A Community-Wide Approach to Innovating Outreach, Crisis Intervention, and Community Education for Youth affected by Mental Health Challenges

Quick Review of the Numbers...

One in Five Children have a diagnosable Mental Health Disorder
One in Nine meet SED (Severe Emotional Disturbance) Criteria
One in Three with Mental Health need went without Treatment

*Wisconsin Office of Children’s Mental Health 2014 Annual Report

Indicators that our Community Mental Health System is not meeting needs of Children and Families

• Wisconsin high rate of inpatient psychiatric hospitalization of youth (4X higher than national Ave)
• Out of Home Care/ Residential Rates
• School Discipline/ School Drop out Rates
• Suicide is the SECOND leading cause of death for youth ages 10-24

*Wisconsin Office of Children’s Mental Health 2014 Annual Report
Obstacles to getting Children and Adolescents Mental Health Treatment

• Difficult to distinguish “kid problems” from mh issues = chronic disorders
• Lack of awareness about treatment
• Lack of awareness of local resources
• School districts lack of support staff and mh resources for at risk youth
• Shortage of child and adolescent mh providers
• County Systems and Laws are reactive not proactive
• STIGMA of mh issues

Community Needs Assessment

Our Glass as half full:
• Resource Rich County- easy access to medical and mental health services
• Diversity of engaged community stakeholders
• Variety of Established Committees
• Established Adult CCS/ County Outpatient Services
• County commitment to MH Initiatives such as CIT
• Champions devoted to system improvement

Our Glass as Half Empty:
• Large County-population and geographically
• Siloed programs- private and public
• Reliance on inpatient facilities versus other community-based alternatives for MH crisis
• Under developed resources for youth and parent leadership and engagement
• Need for culture change in how we think about mental illness and community recovery

Collaborative Crisis Services for Youth Grant (CCISY) (DMHSAS -7/14- 7/19)

• Overreaching goals of the grant are to provide early identification of at risk youth, and improve outcomes for SED youth.
• Extend Service Array and Outreach
  – Increase youth seen by crisis services by 15%
  – Decrease inpatient hospitalizations/emergency detentions by 10%
• Increase Collaborations with Youth Serving Agencies, Law Enforcement, and County Coordinated Service Team Initiative (CST)
• Improve Suicide Prevention for Adolescents
• Improve cultural linguistics and access for adolescents and families
Review of Community Education Programs Offered to Increase Collaboration and Awareness:

- CIT – Crisis Intervention Training
- CIP – Crisis Intervention Partners Training
- Mental Health First Aid
- Question Persuade Refer

Crisis Intervention Team (CIT)

- 40-Hour Specialized Training for Law Enforcement
- Modeled after the "Memphis Model"
- Includes classroom instruction and experiential learning to aid in officer recognition and de-escalation and access to resources for a psychiatric emergency.
- 2015 Waukesha County provided the First Youth-Focused CIT Training in WI
- Memphis Model curricula was adapted to include material relevant to working with youth and families including: overview of youth mental health conditions; Youth Consumer and Family perspective; Brain development and youth culture; and Community resources for youth in crisis

Crisis Intervention Partners (CIP)

- 16 hour training for first responders
- Developed from the core elements of CIT
- Can be adapted for educators, counselors, group home/shelter staff, foster parents, etc.
- Emphasis on active listening and de-escalation
- Includes voices of lived experience
- Agenda can flex based on learning needs of audience
- No material or program costs to provide this type of program
- 2015 Waukesha County provided first youth-based CIP training – audience focused on direct youth care staff.
• Program designed by National Council on Behavioral Health - program is promoted and being used nationwide
• 8 hour class
• Classroom instruction and active participation through small group activities
• Teaches risk factors and early warning signs
• Designed for adults who regularly interact with adolescents - lay persons
• Emphasizes how to recognize and support a youth experiencing mental health/behavioral challenges by applying a 5 step action plan
• Program costs, include materials, trainers
• Due to Program restrictions - cannot modify material
• Audience no larger than 30 participants per class by certified instructor.

Mental Health First Aid

ALGEE, the Mental Health First Aid Action Plan
Assess for risk of suicide or harm
Listen nonjudgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support strategies

QPR - trained Gatekeepers will learn:
• To recognize the warning signs of suicide
• Know how to ask the question and offer hope
• Know how to get help and save a life
Peer-based Outreach and Recovery Oriented Programs

Peer support services have been shown to:

- Reduce symptoms and hospitalizations
- Increase social support and participation in the community
- Decrease lengths of hospital stays and costs of services
- Improve well-being, self-esteem, and social functioning
- Encourage more thorough and longer-lasting recoveries

BENEFITS OF PEER SUPPORT

- "I can share common struggles with Certified Peer Specialists. It's important to be able to talk about your problems with someone that truly understands. CPS have overcome so much, this gives them knowledge of how to succeed in recovery and be able to share this knowledge with others."

  – Isaac
Why Lived Experience Matters...

• Consider the HUGE Impact of STIGMA
  – Developmentally Teens want to “fit in”
  – A study from Case Western Reserve University
    looked at adolescents between the ages of 12 and
    17 with a mental illness and taking medications.
    They found that at least 90 percent said they
    experienced some form of stigma, which led to
    shame, keeping secrets and limiting social
    interaction.

Why Peer-based Services for Outreach
is Better

• Evidence-based intervention
• Perspective- lived experience MATTERS
• Using Young Adult Peer Specialists for
  outreach— enhances recovery-perspective;
  provides hope and possibility for young adults
  struggling with mental illness; creates
  leadership— mentoring opportunities for
  young adults stable inn recovery

Review of Waukesha Peer-based
Outreach and Recovery Oriented
Programs in Waukesha County

• Ending the Silence – Outreach and Education
  for HS students
• WRAP –Wellness and Recovery Action Plans
• Recreation and Recovery- Social Connections
  Group for young adults
• School-aged – Social Connections group for
  adolescents
Ending the Silence

• Young adults with lived experience led Mental Health awareness program provided to high school students.
• Emphasizes empathy and acceptance and encourages students to care for themselves and their friends
• Teaches that we all have mental health and it is okay to seek help when not feeling well
• Teaches early warning signs when it’s not okay to keep secrets.
• Facts and statistics about youth and mental health conditions
• When, where and how to get help for themselves or their friends
• 2016 Piloted in one School District in Waukesha County

Key Elements of WRAP

• Small group format facilitated by a person with lived experience who is a certified WRAP instructor.
• Participants develop their own wellness toolbox
• Daily maintenance plan
• Identifying triggers/action plan
• Identifying early warning signs/action plan
• When things are breaking down/action plan
• Crisis Planning
• Post Crisis Planning
• Program modified to work with adolescents-2016 Adolescent Group at Waukesha County HHS

Recreation and Recovery

• Developed for young adults by young adults
• Ages 18 to 25
• Opportunities for recreation and socialization that encourages and supports recovery
• Builds natural support systems among participants
• Group planning
• Peer leadership
• Social media component
Youth Summer Program

• For youth under the age of 18
• Facilitated by a Certified Peer Specialist
• Overseen by a licensed clinician

• Combines recovery oriented activities with opportunities to talk about concerns
• Supports treatment services in a non-treatment setting
• Provides extra support for youth and their family during the summer months

Questions?