Emergency Mental Health Services

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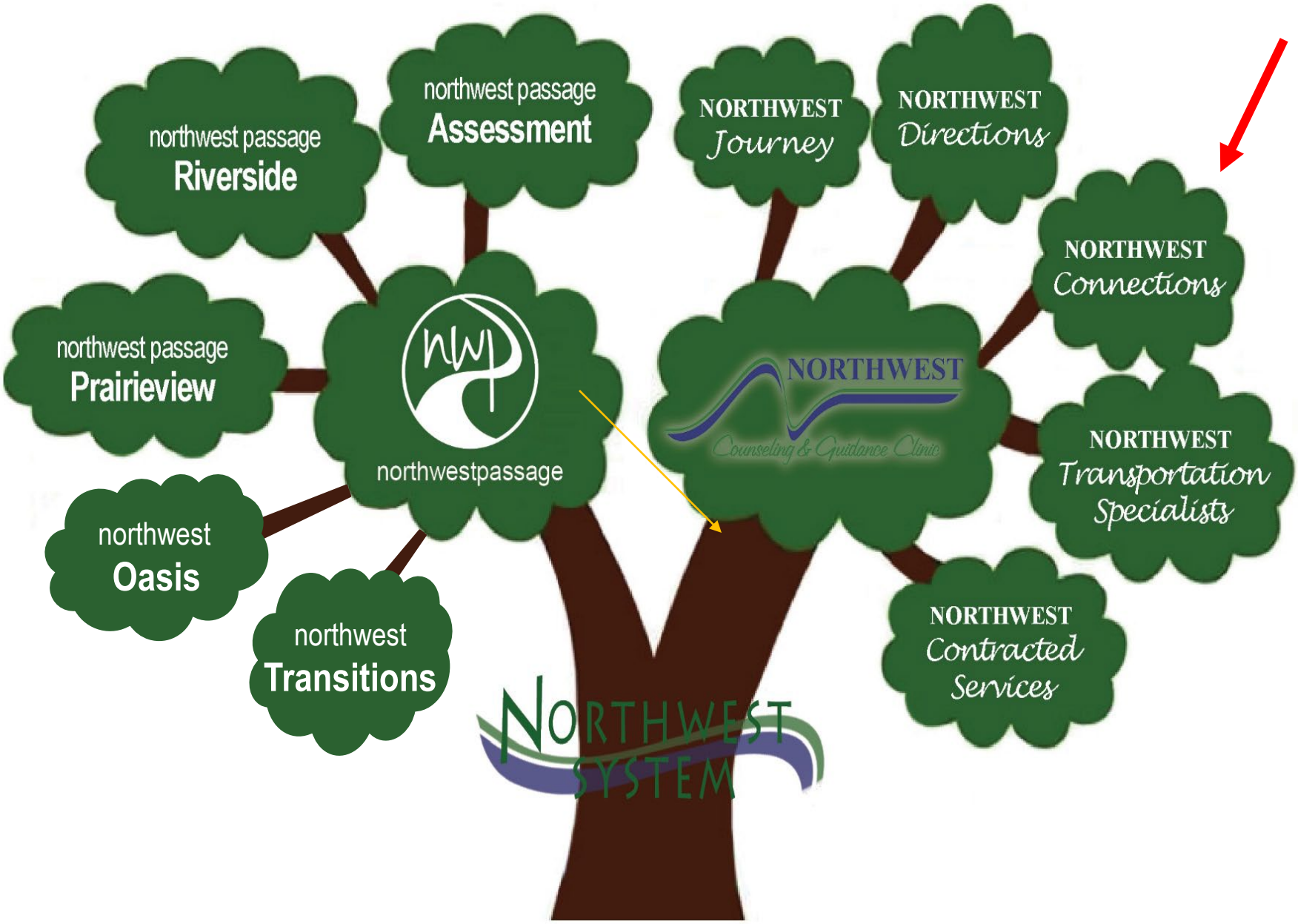
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Counseling & Guidance Clinic
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Contracted
Services
NORTHWEST
SYSTEM

NORTHWEST CONNECTIONS

- NWC contracts with 34 counties within Wisconsin to provide DHS 34 crisis services, via telephone and local mobile teams.
- Partner collaboratively with counties which creates opportunities to maximize the use of local resources.

OUR HISTORY

- Began first providing telephone crisis services in 2000.
- Further developed crisis programming in January of 2005, as part of a four-county grant initiative.
- Expansion continued after 2009 when 51.15 was changed to include the need for co-authorization of an ED (law enforcement no longer could determine this independtly)


Douglas
Bayfield
Iron
Ashland
Vilas
Florence
Burnett
Washburn
Sawyer
Price
Oneida
Forest
Polk
Barron
Rusk
Lincoln
Langlade
Marinette
Taylor
St. Croix
Chippewa
Menominee
Dunn
Marathon
Oconto
Pierce
Eau Claire
Clark
Shawano
Door
Pepin
Portage
Outagamie
Kewaunee
Buffalo
Wood
Brown
Jackson
Waupaca
Trempealeau
Winnebago
Manitowoc
Adams
Waushara
Calumet
Monroe
La Crosse
Marquette
Sheboygan
Juneau
Green Lake
Fond du Lac
Vernon
Sauk
Columbia
Dodge
Ozaukee
Richland
Washington
Crawford
Dane
Jefferson
Milwaukee
Iowa
Waukesha
Grant
Racine
Lafayette
Green
Rock
Walworth
Kenosha

GOALS & FOCUS

- Reduce the amount of suicide attempts and suicide deaths.
- Apply the least restrictive intervention to meet the individual's need.
- Utilize the continuum of resources available within the individual's community (which varies SIGNIFICANTLY).

- Engage people in their own crisis planning and development of their natural supports.
- Reduce the number of unnecessary Emergency Detentions.
- Address the needs of people early on to prevent unnecessary costs to the individual, family and the county system.

YOUTH IN CRISIS

- The amount of youth receiving crisis services has grown considerably.
  - The age range has dropped quite low
- Two typical types of presentations:
  - Behavioral
  - Significant mental illness

OPTIONS FOR INTERVENTIONS

- Community Support Plan with parents or other adult support
- Youth crisis bed
- Voluntary inpatient behavioral health hospitalization
- Involuntary (Emergency Detention) inpatient behavioral health hospitalization.

OBSTACLES

- Myths about the purpose and scope of inpatient behavioral health hospitalization
  - Purpose is for immediate safety and stabilization (generally with medications) and discharge.
  - If the individual already has an outpatient psychiatrist the inpatient psychiatrist may not make any medication changes as they believe the outpatient psychiatrist knows the individual best.
  - Therapy will focus on basic coping skills – when they will be discharging soon the providers cannot delve into all of the underlying causes of what is leading the youth to be in crisis.
    - This is truly the role of outpatient therapy
  - The myths (even held by other professionals) can lead to anger, confusion and feeling as if "no one" is helping.

OBSTACLES, CONT.

Community Support Plan with parents:

- Parents are overwhelmed, scared, exhausted
- Parents are indifferent
- Are parents capable/willing to do what we are asking of them?

Youth Crisis Bed:

- There are not enough to make them accessible to the majority of Wisconsin families
- Lack of staffing
- Transportation: families do not feel safe transporting, money for this like gas and meals (depending on the distance)

OBSTACLE, CONT.

- Inpatient Behavioral Health Hospitalization (voluntary or involuntary):
  - Lack of available beds
  - Leads to emergency detentions since WMHI cannot refuse the ED
  - Far out of home community = inability for parents to have face to face contact with their child and the treatment staff.
  - Very unlikely to be beneficial to youth when the primary presentation is due to behavior.

POSSIBLE SOLUTIONS

- Enhance availability of Crisis Stabilization Facilities for youth.
- Not only the general number of these facilities, but the age range they accept.
- Develop a psychiatric residential facility that focuses solely on the youth with severe mental illness rather than combining these youth in facilities with youth where the primary presentation is behavioral.
- Requirements for providers that parents/caregivers are provided the option to have more in-depth learning opportunities about youth and mental health and a separate track regarding youth where the primary presentation is behavioral.