Project Zero:
Early Warning System Data Update and Ideal System Response

The Connection
N.E.W. MENTAL HEALTH

Project ZERO
EVERYONE MATTERS

COVID-19 & Mental Health: A "Perfect Storm"

INCREASING Risk Factors:

Isolation & disconnection

Loss of natural supports

Financial instability / Job loss

Relationship stress

Limited access to healthcare

Alcohol use (up 60%)

Feeling hopeless/burdensome

Access to lethal means (guns, prescription medication, etc.)

Uncertainty

DECREASING Protective Factors:

Connectedness & **Relationships**

Access to preventive healthcare

Social supports

Sense of purpose/meaningfulness (job or hobby)

Resilience / Distress Tolerance

Engagement in faith community

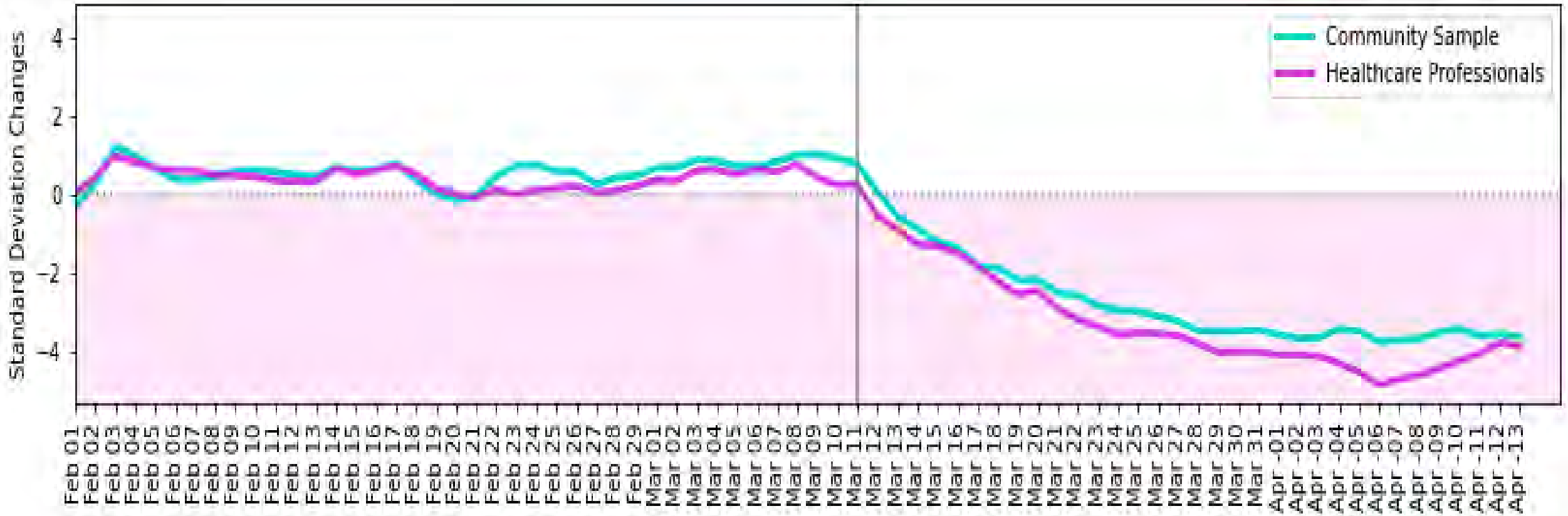
Empowerment

Healthy Coping Skills

Routine

Wellbeing declined significantly

(General Public and Healthcare Professionals)



https://suicidology.org/2020/05/05/ai-healthcare-professionals-mental-health/

Youth Mental Health & COVID-19

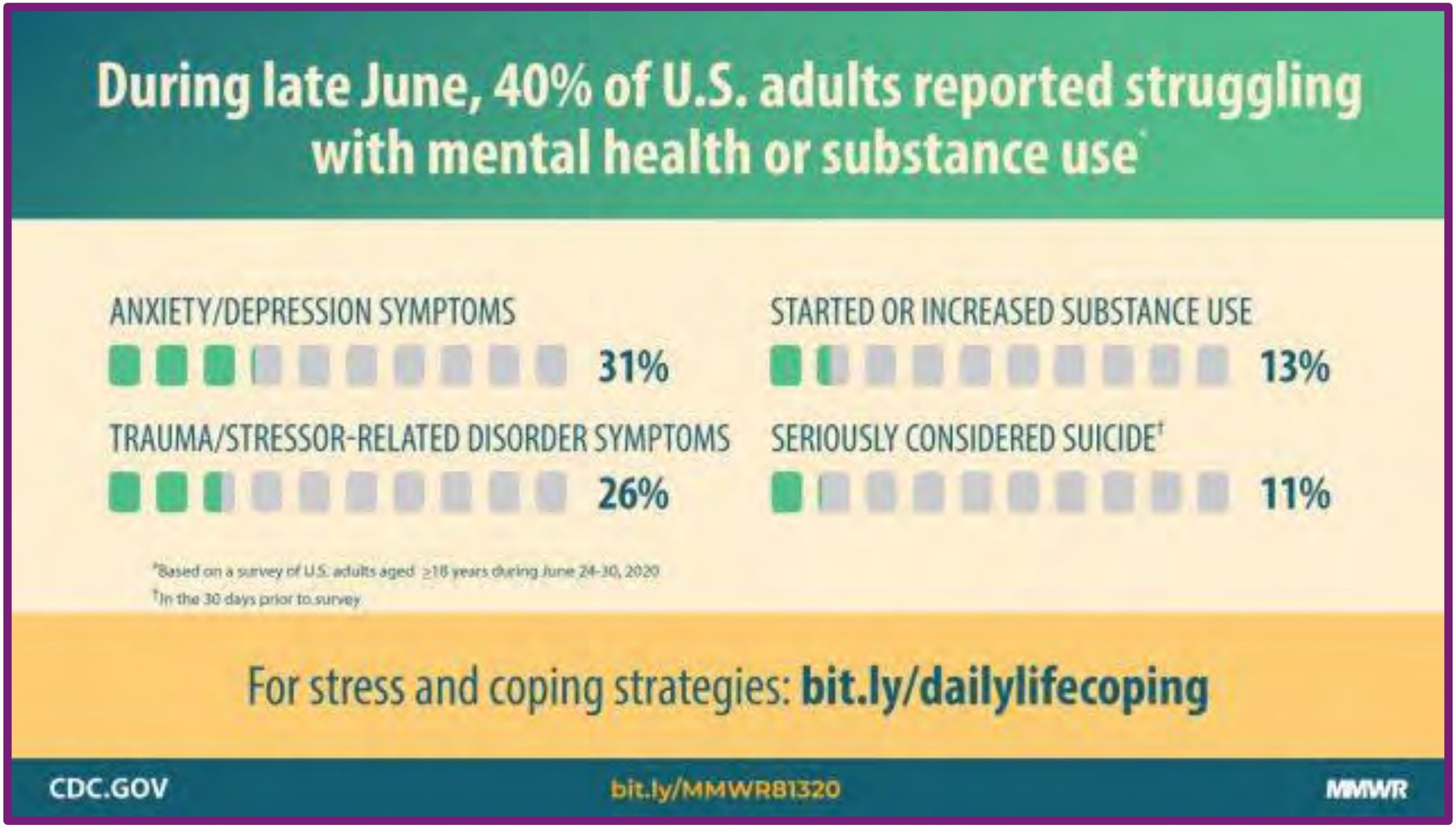
Children thrive when they are safe and protected, when family and community connections are stable and nurturing,

and when their basic needs are met

The coronavirus pandemic is

disrupting nearly every aspect of children's lives:

- Health
- Development
- Learning
- Behavior
- Economic security of families
- Protection from violence and abuse
- Mental health


During late June, 40% of U.S. adults reported struggling with mental health or substance use*
ANXIETY/DEPRESSION SYMPTOMS
31%
STARTED OR INCREASED SUBSTANCE USE
13%
TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS
26%
SERIOUSLY CONSIDERED SUICIDE†
11%
*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020
†In the 30 days prior to survey
For stress and coping strategies: bit.ly/dailylifecoping
CDC.GOV
bit.ly/MMWR81320
MMWR

Data Update:
March 13 – July 31, 2020

Calumet (3/13-6/6), Outagamie and Winnebago Counties

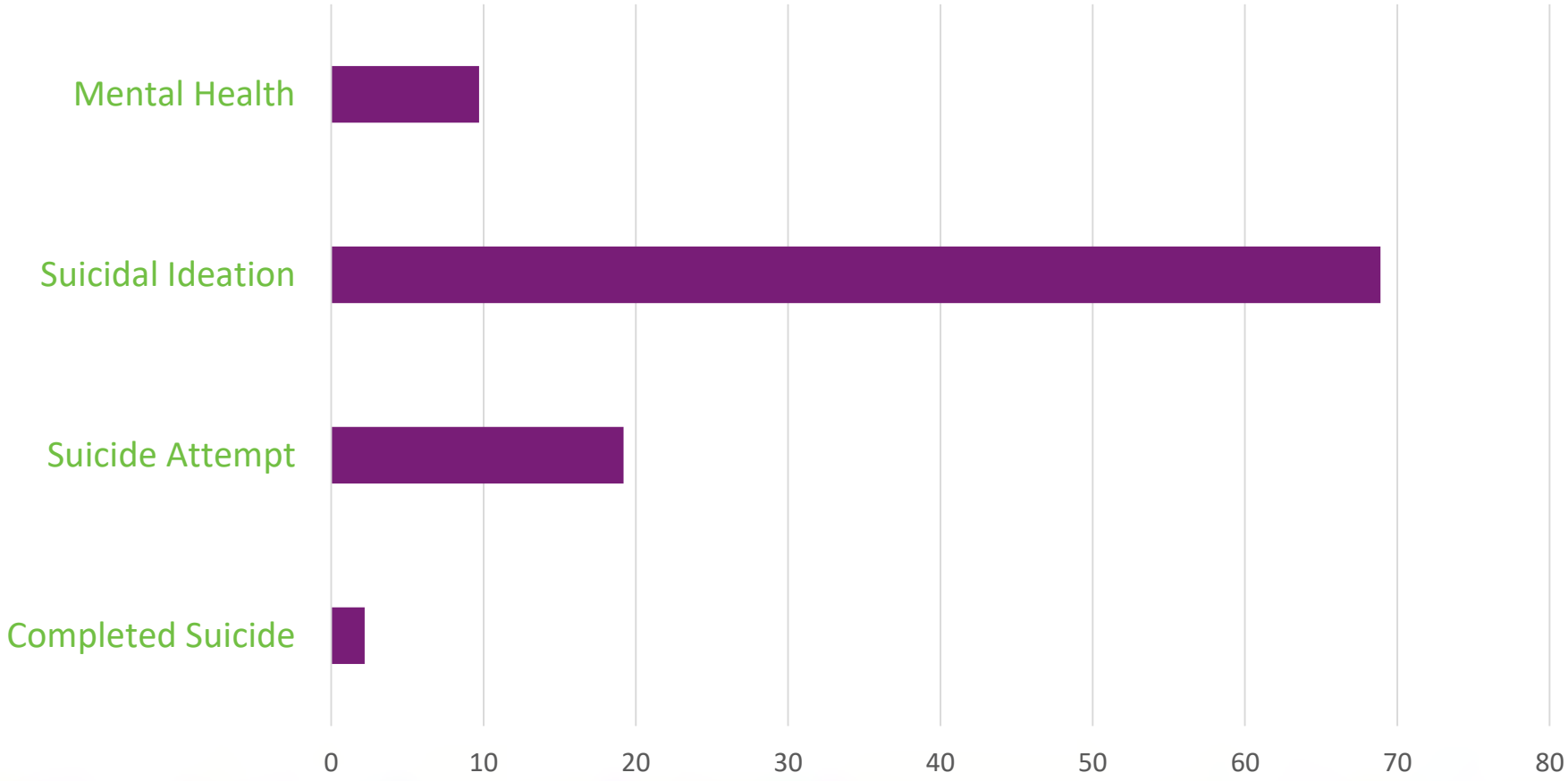
Daily calls over time (n = 1,050)

Shows a 17.5% increase over time

Significant Date

March 13: Schools out
March 17: Bars/restaurants close
March 23: Safer at Home announced
April 7th : Election
April 16th: Safer at Home Extended
May 13: Safer at Home lifted
May 22: Friday of Memorial Day wkd
June 6: Protests

Percent by Call Type



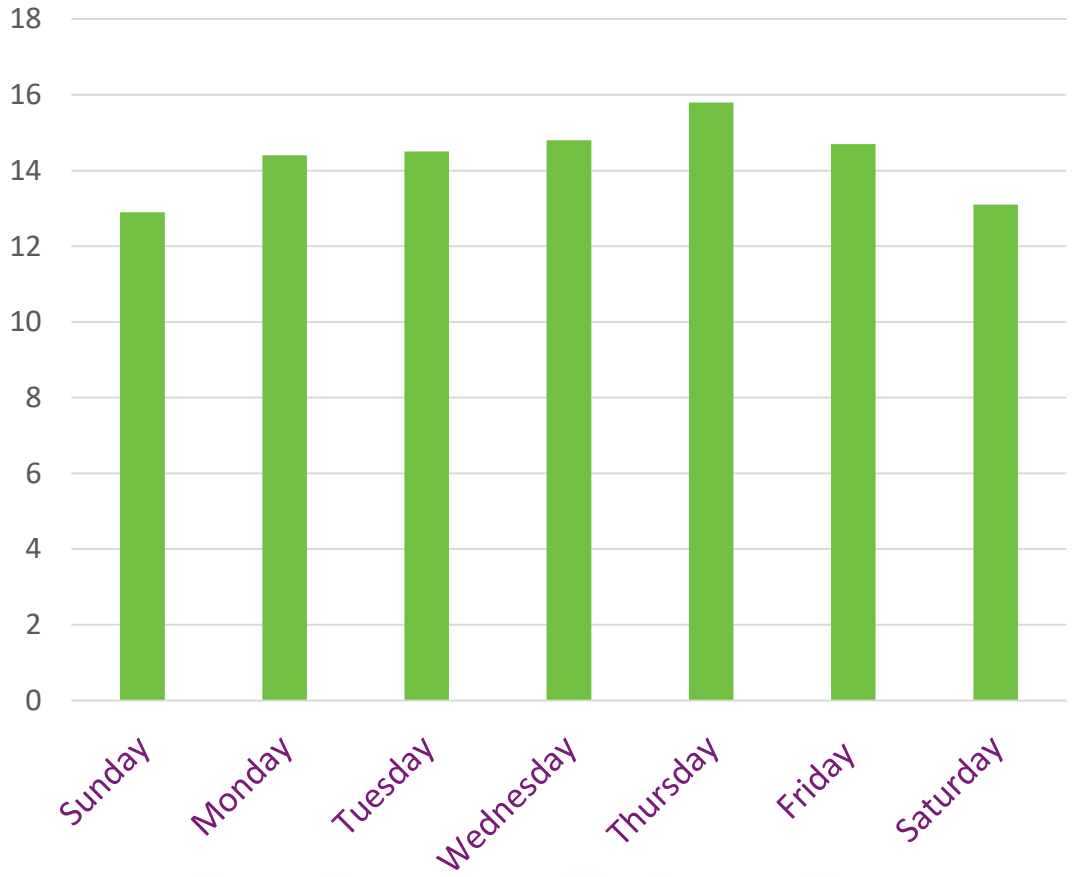
Does Not Include:

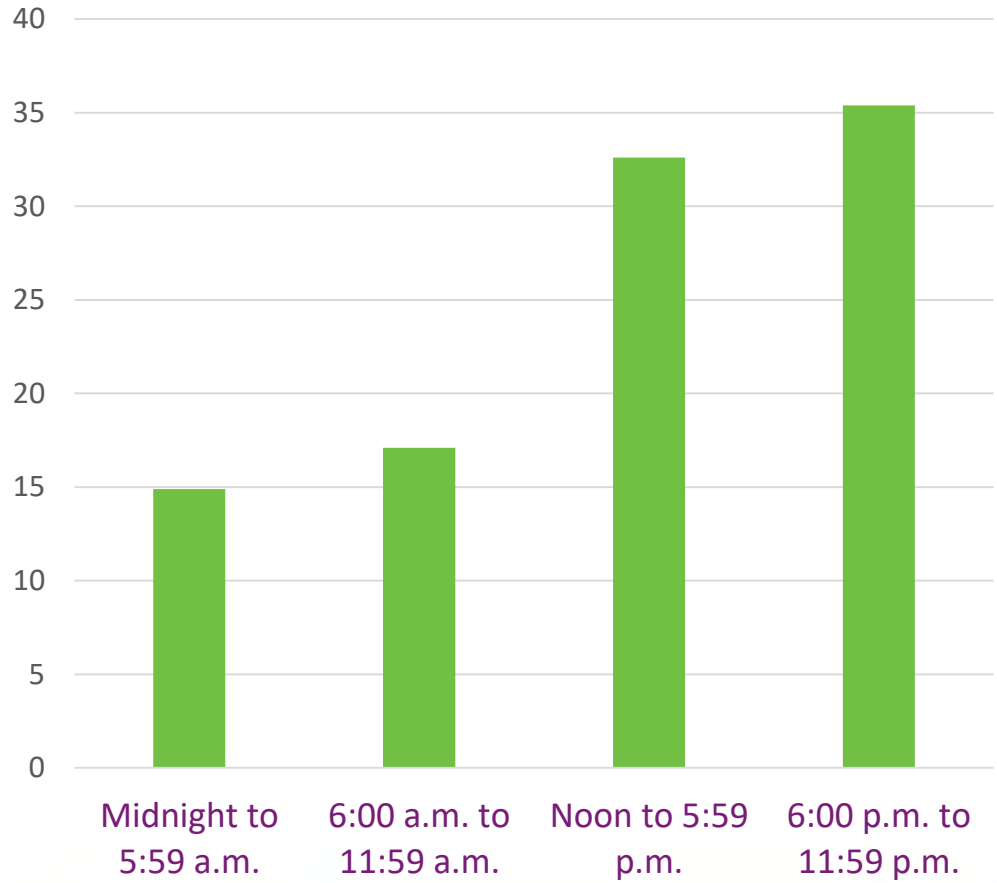
Deaths still pending

Single Motor Vehicle Accidents

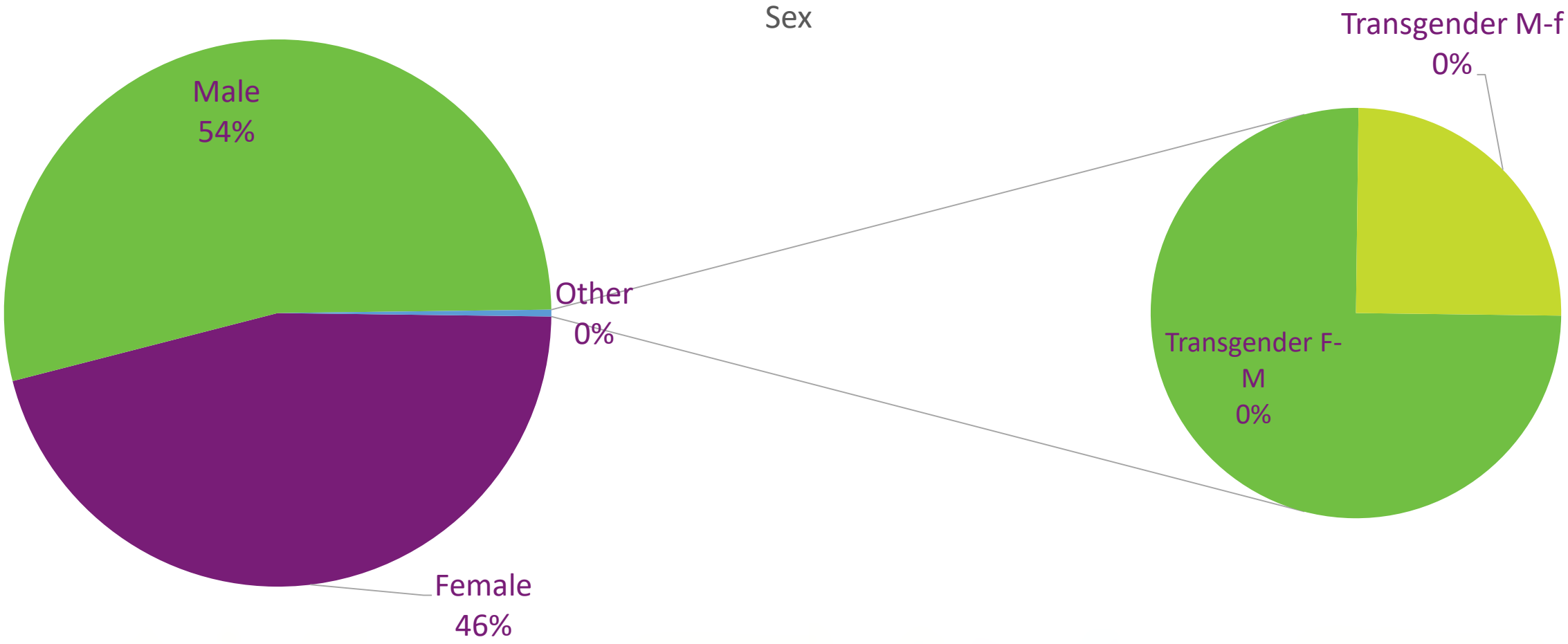
Overdose Deaths

Percent by Day of Week/time of Day





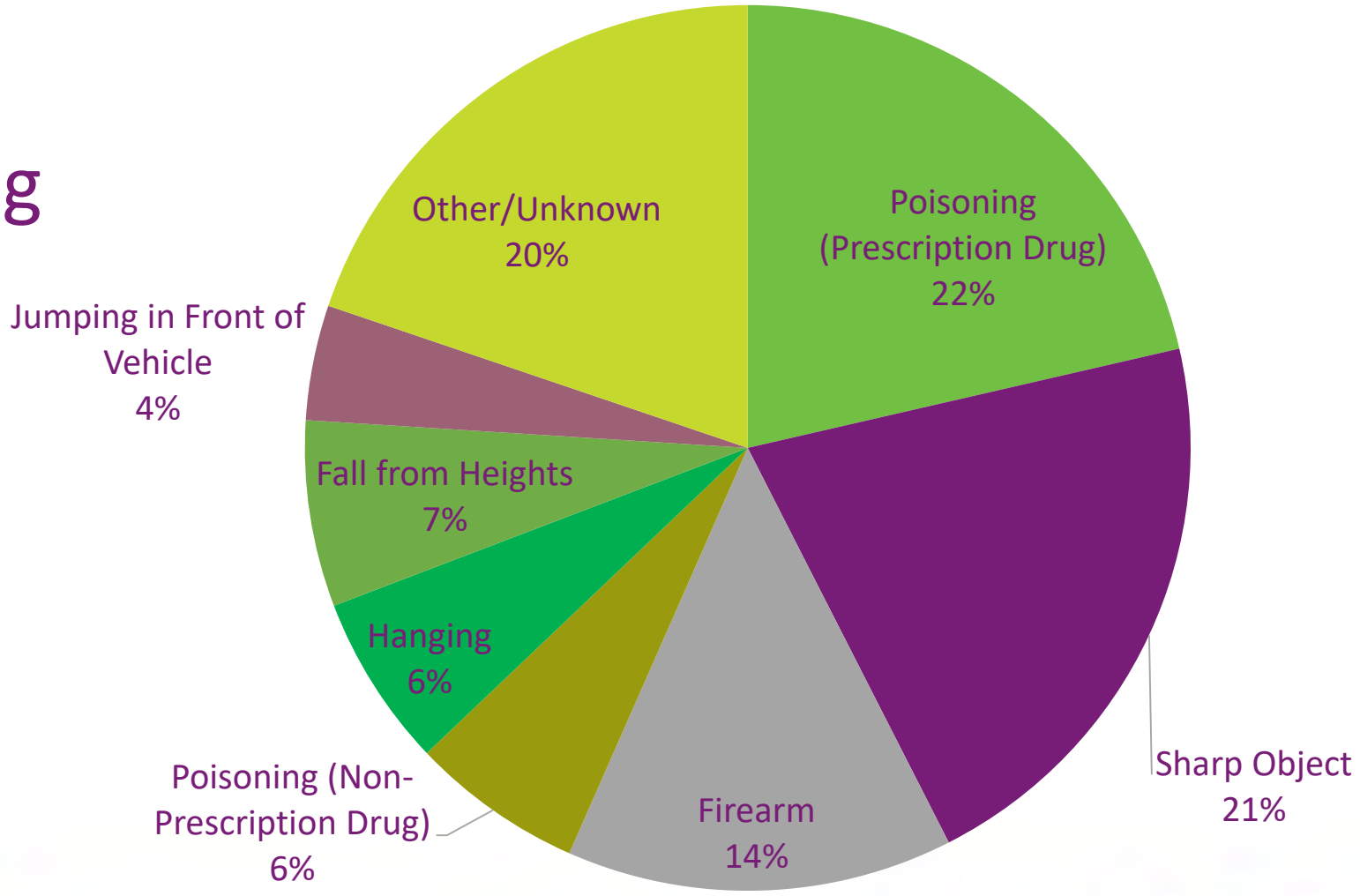
Percent Calls by Gender



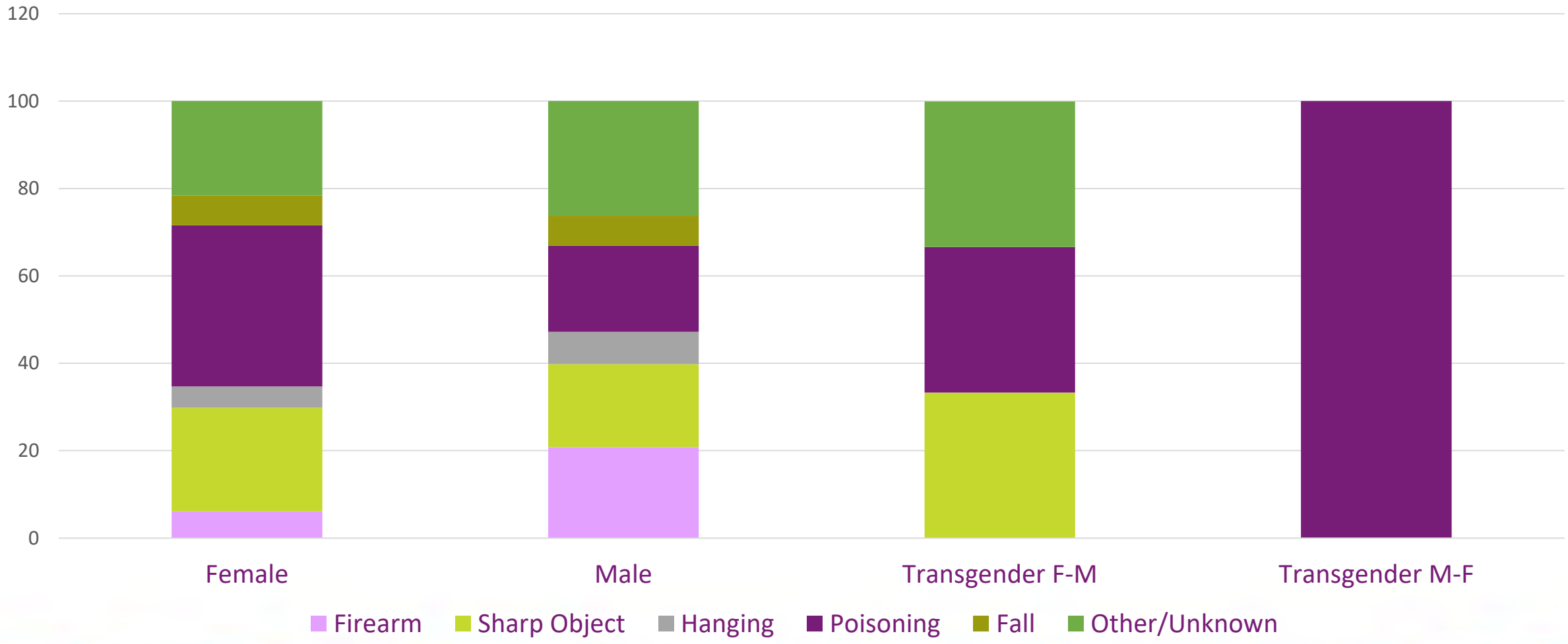
Percent Calls by Mechanism of Injury

Top 3

1. Poisoning-Rx Drug
2. Sharp Object
3. Firearm

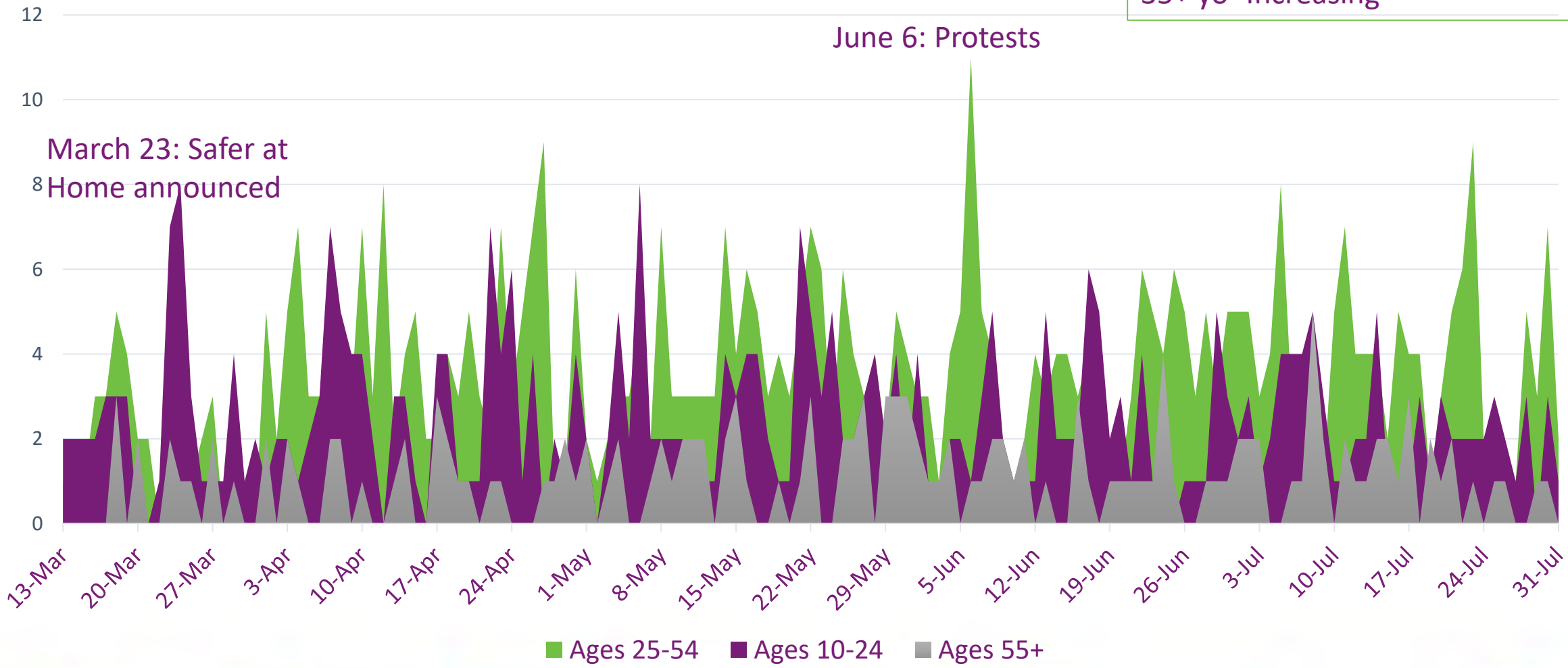


Percent Mechanism of Injury Gender



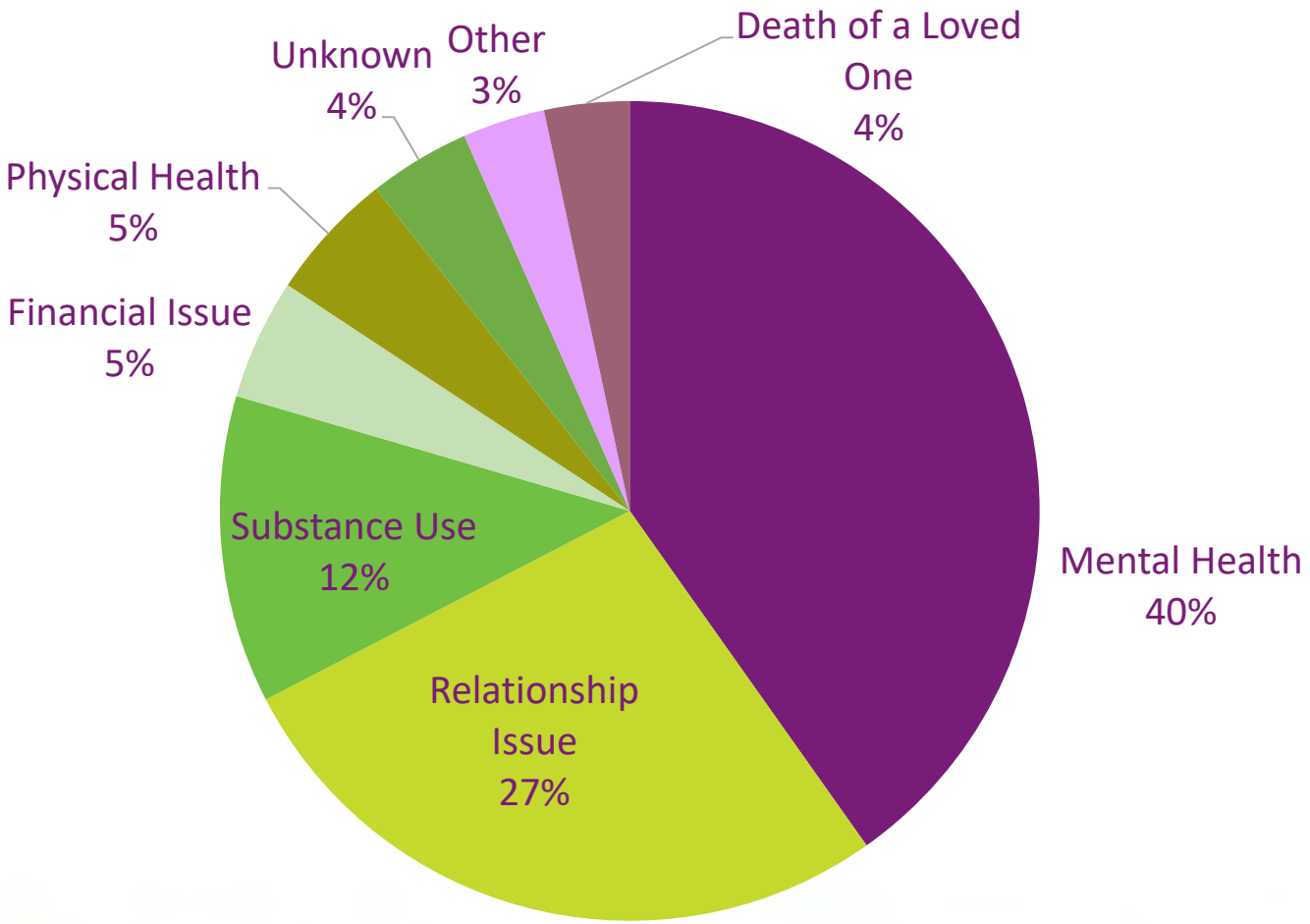
Calls by age group over time

Trends by Age Group
10-17yo- Declining number of calls
18-34yo- no increase/decrease
35+ yo- Increasing



Percent by Primary Triggering Event

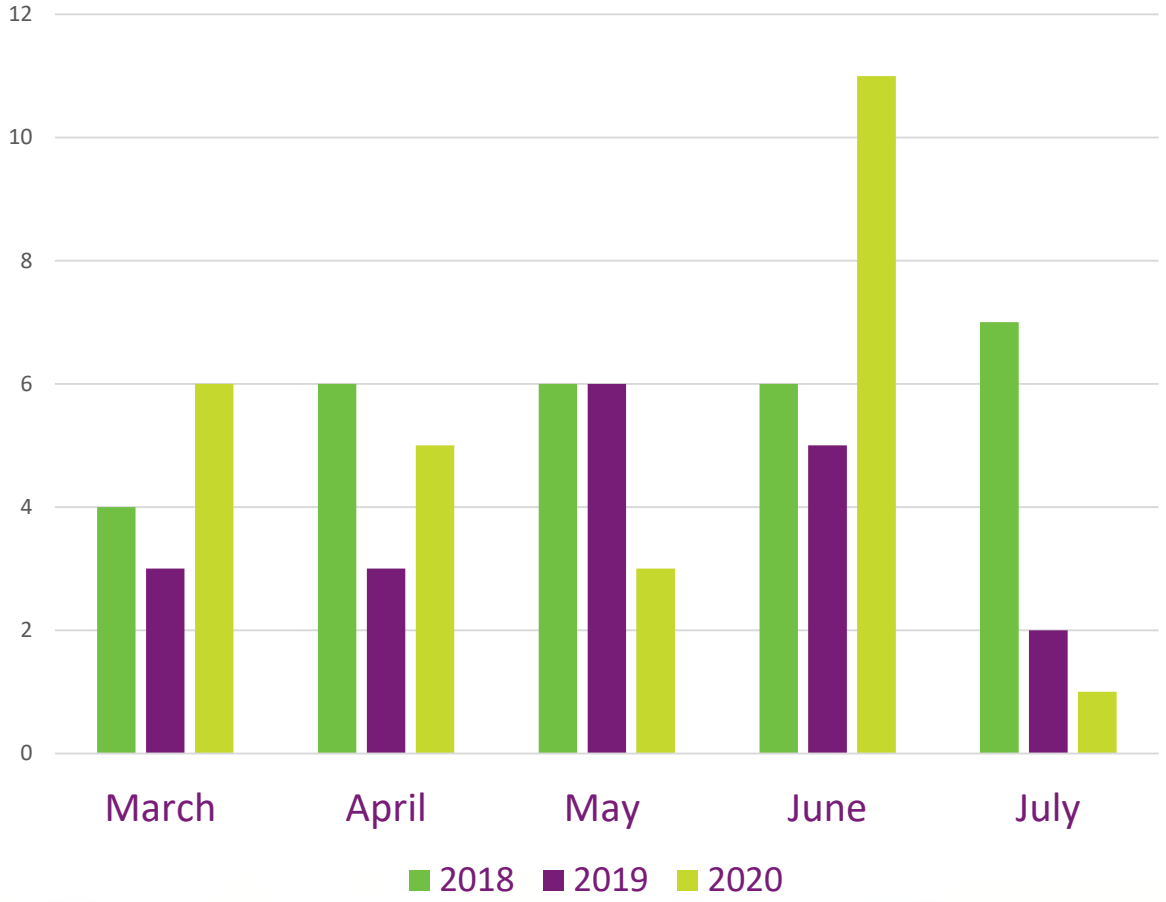
(40% had more than one event listed)

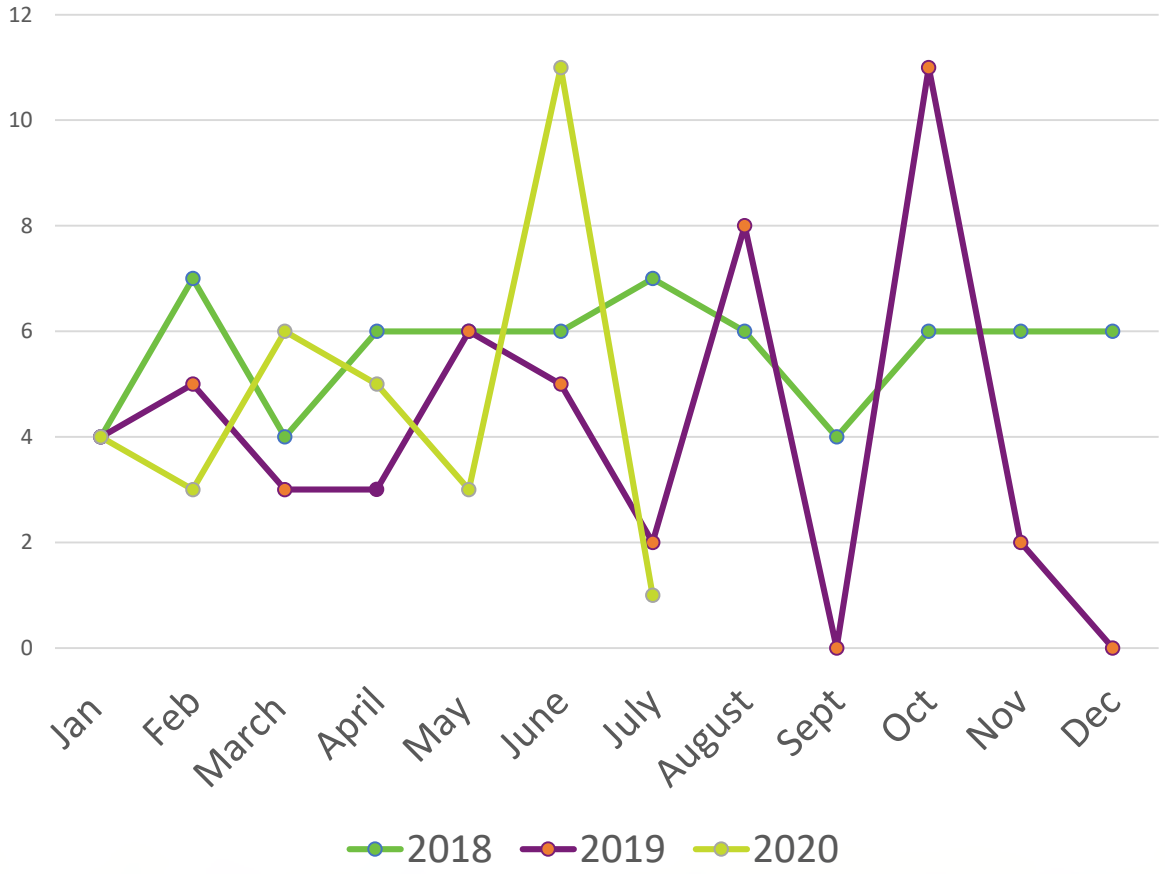


Top 3

1. Mental Health
2. Relationship Issues
3. Substance Use

Outagamie and Winnebago Co. Suicides





“Deaths of Despair”

What are Deaths of Despair? Deaths due to alcohol, drugs and suicide with a relationship to socioeconomic factors

- Deaths of Despair have been on the rise for the last decade
- The isolation and uncertainty of the pandemic are cause for concern…because of their relationship to the economy

Shadow Pandemic of COVID-19

1. Mental Health Crisis
2. Suicide-related Behaviors
3. Drug Overdose and Alcohol Misuse

Projected Deaths of Despair

Alongside the thousands of deaths from COVID-19, the growing epidemic of "deaths of despair" is increasing —as many as **75,000 more people will die** from drug or alcohol misuse and suicide

(Well Being Trust (WBT) and Robert Graham Center for Policy Studies in Primary Care)

Table. Possible Additional Deaths of COVID-19 Recession on Deaths of Despair, Alternative Scenarios

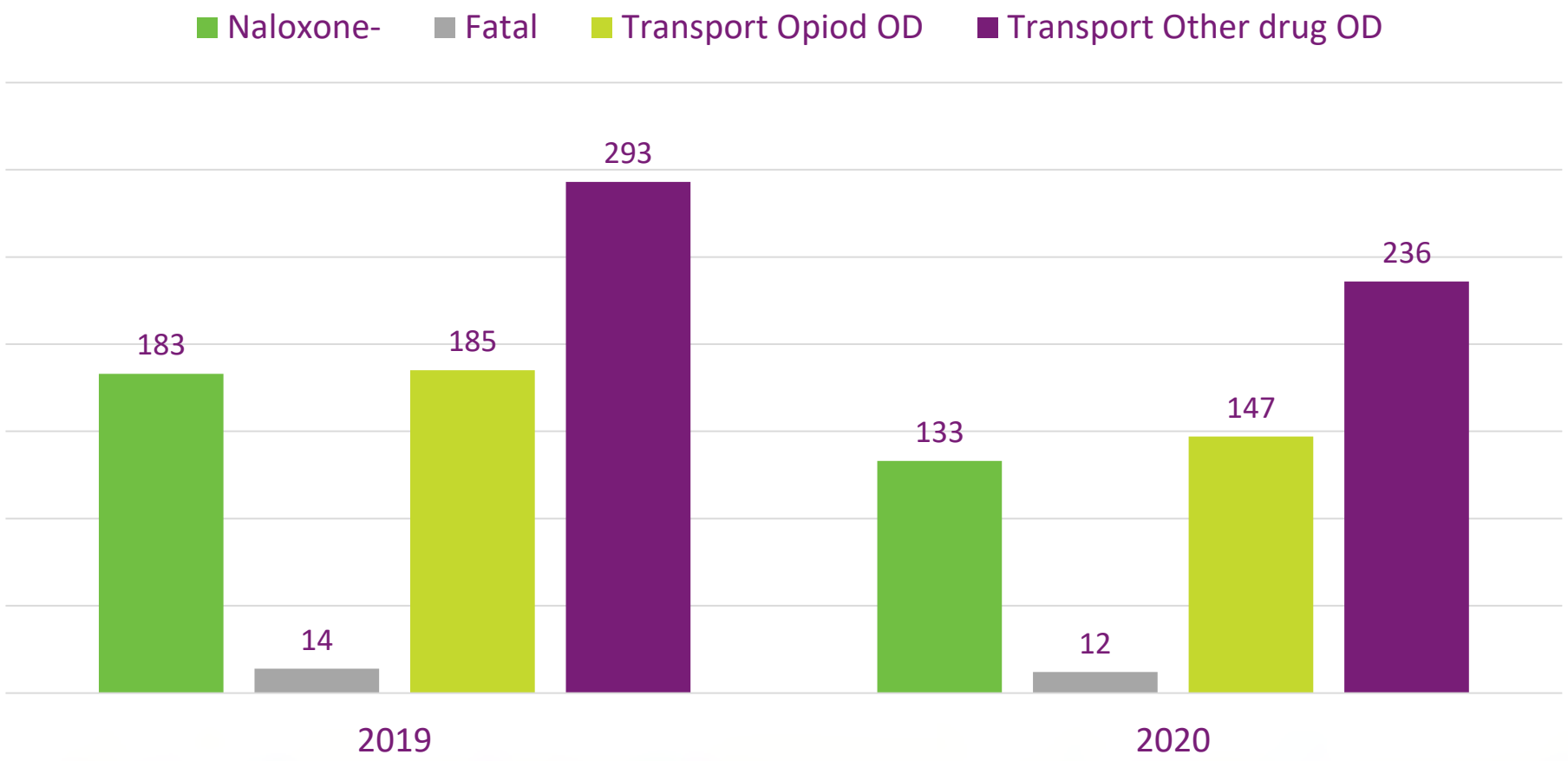
	Percent Change in Mortality with One Point Increase in Unemployment								
	1% increase			1.3% increase			1.6% increase		
	Slow	Medium	Fast	Slow	Medium	Fast	Slow	Medium	Fast
2020	9,859	9,333	8,343	12,817	12,133	10,846	15,774	14,932	13,349
2021	18,347	16,103	12,209	23,851	20,934	15,871	29,355	25,765	19,534
2022	15,879	11,840	5,832	20,642	15,392	7,581	25,406	18,944	9,331
2023	13,410	8,025	1,261	17,434	10,433	1,639	21,457	12,841	2,017
2024	10,394	3,973	-	13,512	5,164	-	16,630	6,356	-
2025	7,651	870	-	9,947	1,131	-	12,242	1,392	-
2026	7,103	316	-	9,234	411	-	11,365	506	-
2027	5,732	-	-	7,451	-	-	9,171	-	-
2028	4,086	-	-	5,312	-	-	6,538	-	-
2029	3,812	-	-	4,956	-	-	6,099	-	-
Total	96,273	50,460	27,644	125,155	65,598	35,937	154,037	80,735	44,230

Types of Recovery: Slow—Same as Great Recession; Medium—Twice as Fast; Fast—Four Times as fast.

WI Unemployment Rate in June 2020: 8.5%

For every **1% increase** in unemployment rate, over a year, we would lose:
775 more Americans to suicide, **1,200** to overdose and
increase by **10,000** those experiencing depression, anxiety and addiction

Tri-County EMS Overdose Outcome Data



Data Notes:

2020 is YTD

2019 is full year

2020 is on track to exceed 2019

Where did we leave off…way back in May

- Recognized the opportunity the pandemic presented
- As a larger group looked at the current Systems that respond to suicide/mental health crisis calls
- Developed ideas about ways to innovate within the system and goals for a new system response

Timeline

4/30/20

Triage MHN

One phone #/Urgent appts

Warm Hand off to MH

Caring Contacts

Safety net for attempters

5/5/20

Urgent appt/shared calendar

MHN

Use of technology; VCR's; Cert.Peer Specialists

5/22/20

MHN access the

Urgent Appts

Emergency Dept. Process

Dispatch

Postvention

6/2020

"Dream" Team

Met weekly

30,000ft view

Ideal System Response

Goals:

- Less "hot potato"
- LE time for police matters not MH crisis
- Humane consumer experience; less transactional
- Fewer Ch.51's
- Educate partners about each other's roles and responsibilities
- Filling the "access blackhole" MHN

The “Dream” Team:
Why is this Change so Critical

“We need alternatives to policing for community issues. Many LGBTQ, Black, Indigenous and other People of Color fear police being called for their mental health issues because they know this may exacerbate an already complicated crisis of mental health. This leads to higher rates of suicide in these marginalized communities. If we want true healing in our community, we would treat mental health crisis with the respect and dignity it deserves with a team of mental health workers trained in trauma who have the time and ability to sit with people in crisis and offer help and healing.”

Kathy Flores
Director of the Room to Be Safe LGBTQ Program
Diverse & Resilient
Statewide Anti-Violence Program Director

“The reason this work is so important to me is because I have gone through the trauma of four suicide attempts and been through repeated hospitalizations. I am passionate about helping others overcome the experiences and circumstances that lead to suicide. I dream of a community that responds with kindness and compassion when a neighbor is in distress!”

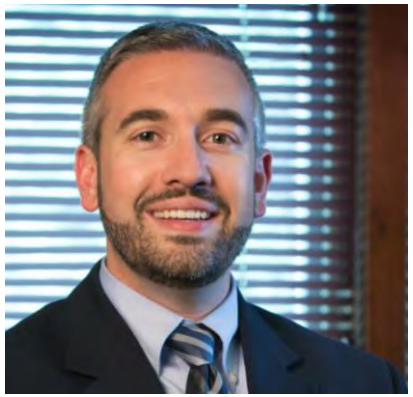
Paula Verrett
Iris Place Program Director
NAMI Fox Valley
Lived Experience

"I have responded to numerous mental health and suicide related calls for service while on patrol. When I arrived on scene at these calls, in my fully marked squad car wearing my department issued uniform and equipment, I was constantly faced with the same question **"am I in trouble"**. As a Law Enforcement Officer who responded to these calls with compassion, care and with the main goal of getting these individuals the help they needed, I was deeply troubled by those four words I heard over and over again. It is time for change and a different approach."

Josh Hopkins
Behavioral Health Officer
Outagamie County Sheriff's Office

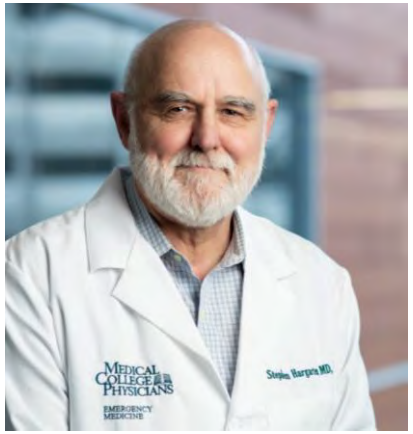
"Being a survivor of suicide and working directly with families affected by suicide I have a firsthand view of how devastating this is for a family and how hard it is to process your grief. Time is critical in these sensitive moments. A secure and well thought out process is going to give people the hope and support that they need. This plan is a piece of the puzzle that has waited long enough to be put together"

Jennifer Seefeldt
Founding partner in Prevent Suicide Fox Cities
Senior Member of the Victim Crisis Response Team
Survivor of Suicide Loss



“The creation of an ideal system is so critical because it forces us to acknowledge head-on that this is not "someone else's problem." This is a problem that impacts everyone, in different ways and in differing intensity. The work of the Dream Team has allowed us the opportunity to find that informed and unbiased starting point that will guide our future selves in normalizing mental illness and reducing the rate of suicide.” **~**

David Drewek
Executive Director
Sherman Consulting
N.E.W Mental Health Connection Board Member



I have seen the evolution of systems of crisis/emergency caring evolve over the past four decades (that’s how old I am) and I am excited that this group and the larger group can make a significant contribution to the next level of caring for people and families in crisis.”

Dr. Steven Hargarten
Associate Dean – Office of Global Health
Professor of Emergency Medicine
Medical College of Wisconsin

Inputs	Outputs-Activities	Participation	Outcomes-Short	Medium	Long
NEW Mental Health Connection "Dream Team" **Operational Team** Medical College of Wisconsin **Law enforcement agencies** County crisis centers **County dispatch/EMS** VCRs **Certified Peer Specialists** Emergency department staff **Mental Health Navigator** County Coroners **Funding (from AHW as well as other organizations)** Time	Strategy meetings Development of ideal system response Implementation meetings Pilot Implementation Pilot Evaluation	Dream Team Dream Team NEW Mental Health Connection Pilot site(s) Operational Team County crisis County dispatch/EMS VCRs Certified Peer Specialists Law enforcement County Coroners Mental Health Navigator Emergency department staff Dream Team Medical College of Wisconsin NEW Mental Health Connection	Increased competence of community agencies to respond to suicidal crises Increased competence of all involved agencies in providing a safe, least restrictive response to suicidal crises Increased awareness of available mental health resources, including open appointments and available mental health beds Improved communication between law enforcement, county crisis, and peer specialists after a suicide occur	Increased involvement of community agencies in response to suicidal crises Decreased involvement of law enforcement in response to suicidal crises Increased use of available mental health resources, as allocated by the MHN More collaborative deployment of resources to loved ones after a suicide death	Non-punitive, culturally humble response to suicidal crises Increased trust in crisis response among community members More rapid access to immediate mental health services for individuals in crisis Mitigation of negative impacts on loved ones and the community after a suicide death

Ideal System Response- “First Responders”

The Problem:

- Our one-size-fits-all solution of dispatching law enforcement to respond to mental health crisis calls is inefficient, can be ineffective, and at its worse, can result in worse outcomes.

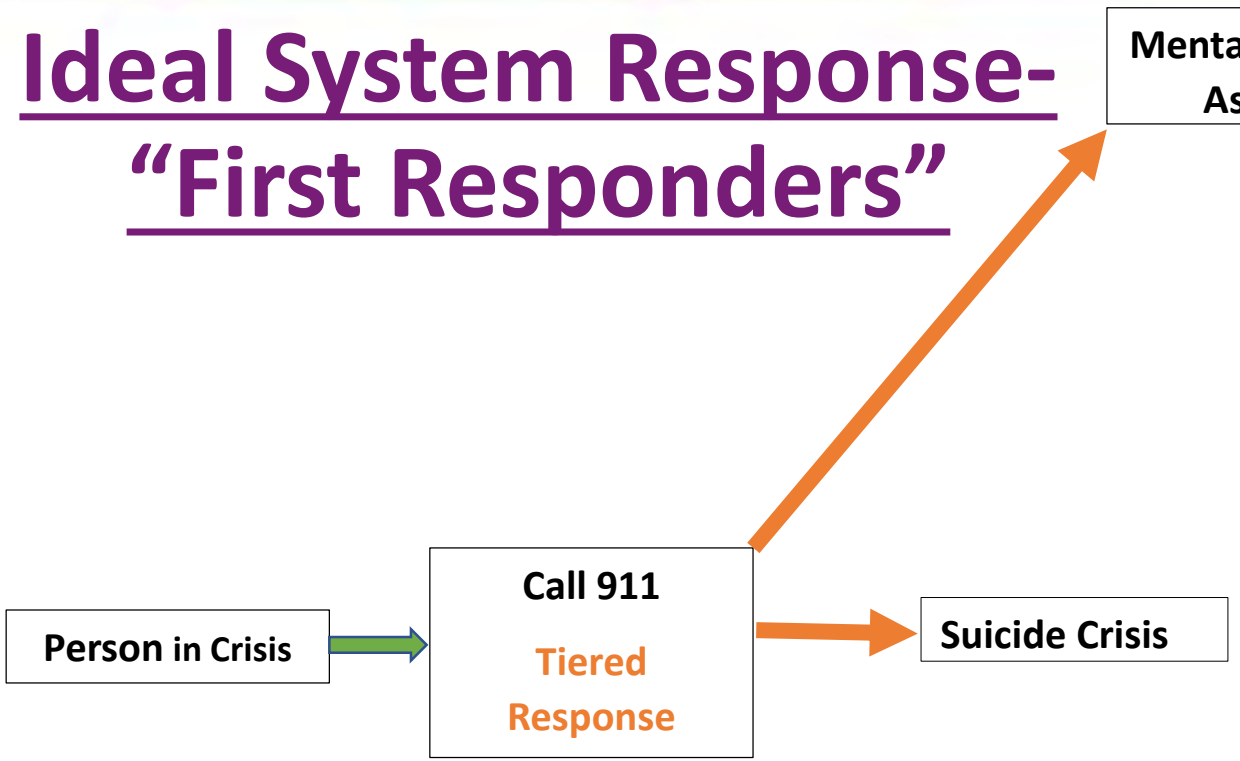
The Solution:

- Mental health crisis calls coming through 911 would be triaged and there would be a tiered response with the goal of de-escalation and direct connection to treatment and support.

Summary:

- Crisis Response partners law enforcement and mental health workers who work collaboratively to triage mental health crisis calls, and dispatch the most appropriate responder using a tiered approach that takes into account the severity of the crisis and safety at the scene

Ideal System Response- "First Responders"



Tier 2: Homicidal/Delusional/Danger and safety issue

- LE and MH Prof

Tier 1: Not a safety issue to self or others; "Behavior" issue

- Crisis Call/Warmline (Iris Pl)

Tier 3: Weapon/Attempt in progress/intox Danger and safety issues

- In Person
- LE/ MH Prof and/or Peer Specialist
- Address Lethal Means

Tier 2: Suicide Plan/no access to means/Prior Attempts

*In Person
*Peer Specialist/specially trained VCR's assess and manage safety planning
*MHN for urgent appt
*Address Lethal Means

Tier 1: Vague Ideation/no prior attempts/no plan

*Referral to Warmline (Iris Pl)
*Crisis Phone Call
*MHN urgent appt
*Safety Plan

Caring Contacts

*Day after by the provider who the consumer has been scheduled with

Guiding Principles

- Compassionate Care
- Least Restrictive
- Living Well and Safely
- Equity
- Competent/Skilled/Support
- Zero Suicide Safe Care

Ideal System Response: Emergency Department

The Problem:

- While more and more patients are ending up in hospital EDs seeking help for mental health crisis and suicide care, there are not enough resources, like staff time, available to effectively triage those cases. Hospital EDs are created primarily for medical crisis care, not mental health crisis care.

The Solution:

- Re-imagined ED rooms; Certified Peer Specialists; concurrent processes of medical clearance and connection to next step of care; or avoiding EDs completely with the creation of Psych Urgent Care

Summary:

- Creation of mental health exam rooms that are calming; having mental health staff employed in/deployed to the ED to support patients and collaborate around care planning; streamlining and fast-tracking the admission process to inpatient hospitalization if needed.

Ideal System Response: Emergency Department

Guiding Principles

- Compassionate Care
- Least Restrictive
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- Equity
- Competent/Skilled/Support
- Zero Suicide Safe Care

ROI signed for ED staff to inform Primary Care of SA and current Mental Health Prof.

Person CHOOSES (informed consent) to go inpatient (voluntarily) and arrives at the Emergency Department

Person is immediately brought back to a MENTAL HEALTH ED "exam" room and is joined by a Certified Peer Specialist who is employed by the Hospital

Person is offered Iris Place (peer run respite)

Contracted Mental Health providers or someone from Beh Health unit is paged to ED and speaks with the individual to professionally assess and assist in decision making about options for care

MHN is contacted for an Urgent appt.

Non-Law Enfor. Transportation provided to Facility with available bed

Voluntarily inpatient hospital care; MHN is contacted regarding available inpatient beds

PROTOCOL

- Medical clearance concurrent with admission intv.
- Standardized inpt admission paperwork
- Peer Specialist accompany on transport if by LE
- "Fast Track" to inpt;
- ThedaCare Psych Urgent Care
- Technology to provide consult to ED Dr.

Ideal: MOBILE CRISIS

- LPN, Cert. Peer Specialist/VCR and SW travel to ED's for assmt and consult
- Assmt would be accepted by admitting facility; shared via EMR

Ideal System Response: Completed Suicide

The Problem:

- Our current system response following a sudden death or completed suicide is inconsistent and disjointed, inaccessible and based on luck, rather than planning.

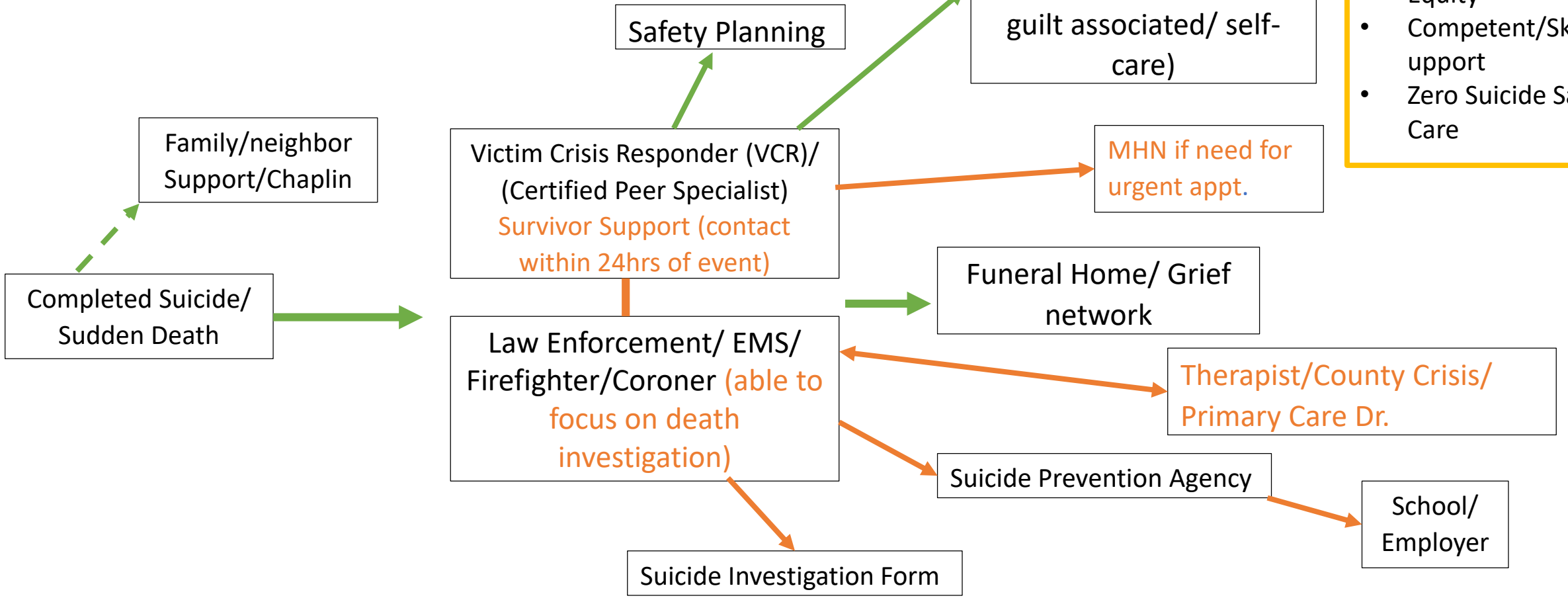
The Solution:

- An ideal response would include consistent and immediately accessible, caring postvention support for survivors along with a consistent process for data collection.

Summary:

- Mental health worker(s) are dispatched uniformly with law enforcement to provide support to survivors. Law enforcement would be freed up to focus on the scene. Improved, institutionalized, uniform postvention support reduces suicide contagion risk among survivors, and improved data collection will inform better suicide prevention efforts in our community.

Ideal System Response: Completed Suicide



Guiding Principles

- Compassionate Care
- Least Restrictive
- Living Well and Safely
- Equity
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- Zero Suicide Safe Care

“Dream” Team

Sara Kohlbeck

Assistant Director

Comprehensive Injury Center

PhD Student | Institute for Health and Equity

Medical College of Wisconsin

Dr. Stephen Hargarten

Associate Dean – Office of Global Health

Professor of Emergency Medicine

Medical College of Wisconsin

David Drewek

Executive Director

Sherman Consulting

N.E.W Mental Health Connection Board Member

Ignacio Enriquez

Behavioral Health Officer

Appleton Police Dept.

Paula Verrett

Iris Place Program Director

NAMI Fox Valley

Wendy Magas

Project Coordinator HTM

N.E.W Mental Health Connection

Jennifer Seefeldt

Victim Crisis Responder

Survivor of Suicide Loss

Amanda Stuck

State Representative

Survivor of Loss

Kathy Flores

Director of the Room to Be Safe LGBTQ Program

Diverse & Resilient

Statewide Anti-Violence Program Director

Sarah Dearing

Crisis Supervisor

Outagamie County Mental Health

Josh Hopkins

Behavioral Health Officer

Outagamie County Sheriff’s Office

Sarah Bassing-Sutton

Community Suicide Prevention Coor.

N.E.W. Mental Health Connection

Projected Outcomes of Ideal System Response

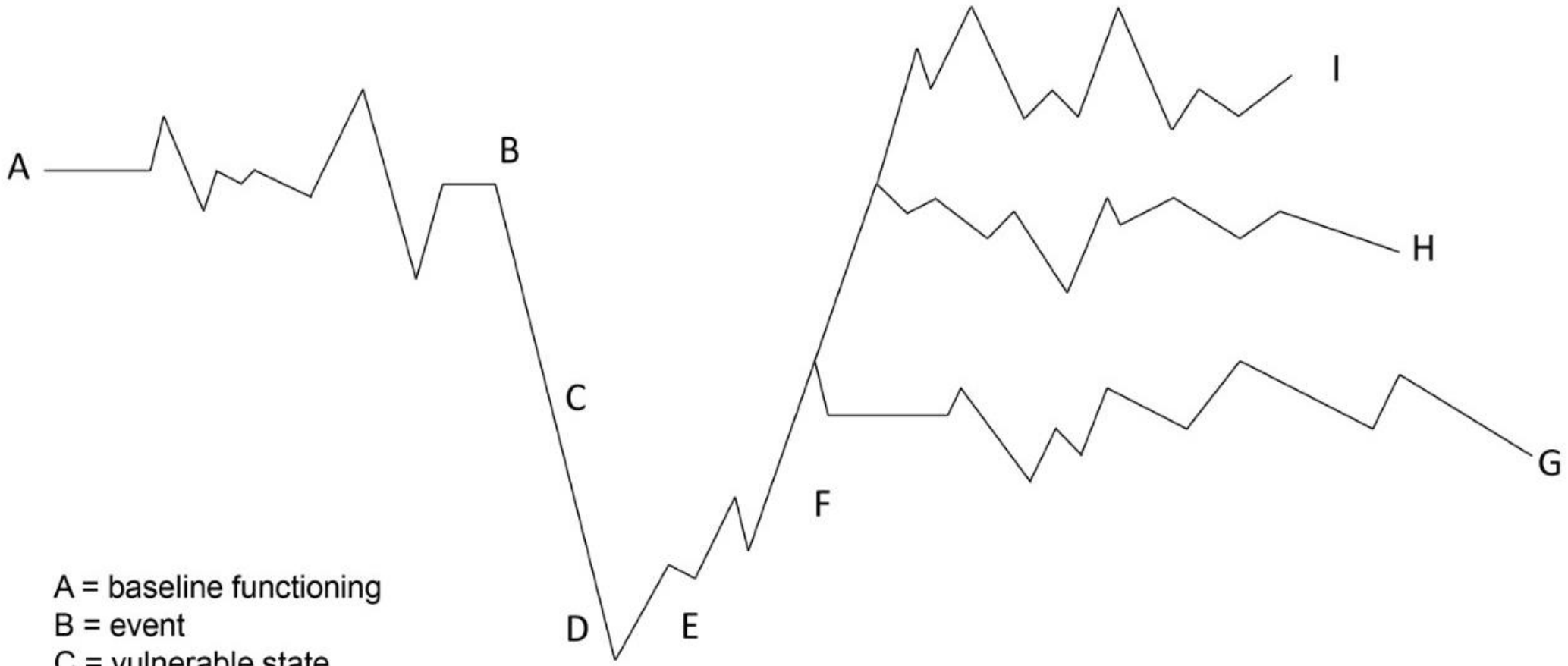
Examination of existing systems in Wisconsin and Nationally for lessons-learned, cost savings and expected outcomes:

- **Decrease:** Completed suicides, self-inflicted injury, involuntary hospitalizations, ED visits, repeat ED visits,
- **Increase:** Humanitarian benefit, post-crisis engagement in mental health treatment, engagement in diversion options/preventive safety planning, more appropriate service/resource utilization (police addressing criminal behavior/safety, mental health professionals addressing mental health and suicide crisis)
- **Cost savings:** decreased law enforcement expenditure on time-consuming contacts, decreased involuntary holds, decreased utilization of county crisis services, faster engagement in least-restrictive/lower cost treatment solutions…

Solving. Not managing.

Youth & Adult Adjustment Over Time in Crisis

(The arc of recovery is long for all, unending for some)

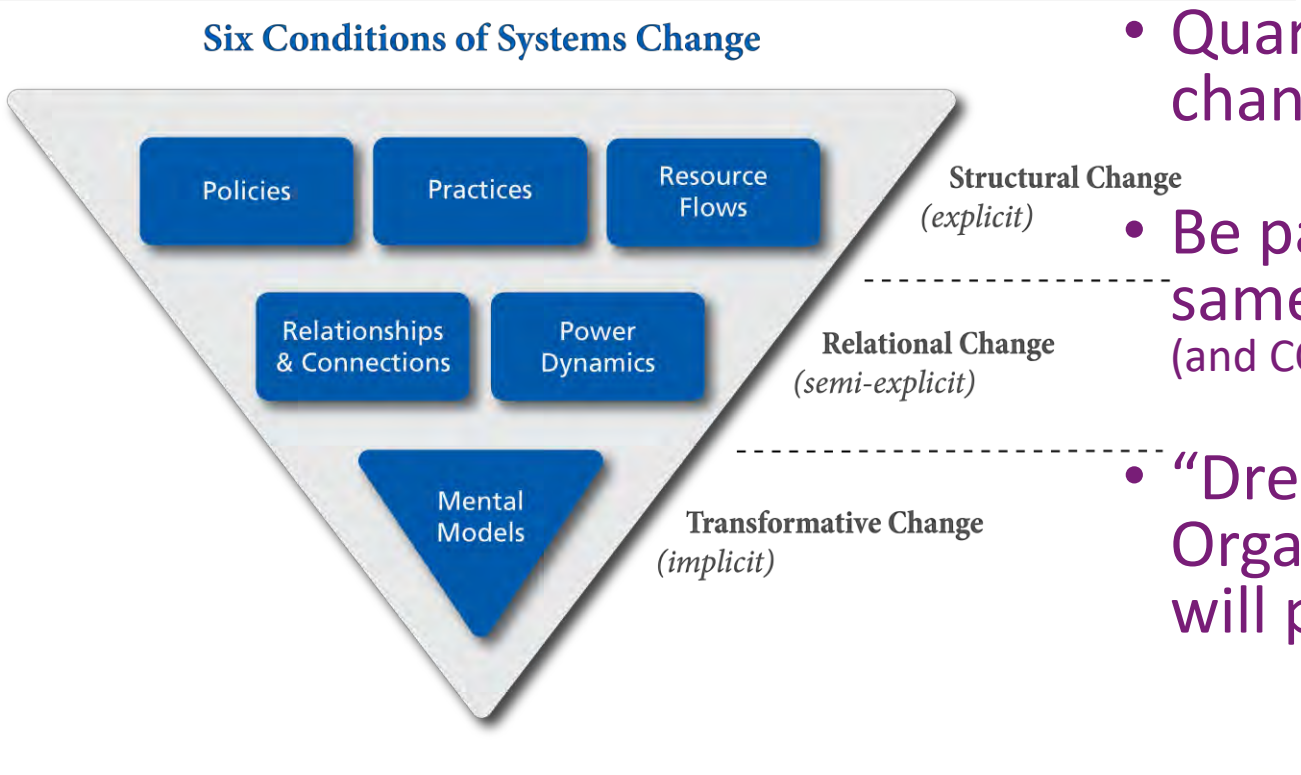


A = baseline functioning
B = event
C = vulnerable state
D = usual coping mechanisms fail
E = helplessness, hopelessness
F = improved functioning

G = continued impairment
H = return to baseline
I = post-traumatic growth

What comes next?

Project ZERO
EVERYONE MATTERS



- The "Dream" Team = implementation Steering Committee
- Quarterly updates and Annual Report on the change efforts within Project Zero
- Be patient, not all projects will move at the same pace… readiness, capacity and funding (and COVID-19)
- "Dream" Into Reality Teams (**DIRT teams** ☺) - Organizations closest to the systems change will pilot parts of the "Dream".

Build, Pilot, Test, Evaluate

(similar to PDSA model in POINT)

Q & A /Thank you

Sarah Bassing-Sutton
sarah@newmentalhealthconnection.com
920-420-4903

Sara Kohlbeck
skohlbeck@mcw.edu
414-921-8352

Beth Clay
beth@newmentalhealthconnection.com
920-202-0117

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