A Spectrum of Crisis Response Beyond 911

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DESC Overview

• “The Downtown Emergency Service Center (DESC) provides integrated services including housing, emergency shelter, crisis intervention and healthcare to thousands of homeless and formerly homeless people every day.”

• Housing First advocates with 14 supportive housing facilities, and a large number of scattered sites housing

• Shelter services for over 500 people every night

• Case management, mental health, physical health and substance use providers

• Drop in services

• Outreach programs

• Crisis Response
Crisis Response and Support

• Partnership with Seattle Police
  • Crisis Response Team co-responder (CRT)

• Crisis Solution Center (CSC)
  • Mobile Crisis Team (MCT)
  • Crisis Diversion Facility (CDF)
  • Crisis Diversion Interim Services (CDIS)
- Police / Crisis Response Team
- Fire

- Mobile Crisis Team

- Crisis Diversion Facility
- Crisis Diversion Interim Services

- Connection to long term services
Crisis Response Team (CRT)

Mariah Andrignis, LICSW, CDP, MAC
Co-responder model of police officer and Mental Health Professional
  - Currently 5 dedicated officers and one MHP
  - Coverage is 0700 to 1700, M-F

Everyone is 40-hour CIT Certified

MHP is contracted from DESC to Seattle Police Department

Responds to in progress 911 calls with crisis/mental health nexus as patrol support
  - The goal is to help patrol access resources they may not have thought of, and to spend time that patrol may not have

Does follow up and outreach on high risk clients, high barrier clients or disproportionate utilizers of 911 services
  - Crisis Response plans frequently crafted around clients we have frequent work with

Funding: Grant for 2 years and research study turned into city funding
Crisis Response Team

- Seattle has roughly 11,000 crisis calls a year.
- All crisis reports come to CRT to be read and evaluated for follow-up.
- Follow up can include outreach, knock and talk, ERPO's, etc.
- As an MHP I have some interaction with 8-9 different cases a week which includes 911 calls, internal consultation, and follow-ups. I do not do criminal follow up or ERPOs.
- Co-response to 911 calls is a different way of looking at calls. We are not dispatched, and instead assist and back patrol for tough situations in between our follow up work.
- Co-response is about looking at a situation from two different frameworks at once. Doubleing the ideas and resources to try to find a way out of the cycle.
Sequential Intercept Model
The Mobile Crisis Team (MCT)

Ashley Dittman, LMHCA, NCC, MHP
What MCT doesn't do

- Provide long-term case management
- Do hostile negotiations
- Detain individuals in involuntary hospitalization / treatment
- Offer services to children
- Provide services in hospitals
- Taxi service
What we do

• Provide least-restrictive, voluntary crisis intervention to individuals in the community
  • Risk assessment and safety planning

• Connect clients to long-term services / resources
  • Case management
  • Health services
  • Shelters / housing

• Connect with case managers and HUGs

An appropriate referral

• Behavior crisis
  • A person who is experiencing heightened emotional or psychiatric symptoms and is willing to receive services. Or someone who may have suicidal ideation while being in behavioral control. Yes.

• Behavioral emergency
  • A person who is out of behavioral control, is deemed imminent danger to self or others and is willing to accept treatment, and likely to require seclusion or restraint to maintain their safety. No.
The team

• 32 outreach case managers
  • Social Workers
  • Therapists
  • Psychologists
  • Substance Use Disorder Professionals

• 4 clinical supervisors, 1 project manager

• 3 regions in King County

• 3 shifts, 24/7, 365 days, including holidays
Logistics

• Available 24/7 to referents throughout the county

• Referrals sources
  • First Responders (police, fire, sheriffs, state patrol)
  • County Designated Crisis Responders
  • Crisis Connection phone line
  • NOT accept community members or agencies

• Goal is to respond within 2 hours (at least 90% of the time)

• Safety considerations
  • Weapons
  • Clinical judgment – higher level of concern trumps
  • Code word

• Funding?
Crisis Solution Center (CSC)

Ryann Illán, MSW, MHP
Crisis Solution Center
Crisis Diversion Facility (CDF)

- Offer up to 72hr stay
- **Voluntary Service**
  - No fee for guests, county funded
  - Referrals from police, MCT, Designated Crisis Responders (DCR,) hospitals, offer **Jail Diversion** for police
  - 16 beds – individual cubicles
- **Interdisciplinary** Staffing Model
- Offer Immediate Crisis Stabilization (food, shelter, clothing, rest, safety)
- "**Rule-In**" Facility
- We act as a **Bridger** for the client to resources in the community
Jail Diversion

CDF & MCT are designed to offer *immediate* mental health and substance use services to individuals who are in acute mental health or substance use crisis at the time of being arrested and or coming into contact w/police & first responders

- We partner w/police and first responders
- *Goal is to get police and first responders back out into the field as quickly as possible while offering the client immediate crisis stabilization*
- Shelter guests away from revolving door of a jail cell
- Bridger for client to substance use and mental health services
Crisis Diversion Interim Services (CDIS)

- Offer up to 2 week stay
- Voluntary Service
- No fee for guests, county funded
- Referrals from CDF only
- 30 beds – individual cubicles
- Interdisciplinary Staffing Model
- Offer Intensive Case Management
- "Rule-In" Facility
- Utilize Harm Reduction, Trauma Informed Care and Recovery Principles
- We act as a Bridger for the client to resources in the community
Any Questions?

Crisis Response Team (CRT)
- police officer and Mental Health Professional co-responder model

Mobile Crisis Team (MCT)
- outreach workers & Jail Diversion

Crisis Diversion Facility (CDF)
- up to 72hr voluntary facility & Jail Diversion

Crisis Diversion Interim Services (CDIS)
- up to 2 week stay w/CDF referral
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