

Alternative Response – Mobile Crisis Team Services

Aspire Health Partners: 1800 Mercy Drive Orlando, Florida 32808 407-875-3700

Hours of Operations: The Alternative Response- Mobile Crisis Team operates as scheduled:

A Shift: 9 am to 5 pm Wednesday, Thursday, Friday and 2 pm to 10 pm Saturday and Sunday.

B Shift: 5 pm to 1 am Wednesday, Thursday and Friday and 2 pm to 10 pm Monday and Tuesday.

This would provide coverage from 9 am - 1 am on Wed, Thurs, Friday; and 2 pm - 10 pm Saturday, Sun, Mon and Tues. Each shift works five 8 hour shifts and has 2 days off. Shift hours may change by mutual agreement of the parties.

Program Description: A mobile crisis team is available to travel to the location of the person served and is available to all City of Orlando residents who are experiencing a severe emotional or mental health crisis. Individuals will be assessed by a licensed clinician to determine the immediate needs of the person served and assist in the development of a plan that will build upon his or her current skill sets for positive behavior management. Great effort will be placed to ensure that assessments are population appropriate and include family and caregivers whenever possible. Additional community resources and agencies may be called in to provide support and wrap-around care or specialty services such as Child and Adult Protective Services or Elderly services. Aspire services will be utilized as referral sources whenever appropriate.

The anticipated benefits of this pilot include:

- Utilization of a civilian mental health team that will deliver measurable outcomes for low-risk incidents.
- Allow distressed individuals to feel less threatened when they need services or referrals.
- Facilitate access to community-based programs (mental health, housing, & addiction treatment).
- Reduce recidivism in the criminal justice system.
- Increase access to community and human services programs
- Enhance law enforcement efficiency by using mental health professionals for appropriate incidents.

Law enforcement will still be required to transport any identified Baker Acts as per statute 394.463, following execution of the required certificate by the mental health professional:

“A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient’s clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department within 5 working days.”

Target Population: Any person within the City of Orlando who is experiencing an emotional or mental health crisis as determined by Orlando Police Department Dispatch and who does not meet the exclusionary criteria.

The Orlando Police Department has identified types of calls that may be appropriate for mental health response. These calls include:

1. Attempted Suicide (Medically stabilized and no threat of immediate harm)
2. Mentally Ill (Non-Violent)
3. Drug Violation
4. Drunk Pedestrian
5. Person Down
6. Trespasser

The Pilot would begin its response to the categories of **Mentally Ill (Non-Violent)** and ***Attempted Suicide (No threat)**. Based upon the 2019 calls generated, this could potentially result in response to up to 3755 calls by the mobile response team during a one-year period which would equate to more than 10 calls per day. **OPD’s definition of “attempted suicide (no threat)” by OPD will be provided to Aspire to determine the need of appropriate responders (Aspire, emergency medical response, other) Depending on OPD’s definition of Attempted Suicide we will evaluate for exclusionary criteria (ie: suicidal ideation vs suicide attempt).*

Training:

Training on mental health and co-occurring disorders as well as on Aspire’s mobile crisis team capacities will be provided by Aspire to the OPD 911 dispatch team.

Radio training for the MCT will be provided by OPD. The Team Clinicians will radio law enforcement at any time a situation is unsafe. They will be trained in all personal safety protocols and travel in pairs. Team members are not expected to enter a dwelling where threats of violence have been made against a team member, person in the community or family member, without a law enforcement officer present.

Eligibility/Entry Criteria:

1. Residents or visitors within the City of Orlando

2. Any individual who is experiencing an emotional or mental health crisis as determined by Orlando Police Department 911 dispatch or as requested by an officer on scene.

Exclusionary Criteria:

1. Any call requiring immediate medical attention.
2. Any call involving a gun, knife or other weapon, when there is a credible threat of violence.
3. Any call involving criminal domestic abuse.
4. Any call involving a reportedly violent individual.

*Definition of attempted suicide (no threat) needs to be evaluated as highlighted above

Funding Sources:

MCT services and Dispatch training are funded by the City of Orlando, as further outlined in the attached budget.

Services Provided:

1. On-site evaluation
2. Crisis intervention and brief counseling
3. Linkage and referral
4. Follow-up as needed to promote crisis resolution
5. Evaluation and arrangement for inpatient hospitalization as needed
6. Dispatch Training

For those clients who are willing to voluntarily obtain treatment and require transportation, that will be provided through a 3rd party contracted vendor (ie.: Uber Health, Lynx, etc.) and coordinated by the team onsite.

Licensed Crisis Clinicians: The Mobile Crisis Team Clinicians will have either a Florida license in Mental Health Counseling, Clinical Social Work or Marriage and Family Therapy. The Team Clinicians are responsible to the MCT Program Manager and Vice President of Patient Access and Aspire leadership who are designated to oversee projects and tasks as assigned. Minimum requirements are a master's degree in Counseling Psychology/Mental Health Counseling/Social Work; licensed in the State of Florida under Chapter 491; and at least three years' experience in crisis intervention in addition to a strong clinical background in mental health and substance abuse. They must be knowledgeable in the diagnosis and assessment of the specific needs of persons served and trained in all applicable assessment tools. Intervention techniques, counseling, short-term therapy, referral to appropriate Central Florida community resources and formulating appropriate clinical dispositions are critical skills in the experience of the position in order to properly oversee and train the team.

Crisis Support Case Manager: Crisis Support Case Managers will be a part of the Clinical Team and accompany the clinician on calls. The Crisis Support Case Manager is an individual with the minimum of a bachelor's degree in the human services field. The ideal individual has either some

lived experience with mental illness or a substance use disorder, or is an immediate family member of someone with a mental illness or substance use disorder who has experienced the impacts of the disorder directly. He or she may also have training and work experience with adults with mental illness. The crisis support specialists will be trained in crisis intervention, short-term treatment modalities and the use of community resources. The goal of the crisis support specialist is to be a part of the multi-disciplinary team. Each crisis support specialist provides crisis services and stabilization, including supportive counseling and intervention, and strives to ensure a safe, supportive environment for the person experiencing the crisis.

Aspire will make every effort to provide diversity among the responding personnel in a manner that is fairly reflective of the diverse community that is served.

Elements of the Pilot

The pilot is expected to include the following components:

- I. Development of dispatch protocols for potential mental health response;
- II. Training of dispatch personnel (general training for all police dispatchers and additional training for one lead dispatcher per shift is anticipated);
- III. Training of assigned mental health personnel;
- IV. On or before February 1, 2020, Implementation of two shifts of mental health teams (two teams of two individuals) – these teams will be available for dispatch to appropriate calls, to follow up on calls initially taken by a police officer but which are appropriate for mental health involvement, for an initial referral to appropriate and indicated community services, and a follow up contact to determine whether the individual did follow up with any referred service; and
- V. Data collection (and possible analysis). Data collection will include time of dispatch, time of arrival, time of call clearance, type of call and resolution of call and such other data as the parties agree.

Benchmarks:

Response Time:

The on-shift Team will physically respond to the location of the crisis as soon as reasonably feasible, but in all cases is expected to respond within 60 minutes of receiving the dispatch request, provided that the Team is available for the call (not currently actively engaged in another call). If, in the opinion of the licensed counselor on the Team, the call can be handled via telemedicine in accordance with then current laws and regulations, a physical response will not be required.

Other Benchmarks:

The parties will meet periodically to review data and make adjustments to the program as are mutually agreed upon. Additional benchmarks may be added during the course of the Pilot.