

The Coordinated Services Team (CST) Initiative
Northeast Regional Meeting

Planning for Crisis: CST and the
Collaborative Crisis Intervention Services to Youth (CCISY)

Fox Valley Technical College – Appleton, WI
Tuesday, March 10th, 2015

Dan Naylor, MPA
White Pine Consulting Service
N3000 Rusch Road
Waupaca, WI 54981
(715) 258-5430
whitepine@mwwb.net
www.wicollaborative.org

Sharon Locklin, Training Manager
UW Green Bay
Behavioral Health Training Partnership
2420 Nicolet Drive, RH310
Green Bay, WI 54311
(920) 465-2117
locklins@uwgb.edu

Workshop Objectives

- Enhance knowledge of the importance of partnerships in collaborative systems of care
- Review relationship between CST and the Collaborative Crisis Intervention Services to Youth (CCISY)
- Review process for developing a functional plan for crisis, emphasizing meaningful outcomes

Four Major Priorities Collaborative Crisis Intervention Services to Youth

- Enhancing diversion and follow up practices for crisis
- Youth suicide prevention efforts
- Enhancing person-centered, trauma informed practice approaches
- Continuation of core services of the Behavioral Health Training Partnership

Enhancing Diversion/Follow-up

- Agency-based training and technical support to child and family serving units around collaborative crisis planning
- Increase collaboration between Crisis/CST and CCS
 - Memorandum or Understanding (MOU)
 - Collaboration with CST Initiative/White Pines
 - Work with county CST to identify community resources (i.e. schools) for training
- Identify and train foster homes for youth diversion beds

Youth Suicide Prevention

- Develop follow-up process for counties to use with suicidal youth
 - Protocol developed by a workgroup and being piloted
- Develop standardized suicide/risk assessment tool
 - Will be adopting and training on the Columbia Suicide Severity Rating Scale
- Financial support for texting HOPELINE at Center for Suicide Awareness in Kaukauna
 - <http://suicidepreventionandresourcecenter.org/hopeline/>
 - Text “HOPELINE” to 839863 Mon.-Fri. 3:30pm-9:00pm

Person-Centered/Trauma-Informed

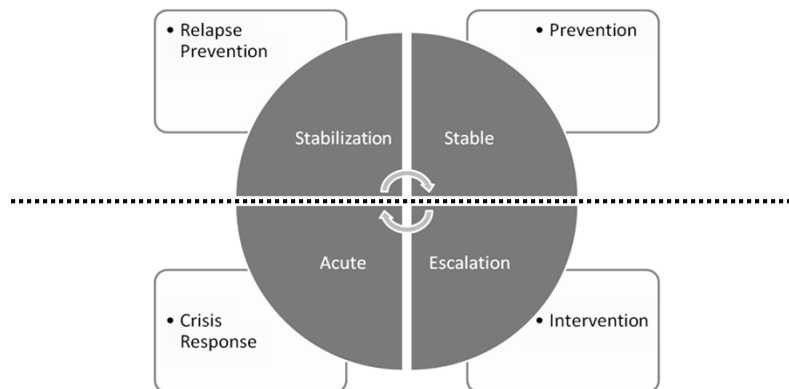
- Provide Person-Centered Planning training in the region
- Co-sponsor Trauma Informed Practice training 2x/year with NEW Partnership
- Expand trauma training to including evidence-based trauma specific therapies
- Conduct a cultural needs assessment and develop a work plan for enhancing cultural competence
- Develop a universal client satisfaction tool for measuring crisis outcomes and performance improvement

Continuation of the Behavioral Health Training Partnership's Core Services

- Maintain web-based crisis course and update as needed
- Host Regional Crisis Network Meetings and Youth Diversion Meetings
- Provide Crisis Core Classroom Training
 - Crisis Services Overview
 - Suicide & Risk Assessment
 - Wisconsin Mental Health Laws
- Provide 5 Special Skills and Topics Trainings per year
 - Ethics and Boundaries
 - Worker Safety Training
 - Secondary Traumatic Stress
 - Heroin & Trending Drugs
 - Engaging and Interviewing in Crisis

Crisis Continuum

CST Assessment and Planning Processes



CST Planning for Crisis

The Importance of Partnership

- No single agency has the staff or resources to serve all individuals with complex needs. Drawing on the expertise and energy of many agencies and individuals working together can increase resources.
- Successfully meeting the needs of participants, families, and team partners, requires a close collaborative relationship with the participant. The participant must be actively involved in the planning, implementation, and evaluation of services.

Absence of a Plan for Crisis

- People are reactive rather than proactive
- People respond to crisis situations without knowledge of the individual, and of what's worked and what hasn't worked in the past
- In the absence of information about the individual, best efforts may intensify the crisis situation

Use of Plans for Crisis

- Responses fit with what makes sense for the child and family
- Interventions are based on identified needs and strengths
- Supports are more easily accessible
- Emergencies will still happen at inopportune times and without warning

Crisis Prevention Planning

- Distinguish between Crisis/Safety issues and “Plan of Care” issues
- Some crises will be prevented as a result of collaborative planning based on identified needs and strengths
- Accurate information regarding early warning signs of a crisis can allow for timely and appropriate response
- For staff, less time is spent managing crises and more time on activities that promote meaningful long-term outcomes for families.

The Benefits of Planning for Crisis

- Reduces stress
- Provides safety
- Teaches skills
- Strengthens team
- Controls outcomes

Who should have a Plan for Crisis?

- Past and current incidents requiring emergency response
- Behaviors creating a risk to safety
- Team member request

Development of a Plan for Crisis

“A crisis occurs when adults don’t know what to do.” – Carl Shick

- Expect that an individual with multiple needs living in the community will experience crisis.
- Consider the most challenging act(s) that could happen
- Review historical strength-based information regarding strategies that have worked
- Pre-plan interventions with people and/or agencies who may be involved in the safety issue
- Develop a protocol of who will be notified, in what time frame, including responsibilities and communication procedures
- Establish a “blame free” time in which team members cannot fault each other for the crisis
- Develop a process for evaluating the crisis response plan’s use within two weeks of the event.

Trauma

- Extreme stress that overwhelms a person’s ability to cope and results in feeling vulnerable, helpless and afraid
- Often interferes with relationships and fundamental beliefs about oneself, others and one’s place in the world
- May be witnessed or experienced directly

Source: Shift Your Perspective – Trauma Informed Care; Elizabeth Hudson, Wisconsin Department of Health Services;

Historical Trauma

- Collective and cumulative emotional and psychological wounding across generations, emanating from massive group trauma.
- Generates survivor guilt, depression, low self-esteem, psychic numbing, anger, and physical symptoms.
- Creates the community's "soul mood" (*Maria Yellow Horse Brave Heart, PhD; Director of Native American and Disparities Research, Center for Rural and Community Behavioral Health*)

Source: Shift Your Perspective – Trauma Informed Care; Elizabeth Hudson, Wisconsin Department of Health Services;

Creating Trauma-Sensitive Schools to Improve Learning

- Some children have been traumatized by directly or vicariously experiencing violence, homelessness, loss (or fear of loss) of loved ones, or other kinds of devastating experiences.
- Trauma can interfere with learning, regulating emotions, and normal development; or can lead to positive outcomes.
- Schools can be more sensitive to children's needs so they can experience academic success and social acceptance.
- Schools can promote the development of healthy coping and resilience in all children.

School Based Mental Health Services, A Wisconsin Update; October 2014
Kathryn Bush, Ph.D., School Psychology Consultant, Wisconsin Department of Public Instruction

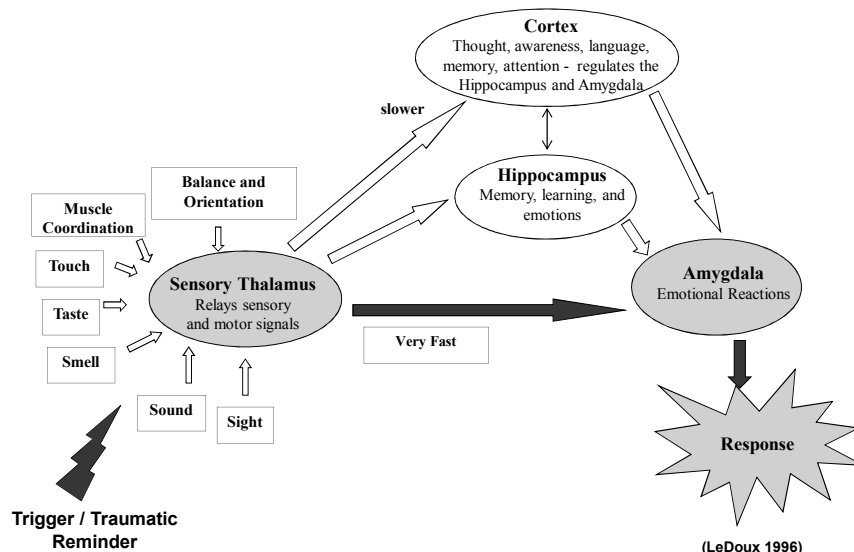
Triggers

- Something that sets off an action, process or series of events (such as fear, panic, upset, or agitation).
- Triggers can be internal and/or external
- Key triggers include:
 - Lack of power or control
 - Unexpected change
 - Feeling threatened or attacked
 - Feeling vulnerable or frightened
 - Feeling shame
 - Positive feelings or intimacy

Sources:

- Shift Your Perspective – Trauma Informed Care; Elizabeth Hudson, Wisconsin Department of Health Services
- The Emerging Science of Trauma Informed Care – Kevin Ann Huckshorn, 2004

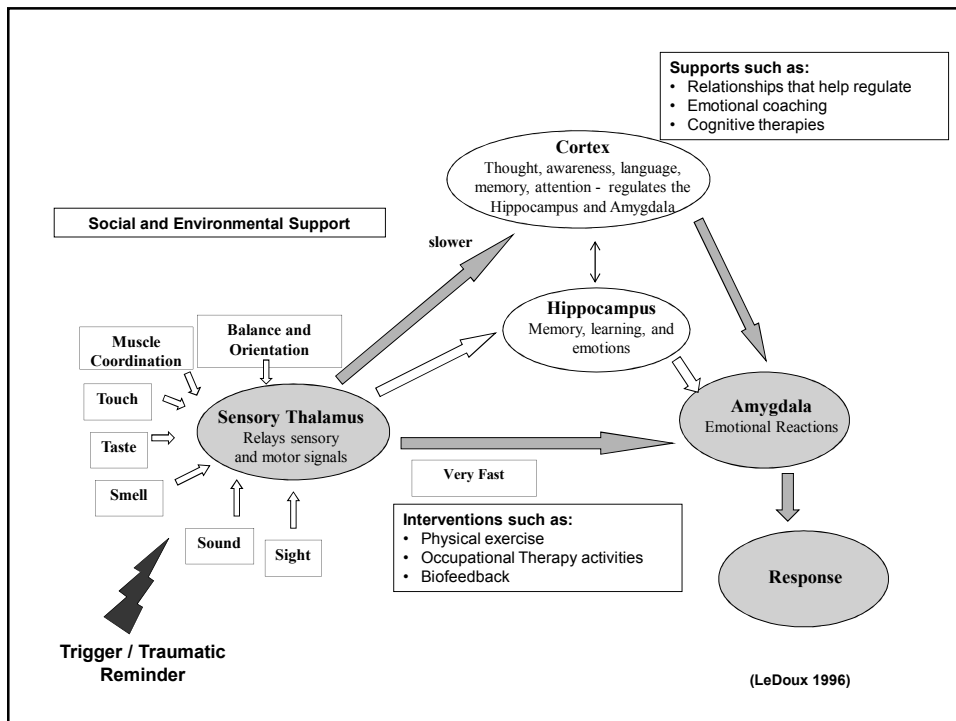
The Effects of Trauma on Decision Making



Survival Responses

- Fight
- Flight
- Fright
- Freeze
- Flail
- Shield
- Flirt
- Submit

Source: Shift Your Perspective – Trauma Informed Care; Elizabeth Hudson, Wisconsin Department of Health Services



Brainstorming

- Triggers
- Early Warning Signs
- Strategies

Triggers

“What makes you feel scared, upset, or angry, and could cause you to lose control?”

Examples may include:

- Not being listened to
- Lack of privacy
- Feeling Lonely
- Being touched
- Being isolated
- Feeling pressured
- Others...

Source: The Emerging Science of Trauma Informed Care – Kevin Ann Huckshorn, 2004

Early Warning Signs

“What might you or others notice or what do you feel just before losing control?”

Examples may include:

- Clenching teeth
- Restlessness
- Crying
- Giggling
- Pacing
- Heavy breathing
- Swearing
- Others...

Source: The Emerging Science of Trauma Informed Care – Kevin Ann Huckshorn, 2004

Brainstorm Strategies

- Consider strategies or interventions that have worked in the past
 - Experiences of family, youth, and team members
 - What are some things that help you calm down when you start to get upset?
- Consider strengths of the family, youth, team, and community

Source: The Emerging Science of Trauma Informed Care – Kevin Ann Huckshorn, 2004

Creating Crisis Response Plans: Possible Resources

- Crisis line
- Mobile crisis unit
- Stabilization services
- The CST Team

Source: Shift Your Perspective – Trauma Informed Care; Elizabeth Hudson, Wisconsin
Department of Health Services

Creating Plans for Crisis: Developing the Document

- Cover/face sheet
- Include date created/updated
- Begin with brief summary of important information
- Consider results of “brainstorming” – order interventions from least to most restrictive
 - Describe the intervention
 - Clarify who is responsible & for what
 - Include backups
- Don’t stop at “contact law enforcement”, or “call 911”.
Develop options through these interventions with agency representatives

Creating Plans for Crisis: The Final Details

- Discuss a process for evaluation of the Plan for Crisis
- Get signatures from individuals and agencies involved in the plan's development
- Discuss distribution and release of information

Plan for Crisis – Sample Format

Name: _____ Date: _____

Plan to Respond to Situations at: _____

(home, school, etc)

Past Behaviors/Situations considered crises or safety concerns:

Progressive List of Interventions to Respond to a Crisis/Safety Situation (Include description of the intervention, who is involved, contact information, and responsibilities):

Plan Distribution List:

Sample School Plan for Crisis

Past behaviors/situations considered crises or safety concerns: Usually starts with refusal to comply with a request or to follow routine. Can escalate quickly to swearing, physical aggressiveness, destruction of property, and self-harm.

Mental Health Diagnoses: ADD & Intermittent Explosive Disorder; Mild Developmental Disability

Rx (include name of doctor prescribing: Lithobid, Trazodone, Trileptol, Risperdal; Dr. Bob

Progressive list of interventions to respond to a Crisis/Safety situation:

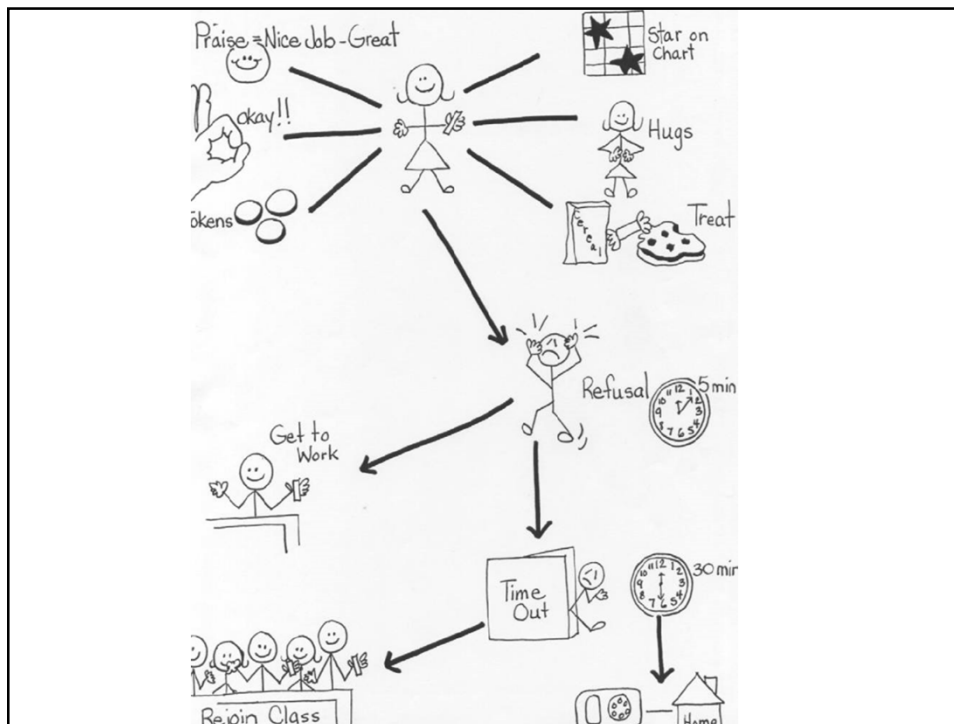
* If at any time, Billy's behavior escalates to the point of harming himself, someone else, or destroying property, go directly to Step 4

Praise Billy for following requests and routines. Some reinforcers include: verbal praise, tokens, star for his chart, physical contact (e.g. hugs), and edible treats (cottage cheese, cereal, cookies, etc.)

1. If Billy refuses to comply with a request or routine, he usually physically distances himself from others (e.g. pushing his chair away from the table, crossing his arms and putting his head down). Allow Billy a *5-minute refusal*. Billy knows that he has this five minutes to regroup and come back to join the class.
2. If Billy's behavior escalates to the point of swearing or physical aggressiveness, the teacher's aide, Miss Jane, will ask Billy to take a walk with her.

3. If Billy is not able to re-join the class after 30 minutes, he will be **removed from school**.
 - a. The following individuals can be contacted in this situation:
 - Jo & Susan Smith (parents) 555-2503
 - Don Jones (family advocate) 555-5120
 - Marsha Miller (mentor) 555-5026
 - b. If the above individuals are not available, and Billy has not committed a crime (e.g. property destruction, harming someone) he will receive 1:1 supervision by school staff (if possible) until someone can be reached to come get Billy. If 1:1 supervision is not possible, move on to step 5...
4. Contact law enforcement (555-3321) to transport Billy to the Work Release Center.
 - a. Once there, the officer should contact DHS intake (555-3303). A social worker or on-call staff will come over as soon as possible. *Note to responding officer: Billy has a cognitive disability – it is important to be firm with him, but to also use very simplistic language; don't try and reason with him*
 - b. Social worker/on-call staff: If Billy is o.k. to go home, try and contact one of the individuals listed under 3A to come and get Billy. If no one can be reached by 3:30 OR if it is determined that Billy should not go home, the following options should be considered:
 - "Village of Learning" daycare center (to be used only for a few hours and if Billy is not a danger to self or others)
 - County receiving home (see Child & Family Unit supervisor - Beth)
 - Hospitalization at St. Elizabeth's (if hospitalization is needed)

This Safety Plan has been distributed to: DHS: Crisis On-Call Unit and Child & Family Unit, Sheriff's Department, Police Department, Riverview School, Jo & Susan Smith, & Integrated Services team members



Developing Plans for Crisis - Quotes from Law Enforcement and Human Services Staff

- *This can be a very effective process to help probation and parole do their jobs effectively.*
- *No dump and run – joint expectations / joint accountability.*
- *This process has helped improve working relationships*
- *It's good if we can save time on the 5% of those who take most of our time.*
- *Consumers feel value when they see that people are willing to invest.*
- *This is a way to learn new ways to get success in situations that defy success.*
- *Law enforcement needs to be part of the plan development, and needs to get copies of plans.*

Source: Summary of Quotes from Crisis Response Planning Workshop for Waupaca County DHHS and law enforcement; White Pine Consulting Service; 11/16/05

Crisis Intervention Team Training for Law Enforcement Core Outcomes

- Reduce incidents of injury to officers and others.
- Reduce repeat patrol calls for service to individuals with mental health needs.
- Enhance the working relationship of patrol officers with mental health providers.
- Increase involvement of family and friends of individuals with mental health needs as a crisis response alternative.
- Increase awareness and availability of community resources to individuals with mental health needs and their families, which may assist in recovery.

Sgt. John Wallschlaeger, Appleton Police Department, WI

www.wicollaborative.org



Welcome!

This website is a resource for Coordinated Services Team (CST) Initiatives, service providers, families, and community members who wish to learn more about Collaborative Systems of Care (CSOC) in Wisconsin.

[About Collaborative Systems of Care](#)

Wisconsin's Collaborative Systems of Care Training and Technical Assistance

White Pine Consulting Service (WPCS), in partnership with Waupaca County Department of Health and Human Services, currently holds a contract with the

Statewide Collaborative Systems of Care Directory

Below is a link to download a statewide directory of counties and tribes which are developing or sustaining CST initiatives and other collaborative systems of care in Wisconsin. The directory also includes contact information for various