

Early Warning System Data Update and New 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

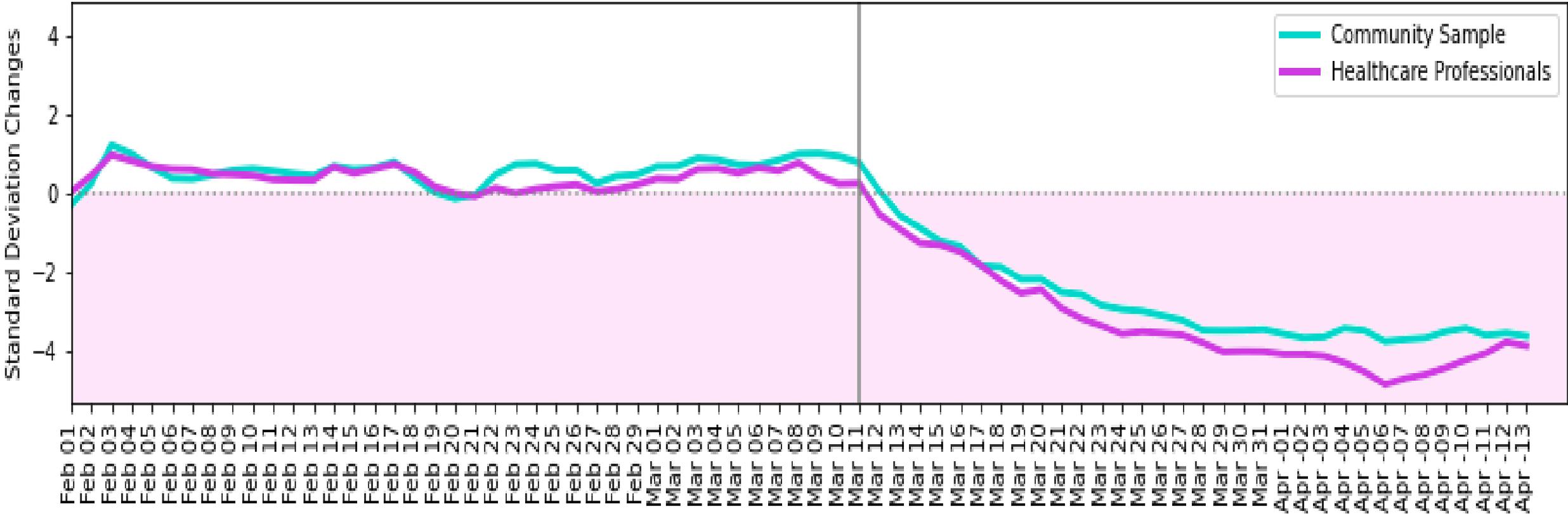
Empowerment

Healthy Coping Skills

Routine

Wellbeing has declined significantly

(General Public and Healthcare Professionals)



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



Data Update:
March 13 – July 8, 2020

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



Daily calls over time (n = 869)

Shows a 32.8% increase over time

Significant Date

March 13: Schools out

March 17:

Bars/restaurants close

March 23: Safer at Home announced

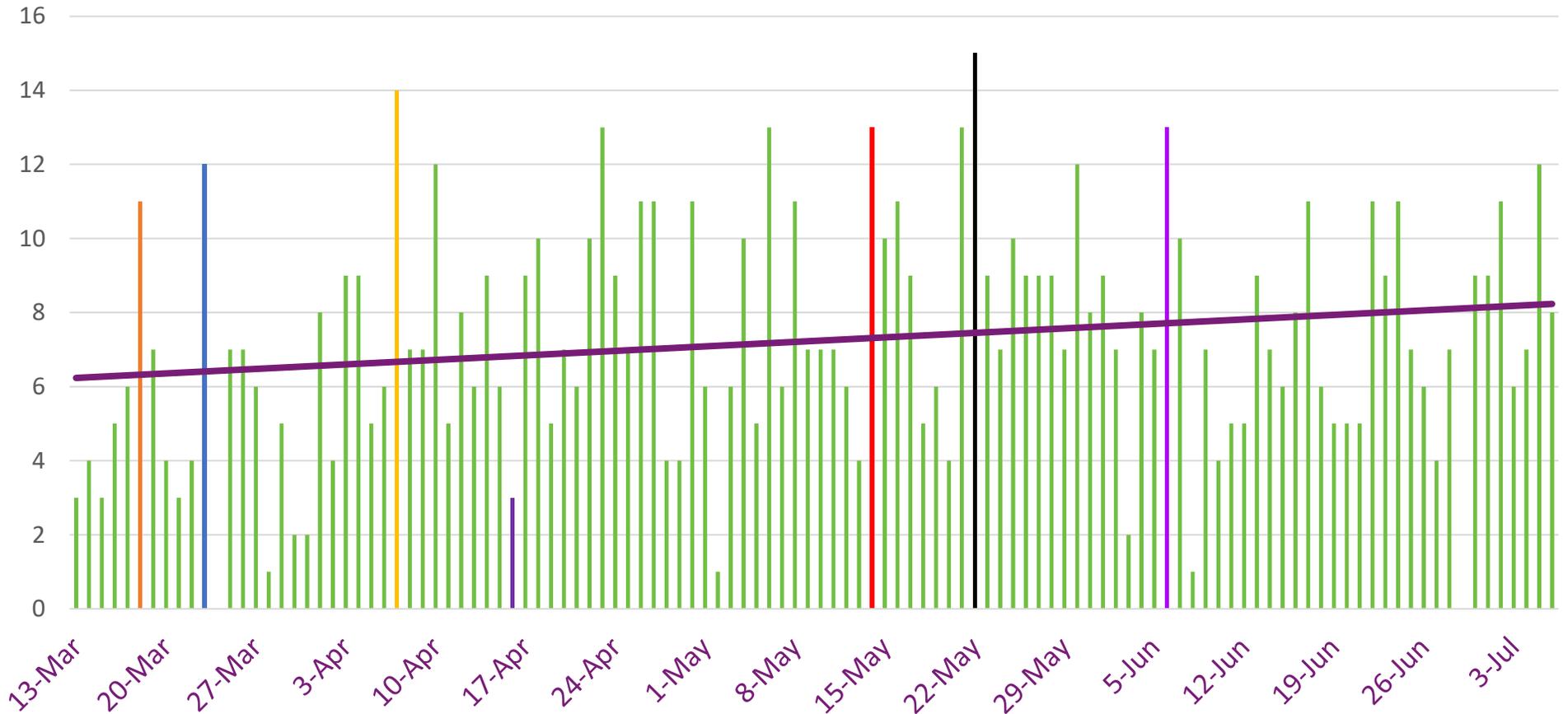
April 7th: Election

April 16th: Safer at Home Extended

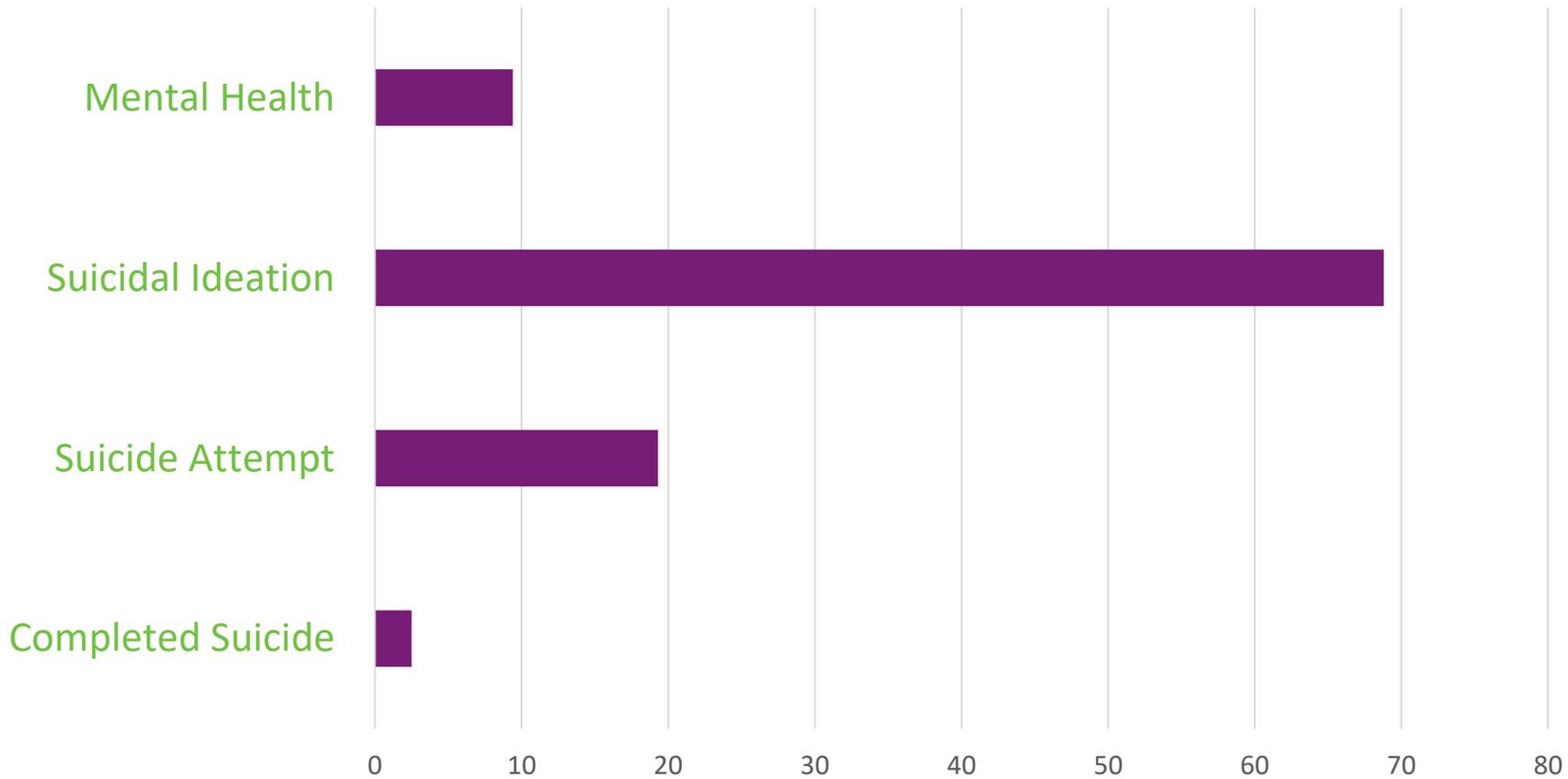
May 13: Safer at Home lifted

May 22: Friday of Memorial Day wknd

June 6: Protests



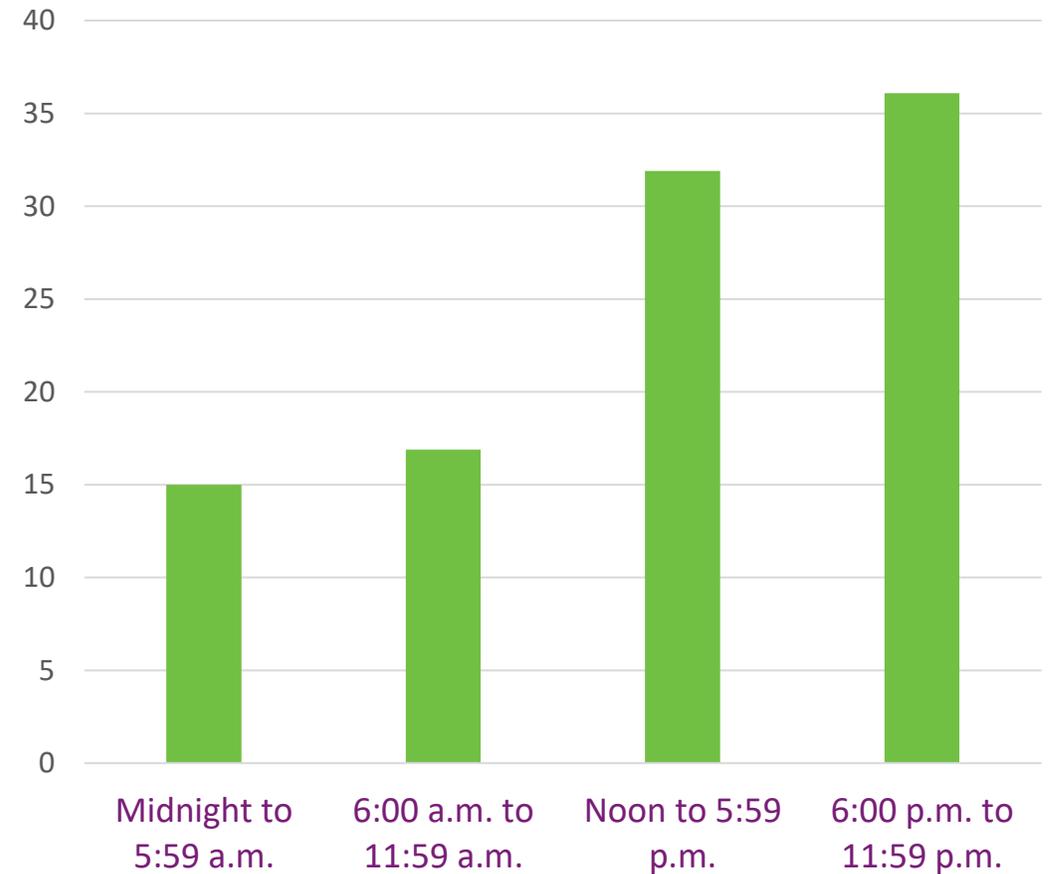
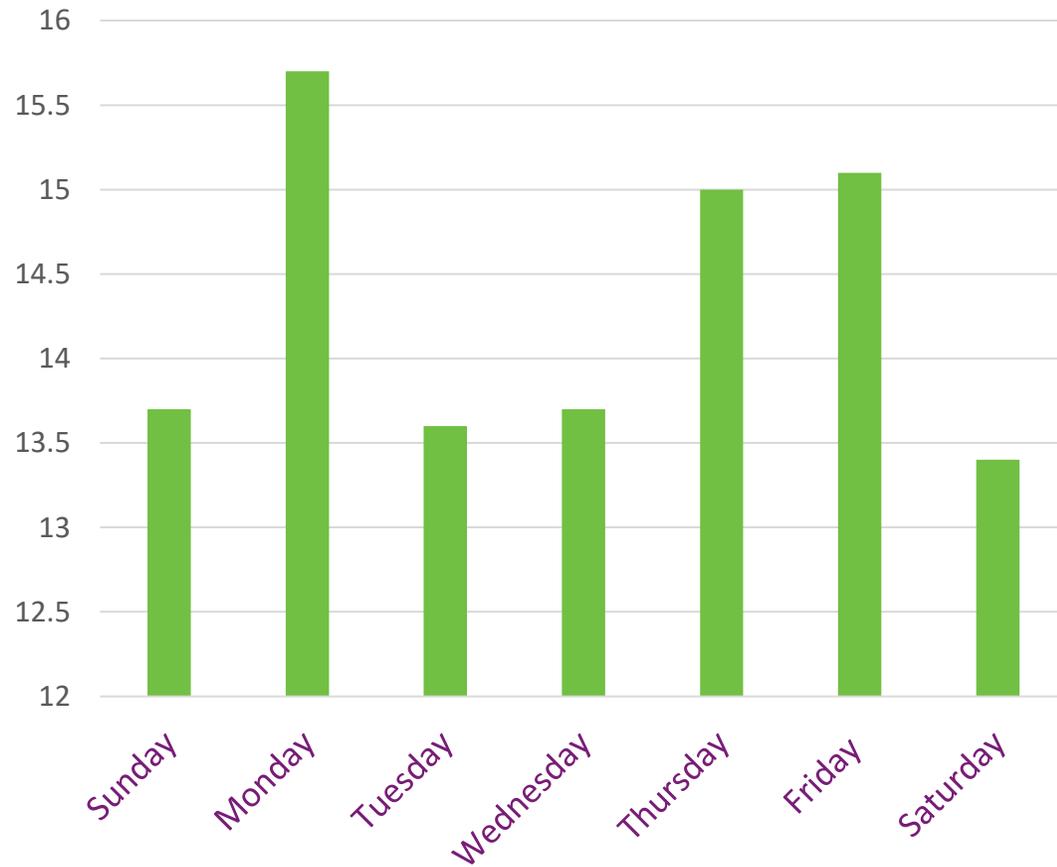
Percent by Call Type



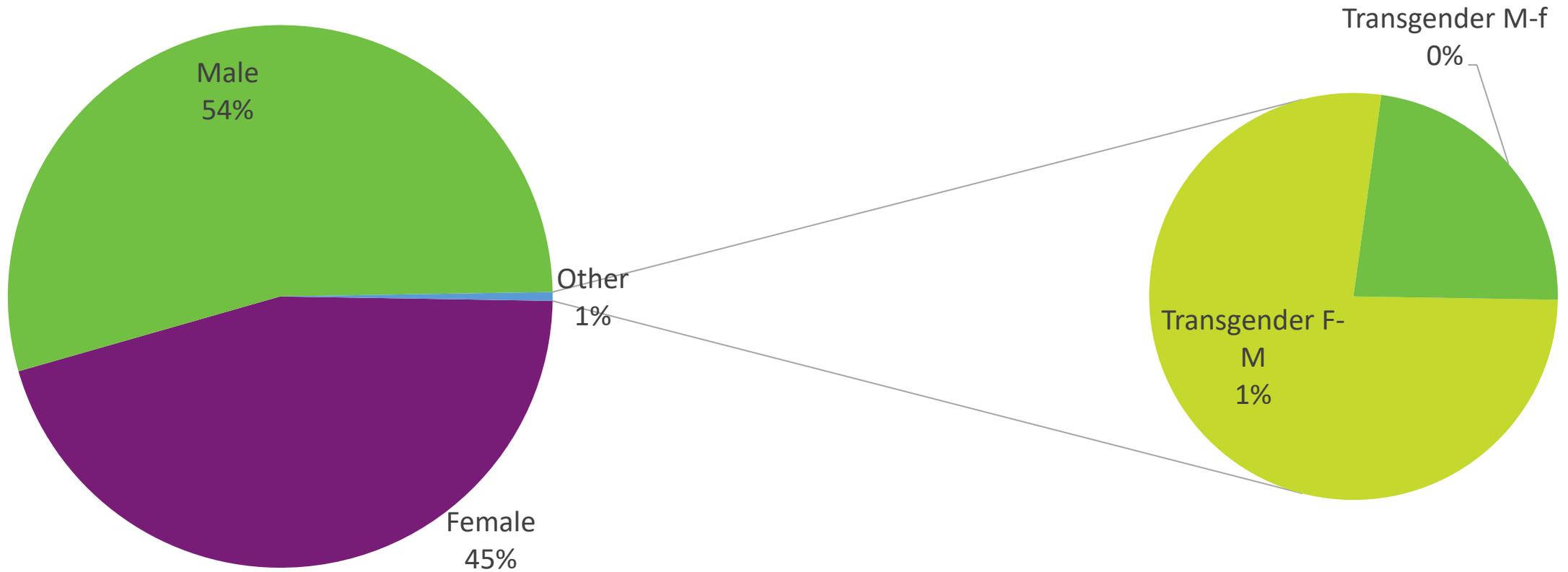
Does Not Include:

- Deaths still pending
- Single Motor Vehicle Accidents
- Overdose Deaths

Percent by Day of Week/time of Day



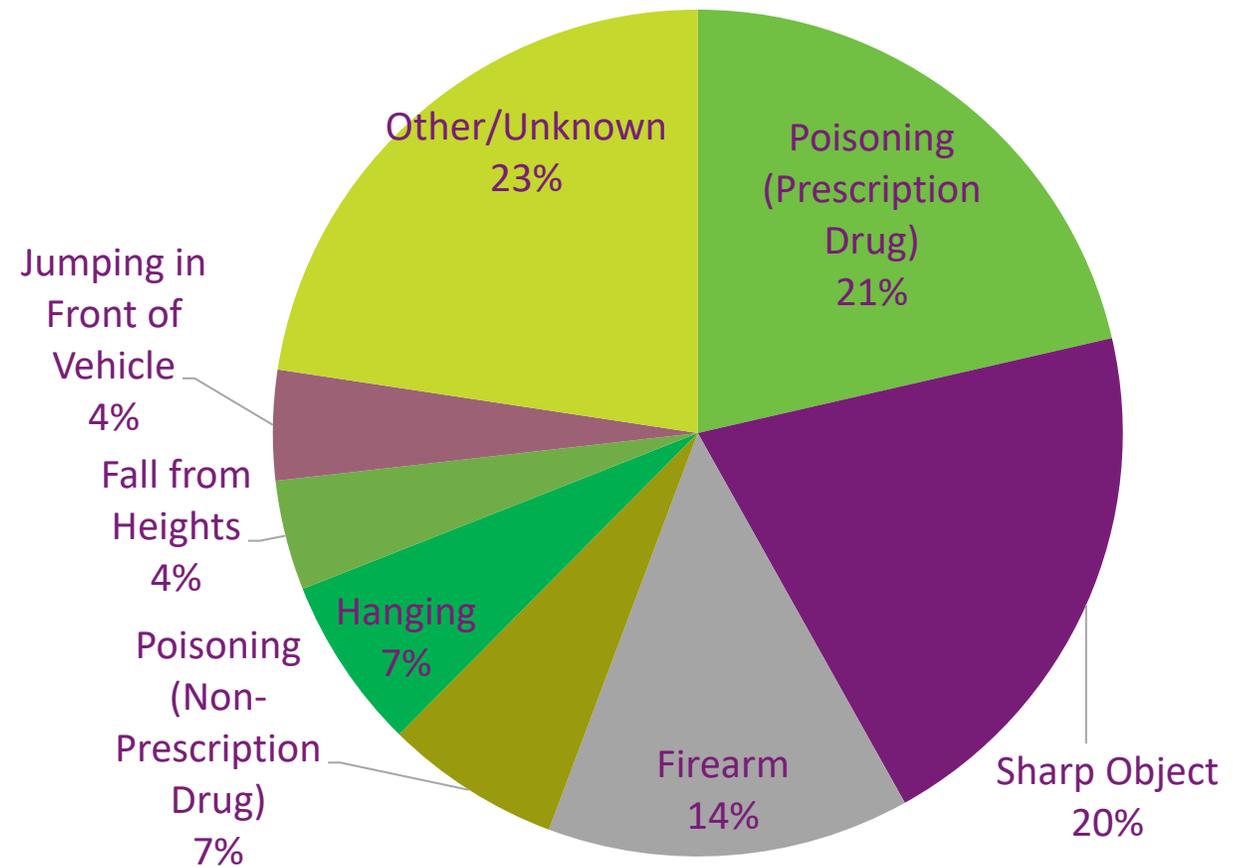
Percent Calls by Gender



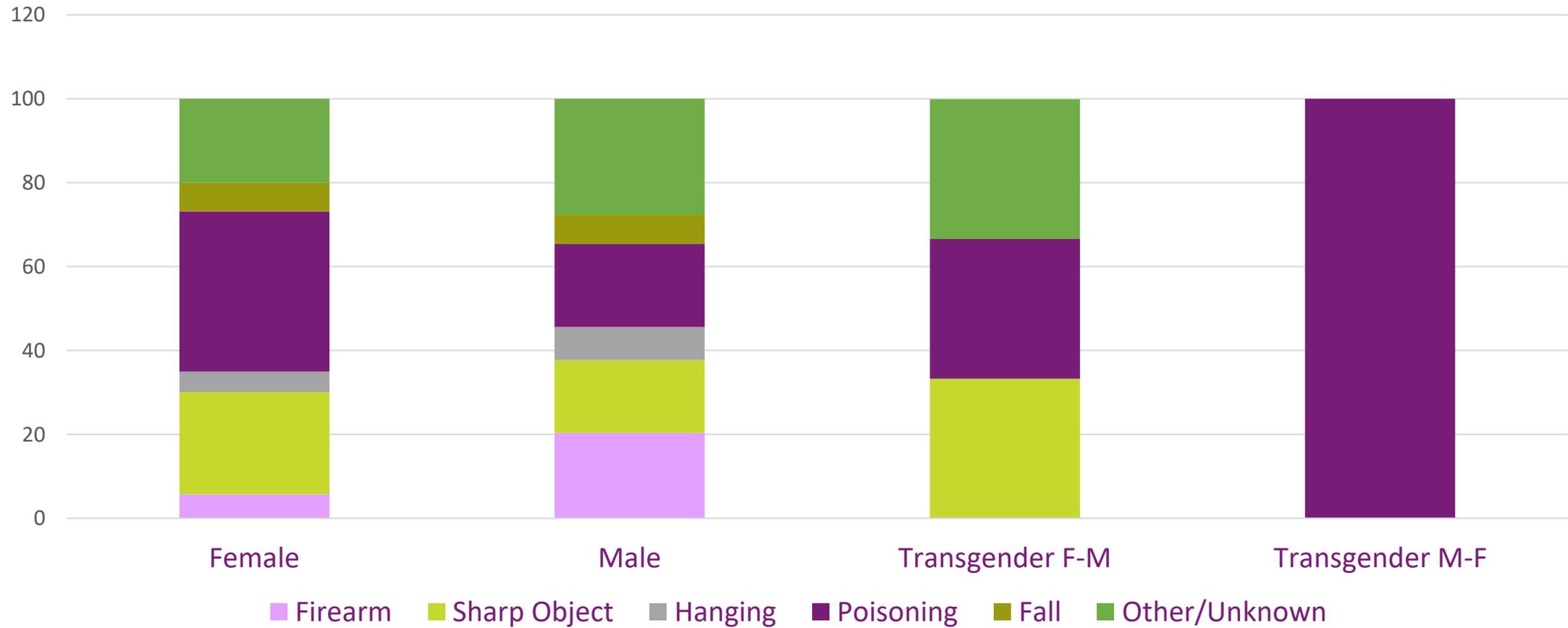
Percent Calls by Mechanism of Injury

Top 3

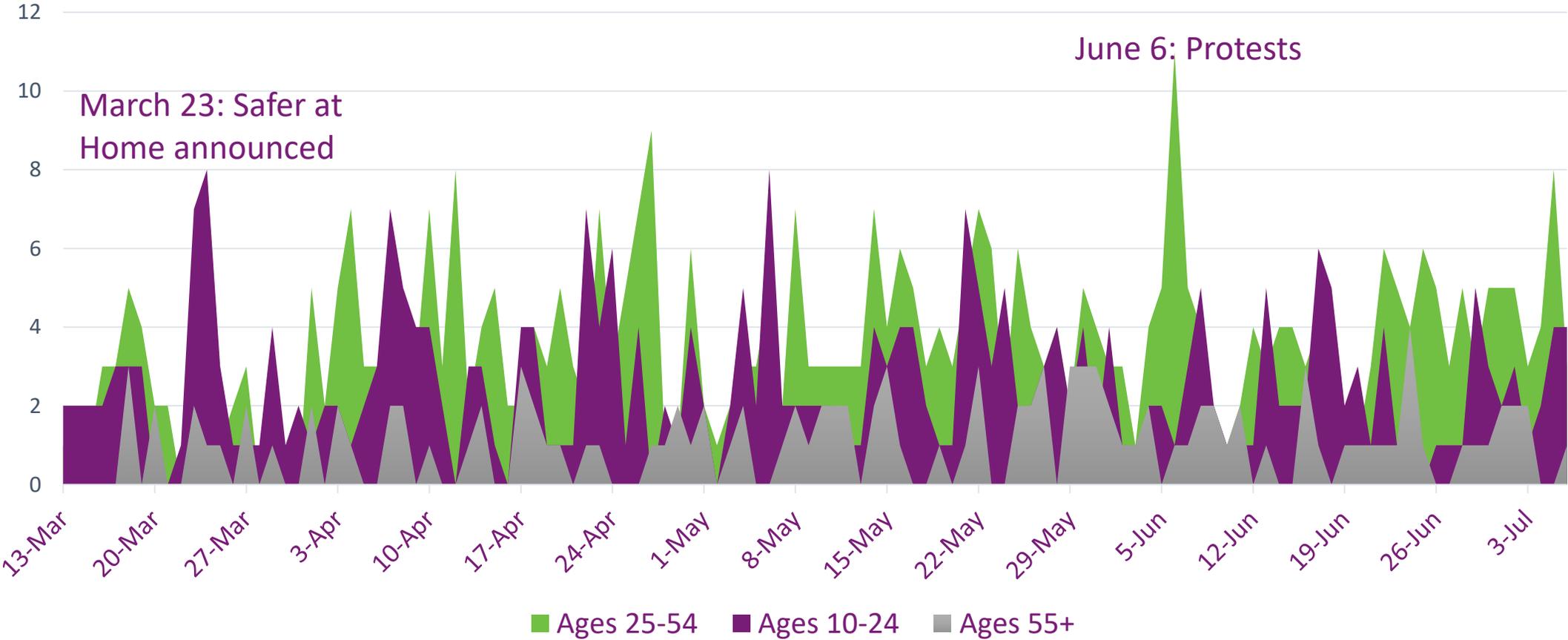
1. Poisoning-Rx Drug
2. Sharp Object
3. Firearm



Percent Mechanism of Injury Gender

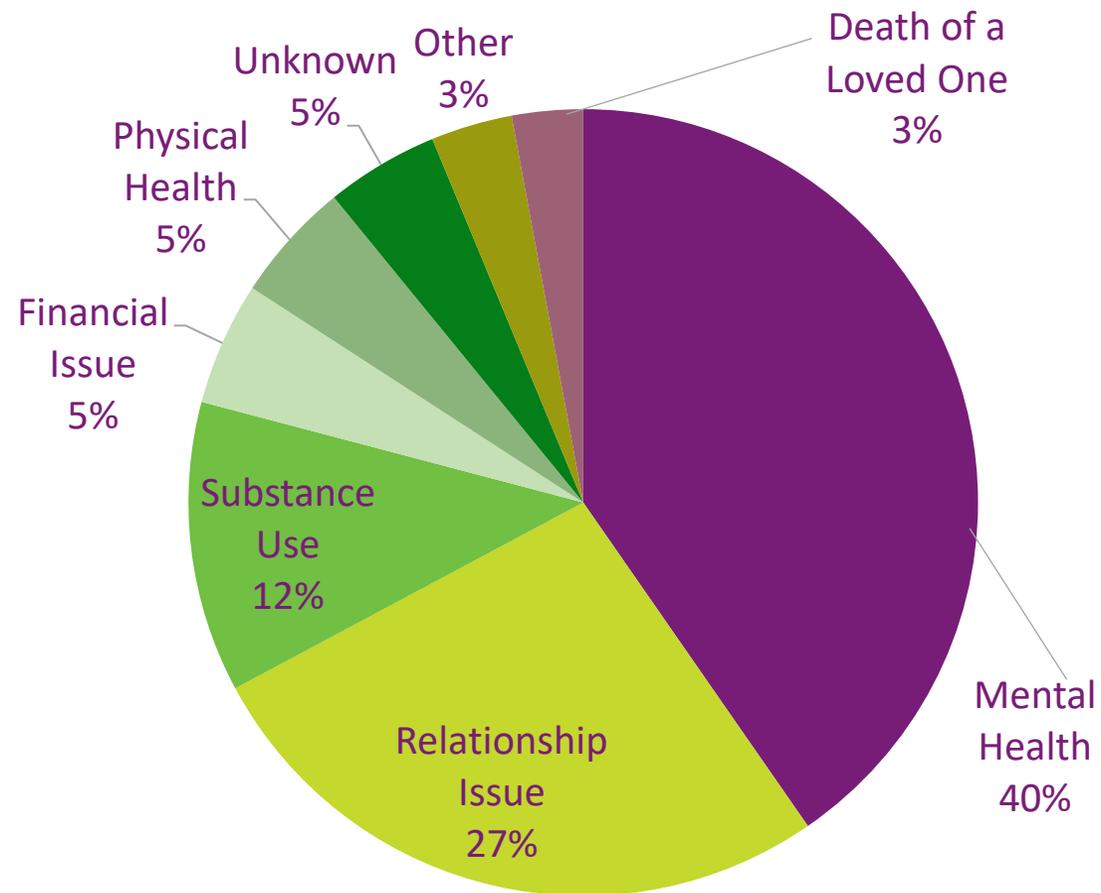


Calls by age group over time



Percent by Primary Triggering Event

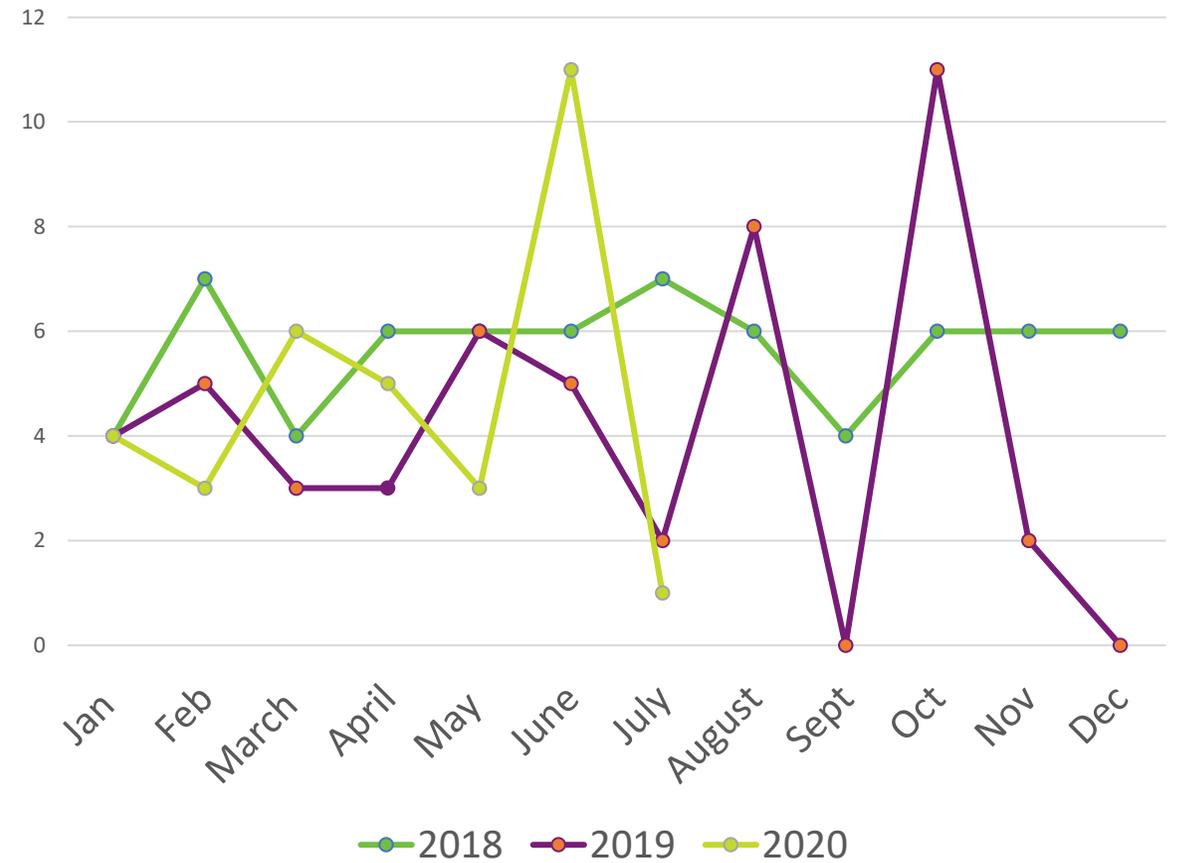
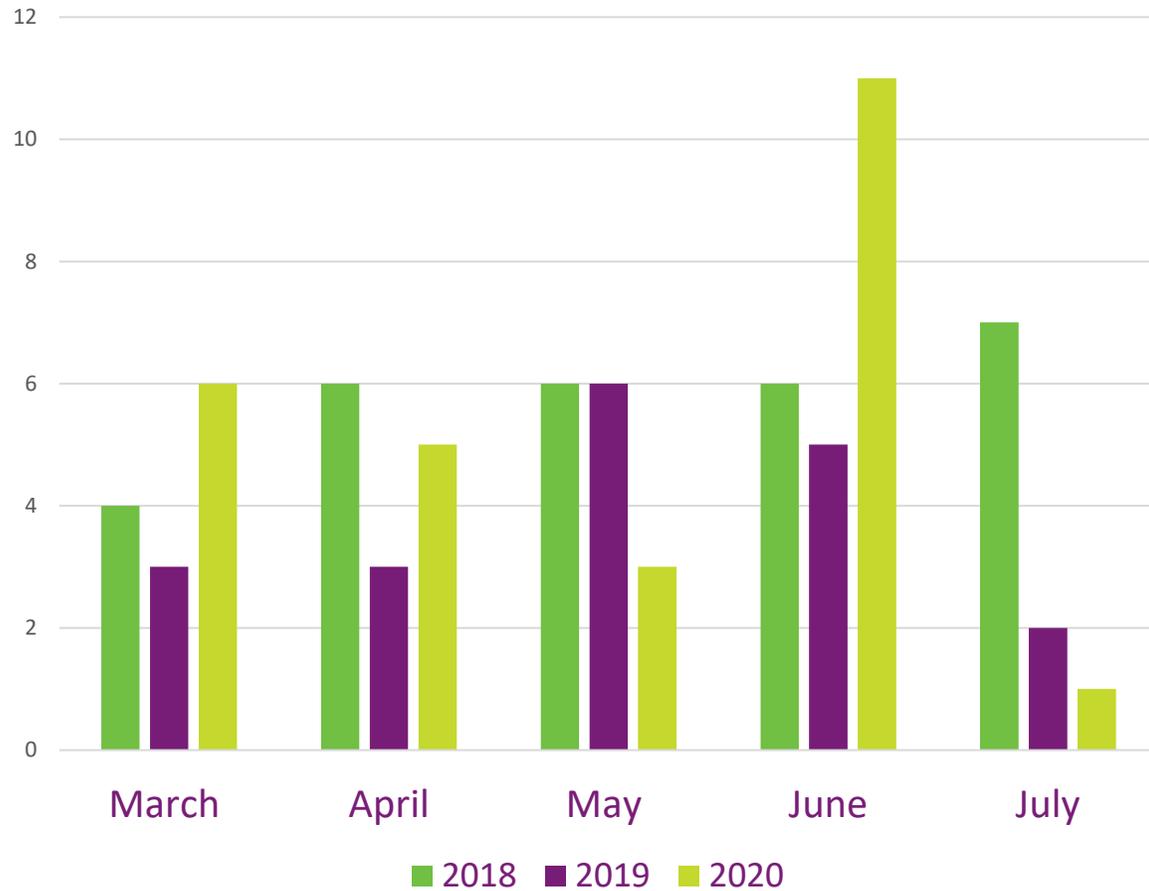
(41% had more than one event listed)



Top 3

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

Outagamie and Winnebago Co. Suicides



“Deaths of Despair”

- Deaths due to alcohol, drug and suicide often connected to socioeconomic factors
 - On the rise for the last decade
 - Isolation and uncertainty of the pandemic will increase the rate of Deaths of Despair
- Shadow Pandemic of COVID-19
 - Mental Health Crisis
 - Suicide
 - Overdose
- Estimated numbers of these deaths is based on unemployment and economic rate of recovery

Projected Deaths of Despair

Alongside the thousands of deaths from COVID-19, the growing epidemic of “deaths of despair” is increasing due to the pandemic—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)

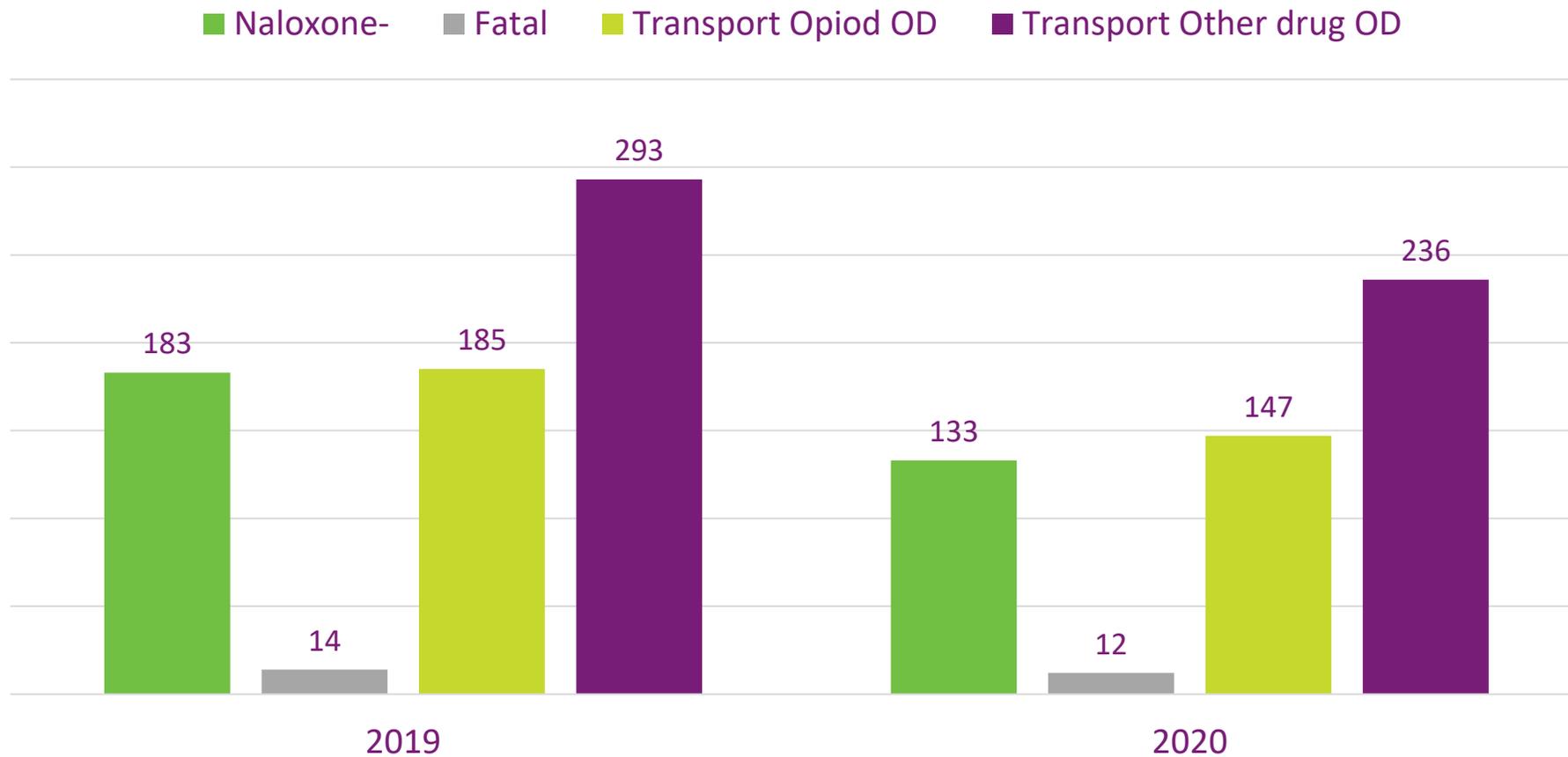
Table. Possible Additional Deaths of COVID-19 Recession on Deaths of Despair, Alternative Scenarios									
Percent Change in Mortality with One Point Increase in Unemployment									
	1% increase			1.3% increase			1.6% increase		
	Slow	Medium	Fast	Slow	Medium	Fast	Slow	Medium	Fast
2020	9,859	9,333	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

5/22/20

MHN access the
Urgent Appts
Emergency Dept.
Process
Dispatch
Postvention

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

5/5/20

Urgent appt/shared
calendar
MHN
Use of technology;
VCR's; Cert.Peer
Specialists

6/2020

“Dream” Team
Met weekly
30,000ft view
Ideal System Response

“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.

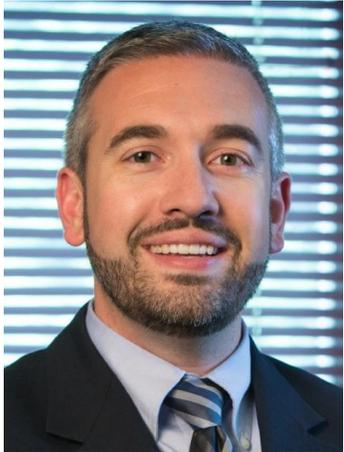
N.E.W. Mental Health Connection

Why is this change so critical



Kathy Flores

“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. So many individuals will suffer in silence with an issue rather than involve the criminal justice system. 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. Police officers are meant to address crime, not community issues like mental health.”



David Drewek

“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. It is no longer a secret or taboo to acknowledge that mental illness and substance abuse are problems in our community, but many still do not know where to begin. 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.”



Paula Verrett

“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!” ~



Dr. Steven Hargarten

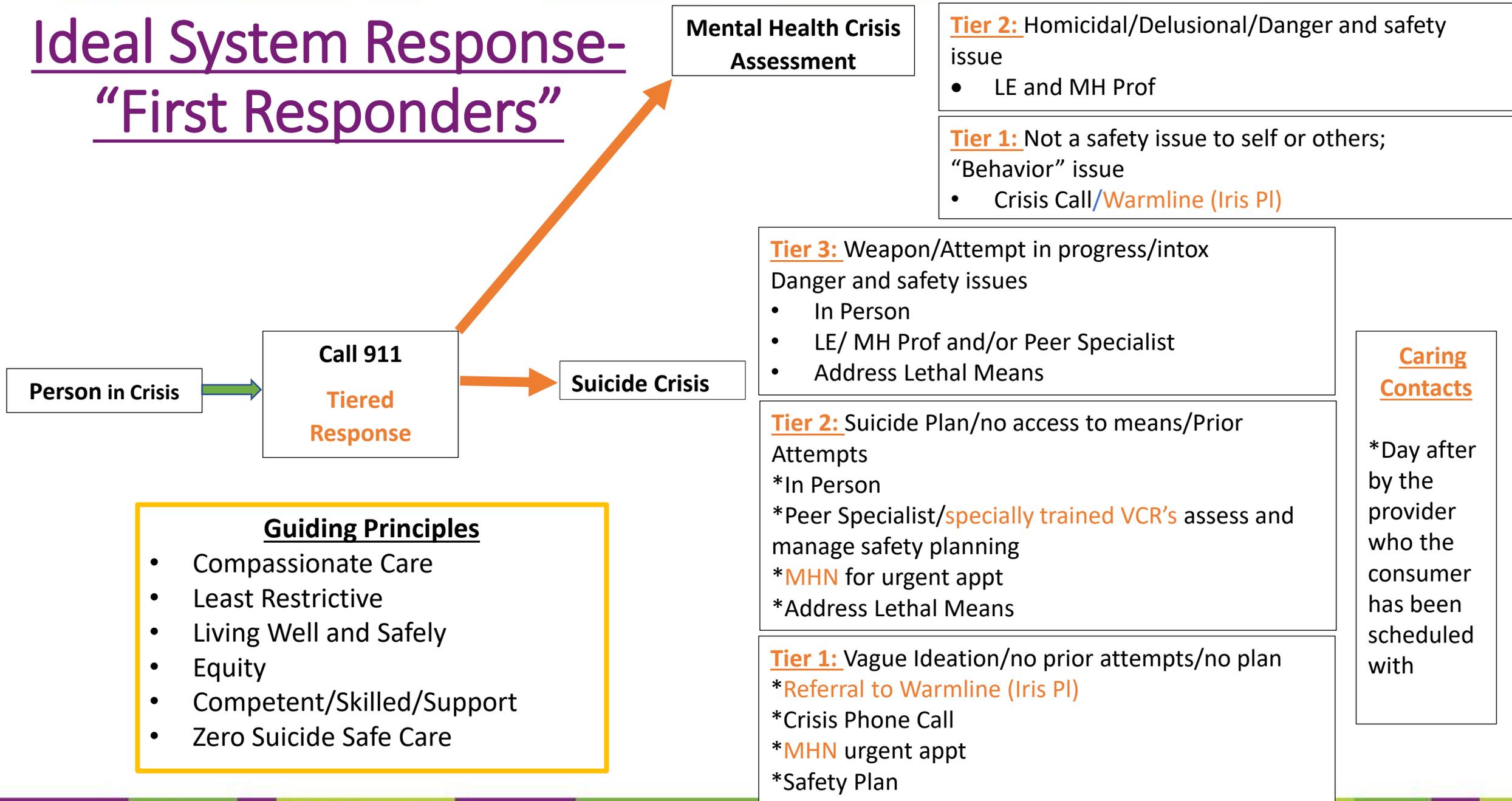
“I have greatly enjoyed working on the next model for caring for people in crisis. It is with particular enjoyment with this diverse, dedicated group of individuals on the dream team and with Sarah’s unwavering, steadfast leadership. I have seen the evolution of systems of crisis/emergency caring evolve 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.” ~



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. When dealing with families I often hear how the resources were not readily available for their loved one or they had to wait weeks to receive professional help and more times than not these individuals don't have the strength to wait weeks. 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. Consistent and clear directives need to be put into place so help is readily available for those going through an emotional crisis or for those that are left behind. This plan is a piece of the puzzle that has waited long enough to be put together, the amount of completed suicides and welfare checks is growing and the time is now for all these missing pieces to come together so we can deliver clear and consistent care to our communities. My brother didn't have the support he needed to live and I believe my family would have benefitted from services the Dream team has outlined, during and after his suicide death as we were left alone to navigate this complicated journey.

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”



Mental Health Crisis Assessment

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 PI)**

Person in Crisis

Call 911
Tiered Response

Suicide Crisis

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

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 PI)**
- *Crisis Phone Call
- ***MHN** urgent appt
- *Safety Plan

Caring Contacts

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

Ideal System Response: Emergency Department

Guiding Principles

- Compassionate Care
- Least Restrictive
- Living Well and Safely
- 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

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

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

MHN is contacted for an Urgent appt.

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 walk in
- Technology to provide consult to ED Dr.

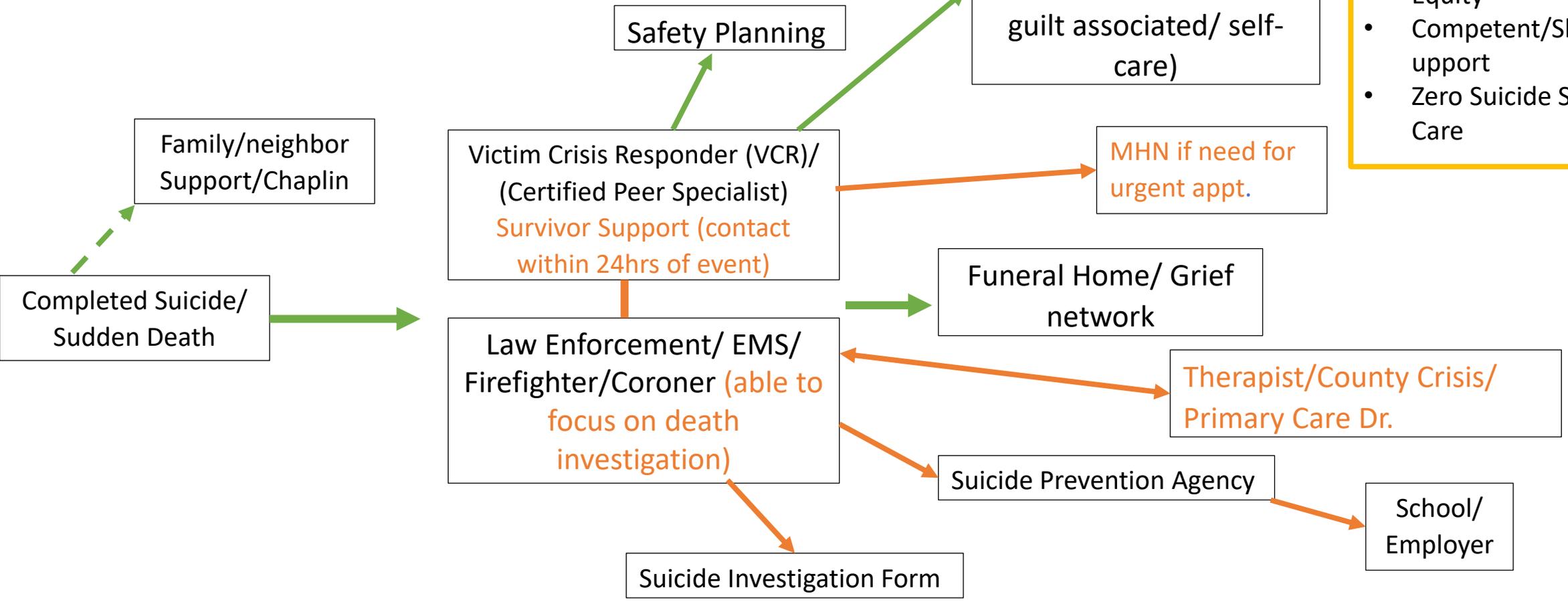
Ideal: MOBILE CRISIS

- 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

Guiding Principles

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



Resources-professional and support groups/ (Language on how to talk about a suicide/ guilt associated/ self-care)

Safety Planning

Victim Crisis Responder (VCR)/ (Certified Peer Specialist) Survivor Support (contact within 24hrs of event)

MHN if need for urgent appt.

Funeral Home/ Grief network

Law Enforcement/ EMS/ Firefighter/Coroner (able to focus on death investigation)

Therapist/County Crisis/ Primary Care Dr.

Suicide Prevention Agency

School/ Employer

Suicide Investigation Form

Family/neighbor Support/Chaplin

Completed Suicide/ Sudden Death

What comes next?

- Quarterly updates from the projects within Project Zero
- Be patient, not all projects will move at the same pace – speed is determined by readiness, capacity and funding (and COVID-19)
- “Dream” Into Reality Teams!- How do we define these???? What is the structure for the Implementation phase???- (DIRT teams 😊)
- The “Dream” Team will serve as the implementation Steering Committee

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.

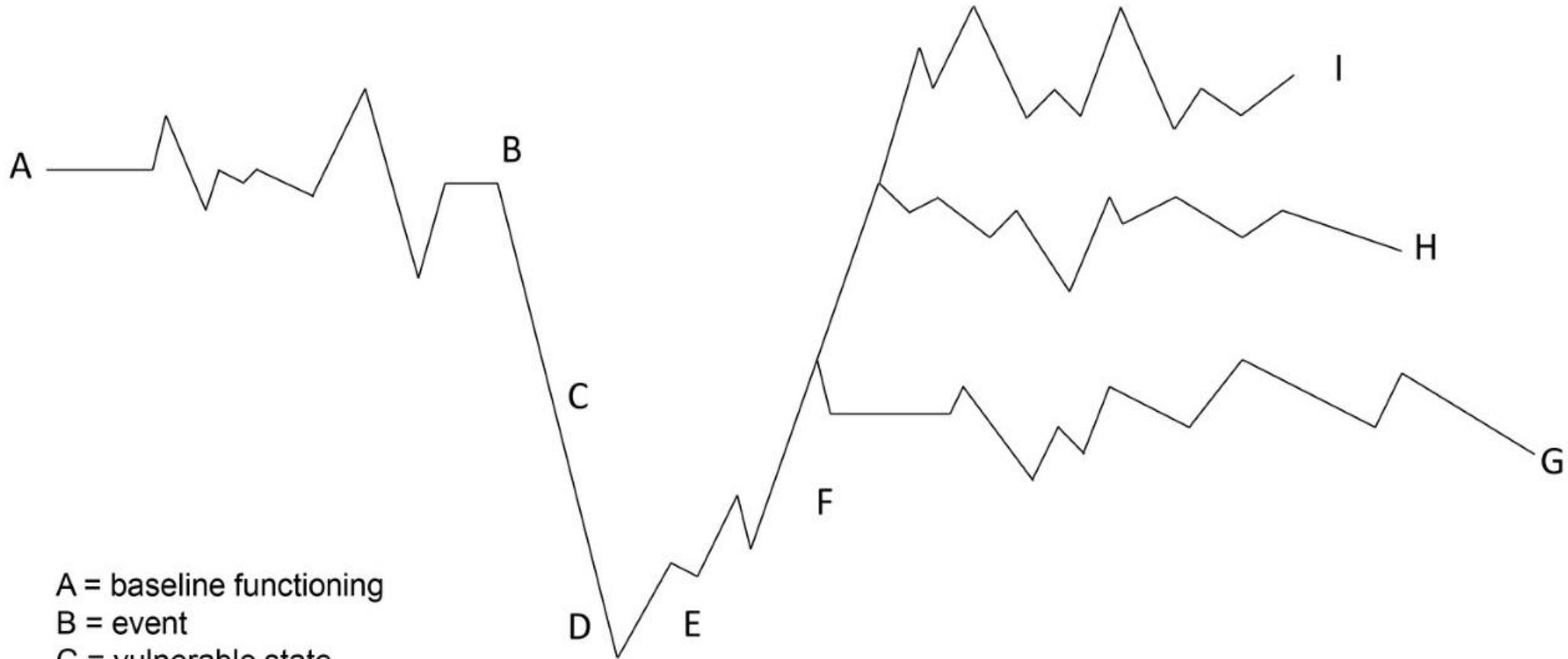
The coronavirus pandemic and the unprecedented measures to contain its spread are **disrupting nearly every aspect of children's lives**: their health, development, learning, behavior, their families' economic security, their protection from violence and abuse, and their mental health.

The COVID-19 pandemic may **worsen existing** mental health problems and **lead to more** cases among children and adolescents because of the unique combination of the public health crisis, social isolation, and economic recession.

(Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. JAMA Pediatr. Published online April 14, 2020.)

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

Q & A /Thank you

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