Innovative Solutions to Wisconsin’s Mental Health Crisis
Speakers: Hope Otto, Human Services Director, Racine County; Elizabeth Aldred, Department of Health and Human Service Director, Waukesha County; Holly Pagel, Behavioral Health Division Manager, Jefferson County
Moderator: Paul Decker, County Board Chair, Waukesha County
Jefferson County Human Services
Innovative Solutions to Wisconsin’s Mental Health Crisis
Jefferson County Crisis and Law Enforcement Co-Response

A model for crisis response that pairs police officers with mental health professionals to respond to incidents involving individuals experiencing behavioral health crises.

This collaborative crisis response model works to improve the experiences and outcomes of individuals in crisis by providing crisis de-escalation, diversion from the criminal justice system, and connection to behavioral health services.
Emergency mental health intake professional joins Watertown Police Department
Crisis and Law Enforcement Co-Response

Watertown Police Department (1st/2nd shift)
Fort Atkinson Police Department (2nd, 3rd)
Jefferson Police Department (2nd shift)
Jefferson County Sheriff’s Department (2nd)
DBT Steps A

Dialectical behavior therapy (DBT) skills

- Universal approach
- Skills help manage difficult emotional situations
- Common language to cope with stress, and make better decisions
- Steps A is an innovative social-emotional learning curriculum designed to be taught by general education teachers or other school personnel in grades 6–12

- [https://www.dbtinschools.com/](https://www.dbtinschools.com/)
DBT Steps A

- Two full-time Jeff Co Licensed Mental Health Professionals
- Partnership with 7 school districts throughout the county to implement and help sustain Steps A in the middle school and/or high school level
- Became certified branch locations originally DHS 35 and now DHS 75.50

https://www.educationresourcesinc.com/school-based-therapy-conference/
https://www.parents.com/best-online-therapy-for-teenagers-and-kids-6832483
“A Safe Place to Be – Crisis Receiving and Stabilization Services Crisis receiving and stabilization services are essential for youth who require additional crisis support beyond what mobile response teams can provide, but who do not need hospitalization. There are several kinds of crisis receiving and stabilization services, including both in-home supports and facilities”.

- 8 bed facility, nestled in a wooded area in the City of Watertown
- Will serve youth ages 10–17, but will start with females, youth that identify as female
- Utilizing best practice around training, setting, admissions and operations
- Youth will receive evidenced based practice therapeutic intervention
Waukesha County
Innovative Solutions to Wisconsin’s Mental Health Crisis
<table>
<thead>
<tr>
<th>Program</th>
<th>Model</th>
<th>Funding</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Embedded Mental Health</td>
<td>Two Crisis Clinicians housed at WSD</td>
<td>Crisis Clinician #1 – ARPA</td>
<td>36 % Decrease in Chapter 51.15 for WSD compared to 2021. Lowest EDs for WSD in history</td>
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<tr>
<td>Professional</td>
<td>Integrated into 911 call flow &amp; dispatch</td>
<td>Crisis Clinician #2 – Taxlevy</td>
<td>50 % Decrease in Response time of mental health professional</td>
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<td></td>
<td>Travel separately of deputies, clear deputies on scene when matter is not criminal/deemed safe</td>
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<td>47 mins to 23 mins</td>
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<tr>
<td>Crisis Response Unit (CRU)</td>
<td>One specialized CIT officer paired with one Crisis Clinician</td>
<td>Crisis Clinician – ARPA</td>
<td>Diversion from arrest to treatment for 3 individuals in crisis (2023)</td>
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<td>Dispatches to active calls for service or self-dispatches</td>
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• Mental Health Counselor (Masters, non-licensed)
• MON-FRI, 2pm-10pm
• Workstation on dispatch floor
• Fast-paced environment, Multi-tasking in records
CRISIS COUNSELOR
AT 911
COMMUNICATIONS CENTER

Responsibilities

Join 1st/2nd party calls: Suicidal concerns, Wellbeing checks

Scan calls for service; Initiate Crisis Team involvement
  • Disorderly Conduct
  • Juvenile Matter
  • Domestic
  • Criminal Damage to Property

Gather data, monitor trends

Conduct real-time status checks on Emergency Detentions
4:30pm: Man calls 911, stressed and feeling suicidal; Telecommunicator answers

4:31pm: Crisis counselor is included in the call; No immediate safety issues

4:32pm: Crisis counselor messages WSD embedded clinician

4:40pm: Embedded worker informs WSD command staff patrol response is NOT needed

5:00pm: Embedded worker arrives at home; Conducts assessment; Outcome is safety plan and follow-up

- Police presence diverted for non-criminal, non-violent matter
- Expedited response of mental health professional
- Avoid arrest/citations
Community-Based Crisis Stabilization

- Funded by Bureau of Justice Assistance Justice & Mental Health Collaboration Program (JMHCP) grant
- Target population: Adults involved in justice system with unmet mental health and service needs
- Short-term crisis case management to connect persons with services

Referral → Consent & Crisis Plan → Linkage to Services and Resources

Client WC: 95% Reduction in law enforcement contacts; 0 Arrests compared to 6 arrests in three months when not in the program
Facility-Based Crisis Stabilization

- Level of care missing from county services
- Home-like, person-centered environment
- Staffed 24/7 with trained professionals
- Average length stay 3-7 days
- Alternative to hospitalization, Cost Effective
- Regional partnership with other counties

Variety of Outpatient Treatment Options

Coming Q4 2023

Intensity of Service

Intensity of Service

Cost of Service

Cost of Service

Inpatient Hospitalization

DHS grant-funded 2022 to 2025
Public Health — Mental Health partnership with ME’s office

- Medical Examiner called the social worker to follow up with the family of a suicide victim who was a veteran.
- Family was near crisis — emotionally and financially.
- Needed resources, support and stabilization.
- Emergency Care plan identified and implemented.

Innovative partnership with ME’s Office

- Hiring of public health’s first social worker to capitalize on expertise that is typically not found within a public health department.
- Strong buy-in from ME’s Office to share data and utilize the expertise of HHS.
- Access to data on all overdose fatalities in last 5 years to dive deeper into the data to identify trends.
- Provide bereavement support to families that have lost someone.
- Conduct Next of Kin Interviews at 6-9 months to gather more data.
- Preparing to launch multi-disciplinary overdose fatality reviews in 2024.

MED Waukesha HHS
Child Welfare and Youth Justice grant awards – Use of ARPA funding

**CHILD WELFARE & YOUTH JUSTICE GRANTS AWARDED!**

**Orion Family Services**
*Parent Skill Building Program*
In home supports that focus on improving communication, coping, and parenting skills to enhance family relationships.

**Professional Services Group**
*Clinical Services Program*
Evidence based mental health and substance misuse outpatient services.

**Wisconsin Family Ties**
*Securing a Future for At-Risk Kids (SAF-ARK)*
Parent Peer Specialist model to focus on family protective factors.

**Family Service**
*Parent Engagement in School Mental Health Service*
Motivational interviewing practices for therapists and school staff to promote family involvement.

The award recipients will begin providing the new evidence-based services in the coming months.

Funding community-based providers to preserve, stabilize and reunify families!
Overview
Integration of Behavioral Health in County Operations

Law Enforcement & 911 Dispatch
- LOC Review
- CREW

Serving Aging and Disabled Constituents
- ADRC
- APS
- Aging Services
LEVEL of CARE (LOC) Review

Staff review the following data points daily:
- Dispatch frequent call subjects Emergency Department call subjects Crisis Call
- Subjects/emergency detentions
- Historical records of current and past patients
Using Data for Prevention

6% of patients generate 26% of service visits.

Racine focuses on predicting which people are more likely to experience a crisis, interact with LEO, or present in the emergency department.
LEO Response

Our greatest return on investment is believed to be the focus on high service users.

In 2023, 68% of crisis mobile response occurred without LEO involvement.

Assessments January - August 2023

- No LEO Involvement (68%)
- LEO Involvement (32%)

Total = 2,232
What are the indicators that a person might be decompensating?

- Increased trips to an emergency room department
- Increased calls to the crisis line
- Increased calls to 911
Racine County has ongoing meetings with LEO to improve crisis responses.

Why did it take so long to identify frequent subjects of LEO involvement?

- 9 different LEO jurisdictions
- Multiple shifts of LEO
- Practice of when LEO write incident reports
Unified Collaboration

A partnership has been made with Racine County Dispatch Center to recognize calls with references to a mental subject. Identify which individuals were frequently mentioned as the subject in dispatch data and focused on individuals who were the subject of 5 or more 911 calls per month.

In August of 2023, there were 34 people that met this criteria, and 10 had more than 8 calls.

Early response reduces frustration on behalf of the client, dispatch worker, and law enforcement.
Adult Protective Services (APS) is identified as the appropriate response for some frequent LEO contacts, in particular, which elderly residents are experiencing dementia and live alone.
Leadership

Buy-In
- County Board, County Executive, and Department Heads drive a collaborative culture
- Data sharing agreements
- Teaming and ongoing communication