



Milwaukee County Crisis Line and Impact 211

‘A Collaboration to Advance
Community Services’

Mental Health Task Force Presentation
January 8, 2019

Crisis Line and Impact 211

The Milwaukee County Crisis Line and Crisis Mobile Team began in 1995.

- Main functions of the Crisis Line have been to provide
 - mental health support
 - crisis de-escalation/safety planning
 - resource referral

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- In recent years, the number of calls to the crisis line reached high numbers:
 - 2015 - 40,569
 - 2016 - 40,171
 - 2017 - 37,241

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Many of the crisis line calls were related to mental health crises, but over 40 percent of the calls were requests for resources such as:

- food pantries
- shelter
- health clinics
- energy assistance
- medical clinics accepting insured/noninsured

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Given the large volume of calls on the crisis line, three team members were often dedicated to answering the crisis line versus being available to:

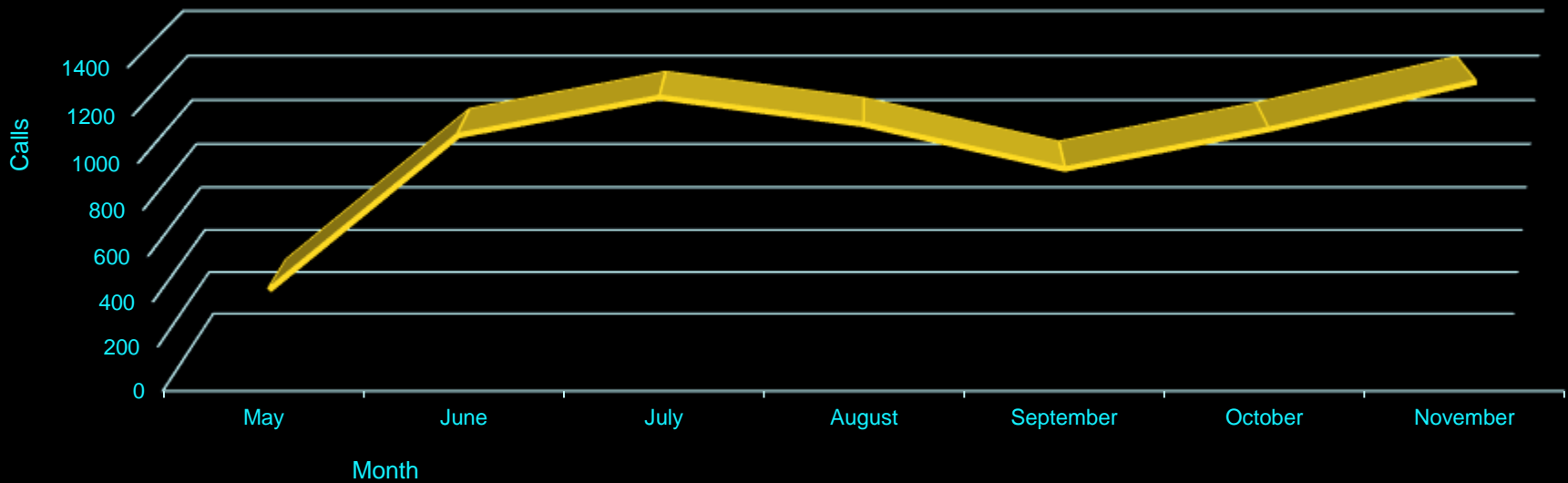
- complete mobiles/de-escalate crises throughout the county
- assist residents at Crisis Stabilization Houses
- assess individuals at hospitals
- participate in crisis staffings and creating crisis plans

Crisis Line and Impact 211

- As of May 9, 2018, Impact 211 operators have answered all calls on the crisis line and effectively respond to resource requests.
- 211 operators, utilizing a warm transfer, forward mental health crisis calls to clinicians on the Adult Crisis Team.
- No call goes unanswered and all calls are recorded.

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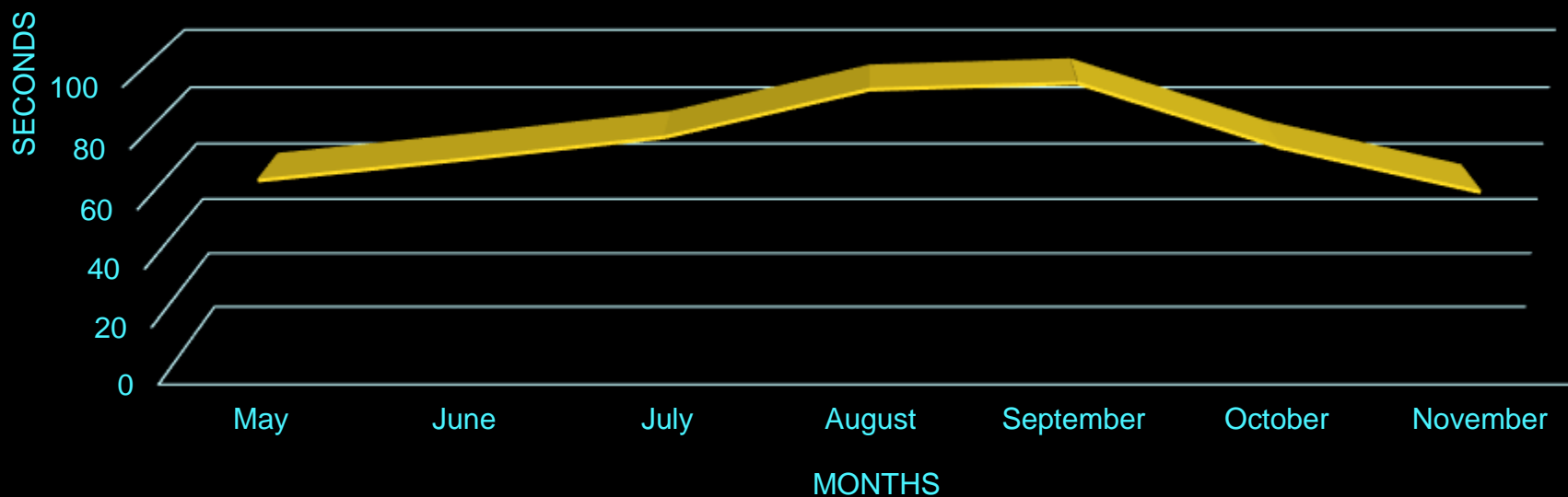
Number of calls Answered by 211



	May	June	July	August	September	October	November
■ Number of Calls Answered by 211	351	1033	1196	1081	887	1059	1262

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Average Speed of Answer



	May	June	July	August	September	October	November
■ Average Speed of Answer Seconds	62.59	69.63	77.23	93.06	95.18	73.81	58.67

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What has this change meant for the Crisis Mobile Team?

- Significant increase in the availability of team members in the community.
- In the first four months of 2018 the Crisis Mobile Team averaged 204 mobiles each month. Since May of 2018 the average of mobiles per month has been 240.

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Mobile team clinicians are now frequently able to spend more time on each mobile with people who are experiencing a mental health crisis. This allows for:

- Clinicians to work with persons in de-escalating the current crises while also concentrating on making meaningful referrals to supportive services such as case management, peer support and outpatient mental health services.

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- Clinicians are able to make the needed phone calls with the person in crisis and/or family members, in the moment, to insurance companies and referral sources while on the mobile.
- Clinicians are now able to complete timely follow-up calls and follow-up mobiles.

Crisis Line and Impact 211

- For nearly 60 years, IMPACT programs have provided the motivation and means for those looking to take the first step toward regaining stability. Our goal is to help restore health and productivity leading to an improved quality of life for our entire community.
- IMPACT is a regional service provider headquartered in Southeastern Wisconsin

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IMPACT 2-1-1

is a central point of access for those struggling with a family, health or social service need to be connected to information and assistance to regain stability.

IMPACT Alcohol and Drug Abuse Services

includes consultation and referral for those concerned about alcohol or drug use.

IMPACT Awareness

raises community consciousness about risky drinking and promotes healthy lifestyles.

IMPACT Planning and Evaluation

conducts research, evaluates data and convenes stakeholders to advance community health and human services.

Crisis Line and Impact 211

Our Foundation

- 1 Call Center Director
- 2 Supervisors
- 2 Leads
- 1 Trainer
- 19.5 Community Resource Specialist FTEs (30 people) of which 10 are Bilingual
- 2 Resource Department staff
- 4 Interns (1 Bilingual) and Volunteers
- Translation Services
- IT and Telephone Support staff



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How we do our work

Assessing and defining a presenting problem and underlying issues

Problem solving to identify a course of action and options

*Matching resources to address the problem
Assisting with system navigation and providing advocacy when needed*

Following-up for complicated and serious situations

Conducting quality assurance follow-ups



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Goals of Support & Crisis Intervention



- *Assess thoroughly for safety and other risks*
- *Develop plan to address safety needs using least restrictive measures including providing talkline assistance where indicated*
- *Work collaboratively to explore options for safety for the best interest of the person*
- *Link person in crisis with appropriate resources*
- *Follow-up to ensure crisis situation has been contained or resolved*
- *Document all contacts*

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2-1-1 Community Resource Specialist are trained to assess:

- a person experiencing a mental health crisis
- suicide, self-harm
- AODA or medical emergency
- or other risks to safety.



Using a measured system to determine next steps.

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Before Answering the Crisis Line:

- IMPACT staff participate in approximately 12 weeks of skill development, coaching and monitored practice to finish all levels of Community Resource Specialist Training.
- Prior to responding to their first and most basic type of calls (Food), staff receive 35 hours of training.
- Before staff handle the most difficult and escalated calls, 150 to 225 hours (4 to 6 weeks) of training will have occurred. This means staff will have completed Crisis Training.



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Crisis Intervention Steps

- **Provide warm transfer to appropriate experts:**
 - *Mental health professionals*
 - *Child abuse/neglect*
 - *Elder and dependent adult abuse/neglect*
 - Domestic violence
 - Sexual Assault Treatment Center
 - Health professionals
 - Nurse lines
- **Schedule a follow up call**
 - Check in
 - Additional resources or help?
- **Assess for safety and intervene if needed**
 - 911
 - Local police

