Partnerships for Better Outcomes in Crisis: Working with Adult Protective Services and Crisis Programs

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Learning Objectives

Overview of the crisis intervention and Adult Protective Services (APS) systems:

- Minimum requirements
- Best practices
- Benchmarks for voluntary and involuntary service provision

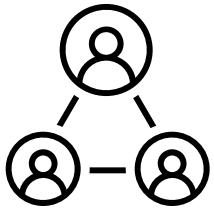
Learning Objectives

- Identification of case scenarios that may benefit from multisystem collaboration in working with clients with complex needs
- Exploration of how collaboration leads to better outcomes for comprehensive assessment and/or client outcomes
- Recommendations for next steps to leverage partnerships for a multidisciplinary approach to serving adults and elders in crisis

Collaborative Models Are Evidence-Based Practice

Essential elements of collaboration

Source: [Kaiser Permanente Washington Health Research Institute]



Benefits of a Multidisciplinary Approach

Programs	• Broadens available community resources • Is cost effective • Promotes "No Wrong Door" philosophy
Clients	• Complex needs require multisystem assessment and services (person-centered approach) • Addressing immediate needs is trauma informed • Promotes "the right care at the right time"
Workforce	Supports staff in doing their jobs competently and collectively

Reasons to Use a Multidisciplinary Approach

Statistics Relevant to Older Adults with Serious Mental Illness

15%
of older adults are impacted by behavioral health problems

4.8%
of older adults are living with a serious mental illness

0.2% ····▶ Bipolar disorder

0.2%–0.8% ····▶ Schizophrenia

3%–4.5% ····▶ Depression

People aged 65 and older account for **17.9%** of suicide deaths

- Older adults have mental health needs.
- Aging-related transitions are stressful.
- There is no one-size-fits-all approach.
- APS and crisis events are dynamic and often involve families and providers.

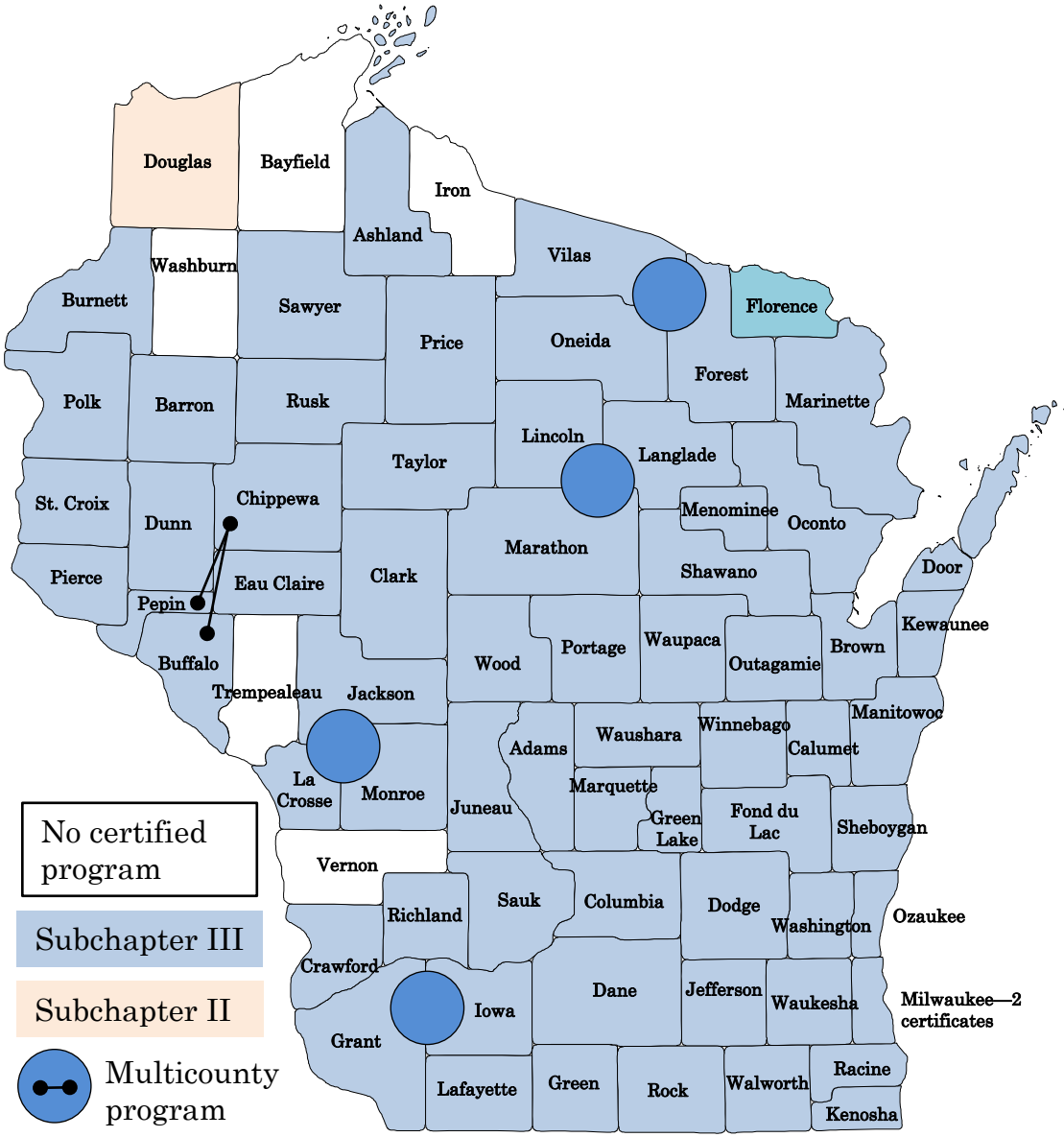
Source: SAMHSA Older Adults Living with Serious Mental Illness

What keeps us from collaborating?

- Uncertainty about type of cases that would benefit from multisystem involvement
- Lack of understanding about other system resources and response
- Lack of established relationship with contacts from other systems of care
- Lack of established referral and communication procedures
- Concerns about information sharing between systems for care coordination

Overview of Crisis Services

- Wis. Stat. § 51.42 Emergency Mental Health Services: county-based program/system
- Wis. Admin. Code ch. DHS 34
  - Codified in 1996
  - Established fee-for-service Medicaid reimbursement



Crisis Services Eligibility

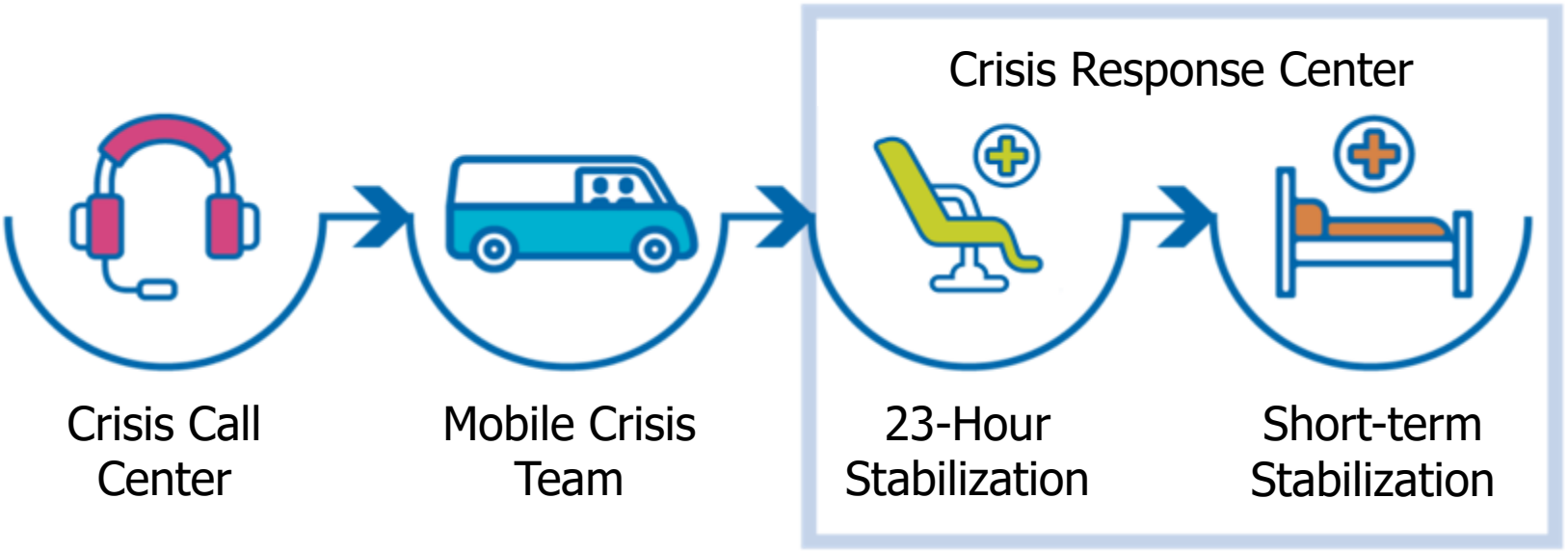
- **Crisis definition** (Wis. Admin. Code ch. DHS 34)
  "…a situation caused by an individual's apparent mental health disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing care or support for the individual."
- **Residency** is not a requirement. An identified crisis by an individual within a county determines eligibility.

Crisis Program Minimum Requirements

- 24/7 phone service
- 8 hours/7 days per week mobile crisis services
- 8 hours/5 days per week walk-in crisis services
- 24/7 short-term voluntary and involuntary hospital
- 24/7 linkage and coordination
- Services for children, adolescents, and their families
- Stabilization optional

Crisis Now Model

- Someone to contact
- Someone to respond
- A safe place to get help



Crisis Intervention

- Role of crisis workers:
  - Identify and de-escalate the immediate crisis
  - Stabilize the individual and/or family
  - Develop a response plan with **least restrictive** interventions identified
  - Provide linkage and follow-up services
  - Crisis planning
- Interventions should be trauma informed, client led, and least restrictive

Involuntary Legal Options for Treatment (Chapter 51)

Emergency detention criteria:

- Subject is believed to have one of the following concerns: mental illness, drug dependency, developmental disability.
- Subject is unable or unwilling to seek voluntary treatment.
- Subject is a danger to self or others: **substantial probability** of **imminent harm** based on recent threats, acts, or omissions.

Involuntary Legal Options for Treatment (Chapter 51)

Non-emergency petitions for involuntary treatment:

- Three-party petition for examination
- Treatment director hold

Scope of Crisis Services

- Short-term outpatient treatment services
- Linkage to community resources and ongoing treatment support
- Assessment and facilitation of short-term, acute psychiatric hospital admissions
  - 14.7 days average length of stay at Winnebago Mental Health Institute in 2023
  - 503% increase in admissions for individuals 65+ from 2013 to 2023

Overview of Adult Protective Services (APS)

- Social services program providing services or protection for adult victims at risk of abuse, neglect, or financial exploitation
- Nationwide programs, but not federally regulated or funded
- Core values of all APS programs: dignity of risk, person-centered planning, and least restrictive intervention
- Goal of program: linking victims with protective services and/or court protection

APS in Wisconsin

- County-based system
- Guidance from Wisconsin Statutes:
  - Wis. Stat. § 46.90 Elder Abuse Law
  - Wis. Stat. ch. 55 Protective Services Law
- Program eligibility:
  - Target groups: adult at risk or elder adult at risk
  - Investigative concern: risk of abuse, neglect, and/or financial exploitation
  - Jurisdiction: referral where the person is present, including community or residential facilities

APS Statutory Requirements

- Complete a memorandum of understanding (MOU) for notifying agencies/law enforcement of abuse, neglect, and financial exploitation response.
- Publish a local number and receive reports of abuse, neglect, and financial exploitation.
- Respond to APS reports within 24 hours.
- Provide victims an offer or referral for services.
- Report investigation outcomes to the Wisconsin Reporting for Adult Protective Services (WRAPS) system.

APS Reports and Communication

- Limited mandated reporting
- APS reporting confidentiality
- Confidentiality of APS records and investigations
- Establishment of MOUs with collaborators, including law enforcement; family care; Include, Respect, I Self-Direct (IRIS); and financial institutions

APS Legal Guidance and Court Role

- APS initiates petitions for civil court protections.
  - Wis. Stat. ch. 55 Protective Services Law
  - Wis. Stat. ch. 54 Guardianship Law
- APS must have evidence to present to court.
- Criminal matters are law enforcement jurisdiction.

APS Legal Guidance and Court Role

APS completes an investigation prior to filing a petition.

- Client must meet legal incompetence standard. Eligible categories of impairment include developmental disability, degenerative brain disorder, serious and persistent mental health disorder, or other similar incapacities.
- Petitions for guardianship and/or protective placement must include an examining physician statement.

Involuntary Legal Options for Placement (Chapter 55)

- Emergency protective placement criteria:
  - Individual is incapable of providing for care or custody.
  - There is substantial risk of harm to self or others.
  - Inability to care for self is due to incompetence (client is alleged to be incompetent).
- Chapter 55 detention facility: nonlocked residential facility
- Outcome: temporary guardianship and/or protective placement

System Comparison

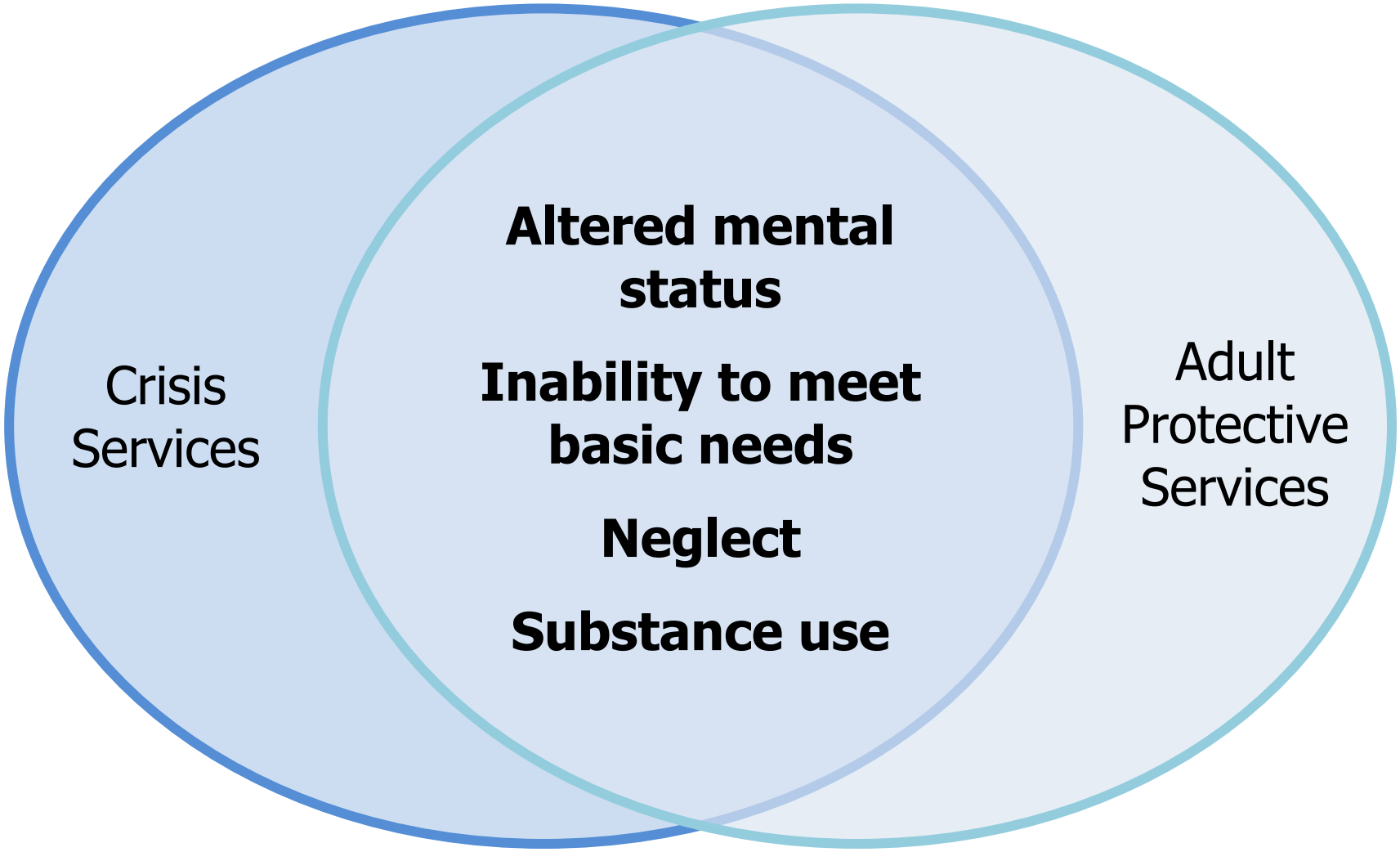
APS

- Investigative response
- Eligibility: adults and elder adults at risk
- Risk: abuse, neglect, financial exploitation
- Court finding: incompetence and/or need for residential care

Crisis Services

- Emergency response
- Eligibility: present in county and experiencing behavioral crisis
- Risk: danger based on treatable condition
- Court finding: proper subject for involuntary treatment

Client Concerns and System Overlap



Complex Cases: Bringing Both Systems the Table

Referral scenarios:

- Concerns with family members that present with impairments in independent living or with their caregiving role
- A client who is self-neglecting and has history of both mental health and cognitive issues

Complex Cases: Bringing Both Systems the Table

Referral scenarios:

- Developmentally disabled adults with aggressive and/or complex behaviors not responding to behavioral interventions
- Disenrollment and/or placement issues of managed care members due to inability to address member's care or behavioral needs

Crisis Response to Persons with Dementia

- Often requires involvement from multiple systems for best outcomes
- Limitations for accessing treatment and care:
  - Chapter 51 requires a treatable condition—dementia alone not defined as treatable
  - Activated power of attorney cannot sign principle into locked mental health treatment facility without their consent
  - Chapter 55 protective placement order does not allow placement or treatment in locked facility

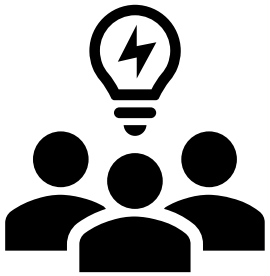
Crisis Response to Persons with Intellectual or Developmental Disabilities (ID/DD)

- People with ID/DD benefit from a multisystem response.
- ID/DD is covered under Chapter 51 as a treatable condition.
- Placement at centers for ID/DD requires both guardianship and protective placement. There is limited access to centers when in crisis.

Crisis Response to Persons with Intellectual or Developmental Disabilities (ID/DD)

- Ongoing behaviors aren't resolved with a crisis intervention response and/or inpatient hospitalization alone.
- Protective services and placement orders may support providers in maintaining a client with complex needs.

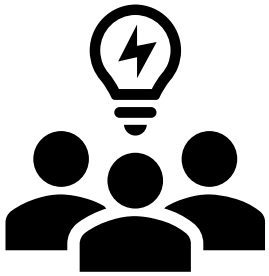
Case Study and Discussion



Case Study Discussion Question #1

Initiating the collaborative process:

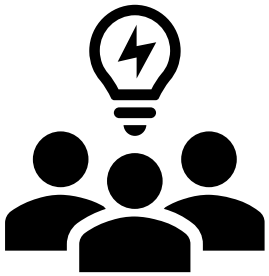
- What indicators suggest the best response requires collaboration?
- Who would you need or want to be involved in collaborative response?
- What considerations need to be addressed to promote collaboration (example: confidentiality and/or exchange of information)?



Case Study Discussion Question #2

Multidisciplinary team process:

- What would your multidisciplinary team process look like from consultation to intervention?
- What would the client experience be with this collaborative process? How would the team ensure that the approach remains client centered?
- How do you create a shared goal for intervention and client outcome?



Case Study Discussion Question#3

Resolution and next steps:

- How or when does the multidisciplinary process end?
- What considerations would need to be made at the time of closure regarding handoffs, documentation, or other follow-up?
- With the shared goal of process improvement, how would case review or other strategies be used?

Developing Sustainable Cross-System Partnerships

- Training opportunities
- Interdepartmental staffings
- Agency referral protocol
- Opportunities for mobile crisis teams to include aging services partners
- MOU between agencies
- Interdisciplinary team (I-Team) or local multidisciplinary meeting participation

Thank you!

"Coming together is a beginning. Keeping together is progress. Working together is success."

- Henry Ford

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