



Children's Emergency Detention and Crisis Stabilization Services (CEDCS) Meeting Notes

June 27, 2017

1:00 pm – 3:00 pm

DHS – 1 West Wilson Street, Madison, WI, Room 630

Members Present:

Joyce Allen, DHS, DCTS

Ellie Jarvie, DHS, CLTS

Sarah Coyle, DHS, DCTS

Kay Cram, DHS, DCTS

Mike Christopherson, DHS, OPIB

Ron Hermes, DCF

Elizabeth Hudson, OCMH

Andrea Jacobson, DHS, CLTS

Erin Saurer, DHS / Winnebago

Joann Stephens, OCMH

Joann Juhnke, WFT

Cindy Lindgren, DHS, DQA

Bill Topel, Winnebago County

Linda Hall, WAFCA

Marykay Wills, Dane County

Dan Kiernan, DHS Medicaid

PH: Renee Soroko, Winnebago County

Guest: Connor Nickolay, Still Human and WFT intern

Welcome and introductions

Updates

Best Practices Workgroup– Sarah Coyle:

- The Best Practices Group compiled material that included all types of crisis intervention trainings and best practices around crisis interventions. Counties and service providers were looking for a place to house the data base where all providers can access.

Crisis Stabilization Beds – Ron Hermes:

- DHS / DCF reissued the joint memo that allows for crisis stays to be provided in shelters (previously not allowed). Memo also states that group homes and foster homes can provide crisis stabilization services. CAP service in Stevens Point is currently the only shelter in Wisconsin licensed to provide crisis services and this is only on occasion and for Portage County residents. MA does not pay for crisis services in shelter.
- There is a DHS budget proposal to build an 8 bed facility for youth crisis stabilization beds overseen by DHS. Joint finance approved the concept and potential funding designation, but requires more details from DHS. \$1.2 million for this project would need to be spent by the end of 2019. Joyce said DHS would issue an RFP, a new section will be added to the DHS 36

rule. This is just start up money, does not include sustainable funding. Marykay asked if they were going to adapt the old rule or create a new one? Joyce stated there will be a process created to work this out.

- Another DCF/DHS joint project is to create a group home specifically for youth crisis stabilization \$250,000 (for startup costs). The only way for it to be sustainable is if counties pay for beds not in use.

Discussion: Not all counties have shelter care that is stable enough to add the training to provide the services. A big challenge is coordinating between the two divisions (DHS and DCF). Many alternatives are needed and options should include outcome measures.

Crisis Training Workgroup –Kay Cram:

- The crisis training workgroup meets regularly to identify and develop training tools. WCHSA is strategizing next steps which may include a partnership with NE Behavioral Health Partnership.

Email information from Jill Chaffee:

- WCHSA is unable to support the technology and other support needs of a statewide network. Behavioral Health Partnership (BHP) – a group that currently provides crisis training – submitted a proposal to WCHSA. 33 counties interested and 22 counties are already involved. The size of the counties in or out will impact the budget.
- Sarah and Kay will talk internally about any possibility for state funding.
- Jill has the materials that have been developed and will share with BHP upon request. The following individuals are interested in being a part of the crisis training materials review team: JoAnn Stephens, Kay Cram, Brad Munger, Sarah Coyle, Stacy Rohleder, and Jill Chaffee.
- When available, Sarah Coyle will share “promising practices for youth in crisis.”
- At this time, Jill will continue to work with BHP to coordinate the transfer process. No additional meetings at this time.

Discussion: Counties are interested in having a statewide consortium of online and in-person trainings paid for by contributing counties. The training group was created to improve the quality of crisis services leading to the subsequent reduction in youth EDs. There is no statistical analysis done yet to know if crisis trainings sponsored by NE Partnership is improving the quality of crisis services.

Kids with Complex Care Needs (KCCN) – Linda Hall:

- Many CEDCS members attend the KCCN group which examines WI’s ability to serve kids in WI who have severe behavioral challenges. Marykay Wills described her visit to [Tennessee Youth Villages](#) a youth residential facility where several WI youth have been sent with good results. The campus has step up and down ability without court orders, multiple EBPs, all staff trained in DBT, large units, etc.
- WAFCA will write a summary of the group’s findings to help in determining next steps. **TO DO:** OCMH will distribute the summary to the CEDCS group.
- WI residential facilities are also closing. California is eliminating youth group homes. Many believe these models are largely ineffective for healing trauma and attachment issues.

Discussion: Other states have Psychiatric Residential Treatment Facilities – a step-up from Residential but quite the need for a hospital stay. One concern in pursuing this option is that the beds would likely fill quickly and may result in less focus on developing community options. WAFCA wrote a paper that discussed the needs to transform this system as well as to beef up the community care. **TO DO:** Linda will share that paper with OCMH to share with the group.

Winnebago Mental Health Institute (WMHI) Data – Erin Sarauer

- May was busiest month in the history of WMHI. They were at 200% capacity. Many referrals coming from schools with historical issues around end of school stressors and suicidal ideation.

Discussion: WMHI appears to function as crisis diversion for FdL and Marathon counties where DHS and DCF are separate entities. Erin estimates that 10 to 15% of kids in WMHI have intellectual disabilities. Bill reports that most of Winnebago County kids who go to WMHI are CPS involved. **TO DO:** There was a request to look not only at WMHI data but also trends in private hospitalizations.

Other Updates:

- Dan Kiernan is the MA section chief of a newly created behavioral health section. MA has identified access to behavioral health services as a priority. Dan has optimism about certain changes including the expansion of CCS and expansion of school based mental health treatment.
- St. A and Carmelite are both closing residential services by the end of the summer.
- Elizabeth brought the 2017 Kids Count data to the group.

Next steps:

- The OCMH will re-distribute the CEDCS 2015 recommendations along with a survey tool to identify new crisis-related focus areas. We will review the results in January. With new focus areas there will likely be a need to include more stakeholders, e.g., hospitals, schools, law enforcement, private insurance, etc.
- Erin and Lynne will coordinate future hospital (public and private) data presentations using the data visualization tool, Tableau.
- Bill will review ED data with his staff to explore patterns. The OCMH is willing to assist other counties in this type of exploration.

**Next Meeting: January 17, 2018
DHS, Room 630
1 to 3 pm.**