment
Community Based Services

- Community Support Program (CSP)
- Other case management programs
- Outpatient Services
  - Therapy (individual, group, family)
  - Medication services
  - Light case management
- Support programs, Info & Referral
  - Off The Square Club
  - Cornucopia
  - Recovery Dane
  - NAMI
Journey Mental Health Center

- Central Intake
  - To refer for services
  - 280-2720
  - 625 W. Washington Ave
- Emergency Services Unit (ESU)/Crisis
  - 280-2600 – 24 hour crisis line
  - 280-2590 – 24 hour dedicated police line
What does Crisis do?

- Evaluate individuals for Emergency Detention
- Authorize county funding for voluntary psych admissions
- Screen for hospital diversion facilities
- Assess suicide risk
- Suicide/crisis hotline – 24 hrs
- Monitor Chapter 51 cases
- Emergency psychiatric outpatient services
- Community outreach – home visits, system meetings, debriefings, etc.

***PROVIDE CONSULTATION TO POLICE***
Confidentiality

- Treatment records are protected information
  - HIPPA
  - Agency guidelines may be more strict
- Emergent situation involving imminent danger supersedes confidentiality
- May also be able to share info if there is Chapter 51 commitment
Contact Information

Sarah Henrickson, LCSW
Clinical Specialist/Law Enforcement Liaison
Emergency Services Unit
Journey Mental Health Center
625 West Washington Avenue
Madison, WI 53703
24-hour Crisis Line: 608-280-2600
Dedicated Police Line: 608-280-2590
E-mail: sarah.henrickson@journeymhc.org