

Children's Emergency Detention and Crisis Services Workgroup

Overview of Final Meeting of 2015 (Oct. 7, 2015)

Attendees: WCHSA: Bill Orth, Bill Topel; DOA: Ryan Hutter; DCF: Ron Hermes and Emily Tofte; DHS Secretary's Office: Bill Hanna; DHS/DMHSAS: Pat Cork, Joyce Allen, Kay Cram, Teresa Steinmetz, Sola Millard, Sarah Coyle, Brad Munger; DHS/DLTC: Deb Rathermel, Robin Joseph; DHS/DHCAA: Dan Kiernan; OCMH: Elizabeth Hudson, Kate McCoy; Erin Saraeur (WMHI); Linda Hall (WAFA)

Summary: This was the last scheduled meeting of this workgroup. The workgroup met in order to review rankings that members had submitted online for which recommendations they would want to pursue, and to determine next steps. Attendees briefly reviewed the top-ranking recommendations. It was noted that many of the suggestions were primarily about quality improvement at the county level, rather than requiring significant changes at the State level. The group developed two workgroups (Best Practices and Crisis Stabilization Beds) and expressed support for the work of a third group (Training), which had already been proposed in another venue.

- **Best Practices Workgroup:** There was discussion of how to move beyond the requirements in DHS 34/Ch. 51 to provide all counties with more information about expectations and best practices. Bill Hanna asked whether it would help to adopt a DCF-style "Practice Model". DCF attendees said that's not exactly what the Practice Model is designed to do. DMHSAS staff pointed out that the Collaborative Crisis Intervention Services for Youth (CCISY) grant helps grantee counties exchange this type of information, as does the annual Crisis Intervention conference. However, not all counties are involved in CCISY and there is not a central place that all counties can turn to in between conferences for access to such information. The group therefore decided to form a workgroup to collect all the information about best practices and find a way to disseminate it broadly. This will include successful practices being implemented locally, such as results of NIATx quality improvement projects. There was also interest in incorporating crisis prevention efforts into the "best practices" documents. Workgroup Members: Sola Millard and Sarah Coyle (co-leads), Ron Hermes, Emily Tofte (or alternate DCF designee), Robin Joseph, Linda Hall, Brad Munger (Ad hoc)
- **Crisis Stabilization Beds:** There was renewed interest in creating a regional crisis stabilization site. DMHSAS and DCF have already developed a plan for a group home which can be used on a regional basis. The workgroup would review this option and work towards finding a willing region and putting out an RFP. Workgroup members: Pat Cork and Ron Hermes (co-leads), Bill Orth, Bill Hanna, Teresa Steinmetz, Linda Hall, Brad Munger (Ad hoc)
- **Training Workgroup:** As had been discussed at a previous meeting, there is also a need to make the same training materials available statewide. Currently there is no standard training curriculum. Many counties do however rely on the UW-Green Bay Behavioral Health Training Partnership (BHTP) materials. This workgroup will be led by WCHSA members and will review the BHTP materials and possibly other materials to see what WCHSA recommends for statewide use. Non-WCHSA members, including parents, are invited to participate. Workgroup Lead: Bill Orth

- **Additional issues and ideas:** There was additional discussion about the need to engage other stakeholders beyond county crisis workers
 - Several attendees brought up the need to work with hospitals, either individually or collectively (i.e., through WHA). Issues of concern are how to work effectively with people in crisis and how to allow more voluntary admissions. The “best practices” workgroup might include some examples of counties successfully engaging hospitals at the local level to do things like allow for the utilization of a quiet room, rather than the E.R.
 - One possible solution to the lack of crisis workers would be to engage other systems that are trained in crisis response, e.g., child protective services (which already works a lot with youth in crisis), sexual assault and domestic violence response workers, emergency medical technicians (EMTs).
- **Next Steps:** OCMH will reconvene the full CEDCS group in six months to get updates from the three workgroups. OCMH will also include the CEDCS overview document and a status report on this group in its 2015 annual report.