

The University of Cincinnati Medical Center

Mobile Crisis Team Expansion

September 29, 2020

Summary

This proposal demonstrates the value of adding social workers as mental health specialists to work side-by-side with police officers, thus expanding current Mobile Crisis Team (MCT) staffing resources across the Cincinnati Police Districts.

Background

In 1972, Psychiatric Emergency Services (PES) partially funded by the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) was established to provide emergency backup to all mental health centers in the Tristate area. (*University of Cincinnati Medical Center: Focus On, December 1986, Vol 7, No.11.*) In 1986 a need was identified by the Law Enforcement/Mental Health Committee convened by the HCMHRSB that family member's often needed assistance with getting their loved ones to PES for psychiatric evaluation and treatment. In 1986, a \$66,000 grant from the HCRSMHB provided the program with two professional social workers who were on-call 24 hours a day. They were assisted by two volunteers from the Cincinnati Alliance for the Mentally Ill. (*The Cincinnati Enquirer, Monday, July 21, 1986.*)

The Cincinnati Post, on December 22, 2000 featured an article entitled "Police, mental health pros, team up." With a subheading reading "We want to keep them out of Jail." The article described the addition of social workers in District 5 and stated, "The program is a logical next step in the growing collaboration of the criminal justice system with mental health agencies." In a memo from Lt. Denise Carpenter to the manager of MCT, she wrote, "since the arrival of Ms. Betsy Lippitt and Traci Taylor, our officers can now see a light at the end of the tunnel. These mental health workers, as we call them, have lifted a huge burden from our shoulders by providing follow-up in cases involving the mentally ill [SIC]." The following year, MCT social workers were added to District 1 and then in 2008 expanded to District 3.

Current Situation

Monday through Friday on first shift there are **six full time MCT social workers**:

- One social worker acts as triage to answer phones and immediately begins gathering information, starting with social demographics, address, phone numbers for both the person and the individual making the referral, current or previous mental health services, medical issues, medications, legal involvement, substance abuse, violence or weapons, etc. After obtaining the information, the triage person explores the presenting concerns and behaviors that prompted the caller to seek assistance. The triage worker can provide crisis de-escalation over the phone or send out a MCT team to provide in person assistance. The triage MCT worker is also available to provide follow up phone calls to check on the individual and provide additional assistance as needed.

Perhaps the most vital role is that the triage social worker can access the medical record to learn of any previous hospitalizations, diagnosis, behaviors, or history of violence or substance abuse that can be shared with the social workers operating off-site. This is the single-most important role to

ensure the safety of the social worker preparing to meet with the person with mental illness. This information is typically shared with the other workers while they are in route.

- Three social workers are in Districts One, Three, and Five and assume coverage for Districts Two and Four. The social workers are available Monday through Friday from 8:00 am to 4:30 pm to respond to Mental Health Response Team (MHRT) and MHRT 911 calls. Each carry a police radio and will put themselves on scene when they arrive to the location. Workers monitor radio calls, take referrals from officers, and follow-up with persons in the community.
- Another two-person team responds to referrals throughout the rest of Hamilton County. They too are in constant contact with the triage worker, getting up dates and information as situations arise. These workers will work with other police agencies.

In the evenings there is a two-person team from 4:30 pm to 12:00 midnight covering all of Hamilton County and on weekends the two-person team works from 11:00 am to 7:00 pm. Hours not covered with staffing are covered on-call. Before responding to a referral in the community these two workers attempt to gather as much information as possible. HCMHSB funds Central Clinic \$887,886 annually to support the Mobile Crisis Team.

Expansion of Service

Following are last year's numbers that delineate the number of runs without police assistance and the collaborative runs; including if MCT requested police assistance or if CPD requested MCT's assistance via phone call or radio:

Location	Total Runs	MCT Alone	Collaborative	Police Requested MCT	MCT Requested Police
District One	260	100	160	114	46
District Two	154	90	64	32	32
District Three	438	183	255	183	72
District Four	293	168	125	39	86
District Five	230	107	123	70	53
Hamilton County	538	363	175	28	147
Total	1,913	1,011	902	466	436

As illustrated there are not as many police initiated calls in Districts 2 and 4. While MCT is available to the two districts, the unfamiliarity with the social workers, and the workers not always available in 2 and 4, the collaboration isn't as strong. Ideally expanding MCT into District 2 and 4 would increase opportunities for support in the community.

With additional staffing, it is likely that 911 MHRT calls would increase during second shift. Mental health agencies are closed, support centers are closed, people decompensate as the day progresses, families are at their wits end and most crisis are exacerbated at night. Sadly, police officers are faced with the decision to leave the person in the current situation, albeit, sometimes unsafe; take them to PES; or arrest them.

Embedded psychiatric social workers in the districts with their mental health training, assessments skills, and knowledge of community resources would serve as an excellent resource to police officers. Decisions can be made on the scene to determine if follow-up by MCT or a case manager the next day is appropriate

or if the individual is at imminent risk and requires hospitalization. The MCT workers are prepared to sign an Application for Emergency Admission (Hold) and coordinate with PES so nursing staff knows who is arriving, what precipitated the Hold, and any support systems with which the persons is engaged and can be contacted for collateral information. This warm hand off is critical to get the best outcome and decrease the amount of time CPD spends at PES.

The following proposal expands the availability of MCT in all five CPD districts 24/7 during the week and suggests partnering MCT and a CIT trained CPD officer on 2nd shift to respond to mental health calls together. This partnership will also ensure the safety of the MCT worker on the evening/night shift. Additionally, it is recommended that a MCT worker be located at the 911 Call Center on second shift (Mon-Fri) to triage the mental health calls, provide phone intervention/de-escalation, information and referral, and/or needed mental health information (from medical record at UH) to the MCT worker in the field. The information provided to the MCT worker in route to a scene is critical in providing the best outcome for the individual, law enforcement and the community. For third shift, it is recommended a MCT worker be located at the 911 Call Center, Mon-Fri, to continue to triage mental health calls and aid as needed. This MCT worker would be available to respond to mental health calls in the community as needed with a CIT trained CPD officer. Again, partnering MCT with CIT trained CPD officer ensures the safety of the MCT worker and improves communication and collaboration.

Weekend coverage would consist of the addition of a MCT worker to be located at the 911 Call Center on Saturday and Sunday from 9AM to 9PM to triage the mental health calls, provide phone intervention/de-escalation, information and referral and will have the ability to respond to calls in the community with a CIT trained CPD officer.

This proposal also includes adding a supervisor to provide clinical supervision and management for the expanded MCT team.

Recommendations to Expand MCT Staffing

- Add two (2) MCT workers to District 2 and 4 for First Shift (Mon-Fri)
- Add five (5) MCT workers to Districts 1-5 for Second Shift (Mon-Fri). MCT to be partnered with a CPD officer for safety and collaboration.
- Add one (1) MCT triage worker on Second Shift (Mon-Fri). To be located at the 911 Call Center.
- Add one (1) MCT triage worker on Third Shift (Mon-Fri). To be located at the 911 Call Center. The overnight position would be available to provide phone intervention/crisis de-escalation or respond in person with a CIT trained CPD officer.
- Add a MCT triage worker (.6FTE) on Saturday and Sunday from 9AM to 9PM to be located at the 911 Call Center and available to provide in person support in the community with CIT Trained CPD officer as needed.
- Add 1 supervisor to provide the necessary clinical supervision and oversight needed for MCT expanded team
- Total Number of FTE's added to MCT for Districts 1-5 – **10.6**

3 Year Budget Proposal

	<u>CY2020 (Nov & Dec)</u>	<u>CY2021</u>	<u>CY2022</u>
Salary	\$118,610	\$729,498	\$747,735
Shift Differential	\$8,318	\$49,908	\$49,908
Fringe Benefits	\$30,601	\$188,210	\$192,916
Employee Travel	\$83	\$500	\$500
Equipment	\$13,105	-	-
Supplies	\$333	\$2,000	\$2,000
Administration Fee	\$5,132	\$29,104	\$29,792
Total	\$176,182	\$999,220	\$1,022,851

MCT has provided outstanding service to the community and the team is well respected. They continue to offer de-escalation and CIT training to police officers throughout Hamilton County, serve on community committees that serve children and adults, participate on a high-risk committee to assist with coordinating care for at risk persons, testify at probate court, work collaboratively with the Hamilton County Sheriff's department, have been on scene with SWAT teams, as well as provide Health Officer training to other professionals in hospitals and mental health agencies.

The expansion of MCT would enhance the HCMHRSB crisis continuum within the city of Cincinnati, strengthen the partnership between law enforcement and the mental health system. This proposal provides opportunities to appropriately respond to mental health crises that do not always require an arrest or psychiatric hospitalization. Expanding MCT can provide greater bandwidth for meeting the mental health needs of the community, effectively support police officers and serve as a model for other municipalities to foster collaboration with law enforcement and mental health workers.