

## **Best Practices For Youth Crisis Prevention/Intervention**

(This was collected by the regional Juvenile Hospital Diversion Workgroup—if you wish to share a best practice and be added to this list, please contact Sharon Locklin at [persephon9@earthlink.net](mailto:persephon9@earthlink.net))

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### **Sauk County**

1. Family Partnerships Initiative - Capitated wraparound service. Partnership between 14 counties and LSS. Also standard integrated and coordinated services projects - in Sauk's case a mix of our staff and contracted LSS staff. We also operate our own intensive supervision program which is closely linked with our outpatient mental health staff.
2. As you might suspect, LSS - Ron Hauser, Beaver Dam office.
3. Regular meetings (quarterly) with law enforcement regarding crisis system. Organized by our outpatient MH/AODA manager. Regular meetings (every 2 to 3 months) with school pupil services staff. Initially it helps to have top administrators from all agencies at these meetings to establish their importance. We also invite school staff in, as appropriate when we problem solve a difficult case in Collaborative Forum - a multidisciplinary case review and planning process.

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### **Waushara County**

Thanks to our CSP/CCS Coordinator, Crisis Coordinator and ISP Coordinator, we have the following to offer:

The following activities in Waushara County help reduce both new hospitalizations and the length of stay in hospitals:

1. We use mentors (2) to assist kids and families in coping in the home, school or community emergency situations, rather than knee jerk placements in hospitals. This happens both during work hours, and afterwards.
2. We also utilize our Integrated Service Program, which plans for crises and develops a response hierarchy wherein hospital is typically only an option after all the other pre-planned steps were taken.
3. Our CCS program has expanded our capacity to both respond to and prevent kid's emergencies. It does so by providing for planful "case management" (a.k.a. "service facilitation") and allowing some creativity in providing partial reimbursement for important socially rehabilitative activities.
4. We use the Family Crisis Center Shelter in Stevens Point (as respite) for juveniles who are in the midst of strong family conflict, and wherein a brief "time out" could be helpful to all.
5. We partner with CAP Services to provide parent-education programs and "Chill Skills" classes to kids.
6. We use our contracted Employment Specialist to assist teens with special needs to find and maintain employment.

We hope this proves helpful,  
Paul Theyel  
Waushara County

1) Waushara County does have creative and effective programs serving juveniles in the home or other community settings that reduce the need for inpatient psychiatric services, either within or contracted. For example, we have an Integrated Services program, which is an in-home wraparound approach that is effective. Also, we have an Intensive In-Home Treatment team that utilizes a therapist and several mentors who work as a team with family/individual intervention. Further, we contract with the Family Training Program, that works with parents and children that are many times suffering from mental health difficulties. Last, we do have personnel that provide mentoring to children and families, outside of the Intensive In-Home Treatment Program.

2) We contract with the Family Training Program, that is based out of Neenah, WI. Their success is limited with juveniles but has had more success with CPS cases.

3) Our department and its personnel are very active with schools, law enforcement and other providers. The social workers and other staff are very involved with all of the schools. Further, each school is assigned to a staff member for the important role of

being a liaison with that school assigned. The local Sheriff's Department has a liaison officer who works with juveniles. There is a lot of contact that workers have with law enforcement. Our staff also has positive relationships with other service providers, for instance, we have an ongoing positive relationship with the Community Action Program.

4) I cannot think of other juvenile programs outside of our county at this time that have successful approaches to juveniles, except to say that intensive services, in general, seem to help greatly.

Sincerely,

Thomas E. Eckels  
Juvenile Justice Supervisor  
Waushara County Department of Human Services  
P.O. Box 1230  
Wautoma, WI 54982  
(920) 787-6550, Ext. 529

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## **Winnebago County**

The following is in response to Cori McFarlane's request for best practices information. These are provided from the behavioral health / crisis intervention perspective.

1) Does your county have examples of creative and effective programs or approaches that you are using in serving juveniles in the home or other community settings in order to reduce the need for inpatient psychiatric services? If so, please provide a brief description.

We do have a diversion program established wherein juveniles can be assessed by crisis workers and can be placed voluntarily in a foster home or group home. In the great majority of situations, the kids we divert return immediately to the family home. Regardless of the disposition, a safety plan is developed with the child and at least one family member.

Here is our basic policy and procedure for this process:

### ***Crisis Worker Procedures***

- 1. Receives call regarding juvenile mental health situation.***
- 2. Respond to officer to do phone triage. Cover the three criteria.***
  - I. If the juvenile has admitted to ingesting drugs or alcohol, or appears to be under the influence of drugs or alcohol, or needs medical attention for other reason, we ask that the juvenile be taken to the nearest medical hospital for medical clearance or treatment.***

**II. If the juvenile has committed any overt act of violence toward self or others, or is refusing to cooperate with the evaluation process, we would ask that some type of detention would occur. The detention would either be at WMHI under Chapter 51 if there was some question as to the mental health status of the juvenile. The detention might also be to secure detention facility under Chapter 938 if there is no reason to believe that mental illness was a causative factor in the juvenile's behavior. If the juvenile has acted out or has caused some minor property damage, but has calmed down and is cooperative throughout the decision making process, that juvenile would not necessarily need to be detained.**

**III. If a juvenile has made some verbal threat to self harm or is having thoughts of self harm but is seeking someone to talk with, officers can arrange to take this juvenile to a neutral location where the juvenile will be evaluated by a mental health professional. A parent of this juvenile must be available in person or by phone in order for disposition options to be discussed.**

- 3. Complete a Suicide Risk Assessment (Includes interview with Child, parent(s), police, others available.) If child is already involved with Human Services, attempt to contact their social worker. If unable to reach social worker, do leave an audex to keep them apprised of the situation.**
- 4. Decide on placement needs.**
- 5. Develop and share safety plan.**
- 6. Refer and enroll to crisis team. Summarize assessment in Initial Assessment and Plan note, and summarize the safety plan in the Crisis Plan section. (If you are unable to complete your paperwork on the same day, fax the safety plan and assessment notes to)**

**Placement Considerations:**

**No matter where the child is placed, always contact the initiating police department's non-emergency number and inform that department of the child's final disposition.**

**Non-emergency Numbers:**

<b>Oshkosh PD</b>	<b>236-5700</b>
<b>Winnebago County Sheriff's Dept.</b>	<b>236-7300</b>
<b>Neenah PD</b>	<b>886-6000</b>
<b>Town of Menasha PD</b>	<b>720-7109</b>
<b>City of Menasha PD</b>	<b>751-5128</b>
<b>Omro PD</b>	<b>685-7007</b>
<b>Winneconne PD</b>	<b>582-9944</b>
<b>Appleton PD</b>	<b>832-5500</b>

*When a child returns home, seek a release of information to have follow-up conversations with the child and family, also consider school counselors, outpatient therapists, etc. (They can refuse further follow-up by Human Services, but if the child shows back up in crisis again we will increase our assertiveness on the necessity for follow-up and follow through.)*

*If a child is placed in a CBRF, you will complete a Winnebago County voluntary admission form, and forward this to John Sheehan. Also, please coordinate with parents and staff to assure that a child can get to a doctor for a medication consent form. Silvercrest will also have their own version that their staff will fill out. The group homes will also have a variety of paperwork requirements that they will fill out with the clients.*

*Silvercrest must have a medication authorization signed by a physician before they can monitor medication. This is the parent's responsibility. If they do not have an authorization, the parent's are allowed to provide and monitor medication at Silvercrest.*

*Silvercrest will need a Free From Communicable form within 12 hours of admission. Again, this is the parent's responsibility. It might not make sense for the parent to drive a child to an ER or walk in clinic (for example if there is significant conflict with parent.) Address how this will be accomplished in safety plan. If you are convinced that a parent really can not or should not transport this child, be as creative and flexible as you can to satisfy the need to get the child seen by a doctor.*

*Candlelight Vision has two paperwork requirements, and provides their own forms. The first is a Medical Treatment Consent for Minors, and the other is a Medication form. Their medication form does not have to be signed by a physician, but does need to be signed by a parent or guardian. When we bring someone to Candlelight Vision, we will use our own voluntary placement agreements as well.*

*When diverting to a foster home, we will complete a voluntary placement agreement and a Medical Treatment Consent for Minors (signed by parent or guardian and given to foster parent). Parent's can transport the child to a foster home, but if we have time, it would be helpful if we were present at the foster home to introduce the child and answer any last minute questions. If being physically present is not feasible, review the safety plan thoroughly with the foster parent over the phone.*

*Updated 10/2/06 JJS*

2) Have you used any contracted providers that have been particularly successful in serving the juvenile population and whom we might be able to list in a regional resource guide? If so, please provide brief description and contact information.

Candlelight Vision is willing to be a resource on a regional basis. They are located in Neenah, WI, and they have three group homes located on their property. Their phone number is (920) 969-0560. Good contacts would be Danel Burchby or Mary Kay Lutzo.

3) Please share highlights of any successes you have had in building community collaborations with schools, law enforcement and/or other partners. What has made these connections work? Do you have any data or information that would be useful to other counties in building similar relationships in their communities?

Extensive networking has worked well for us. We spoke to anyone that was interested in developing alternatives or resources. We developed a coordinating committee that included representatives from law enforcement, schools, human services, WMHI, private hospitals, and a community agency interested in preventing suicide. We really tried to approach this with a "How can we help?" attitude, especially with law enforcement. WE tried to find ways to simplify the process for them and to allow them to spend less time in the ERs or being tied up during the assessment process. We created training opportunities to address needs and concerns of these interested parties. We now can divert about 40% of the juveniles at risk of detention. We also developed some guidelines with the school systems that help school staff make decision about how to respond to various levels of threat. These are attached here:

**Winnebago County Best Practices  
School Procedures for Student Suicide Concerns**

***Category 1: Students who have talked about suicide to peers, faculty, staff or administration, but in the social worker/counselors judgment have a low level of risk. (Ideation Stage)***

- a. Social Worker/Counselor should establish an individual relationship with the student focusing on the concerns that have prompted his or her suicidal thinking.***
- b. Social Worker/Counselor should contact parent or guardian.***
- c. Social Worker/Counselor should consult with parent or guardian regarding the need to seek additional mental health assistance. This may result in an appropriate community referral.***
- d. The social worker/counselor will administer a mental health/ depression screening after obtaining permission from parents.***

***Category 2: Students who appear to their classmates, faculty, staff or administration to be giving serious thoughts to killing themselves, but have not made an attempt. (Gesture Stage)***

- a. Social Worker/Counselor should establish an individual relationship with the student.***
- b. The social worker/counselor will administer a mental health/ depression screening after obtaining permission from parents.***
- c. If there is a perceived risk of suicidal gesture or attempt, proceed to plan outlined in Category 3.***
- d. If there appears to be no imminent risk, Social Worker/Counselor should consult with the parent or guardian regarding the best source of additional assistance for the student. Make a referral to a mental health resource immediately.***

***Category 3: Students who have actually attempted suicide or exhibited suicidal gestures within the past several days, or have admitted that they plan to commit suicide in the immediate future. (Attempt Stage)***

- a. *Social Worker/Counselor should arrange to keep the student under constant adult supervision.*
- b. *Social Worker/Counselor should call the parents or guardians and request that they come to school immediately.*
- c. *The social worker/counselor will administer a mental health/ depression screening after obtaining permission from parents.*
- d. *If the parents are cooperative and do come in:*
  - 1. *They, along with the social worker/counselor should decide on the best course of immediate assistance.*
  - 2. *The responsibility of the student's welfare needs to be placed with the parent and the appropriate referral sources they choose i.e., physician, counseling center.*
  - 3. *The social worker/counselor should facilitate this referral immediately. Parents should be reminded of the benefit in completing release of information forms permitting dialogue between and any outside agency.*
- e. *If the parents are unwilling or unable to come to school. The social worker/counselor should ask the Police Liaison Officer or Police Department to intervene and facilitate placement.*

4) If you happen to be aware of successful approaches in counties outside this region, or in other states, that we might want to explore further please provide us with that information as well.

In Dane County, Beth Lucht or Kristen Esbensen (608-280-2610) might be a good people to talk with.

Also, Chris Morano (414) 257-7621 of the MUTT (Mobile Urgent Treatment Team) has been very successful.

Please let me know if you need clarification or more information on anything above.

Thanks,

John Sheehan  
Winnebago County DHS  
(920) 236-4741

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Family Counseling Associates - MCA  
Appleton and New London

The Teen Awareness Girls' Group



Art work done by TAGG graduate

What can a binder and a group for adolescent girls do? Change lives!

TAGG is a self-esteem and confidence building group for adolescent girls that meets one hour weekly for fourteen weeks. Participants, 13 to 17, go on a journey of healing and self-discovery with a special binder filled with stories, poetry, art and information on successful living. The girls learn how to deal with life challenges in a positive way and make healthy decisions. By recognizing their uniqueness and identifying personal gifts and talents, they come to know themselves better and have greater self-respect. The girls graduate with renewed faith in themselves, their future and in those who care about them.

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“You learn a lot about how to deal with your emotions and why you react to different situations the way you do. I have found out things, while going to TAGG meetings, that I NEVER knew about myself.” TAGG Graduate 1999

“I am very grateful to TAGG. I have seen a huge positive change in behavior and attitudes as a result of TAGG.” Parent of TAGG Graduate 2005

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State funding is provided by The Safe and Stable Families Committee of Waupaca County so cost for the program is already covered.

For more information call Kristina Davis, LCSW at:

(920) 738-7795  
300 N. Woods Edge Dr.  
Appleton, WI 54914

1-800-457-8668

(920) 982-3660  
315 Burton Street  
New London, WI 54961

[www.familycounseling-mca.org](http://www.familycounseling-mca.org)

2006 PSSF/IV-E REPORT for Waupaca County  
Program/Activity Report

1. Name of Project/Service

**TEEN AWARENESS GIRLS' GROUP - aka TAGG**

2. Name of Agency providing Program/Service

**Medical & Counseling Associates - aka Family Counseling Associates - MCA**

3. Project Description

**TAGG is a 1-hour 14-week cognitive behavioral group for 12 teen girls surveying topics that develop personal responsibility, positive character and self-esteem. TAGG was held during the school year on a week day evening at the New London Family Medical Center. One Masters' level mental health professional lead the group with a co-leader assisting.**

**Topics Covered**

- **One's Personality Style**
- **Identifying One's Hopes and Dreams**
- **Loss and Grieving**
- **Addictions**
- **Self Esteem**
- **Recognizing One's Gifts and Talents**
- **Cognitive Reframing**
- **Dealing with Stress Positively**
- **Infatuation versus True Love**
- **Letting Go Of Past Mistakes**
- **Recognizing Those who Truly Care About You**
- **The Value Of An Education**

4. Target Population

**"At-Risk" Adolescent Girls. Girls who have experienced loss and hard times, have mishandled their grief, and lost faith in themselves, others and their future.**

2006 PSSF/IV-E REPORT for Waupaca County  
Program/Activity Report

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5. Program Goals

**To change how an “at risk” adolescent girl perceives:**

- 1. Herself,**
- 2. Those adults who care about her, and**
- 3. What her future can be.**

**Faith in herself, in those adults who care about her, and faith to pursue her hopes and dreams is rekindled. She values herself more fully, knowing what her specific natural gifts and talents are. She believes she can make a positive difference in her own life & community and is reinvested in her education. She understands how her decisions regarding self-abusive and destructive behaviors get in the way of fulfilling her hopes and dreams. She is more willing to look to caring adults for help and guidance. These changes in her perceptions and thinking lead her to positive changes in the choices she makes and in her behavior. As she makes better choices and exhibits more constructive behavior, conflicts with parents/guardians, other youth and the community will decrease. She will provide a better role model for younger siblings and create more stability in her family.**

**This was not a stated goal in the original proposal but it really is a goal of the program; to give on-going information to the youth’s case worker that will assist in their supervision of the youth. We met this goal by sending a weekly Progress Report on each TAGG participant referred by Waupaca County Department of Human Services to their case worker (see enclosed Progress Report Form).**

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Outagamie County

1) Does your county have examples of creative and effective programs or approaches that you are using in serving juveniles in the home or other community settings in order to reduce the need for inpatient psychiatric services? If so, please provide a brief description.

I think the most effective approach is to encourage and facilitate collaborative and comprehensive case planning between our department (and all of its divisions) and the family, community providers, schools, police, etc. We still have a long way to go in order to make this a regular part of our practice, but we have had some success in reducing emergency detentions and out of home placements in cases where we have developed comprehensive crisis & treatment plans involving all

stakeholders. I think that sometimes case managers struggle in isolation with difficult cases and they need to be reminded and given permission to broaden the scope of problem solving and involve staff from other divisions with different types of expertise as well as other partners in the community. We encourage our supervisors to recognize when a case needs broader planning & collaboration.

For example, we are developing a plan that involves using a foster home as a respite/crisis resource for a girl who has had a number of emergency detentions. We are also developing a plan to use our Independent Living program to work with her over the summer to develop social and daily living skills, and to hire her teacher (who she has a very good relationship with) as a summer wraparound worker to help reinforce the development of these skills. We think this will also help to reduce school outbursts next school year.

There is really no magic to this type of planning. It just involves good collaboration, a focus on the youth & family's needs, and some creativity.

2) Have you used any contracted providers that have been particularly successful in serving the juvenile population and whom we might be able to list in a regional resource guide? If so, please provide brief description and contact information.

Family Services of Northeast Wisconsin: 920-436-6800  
Family Resource Service Team provides "wraparound" services that help youth & family build competencies in the home, school, and community.

Family Training Program: 920-722-5511  
In-home family therapy program for families with children & adolescents.

Options Treatment Programs: 920-735-9010.  
Adolescent substance abuse treatment.

These programs would require the interested county to establish their own contract with the provider.

3) Please share highlights of any successes you have had in building community collaborations with schools, law enforcement and/or other partners. What has made these connections work? Do you have any data or information that would be useful to other counties in building similar relationships in their communities?

It seems we have had success in working with Appleton PD in providing crisis intervention training for some officers. I think APD has seen this as valuable, and from what I understand other police departments are also pursuing the training.

Our Crisis Advisory Committee has been successful at bringing together law enforcement, treatment providers, and DHHS staff from different divisions to discuss issues related to local crisis intervention services.

Our Youth & Family Services division has been doing some outreach with school districts to encourage better communication and to encourage school administrators and police/school liaison officers to call us when they think we might be able to help, versus having to make an arrest/formal referral. We want them to get the message that they don't have to get kids "into the system" to get some services.

Our Children, Youth & Families division has worked closely with the Citizen Review Panel to develop a more comprehensive & collaborative working relationship between CPS & the community.

Mark M. Mertens, M.S.W.  
Manager, Youth and Family Services Division  
Outagamie County Health and Human Services Dept.  
500 W. 5th Street  
Appleton, WI 54911

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## **Marquette County**

**Marquette County offers various integrated services including Children Come First (CCF) and Coordinated Service Teams (CST). Each of these involves family teams, which include the parents, the child (if appropriate), school personnel, informal supports and service providers. The teams complete a comprehensive assessment and case plan as a group, with buy-in from the parents. We have found this approach to be very effective in developing individualized treatment plans that really fit the family.**

**Another integrated approach is used in Child At Risk or CAR. This program is for children who are struggling behaviorally and/or academically in school and are at risk of failing. A mental health provider visits the family regularly to work on parental support of learning and to gain better involvement of parents with the school. The family cases are regularly staffed with a team comprised of the mental health provider, school counselors and DHS representation.**

**Family Partnership Initiative (FPI) is a wraparound model used primarily for those children who are at risk of out-of-home placement and where more intensive service coordination is required. FPI's philosophy is that they will figure out a provide the service that is needed to keep kids in their home, or to reunify them to home. If they can't provide the service or purchase the service, they will create it for the family. FPI is also interested in developing natural supports for families.**

**Marquette County recently was awarded a grant for respite services for children who are at risk for abuse or neglect. In conjunction with other services, this support can often help families get through periods of crisis.**

**Our contracted mental health provider for the county, Northland Community Services, provides crisis counseling on an on-call basis. This service is also provided through Lutheran Social Services In-Home for those families who are receiving in-home therapy through Human Services.**

**Our system of teams provides each family with an individualized crisis plan which is on file with the Sheriff's Department and the Human Services and Northland on-call systems. These crisis plans are developed in a highly collaborative manner, bringing in whoever is necessary for a successful plan.**

**2) Have you used any contracted providers that have been particularly successful in serving the juvenile population and whom we might be able to list in a regional resource guide? If so, please provide brief description and contact information.**

**Northland Community Services  
161 Spring St.  
P.O. Box 248  
Westfield, WI 53964  
(608) 296-2139**

**Comprehensive psychological and psychiatric services. Service coordination for integrated services including Children Come First and Coordinated Services Teams.**

**Lutheran Social Services  
449 Hitchcock St.  
Baraboo, WI 53913  
(608) 355-4103**

**In-home therapy and counseling services to clients of Marquette County Human Services.**

**Family Training Program  
1336 American Drive  
Neenah, WI 54956  
(920) 722-5511**

**In-home parenting skills education and parent mentoring. Full assessment, weekly meeting with family by team of two trainers.**

**One of the school districts in our county, Westfield District, received a SAFE Schools grant which has funded several new positions and initiatives including a SAFE site manager, school nurse, an early childhood specialist, and a school social worker. These people have greatly strengthened the relationship of the that school to all other agencies and providers within the community. There was recently a health fair put on at the school that provided an opportunity for community agencies to make connections with the youth in the district.**

**There have been some wonderful collaborative opportunities which have sprung out of the integrated teams that were mentioned above. For instance, a developmentally and cognitively delayed youth, at risk of psychiatric placement was connected to a wrestling coach a few years ago. This boy has developed an interest in wrestling and has gained many social opportunities as he lift weights regularly with the other "jocks" in the high school. This youth now demonstrates good behavior in school and improved academic performance because he knows this is necessary for his participation in sports. Pulling in that one coach created several other advantages for the youth that weren't readily available.**

**Another example is the inclusion of a police officer in a family team meeting where the parent was contemplating some risky, possibly illegal activity. When the parent was ready to "come clean" about their behavior and shared this with the officer, it created a new boundary for this individual that they would not be able to make such a choice again. In other words, once they had sort of "confessed," they were unable to go back on their commitment to refrain from the illegal activity.**

**What makes these situations work is that the team could find that one person who was available when needed and who understood what the team was attempting to do with regard to supporting the individual or family. All communities have these individuals, we just need to keep asking.**

**As individuals, such as teachers, police officers, ministers, etc. have positive experiences in the team process, these practices of teaming becomes more acceptable and more commonplace. It is now a regular occurrence in our community to have informal teams spring up as needed, perhaps only to assist during a crisis time.**

**I hope this is helpful. You are welcome to call me with any questions.**

**Ann Saarinen  
Lead Juvenile Caseworker  
Marquette County Human Services  
(608) 297-9136, ext. 245**

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Shawano County

We have been working diligently to complete trainings with schools, law enforcement, and other county departments. We have mobile crisis response, so we go to the school any time a student is in crisis and they request our services. We are involved with ROADS (Reaching Out About Depression and Suicide), a local group that was founded to educate our community and try to prevent suicides. ROADS sponsors a lot of trainings for the schools, churches, and any community agency. They have paid for our staff to attend trainings on suicide and depression.

As a member of ROADS, I present at the schools and outside agencies (such as churches, hospital, etc.) about what services the county has to offer, and often am able to build resources and relationships by extending into those avenues. Crisis staff is also always available by phone for consultation, which school personnel and law enforcement use frequently.

Jessica Delzer, MS, LPC  
Intervention Services Supervisor  
Shawano County Department of Community Programs  
504 Lakeland Road  
Shawano, WI 54166  
(715) 526-5547

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### **Juvenile Hospital Diversion Best Practice in Sheboygan County:**

1. *Examples of creative and effective programs/approaches that we are using in serving juveniles in the home or in other community settings to reduce the need for inpatient psychiatric services:*
  - \* Wraparound Services which includes mentors, respite care (in foster homes, in treatment foster homes, & at Willowglen Academy), summer camps, and in-home counseling)
  - \* Children Come First – Integrated Services Project which brings together teams to support families with severely emotionally disturbed children
  
2. *Contracted providers that have been successful in serving the juvenile population and whom we might be able to list in a regional resource guide (each provider might have to be contacted for permission):*
  - \* Family Care Specialists (treatment foster care and in-home counseling)
  - \* Steve Sawyer (in-home counseling)
  - \* Norris (psychiatric and psychological evaluations and treatment plans/[Residential Care Center](#))
  - \* Eau Claire Academy ([Residential Care Center](#))
  - \* Northwest Passage ([Residential Care Center](#))
  - \* Tender Hearts Home Health Care ([provides parents with help with personal cares for their disabled children](#))
  - \* WEAP (Wisconsin Early Autism Project – [providing intensive in-home treatment for children with Autism and Pervasive Developmental Disorder NOS](#) )
  - \* Phoenix Behavioral Health, Manitowoc
  - \* IDS ([Integrated Development Services – providing intensive in-home treatment for children with Autism and Pervasive Developmental Disorder NOS](#))
  - \* Libertas ([intensive outpatient substance abuse program for adolescents in Sheboygan County](#))

- \* Family Youth Works (mentors, activities for emotionally disturbed children)
- \* SPARKS (summer school program for emotionally disturbed children provided by Sheboygan Area School District)
- \* Willowglen School, Haven (day treatment program for emotionally disturbed children who cannot function within a regular school setting)
- \* LSS (Lutheran Social Services which provides mentors and a program helping foster children up to age 22 to develop Independent Living Skills called "Project Youth")

3. *Highlights of successes in building community collaborations with schools, law enforcement, other partners...what had made these connections work:*

- \* Children Come First – Integrated Services Project has a coordinating committee made up of many community partners and this committee helps to keep the individual child & family teams running smoothly. Planning committee meetings over the lunch hour and serving food helps to keep committee members involved. The state of Wisconsin is encouraging all counties to develop CCF – ISP teams for their severely emotionally disturbed children and their families.
- \* Coordinated Services Teams ( these are just beginning in Sheboygan County and they are under the same coordinating committee as the CCF-ISP program...they serve children and families working with multiple agencies, but the children are not necessarily severely emotionally disturbed)
- \* One Coordinated Services Team met a few months ago with about a dozen professionals and family members to plan for a mentally ill adolescent with significant behavior problems. So far this young person has been able to remain in his own home and there has been excellent cooperation among those dealing with him, including social workers, school staff, and law enforcement.
- \* Psychologist Jim Harriman has a group of young men with the goal of helping them be successful in the community
- \* For all of the above, what has made these connections work is the process of getting together and forming teams...just communicating builds relationships...also, these programs are strength-based and the families of the disturbed children are involved in the decision-making process...Sheboygan County benefits from good communication between the Division of Social Services and the Division of Community Programs with workers being willing to help each other out between divisions

4. *Successful programs outside the county or state:*

- \* Waupaca and La Crosse Counties have excellent ISP and CST programs and/or psychiatric resources

\* Family Partnerships Initiative has helped children get out of placement and they have also helped to keep children in the community and avoid placement

\* We are aware of a program out of Kansas called “Community Living Opportunities” which provides extended family teaching...they can be contacted at [www.clokansas.org](http://www.clokansas.org)

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## **Milwaukee County**

Staffed by a team consisting of a psychologist, social workers, nurses, case manager and consulting physician, the Mobile Urgent Treatment Team provides crisis intervention services on a 24 hour basis to families enrolled in the Wraparound Milwaukee Program. In fact, this team provides services to any family in Milwaukee County with a child who is having a mental health crisis when the behavior of the child threatens his or her removal from home, school, etc.

The MUTT team goes to where the crisis is occurring, assesses the situation, determines if the child's behavior or mental health condition can be met with interventions in the home or whether temporary placement in a crisis group home or other emergency setting is required. The MUTT team also assesses whether the child's behavior constitutes a danger to that child or others requiring possible psychiatric inpatient hospitalization.

In addition to crisis intervention services, the Team can provide short-term case management and can link the child and family to other community services. The MUTT team oversees the operation of an 8-bed crisis/respice group home, which can serve as an alternative to inpatient hospitalization or resource for the child to transition from the inpatient facility.

Operating hours for MUTT is 9:00 a.m. to 10:00 p.m. on Monday through Friday and from 1:30 p.m. to 10:00 p.m. on Saturday and Sunday. During all other hours, MUTT can be reached by telephone through an on-call system.

**MONDAY THRU**  
**FRIDAY**  
**9:00 a.m. to 10:00 p.m.**

**SATURDAY - SUNDAY**  
**- HOLIDAYS**  
**1:30 p.m. to 10:00 p.m.**  
**APPROACHES TO**  
**SCHOOL VIOLENCE**

**An Article by:**  
**Dr. Chris Morano**

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**Mobile Urgent Treatment Team**  
**for Foster Parents**

A new initiative has also been developed to extend the services of the MUTT team to foster parents. The MUTT-FF response team assists foster parents with the behavioral challenges of foster children and help stabilize placements.

A group of specialists operate within the Mobile Urgent Treatment Team (MUTT) to provide immediate mental health services 24-hours-a-day to foster youth and their foster families. The foster parent have phone access to the team and in-home crisis service as needed. Following a crisis call, the team develops a 21-day response plan to provide crisis intervention, follow-up services and a Crisis 1:1 stabilization worker. A long-term crisis stabilization plan is also developed for those children deemed at risk of recurrent mental health, emotional, or behavioral crisis.

The desired outcome of the program is to help foster parents cope with crisis situations, thus lowering the incidents that necessitate removing children from placement. The MUTT-FF response team can be reached at (414)257-7621.

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Links:

<http://www.childwelfare.com/massachusetts.htm>

Per DSS Commissioner, the state has seen a 20% reduction in residential care in 3 years as a result of this program.

<http://www.healthinschools.org/policy.asp>

There is a growing national trend to provide healthcare, including behavioral healthcare in schools. This site provides information about outcomes of school-based services and establishing school-based clinics.

<http://mentalhealth.samhsa.gov/child/childhealth>

Publications about best practices and clearinghouse of model programs serving youth around the country