



Date Issued	12/20/2021	Owner	Dana James
Last Approved Date	8/16/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Administration
Effective	9/1/2022		
Last Revised Date	8/16/2022		
Next Review	12/31/2024		

#079 Trauma Response Team

I. POLICY

It is the policy of Milwaukee County Behavioral Health Services - Children's Mobile Crisis (CMC) and pursuant to Wisconsin Statue Statue §66.0301, to create a trauma response referral system for certain children and their parents/caretakers who are exposed to violent and traumatic events. The Trauma Response Team (TRT) consists of two full time clinicians and exists to provide early intervention services to children ages 6-17 (and their families) that have been exposed to trauma or stressful experiences. These services are intended to prevent, decrease, or otherwise address negative outcomes that may develop as a result of the child and family's exposure to violence. Through collaboration with The City of Milwaukee which includes: Milwaukee Police Department (MPD), Milwaukee Fire Department (MFD), and Milwaukee Health Department - Office for Violence Prevention (MHD-OVP), the TRT will provide follow up support to children and families as deemed necessary by the parent/guardian.

The TRT will provide resources and support including early intervention and mental health services for children and support to families to help in understanding children's reactions to the stressful experience and share ideas that can help identify and manage behaviors after the experience.

II. PROCEDURE

A. Privacy and Confidentiality:

1. CMC and City of Milwaukee acknowledge and represent that each is a covered entity for purposes of Health Insurance Portability and Accountability Act (HIPAA).
2. City of Milwaukee shall not provide CMC with any direct contact information for the child, but only for the child's parent/guardian.

3. City of Milwaukee shall not provide CMC with any portion of any medical record, or with any information derived from a medical record.

B. Referrals:

1. Referrals can be made by utilizing the Trauma Response Team Referral Form (see attachment) by TRT or by sending an email to both clinicians on the TRT.
2. MPD shall make timely, appropriate referrals by providing the name and contact information of the child's parent or guardian only.
3. MFD shall make appropriate referrals within 72 hours of first contact by providing the name and contact information of the child's parent or guardian only.
4. Members of the TRT will gather and review referrals timely from District 5 and District 7. These referrals will be reviewed to determine if parameters are met. All referrals will be tracked including outcome.

C. TRT Response and Expectation:

1. Clinicians trained in trauma assessment and treatment from TRT will be available to provide 24/7 consultations to MFD related to calls involving child victims or witnesses to violence in their homes, schools, and community, as well as other potentially traumatic events.
2. TRT will provide two full time clinicians with additional support as needed from the Children's Mobile Crisis (CMC) team to provide psycho-education, offer support and condolences, connect families with community resources, and connect families to mental health services.
3. TRT may conduct follow-up visits to children and their families to provide such services as the parent/guardian deem appropriate.
4. Program Participation System (PPS) forms will be completed by TRT for face to face contact with families.

D. Training:

1. TRT will provide training in trauma concepts to city personnel, and other community partners as requested covering the topics of human behavior, trauma, and appropriate policies and procedures.
2. As permitted and appropriate, TRT may accompany MFD on ride-alongs to better understand the role of first responders.
3. MFD shall increase training opportunities for first responders interested in learning the procedure to make a referral.
4. MHD-OVP agrees to coordinate collaborative training opportunities for government, first responders, public sector partners, and community organizations.

E. Outreach:

1. MFD shall distribute literature related to the program as it determines is appropriate.
2. MPD may collaborate on community outreach events and materials to increase awareness regarding the partnership and project.

3. MHD-OVP agrees to collaborate on community outreach events and public education materials to increase awareness of the partnership and project.
4. All local or national media inquiries regarding the TRT must be referred to MHD-OVP for coordinated response.
5. MHD-OVP agrees to manage media, marketing, and communications for the TRT.

F. Ongoing Monitoring:

1. MHD-OVP agrees to convene regular partnership meetings with leadership from TRT, MPD, MFD, and MHD-OVP and other partners as needed.
2. TRT and The City of Milwaukee shall participate in reasonably scheduled program meetings as requested.
3. MFD agrees to provide a monthly report to MHD-OVP including the total number of referrals and other data as MHD-OVP may reasonably require.

G. Funding:

1. TRT shall provide monthly billing statements to MHD-OVP for services actually rendered.

III. REFERENCES

Wisconsin State Statute §66.0301 : <https://docs.legis.wisconsin.gov/statutes/statutes/66/iii/0301>

Attachments

Trauma Response Team Referral Form

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/16/2022
	Brian McBride: ExDir2 – Program Administrator	8/16/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/12/2022

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Trauma Response Team

Free and voluntary support for children who have witnessed or been exposed to potentially traumatic events. TRT staff are employees of the Children Mobile Crisis Team working in collaboration with the City of Milwaukee, the Milwaukee Police Department and the Milwaukee Fire Department.

Type of Incident: Circle most Applicable

Domestic Violence/Shooting/Battery/Accident/Robbery/Sexual Assault/Homicide/Suicide
(Attempt or Completed)/Fire

Other: _____

No Report Taken Incident Number: _____
 Report Attached Incident Date: _____

Parent/Guardian Name: (Last, First) _____

Language Spoken: English Spanish Other

Address: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Child's Name: _____

DOB: _____ Male Female

Incident Summary:

Referred by: _____ Date: _____

Phone Number: _____

Family notified of TRT Yes No