





American Rescue Plan Act Funds (ARPA)— Behavioral Health & Crisis Response Taskforce

Problem Statement: Need for More Behavioral Healthcare Services

Mental health, substance abuse, crisis response and barriers to accessing care continue to be of concern in our community and nation. Sadly, youth and adults reporting symptoms of anxiety or depressive disorder, suicidal ideation and rates, increased substance use, and drug overdose deaths have all been on the rise since the start of the pandemic. According to the Kaiser Family Foundation, communities of color, adults with job loss or lower incomes, essential workers, and women with children seem to be especially affected.

Charge: Develop Recommendations to Improve Countywide Behavioral Health & Crisis Response Services

Use of ARPA funds should be well thought out and a deliberate process, and behavioral healthcare services are an eligible use. The Taskforce will draw upon existing data and elicit larger community input on recommendations to effectively use ARPA funding to better address Behavioral Health pandemic related community needs. The Taskforce will also provide input and feedback to the County Health and Human Services Department (HHS) who are already working in collaboration with others to develop recommendations. A written report summarizing the process and recommendations will be provided to the SCEDC Board of Directors, City of Sheboygan Common Council, Heads of Local Government, and Sheboygan County by January 2022. A minimum of a status report will be provided at that time if additional time is needed.

Taskforce Membership:

- Co-Chair Matt Strittmater, Director, Sheboygan County Health & Human Services
- Co-Chair Kate Baer, Executive Director, United Way
- Jackie Moglowski, Behavioral Health Manager, Sheboygan County Health & Human Services
- Starr Grossman, Public Health Manager, Sheboygan County Health & Human Services
- Aurora Sheboygan Memorial Medical Center Laura Reinemann, Behavioral Health Patient Care Manager
- HSHS St. Nicholas Hospital Jeff Strumbas, Executive Director of Behavioral Health
- Rogers Behavioral Health- Ashley Podzius, Outreach Representative
- Lakeshore Community Health Care Kristin Stearns, CEO

Taskforce Membership (continued):

- Sheboygan Area School District Jason Liederman, Director of Special Education & Pupil Services & Dean White, School Counselor
- Mental Health America Julie Preder, Executive Director
- Wisconsin Recovery Community Organization Shelby Kuhn, Vice President of the Board & Erik Meyer, Program Manager
- Hmong Mutual Assistance Association Sheila Yang/Alex Liosatos, Board Members
- Partners for Community Development Karin Kirchmeier, Executive Director
- Black American Community Outreach Mike Thomas, Board President
- Sheboygan Well County Initiative Kelly Boeldt, Coalition Lead
- Lakeshore Child Advocacy Center Amanda Didier, Executive Director
- Sheboygan County LGBTQ Alliance Carolynn Lee, Chair
- Consumer Credit Counseling Daryl Mangeri, Executive Director
- City of Sheboygan Police Chief Christopher Domagalski
- Local elected officials County Board Chairperson Vern Koch
 - County Board Supervisor Bill Goehring
 - City of Sheboygan Common Council Vice President Roberta Filicky-Peneski







February 14, 2022

County Administrator Adam Payne and Members of the Sheboygan County Board,

Please find enclosed the Behavioral Health & Crisis Response Report.

The COVID-19 pandemic has negatively affected the behavioral health of many in our nation. Surveys are showing increased numbers of individuals who are struggling with symptoms of stress, anxiety, depression, and insomnia compared to surveys before the pandemic (Mayo Clinic website). In December of 2021, the United States Surgeon General declared a National Emergency on youth mental health.

The pandemic's negative effect on behavioral health is being felt in Sheboygan County as well. Mental Health America in Sheboygan County online mental health screenings increased from 377 individuals in 2019 to 1,417 individuals in 2021. Screening data revealed:

- 55% (778 individuals) had a positive screen and/or moderate to severe mental health symptoms.
- 67% of those aged 17 and under had a positive screen and/or moderate to severe symptoms.
- 23% indicated the pandemic had a direct negative impact on their mental health.

The Behavioral Health & Crisis Response Taskforce is compromised of 23 individuals from 16 community organizations. We met from September 2021 through January of 2022. We analyzed the largest Behavioral Health Gaps in our community as identified by Community Health Assessments (2017 & 2020) and the latest Reflecting on the Continuum of Care: Mental Health and AODA Service Gap Analysis for Sheboygan County (2020). We elicited community input, brainstormed ideas, and are honored to suggest four specific ideas (listed by priority ranking) to strengthen the Behavioral Health of our community:

- 1. Implement a City of Sheboygan Police and Sheboygan County Crisis Co-Response Pilot Project to enhance the trauma informed and Behavioral Health expertise of emergency services.
- 2. Embed Social Workers within City of Sheboygan neighborhoods with significant challenges.
- 3. Initiate a partnership of health care, government, and social services agencies to make community resources more accessible and navigable to the people who need them.
- 4. Expand the Mindful Educator Initiative Training to all schools across Sheboygan County.

Thank you for your consideration.

Kate Baer

BH & Crisis Response Taskforce Co-Chair

Matt Strittmater

BH & Crisis Response Taskforce Co-Chair

Cc: City of Sheboygan Common Council Heads of Local Government SCEDC Board of Directors

AMERICAN RESCUE PLAN ACT (ARPA) TASKFORCE REPORT

Taskforce Information			
Taskforce Name:	Behavioral Health & Crisis Response	Chair(s):	Kate Baer
Report Date:	February 14, 2022		Matt Strittmater

Charge

Develop Recommendations to Improve Countywide Behavioral Health & Crisis Response Services

Summary of Recommendations (In priority order)

Mental health, substance abuse, crisis response and barriers to accessing care continue to be of significant concern in our community and nation. Sadly, youth and adults reporting symptoms of anxiety or depressive disorder, suicidal ideation and rates, substance use, and drug overdose deaths have all been on the rise since the start of the pandemic. Communities of color, adults with job loss or lower incomes, essential workers, and women with children seem to be especially affected. (*Kaiser Family Foundation*).

Twenty-three individuals representing sixteen Behavioral Health related organizations in Sheboygan County analyzed the major gaps identified by recent community assessments and recommend the following four services for ARPA funding to improve the behavioral health of our community (in order of priority ranking):

- 1. **City of Sheboygan Police & Crisis Co-Response Pilot:** \$1,078,988 of ARPA funds across three years will be used to enhance trauma informed and Behavioral Health expertise of emergency services via embedding County Crisis staff within Dispatch and City of Sheboygan Police vehicles.
- 2. **Neighborhood Social Workers:** \$1,050,000 of ARPA funds across three years will be used to embed Social Workers within City of Sheboygan neighborhoods with the most significant challenges to build family and neighborhood resiliency, self-sufficiency, and reduce the likelihood of residents needing intense and/or emergency services.
- **3. Support and System Navigation:** \$216,625 of ARPA funds across three years will be used to initiate a partnership of health care, government, and social services agencies to ensure that community members can effectively access and navigate through community resources using a robust electronic network to facilitate closed loop referrals and ensure streamlined cross sector collaboration.
- 4. **Mindful Educator Initiative Training:** \$210,000 of ARPA funds across three years will be used to expand this evidence-based training to all Sheboygan County public and private school educators and support staff to shift school mental health culture and increase the resiliency of future generations.

These recommendations will not only strengthen the overall Behavioral Health of our community, they will also address the inherent challenges faced by many disproportionally affected populations.

Recommendation 1: Sheboygan City Police & County Crisis Co-Response Pilot Program

Recommendation Foundation: Sheboygan County Health & Human Services (HHSD), the Sheboygan Police Department, and the Sheriff's Department actively collaborated and fully support the details that follow.

Attachment #1 is a Sheboygan County Health & Human Services and the City of Sheboygan Law Enforcement analysis with additional detail.

Implementation Strategy: The first six months after approval will be used to finalize the following:

HHSD will expand an existing mobile crisis contract with Vista Care to include an additional 8.22 FTE's of crisis staff. These positions will be used to provide 16 hours per day coverage of co-response in the community as well as 16 hours per day coverage of phone response within the dispatch center. We expect the coverage times to be 8:00AM to 10:00PM, which allows for some shift change overlap that is necessary in crisis work and provides time for completion of paperwork and follow up responsibilities.

As this is a new program, close proximity and exchange with police officers is necessary in order to develop trust between the two workers, and to facilitate open discussion on how their activities can help meet program goals. Crisis workers will be partnered directly with a law enforcement officer and they respond to calls as one unit. Understanding that this model may bring crisis workers to some calls that have no mental health element, and result in a police officer responding to a call that is solely a mobile crisis event, it is still believed that the model that places these two workers in a car together and allows them to co-respond together will serve the purpose of relationship building, information sharing, and assist the leadership of both organizations in keeping consistent goals.

This model would include embedding a crisis worker within the Sheboygan County dispatch center. The purpose of this position is to monitor incoming calls and try and identify those calls that may be handled as a mobile crisis service call rather than an emergency service call for service. In cooperation with the Sheboygan County Sheriff's Dept., we are currently working on the logistical impact of an additional person within the communications center and developing a communication plan for the monitoring and transferring of incoming service calls.

The Sheboygan Police Department will provide office space and conduct fingerprint-based background investigations and clearances so that crisis workers can have full access to the police facility. Once this is complete, crisis workers that are assigned to the Police Dept. will be provided with access cards, identification cards, and key fobs that allow entry into the building and entry into their office. Once in the office, they will have an expectation of privacy within that office, with the exception of overarching facility maintenance needs.

In regards to needed equipment, a laptop and cell phone will be provided by Vista Care, Wi-Fi is available in the cars and dispatch center. Clinical supervision per statute and MA requirements will be provided by Vista Care.

During this pilot, jurisdictions other than Sheboygan Police Department will continue have full access to the traditional phone and mobile crisis teams. If this pilot is deemed to be successful, the potential to expand to other law enforcement jurisdictions can be explored.

Total Annual Operational Cost and/or one-time Capital Request: \$674,458 -\$715,532/year.

Funding Breakdown (ARPA request, grant dollars, and any other leveraged resources):

ARPA Funds: \$1,078,988 over 3 years
Medicaid Billing: \$924,216 over 3 years
County Mental Health Block Grant: \$81,478

YEAR 1	YEAR 2	YEAR 3
Revenue	Revenue	Revenue
\$284,908 ARPA	\$386,620 ARPA	\$407,460 ARPA
\$308,072 Medicaid billing	\$308,072 Medicaid billing	\$308,072 Medicaid billing
\$81,478 County Block Grant		
Expense	Expense	Expense
\$674,459: 8.22 FTE Crisis	\$694,692: 8.22 FTE Crisis	\$715,532: 8.22 FTE Crisis
responders, laptops, cell phones	responders, laptops, cell phones	responders, laptops, cell phones

Sustainability: Outcomes that may align with City and County savings will be carefully identified and tracked over the course of the three years. The current State budget includes additional investments in Crisis services that may be continued, and the Wisconsin County Association may be targeting full funding of Crisis services as a priority to lobby for in the next State biennial budget.

ARPA Eligibility: Behavioral Health Crisis Services are listed as an enumerated eligible use of funding that is responding to public health and negative economic impacts of the pandemic. (*Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule (U.S. Department of the Treasury, January 2022. P. 15).*

Community Impact: Research on the impact of co-responder models is limited, but growing. The University of Cincinnati Center for Policy Research and Policy's Assessing the Impact of Co-Responder Team Programs: A Review of Research Best Practice Guide indicates collective research provides "preliminary evidence of the promising effects of this model in (1) enhancing crisis de-escalation, (2) increasing individual's connection to services, (3) reducing pressure on the criminal justice system by reducing arrests, police detentions, and time spent by officers in responding to calls for service, (4) reducing pressure on the health care system by reducing emergency department visits and psychiatric hospitalizations, and (5) promoting cost-effectiveness."

Outcome data to collect for quarterly and/or annual progress reports will be finalized prior to program initiation, and are likely to include things such as: (1) number of dismissed emergency detentions, (2) location of intervention services, (3) length of the intervention, (number of calls from frequent callers, (4) number of calls into dispatch that were diverted to a Crisis only response, and (5) number of intakes into the detention center. Further exploration is needed to identify outcome data to collect to determine impact on law enforcement operation, county inpatient hospitalization expenses, and reduced health care system pressure.

This pilot will impact those in the City of Sheboygan, with the potential of expanding to other parts of the county in the coming years. As a result of this service being offered in the City of Sheboygan, existing mobile crisis staff will be freed up to respond more quickly to the remaining jurisdictions in the county. The crisis worker in the dispatch center will also be available to assist in determining if a mobile crisis response may be needed and therefore dispatched more quickly than exists today.

Recommendation 2: Neighborhood Social Workers

Implementation Strategy: Embed Social Workers within City of Sheboygan neighborhoods with the most significant challenges (child protection system referrals, low socio-economic status, etc.). These individuals will collaborate with community organizations and work to develop trusting and helpful relationships within these neighborhoods to build family and neighborhood resiliency, self-sufficiency, and reduce the likelihood of residents needing intense and/or emergency services (Child Protective Services, school truancy, homelessness, etc.).

Social Worker roles (based on an existing models in La Crosse and Dane counties) include: (1) Help with basic needs of food, clothing, utilities, etc.; (2) Locate and stabilize housing; (3) Connection with local resources for parenting, family concerns, behavioral health care, etc.; (4) Overcoming barriers to transportation, employment, and child-care; (5) Helping children stay on a positive path; (6) General support and advocacy; and (7) connection to other helpful or needed supports. Common partners include schools, Public Health, City and County representatives, faith groups, landlords, non-profits, youth supports, and other neighborhood stakeholders.

Sheboygan County Health & Human Services is well positioned to operate this service, has staff with experience offering it in Dane County, and has strong connections with individuals at the Dane and La Crosse County programs. That said – implementation will include an assessment of the pros and cons of a County delivered vs non-profit delivered service.

Attachments:

- Attachment #2 is the brochure from the La Crosse County neighborhood social worker service.
- Attachment #3 represents an example of City of Sheboygan neighborhoods that could be served based on the volume of Child Protective Services referrals in recent years.

Implementation Timeline:

- 1. First six months after funding is approved:
 - a. Create stakeholder committee to finalize planning and provide oversight.
 - b. Use intense/emergency service utilization data to determine neighborhoods to serve.
 - c. Determine who operates the service (weigh pros and cons of County vs non-profit)
 - d. Hire staff (consideration of bilingual/lived experience of neighborhood challenges).
 - e. Visits to existing programs in La Crosse and Dane County.
 - f. Secure "office" space within easily accessible community locations.
 - g. Community education & engagement of neighborhood residents.
- 2. Go live after 6 months of implementation planning & realize it will take time to be trusted.
- 3. Potential for expansion after year 3 depending on achieved outcomes / available funding.

Total Annual Operational Cost or one-time Capital Request: Approximately \$350,000/year.

Funding Breakdown (ARPA request, grant dollars, and any other leveraged resources):

• ARPA Funds: \$1,050,000 over 3 years

YEAR 1	YEAR 2	YEAR 3
Revenue	Revenue	Revenue
\$350,000 ARPA	\$350,000 ARPA	\$350,000 ARPA
Expense	Expense	Expense
\$300,000: Supervisor and Two (2)	\$300,000: Supervisor and Two	\$300,000: Supervisor and Two
Social Workers (3.0 FTE)	(2) Social Workers (3.0 FTE)	(2) Social Workers (3.0 FTE)
\$50,000: Neighborhood	\$50,000: Neighborhood	\$50,000: Neighborhood
investment (up to \$500/family -	investment (up to \$500/family -	investment (up to \$500/family -
\$25,000 per neighborhood)	\$25,000 per neighborhood)	\$25,000 per neighborhood)

Sustainability: Outcomes of successful existing models includes savings within Health & Human Services (primarily reduced Child Protection Services referrals/out-of-home care expenses) that could be allocated to sustainability. The City of Sheboygan and Sheboygan School District will be engaged during implementation to help define outcomes that may align with savings that could potentially be routed to sustainability and potential expansion (similar to what occurred in La Crosse County).

ARPA Eligibility: Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule (U.S. Department of the Treasury, January 2022 lists numerous categories of enumerated services apply to this service: (1) Outreach to individuals not yet engaged in treatment is listed as an enumerated use (P. 15); (2) Services to low or moderate income households and communities (P. 17); (3) Assistance in accessing and applying for public benefits or services (P. 18); (4) Community health workers to help households access health & social services (P.20); and investments in neighborhoods to promote health outcomes (P. 20).

Community Impact: Serving neighborhoods with the most significant challenges in the City of Sheboygan is expected to result in service to individuals with historically high needs, and will provide much needed assistance to individuals from communities that have been disproportionately affected by the pandemic.

Outcome data collected to provide quarterly and/or annual reports would be based on outcomes achieved in the La Crosse County model. La Crosse County served approximately 200 families in 2019 that were located in neighborhoods with the highest density of Child Protective Services referrals (attachment #1 as applied to Sheboygan County). A similar program operating in Sheboygan would collect data on the reason we are working with a family, and whether or not the need was met. Top reasons for contact in La Crosse included: (1) Housing; (2) Mental Health navigation; (3) Transportation; (4) Basic Needs; (5) Employment readiness; (6) Child education; and (7) Support and advocacy. They report 77% of needs were met. In addition - overall Child Protection Service referrals (neighborhoods chosen based on density of referrals) have been significantly and steadily dropping (hundreds less per year). The Sheboygan School District would be assessing whether or not this service reduces truancy.

It is important to realize outcomes may take a bit of time to be seen. We are dealing with generations of challenges in these neighborhoods, and time will be needed to develop the trusting relationships required for maximum impact. That said – making a difference with these populations now will positively affect future generations of Sheboygan residents.

Recommendation 3: Support & System Navigation Initiative of Sheboygan County

Recommendation Foundation: The Support & System Navigation Initiative of Sheboygan County (SSNI) would develop a collaborative partnership of health care, government, and social service agencies combining efforts to make community resources accessible and navigable to the people who need them using a robust electronic network to efficiently collaborate with other providers across all sectors (health care, housing assistance, food security, financial assistance, etc.).

SSNI is designed using a web-based referral and case management system to:

- 1) Increase the understanding of social needs facing patients or clients;
- 2) Track their ongoing use of community resources in real-time;
- 3) Make closed-loop referrals so people find the help they need; and
- 4) Significantly improve care coordination and health outcomes of County residents.

After investigating various initiatives (throughout WI and nationally) working to increase access, navigation, and availability of services, SSNI has entered the exploration stages of partnering with IMPACT Connect, a successful regional Milwaukee-based organization that currently collaborates with Froedtert Medical College of Wisconsin, Advocate Aurora, Milwaukee's Health & Human Services, the MKE Health Care Partnership, and local social service organizations that all utilize 211 (a regional information, assistance and referral program available through web, text and phone) and the NowPow/Unite Us software platform applied within health and social service systems of care. ARPA dollars would be utilized to support the implementation stages needed to launch the SSNI and provide sufficient funding as additional revenue sources are identified and secured.

Attachment #4: Provides an overview of how IMPACT Connect & NowPow/Unite us are doing this in Milwaukee. This recommendation would result in something very similar tailored to Sheboygan County.

Implementation Strategy:

- Phase 1 is Readiness and Preparation: SSNI will consult with IMPACT Connect's Director of Systems Change for up to 40 hours within six months to support creating a relationship between the local 211 and IMPACT Connect, develop infrastructure, confirm staffing needs and the way in which Sheboygan County organizations participating in SSNI will engage with IMPACT Connect.
- Phase 2 is Implementation and Staffing: This phase includes two options that will be finalized during Phase 1:
 - o Option #1 of phase 2 is based on staffing provided by IMPACT Connect.
 - Option #2 of phase 2 is based on SSNI employing their own coordinator with additional consultation from the IMPACT Director of Systems Change.

Local agencies including Lakeshore Community Health Care, United Way of Sheboygan County, Sheboygan County Health & Human Services, Healthy Sheboygan County, Sheboygan County Food Bank, and Mental Health America in Sheboygan County are committed to participating on the SSNI advisory committee to lead the efforts throughout all stages of exploration and implementation.

Total Annual Operational Cost and/or one-time Capital Request: \$92,500 - \$125,000/year

Funding Breakdown (ARPA request, grant dollars, and any other leveraged resources):

- ARPA Funds: \$216,625 over 3 years.
- Health systems and large organizations: \$106,375 over 3 years.
- United Way/Lakeshore Community Health Center: In-kind phone system, internet, meeting space.

YEAR 1	YEAR 2	YEAR 3
Revenue	Revenue	Revenue
\$125,500 ARPA	\$57,750 ARPA	\$33,875 ARPA
	\$47,750 Health Systems & Large	\$58,625 Health Systems &
	Organizations	Large Organizations
Expense	Expense	Expense
\$4,000 - Phase 1 Readiness &	\$75,000 - Phase 2 Implementation and	\$75,000 - Staffing
Preparation/Consulting	Staffing (1.0 FTE)	
\$75,000 - Phase 2 Implementation	\$7,500 - Marketing, Outreach, and	\$7,500 - Marketing,
and Staffing (1.0 FTE)	Meeting Expense	Outreach, and Meeting
		Expenses
\$7,500 - Marketing, Outreach, and	\$2,000 - Office Equipment and	
Meeting Expenses	Materials	
\$5,000 - Office Equipment,	\$11,000 - Additional Consultation	
materials, printing, mailing	Services	
\$30,000 – Attorney & Licensing	\$10,000 - Licensing	\$10,000 Licensing
\$4,000 - Phase 1 Readiness &		
Preparation/Consulting		

Sustainability: Year 4 onward are funded via health systems and large organizations.

ARPA Eligibility: Support to reduce disparities in access to high quality behavioral health treatment is listed an enumerated eligible use of funding that is responding to public health and negative economic impacts of the pandemic. (Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule (U.S. Department of the Treasury, January 2022. P. 15).

Community Impact: Access to care and support continues to be a priority area of concern for Sheboygan County. Across the U.S., forward-thinking cities are seeing measurable results and embracing the community information exchange movement to use the power of data to achieve a more holistic approach to health and well-being. SSNI would create a shared language and a technology platform to better understand the needs of our population, make and track referrals to a multitude of services, and ensure all Sheboygan County residents have access to needed care and supports.

Outcome data for quarterly and/or annual reports would be developed to assess progress in the areas our community would be expected to benefit based on the similar Milwaukee, WI initiative:

- Time and cost data related to reduced re-admissions, ER visits, and length of stay.
- Improved health outcomes via identifying unmet needs and best practice training opportunities.
- Streamlined cross-sector coordination of care via shared language and technology platform;
- Improved system efficiency via utilizing new data to plan and evaluate services; and
- Enhanced employee morale via collaborative approach to client/patient success.

Recommendation 4: Mindful Classroom Initiative Educator Training

Recommendation Foundation: Wisconsin Department of Public Instruction *mandates* all students in Wisconsin to graduate from high school socially and emotionally competent by possessing and demonstrating social and emotional knowledge, skills, and habits. Social and emotional learning (SEL) advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities. While this program is a benefit to students, it also provides social, emotional regulation skills to school staff. According to the National Education Association, a survey of U.S. public sector workers released in October found that K-12 public school educators were the most likely to report higher anxiety, stress, and burnout during the COVID-19 pandemic.

Over the last five years, Mental Health America in Sheboygan provided evidence-based training to educators and support staff to shift school mental health culture. MCI Educator Training provides support, resources, and evidence-based curriculum to schools within Sheboygan County. The training achieves the Wisconsin DPI requirements for educators in the following areas: *Commitment to equity, employ a strength-based lens, adopt a systems approach, strengthening adult capacity, partner with students, families, and communities, building and sustaining resilience, and assess to learn.*

Over the last five years, three to four schools per year send an average of 60-100 educators to the training. In addition, we have Sheboygan Area School District that has 1,500 educators that are waiting to be trained. The need and interest in our county impact over 4,000 academic staff. ARPA funds would assist educators without the utilization of their school funds, MHA funds, and the procurement of grants. **This gives an increase of 600 more educators trained in SEL.**

Implementation Strategy: Over the next three years, MHA Sheboygan will provide a select number of seats for all county-wide schools. This will be offered to educators in all nine school districts and private school institutions.

- Designate part time staff to organize, implement, and structure program to all schools
- Market and identify schools with staff on wait lists for training
- Market to schools who are at highest need for SEL training
- Set up training calendar for three-year period throughout county
- Year One train and support 200 educators and staff
- Year Two train and support 200 educators and staff
- Year three train and support 200 educators and staff

Total Annual Operational Cost and/or one-time Capital Request: The expansion of Mindful Classroom Initiative Educator Training proposed by this recommendation would have an annual cost of \$214,000.

Funding Breakdown (ARPA request, grant dollars, and any other leveraged resources):

- ARPA Funds: \$210,000 over 3 years.
- MHA Sheboygan / School System Funds: \$432,000 over 3 years.

YEAR 1	YEAR 2	YEAR 3
Revenue	Revenue	Revenue
\$70,000 ARPA	\$70,000 ARPA	\$70,000 ARPA
\$144,000 Mental Health	\$144,000 Mental Health	\$144,000 Mental Health
America, School Districts,	America, School Districts,	America, School Districts,
Donors, Grants	Donors, Grants	Donors, Grants
Expense	Expense	Expense
\$174,000 – Part-time	\$174,000 – Part-time	\$174,000 – Part-time
Coordinator and Two (2)	Coordinator and Two (2)	Coordinator and Two (2)
Trainers (2.5 FTE)	Trainers (2.5 FTE)	Trainers (2.5 FTE)
\$40,000 – Materials, resources,	\$40,000 – Materials,	\$40,000 – Materials,
and curriculum (\$200/person	resources, and curriculum	resources, and curriculum
and 200 people/year)	(\$200/person and 200	(\$200/person and 200
	people/year)	people/year)

Sustainability: MHA Sheboygan can provide training above the 200 educators per year if schools have Title One or other funding sources to support the training. There will be continuous need for this training due to a large number of schools and over 4,000 educators in Sheboygan County. Enhanced fundraising and school support will be key to sustaining annual training across all school systems.

ARPA Eligibility: Enhanced behavioral health services in schools are listed as an enumerated eligible use of funding that is responding to public health and negative economic impacts of the pandemic. (*Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule (U.S. Department of the Treasury, January 2022. P. 15*).

Community Impact: (see attachment #5 for additional detail on outcomes)

- At least 600 educators & support staff from public and private K-12 will receive an 8 hour evidence-based program that enhances classrooms and empowers personal and professional skills.
- Outcome measurements from the past five years include: (1) students pay attention in school, (2) students pay attention to teachers, (3) when mad or sad students know ways to make themselves feel better, (4) when students have difficult emotions, they know how to calm down, (5) students pause before reacting to situations, (6) teachers report benefits to their students, (7) teachers report calmer classrooms, (8) teachers utilize mindfulness outside mindful lessons, and (9) teachers report using mindfulness in their personal lives.
- Attachment #5 has additional detail on outcomes, including: (1) 100% of the 500 educators and support staff who participated in the MCI Educator Training over the last five years reported the programming beneficial and would recommend to a colleague., (2) 90% of educators reported utilizing the mindfulness practices *outside* of lesson times, and (3) "100% of teachers reported calmer classrooms utilizing the curriculum and skills gained in the workshop."

Overall, training provides essential training around poor mental health identification within their students, colleagues and themselves. These gained skills are more critical than ever before.

Sheboygan County Crisis and City of Sheboygan Law Enforcement Collaboration Analysis

Current Status:

We currently have two vendors working within our mandated crisis response for the county. Family Services of NE Wisconsin is contracted as the crisis phone line. This contract is for \$50,000.04 per year and consists of call center staff who are located in Green Bay. These staff answer any calls placed to the published Sheboygan County Crisis Line. These calls come from community members, community partners/professionals and law enforcement. In 2020, they took 2,504 calls. Of those calls, 442 were transferred to the mobile crisis team for an in-person response and 70 were referred directly to law enforcement for a welfare check. This contract allows us to meet the requirement of using a regional crisis model that is necessary to receive a higher level of Medicaid funding for our crisis services.

Vista Care is the second vendor of the mandated response and provides mobile, in person response with a contract for \$473,222.35 per year. This includes approximately 5.0 FTE's of staff time. In addition to the calls transferred to them by the phone line, they also receive 10% of their calls directly from Aurora Sheboygan Emergency Department, 10% from community partners, and 30% of their calls come directly from law enforcement. The mobile staff respond to any location they are requested to, but most frequently these occur in the emergency department. On average, crisis staff spend just over 3 hours on each call. In 2020, Vista Care completed almost 400 assessments and over 1200 check in or follow-up contacts.

Elevate runs our crisis diversion facility, Calm Harbor, which provides 24/7 awake staff in a ten bed, non-secured, supportive environment. This contract is for \$636,188.40 per year. Calm Harbor allows clients to receive care as an alternative to a locked hospital unit. Some clients are able to prevent hospitalization altogether by utilizing Calm Harbor and others are able to transition out of the hospital a little sooner by discharging to Calm Harbor. In 2020, bed usage totaled 2101 nights. This is a significant number considering census was capped at 5 beds for a significant portion of the year and was also closed for a brief period of time due to COVID and social distancing protocols.

Our largest internal crisis program is The Children's Assessment Team (CAT). This program is comprised of two crisis case managers who work with families who are identified as needing some additional support to prevent on-going crisis situations. Many of these families are involved in CPS and/or Youth Justice Services. Referrals come from CPS, Youth Justice, Schools, Law Enforcement, or direct referrals from word of mouth. In 2020, there were 25 families referred to the program and a total of 49 open families. In 2020, the CAT program had a cost of \$131,614 prior to the Wisconsin Medicaid Cost Reimbursement (WIMCR) payment which is expected to be \$118,452.60 dropping the cost to \$13,161.40. Our remaining internal crisis staff consists of three staff members who manage walk in emergencies as well as emergency detention liaison tasks between the hospitals, law enforcement, and the courts.

Current Challenge:

Over the past 5 years, our overall number of emergency detentions have decreased from a high in 2017 of 248, to a low in 2020 of 163. While this is a significant improvement, we continue to see a portion of these cases being dismissed. In both 2017 and 2020, 33% of detentions were ultimately dismissed. This leads us to believe that with a better way to respond to a mental health crisis in the community, those 33% of cases could have potentially avoided hospitalization. When law enforcement starts an intervention in the community and then has to transport the individual to the emergency department, that transport takes place in the back of the squad car, immediately heightening the anxiety, paranoia, or fear already being felt. Add to that the again increased emotions of admission to the emergency department and it's easy to understand how this process increases the distress level of the individual. Once in the Emergency Department, Vista Care staff respond to the hospital to complete the assessment The benefits of responding to a crisis in a trauma informed way have been proven to de-escalate the situation, our current process does not allow for a trauma informed practice. Further, in addition to the emotional concerns already noted, this process results in large medical bills as well as unnecessarily tying up medical resources that are in such demand at this time. This process also takes law enforcement off the streets for what can be significant amounts of time. They are often tied up in the emergency department waiting for the medical work-ups to be competed which can take hours.

Data Analysis:

In 2020, 63% of the calls received by the crisis phone line came in during the hours of 8:00AM-12:00AM, 25% came on weekends and holidays and 12% between the hours of 12:00AM and 8:00AM. The City of Sheboygan PD notes similar statistics for the past 3 years with 84% total mental health calls falling between the hours of 8:00AM – 12:00AM.

Literature shows that symptoms of anxiety, depression, and overall stress levels are at all-time highs since the onset of COVID-19. Symptoms of anxiety disorder have grown about 30% from pre-COVID. Most recently in January 2021, 41% of adults report symptoms of anxiety and/or depressive disorder resulting from pandemic related issues. In the age range of 18-24-year old's, that number climbs to over 56%. Other studies show that alcohol consumption has also increased. As of April 2021, 13% of people report they have started or increased their use of alcohol. In that same time, suicidality has increased by 11%. Locally, the City of Sheboygan PD reports 3025 calls with MH involvement in 2018, 2921 in 2019, and 2922 in 2020, totaling 8868 in the past 3 years. As of Nov 2, 2021 there have been 2787 calls with mental health involvement with a projection that the yearly total will be over 3000. Welfare check calls add an additional 1245 in 2018, 1154 in 2019, and 932 in 2020 for a total of 3331. Mental Health calls account for 10-15% of the City of Sheboygan's total calls, with a spike up to almost 18% in August 2020.

Nearly 15% of men and 30% of women booked into jails have a serious mental health condition, <u>according to the National Alliance on Mental Illness.</u> And more than one in five people killed by police are suffering from a mental illness, according to a <u>Washington Post database of fatal shootings by on-duty police officers.</u> About 1,000 people in the United States were fatally shot by police officers during 2018, and people with mental illness were involved in about 25% of those fatalities. That rate has remained roughly constant between 2015 and 2021.

This expansion of crisis services will allow us to more readily respond to our community members, and to do so in a non-medical setting which leads to unnecessary expenses and greater stress. When we are able to keep crisis interventions in the community and out of the emergency department we are more likely to prevent hospitalization altogether. Emergency Department use also involves transportation in the squad car and the use of handcuffs. This can lead to greater anxiety and acting out behaviors that in turn can lead to legal charges and stays in the detention center.

Options of models:

There are a few counties and law enforcement agencies around the state who are using similar, but slightly different models. We spoke with Brown County, La Crosse County, Journey Mental Health in Dane County, City of Madison Police Department, City of Janesville Police Department and City of Superior Police Department. The biggest difference is whether the crisis staff are employed by the law enforcement agency or by the county and/or county vendor. Being employed by the law enforcement agency does eliminate the Medicaid funding source which can be significant and would be a substantial determinant in sustainability of this program beyond the APRA funding period.

There seems to be little difference in functionality of program based on county or contract staff. The one exception is Brown County who has a mix of both and has experienced difficulty as a result. They recommend avoiding that mix if at all possible. All programs have similar expectations of the crisis staff time, half is spent with officers on calls and the other half is spent doing follow-ups and relationship building with individuals who utilize the services frequently. In the City of Sheboygan, there are several such individuals. There are 43 individuals who have had 18 or more law enforcement mental health contacts from 2018-2020. Five of which have had 50 or more, with the highest being 72 contacts.

Another difference in model is the use of a specialized mental health team versus an assigned area approach. The other counties all use a specialized team that will respond anywhere in the agency's jurisdiction. The specialized team allows them to place a Crisis Intervention Team (CIT) trained officer with the crisis worker. The City of Sheboygan does not require a specialized team as they provide Crisis Intervention Team (CIT) training to all officers.

While there is no existing data to quantify how many individuals could have been diverted from the detention center if this program was in effect, we know there are some who go to jail because either the mental health system does not have resources for them or AODA resources are not available. Long term, we believe that some people will be encountered and provided services that prevent them from spiraling into crisis behaviors of committing crimes that ultimately put them in the detention center. Officers have several means of dealing with behavior. Often behavior can be a result of both criminal conduct and a result of mental health crisis. Having a crisis worker there from onset may provide some options to addressing behavior that the officer might not otherwise have. While it would likely be a small number, we may be able create some diversions that we otherwise would not be able to create.

Proposal:

Sheboygan County HHSD and the Sheboygan Police department make the following proposal for a coresponder pilot program.

HHSD will expand our existing mobile crisis contract with Vista Care to include an additional 8.22 FTE's of crisis staff. These positions will be used to provide 16 hours per day coverage of co-response in the community as well as 16 hours per day coverage of phone response within the dispatch center. We expect the coverage times to be 8:00AM to 10:00PM which allows for some shift change overlap which is necessary in crisis work. This can also provide time for completion of paperwork and follow up responsibilities.

We feel that with this being a new program, that close proximity and exchange with police officers is necessary in order to develop trust between the two workers, and to facilitate open discussion on how their activities can help meet program goals. With this in mind, we are proposing that crisis workers be partnered directly with a law enforcement officer and they respond to calls as one unit. Understanding that this model may bring crisis workers to some calls that have no mental health element, and result in a police officer responding to a call that is solely a mobile crisis event, it is still believed that the model that places these two workers in a car together and allows them to co-respond together will serve the purpose of relationship building, information sharing, and assist the leadership of both organizations in keeping consistent goals.

We are also proposing that a crisis worker be embedded within the Sheboygan County dispatch center. The purpose of this position is to monitor incoming calls and try and identify those calls that may be handled as a mobile crisis service call rather than an emergency service call for service. They will also be able to request an immediate crisis response to a scene instead of waiting for an officer to arrive, assess, and then request a response. In cooperation with the Sheboygan County Sheriff's Dept., we are currently working on the logistical impact of an additional person within the communications center and developing a communication plan for the monitoring and transferring of incoming service calls.

The Sheboygan Police Department will provide office space and conduct fingerprint-based background investigations and clearances so that crisis workers can have full access to the police facility. Once this is complete, crisis workers that are assigned to the Police Dept. will be provided with access cards, identification cards, and key fobs that allow entry into the building and entry into their office. Once in the office, they will have an expectation of privacy within that office, with the exception of overarching facility maintenance needs.

In regards to needed equipment, a laptop and cell phone will be provided by Vista Care, Wi-Fi is available in the cars and dispatch center. Clinical supervision per statute and MA requirements will be provided by Vista Care.

During this pilot, jurisdictions other than Sheboygan PD will continue have access to the traditional phone and mobile crisis teams, as they always have. It is also expected that the existing mobile team will be more readily available to other jurisdictions as they won't be tied up in the city. If this pilot is found successful, we will welcome conversations with other jurisdictions to expand this program.



The La Crosse Area Family Collaborative is a proactive, voluntary, neighborhood centered prevention model aimed at bringing support to La Crosse area children, youth, and families in a manner that is highly accessible, responsive, and empowering.

The La Crosse Area Family Collaborative staff may be able to help:

- Need help to provide for the basic needs for your family food, clothing, utilities, etc.
- . At risk of losing your apartment or home or having trouble finding housing
- . Seeking help with parenting or family concerns but don't know where to turn
- . Seeking help to deal with a mental health or substance abuse issue
- · Overcome barriers to transportation, employment, or childcare
- · Helping your child stay on a positive path mentoring, afterschool activities, tutoring, etc.
- · General support and advocacy
- · Connecting you to other helpful and needed supports to help you achieve a better life!

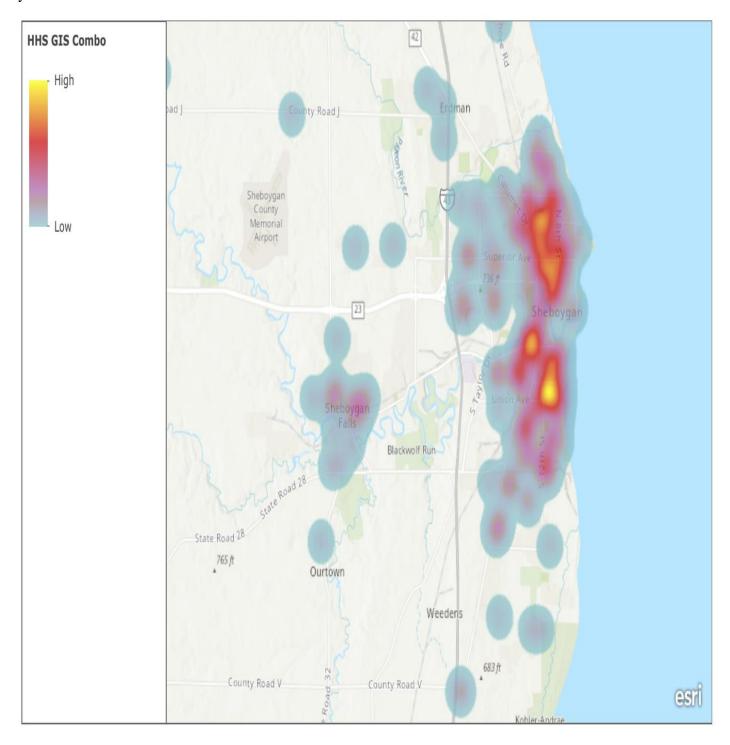
Common partners include schools, public health, City and County representatives, churches, landlords, nonprofits and other neighborhood stakeholders. Our Neighborhood Social Workers can work with you to assess your needs, find resources for you and your family, broker resources with partners and, with your help, create opportunities to improve your quality of life.

A successful path can start here: Connect with us to achieve a better life for yourself, your family, and your children

Deborah Dobrunz	Heather Ideker	
Northside Neighborhood Social Worker	Southside Neighborhood Social Worker	
Trinity Lutheran Church and	Washburn Corner and	
Northside Elementary School	Hamilton Elementary School	
1010 Sill St., La Crosse, WI 54601	526 10th St., South, La Crosse, WI 54601	
PH: (608)792-1738	PH: (608)792-6347	
FAX: (608)785-6122	FAX: (608)785-6122	
ddobrunz@lacrossecounty.orq	hideker@lacrossecounty.org	

La Crosse Area Family Collaborative, Director - Isaac Hoffman, (608)792-1617 <u>ihoffman@lacrossecounty.org</u>

Attachment #3: Example of who might be selected to serve via Neighborhood Social Worker services based on mapping Child Protective Services referrals (identified disproportionally affected population) from recent years.



Esri, NASA, NGA, USGS | Esri Canada, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA



Introducing IMPACT Connect

In Milwaukee, the vulnerable in our community have to navigate a myriad of systems to access the care and services they need to be healthy. For many this can be difficult, if not impossible. We lack a tool to coordinate care effectively between healthcare, government, and social services systems. Now...that is about to change.

Introducing IMPACT Connect, a collaborative partnership of agencies combining efforts to make social services accessible and navigable to the people who need them. Using a robust, shared electronic resource network, IMPACT Connect members are able to easily work together to foster whole person care and a healthier community for everyone.

Why IMPACT Connect?

Recognizing the need to improve the health of at-risk individuals in our city, the Milwaukee Health Care Partnership mobilized local health systems to explore the potential of a community information exchange to enhance health navigation and improve outcomes. As the provider of 211 services in Southeastern Wisconsin, IMPACT was tasked to lead the effort and share expertise — including managing complex social service systems, an established network of partnerships, and the largest and most comprehensive resource database in Wisconsin. NowPow, the innovation leader in digital health products for complex populations, provides the technology platform.

impact Connect will
significantly improve care in
our community round-the-clock,
and will be a vital tool in times
of crises such as weather-related
emergencies or health
pandemics like COVID-19.

Together We Can:

- Collectively change the way we deliver care to focus on the whole person
- 2 Understand the complete social needs of those we serve
- Better address the root causes of poor health and health disparities among vulnerable populations
- 4 Build a welcoming, accessible, and fully integrated platform that fosters better health and wellness for all
- 5 Streamline referrals and the sharing of information
- Foster a healthier Milwaukee

FOUNDATIONAL PARTNERS

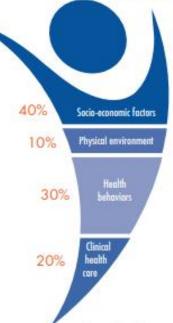








Whole Person Care Improves Lives and Communities

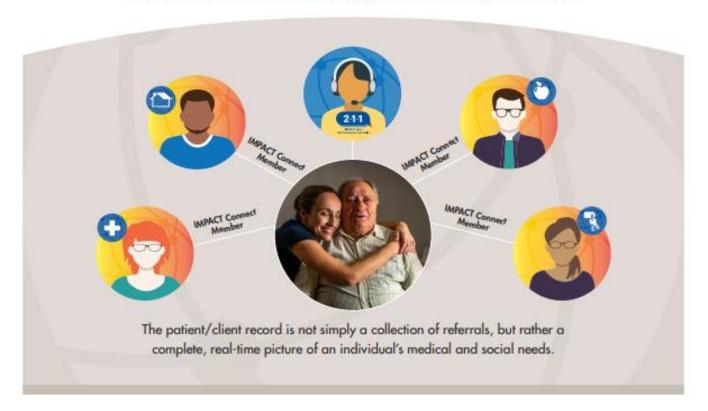


Recent studies indicate that socio-economic factors, such as education, employment, family and social support, income, and community safety impact 40% of overall health outcomes; while traditional health care accounts for just 20%.

IMPACT Connect is designed to help member organizations better understand the social needs facing patients/clients, track their engoing use of community resources in real-time, make closed-loop referrals, and significantly improve care coordination and health outcomes.



With a global overview of needs across systems, demographics, and geography, IMPACT Connect members are better able to connect the dots, match target populations to needed resources, and work with patients/clients to develop long-term solutions.



How IMPACT Connect Works





IMPACT Connect empowers members to efficiently collaborate with other providers across all sectors using a shared language and shared outcomes to seamlessly make and close the loop on referrals to offer comprehensive, HIPAAcompliant, whole person care. Using a shared language, a universal screening tool, comprehensive resource database, and sophisticated, integrated technology platform, IMPACT Connect links health and human service providers, government, and other key agencies to develop complete records of vulnerable populations in our community. As members of IMPACT Connect, organizations are able to better understand the needs of those they serve, connect to resources, and make and track referrals using real-time data. This unified approach to whole person care ensures all Milwaukee residents have access to the same level of care and services and allows us to collectively gather vital health data so that we can identify and address systemic issues in our community.

Member Benefits

- Save time and costs Reduce re-admissions, ER visits, length of stay, and duplication of services
- Improve health outcomes Identify unmet needs and remove barriers to stability
- Streamline cross-sector coordination of care Access qualified referrals and share information
- Improve system efficiency Conduct data-based planning and evaluation
- Enhance employee morale Optimize role in patient/client success



Meet the IMPACT Connect Team

IMPACT Connect is led by IMPACT, a long-term partner of the Milwaukee Health Care Partnership and the go-to source for social service referrals in Southeastern Wisconsin. NowPow provides the digital infrastructure and personalized community referral solution to support the initiative. Governance Board members include Advocate Aurora Health, Children's Wisconsin, Froedtert & the Medical College of Wisconsin health network, Sixteenth Street Community Health Centers, the Milwaukee Healthcare Partnership, and United Way of Greater Milwaukee and Waukesha County.



For nearly 60 years, IMPACT's role has been to connect people to appropriate resources; work with providers to deliver services that produce positive, sustained change for individuals; and create efficiencies that foster system improvement. Over the past 22 years, IMPACT has served as the facilitator of closed-loop-referral systems through highly collaborative projects in both housing and AODA service navigation for Milwaukee County.

New Pew

NowPow uses technology to power entire communities by connecting people with the vital services they need to stay well, meet basic needs, manage with illness and care for others. The technology leader serves a range of clients across the U.S. from big health systems and health plans to small community health centers and community-based organizations.

Join Us!

IMPACT Connect is designed to meet the ever-evolving needs of the Milwaukee community and can support referral members that touch all phases of a patient's/client's life. We invite you to learn more and become a valued member in our shared quest for a healthier community.

Contact: Emily Kenney, LCSW, Director of Systems Change, impactconnectwi@impactinc.org or 414-256-4808. impactconnectwi.org





EDUCATOR SERIES: OUTCOMES

Over the last five years 500 Sheboygan County educators and other professionals from various school districts and organizations participated in the MHA Mindful Educator Series through an 8 hour immersion workshop focused on social and emotional knowledge, skills, and habits for mentally wellness within and outside the classroom.



56% of attendees practiced some mindfulness prior to the workshop



of attendees reported that they will use mindfulness in their professional and personal lives!

- 100% of attendees reported that the Mindful Educator Series was beneficial
- 100% of attendees would recommend the workshop to a friend or colleague





WHAT EDUCATORS HAVE SAID:



"I wish every teacher in our district would have attended this!" "Best training/seminar I've had in 25+ years of being an educator." "Usually at the end of a training or conference, I'm ready for it to be over, but this isn't the case."



"The energy and passion the MHA team delivered the information and practices with was super awesome... I know I will share with the people in my life."



"I loved learning how to bring mindfulness into my own life, as well as my students and how these practices can easily be incorporated into life and a school day. Thank you!"

"Excellent information and practical activities we can use right away. Thank you!"

"So excited to begin putting all I learned into practice with students." "WOW! This far exceeded my expectations!"



If you should have any interest in bringing this training to your place of work or if you have any questions please contact info@mhasheboygan.org or 920.458.3951.



WWW.MHASHEBOYGAN.ORG