

# APS COORDINATOR MODEL TOOLKIT



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

*in partnership with*



# INTRODUCTION TO THE TOOLKIT

## Purpose of the Guidebook

This **Replication Manual** serves as a step-by-step guide for Wisconsin counties looking to implement the **Chapter 55 Coordinator model**. It provides detailed instructions, key lessons learned, and essential resources needed for successful adoption. Additionally, the manual highlights important considerations for future enhancements based on Milwaukee County's experience. To ensure accessibility, it is available in both **Word and PDF formats** for web posting on the **Wisconsin Department of Health Services (DHS) website**.

To help you easily navigate this manual, consider utilizing the **hyperlinked table of contents**. Whether you are just beginning to explore the Chapter 55 Coordinator model or looking for specific tools to enhance your current approach, the table of contents allows you to quickly find the sections most relevant to your county's needs. This flexible structure is designed to save you time and support you in accessing the information and resources that will be most useful for your unique circumstances.

## Acknowledgements

The development of this role and the contents of this toolkit is the result of many years of dedicated effort, collaboration, and expertise. We gratefully acknowledge the individuals and partners who have contributed their time, insights, and leadership to shaping and advancing elder abuse prevention and protective placement practices. Their commitment has been instrumental in guiding this work and ensuring the safety and dignity of vulnerable adults in our community.

Jonette Arms – Wisconsin DPH

The late Diane Baughn and the Alzheimer's Association staff - Milwaukee

Ramona Dicks-Williams – Milwaukee County

Beth Freeman - Dane County

Tom Hlavacek – Retired Executive Director, Alzheimer's Association - Milwaukee

Sue Kelley Consulting - Milwaukee

Laurie Kohler - Wisconsin DHS

Chet Kuzminski – Milwaukee County

Dinah LaCaze - Milwaukee County

Amy Lorenz - Milwaukee County

Joy Schmidt - Dane County

Stephanie Sue Stein – Milwaukee County

Waukesha County ADRC Staff

While every effort has been made to recognize all contributors, we sincerely apologize for any unintentional omissions and extend our gratitude to everyone who has supported this work along the way.

This toolkit was supported by grant number 435100-G25-40-10 X, between the State of Wisconsin Department of Health Services and Milwaukee County DSS/HSD/CAA for HCBS - Chapter 55 Coordination. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the State of Wisconsin Department of Health Services and Milwaukee County DSS/HSD/CAA.

Finally, we extend our gratitude to the staff at the [University of Wisconsin-Green Bay's Division of Continuing Education and Workforce Training](#) for their efforts and assistance in assembling the toolkit.

## TABLE OF CONTENTS

Table of Contents
<b>Part 1: Role Recruitment</b>
<a href="#">History and Purpose of the Role</a>
<a href="#">Timeline of Events Summary</a>
<a href="#">Potential Funding Sources for the Role</a>
<a href="#">Key Lessons Learned</a>
<a href="#">Job Description Example</a>
<b>Part 2: Role Manual - Essential Resources</b>
<a href="#">Partners</a>
<a href="#">Prevention</a>
<a href="#">Processes</a>
<a href="#">Paperwork</a>
<a href="#">Resources</a>

Throughout this document, you may see reports and resources mentioned with an asterisk (\*). This indicates it is a resource that can be found in entirety in the zip file folder. All resources included in the folders can also be found in a comprehensive list in the Resources section, found on the very last page of this document.

## Disclaimer

This guide and any of its resources does not constitute legal advice. It is intended to support prevention and collaboration models across the state. Please consult with your corporate counsel and probate office to ensure compliance with your county's guidelines.

## Part 1: ROLE RECRUITMENT

### History and the Purpose of the Role

The Milwaukee County Mental Health Board was established in 2013 through Wisconsin Act 203 to oversee mental health services, programs, and policies previously managed by the Milwaukee County Board of Supervisors. Since July 2014, the Board has been responsible for the Behavioral Health Division (BHD) within the Milwaukee County Department of Health and Human Services, ensuring access to mental health care for county residents.

A key aspect of the Board's oversight has been evaluating the financial and operational effectiveness of BHD, including its community-based and institutional mental health services. Reports have highlighted the need for improved performance indicators, vendor accountability, and centralized policies to enhance service delivery.

The Chapter 55 Coordinator role emerged from this need for structured oversight, improved service coordination, and greater accountability in mental health services. Further, the Chapter 55 Coordinator role in Milwaukee County developed as part of broader systemic changes in how individuals with dementia and mental health needs receive care within the community.

#### *The Tragic Catalyst for Reform*

Milwaukee County's efforts to improve dementia-related crisis care were catalyzed by two significant cases in 2010. In March of that year, an elderly Milwaukee County man was discharged from a nursing home to a psychiatric ward due to behavioral issues. Before his death from pneumonia, he was repeatedly transferred between psychiatric wards and medical facilities. A month later, a similar incident occurred in Fond du Lac County, where an individual with Alzheimer's disease was involuntarily committed to a psychiatric unit due to behavioral concerns.

These cases underscored systemic gaps in dementia care, leading to advocacy efforts and legal reform. The **2010 Handcuffed Report\***, a pivotal document from the Alzheimer's Association of Southeastern Wisconsin, outlined the failures of existing protocols and called for a comprehensive approach to care.

### *Legal Milestones and Systemic Changes*

In December 2011, the **Wisconsin Supreme Court's Helen E.F. decision** ruled that Alzheimer's disease is a permanent disability rather than a treatable mental disorder. This decision reinforced the necessity of handling dementia-related cases under **Chapter 55 (protective placement and guardianship) rather than Chapter 51 (involuntary psychiatric commitment)**.

Recognizing the need for reform, Milwaukee County took proactive measures:

- The **Alzheimer's Challenging Behaviors Task Force** was formed in April 2010, bringing together 115 members from legal, medical, behavioral health, and caregiving sectors.
- The **Milwaukee County Department on Aging** launched initiatives to prevent crises and ensure individuals were treated in place whenever possible.
- Partnerships were formed across agencies, including hospitals, long-term care facilities, first responders, and legal systems.
- Milwaukee County **expanded its mobile crisis response unit** and formalized **MOUs with hospitals and courts** to improve service coordination.
- **Cross-sector training** programs were implemented for law enforcement, emergency responders, and healthcare providers to improve dementia crisis management.

### *The Creation of the Chapter 55 Coordinator Role*

Following continued advocacy and systemic failures, state leaders intensified reform efforts:

- In **2013**, DHS Secretary Kitty Rhoades called for a **redesign of Wisconsin's dementia care system** to ensure safe, appropriate, and cost-effective care.
- Milwaukee County Executive Chris Abele and state leaders pushed for mental health care reforms, leading to the **establishment of the Milwaukee County Mental Health Board**.
- The **Wisconsin Department of Health Services (DHS)** awarded **Milwaukee County a grant** to create the **Chapter 55 Coordinator** position.

In **July 2014**, Milwaukee County filled its first **Chapter 55 Coordinator** position, modeled after successful initiatives in **Waukesha and Dane Counties**. The Chapter 55 Coordinator plays a critical role in:

- **Coordinating protective placements** and ensuring individuals with dementia receive appropriate care.



- **Ensuring compliance** with legal standards following the **Helen E.F. ruling**.
- **Collaborating with law enforcement, medical professionals, and care providers** to divert individuals from psychiatric hospitals toward specialized dementia care services.
- **Monitoring outcomes and advocating for systemic improvements** in dementia and mental health services.

### ***Ongoing Efforts and Future Directions***

Milwaukee County continues to refine its dementia care strategies through:

- **Developing a network of specialized Alzheimer's care centers.**
- **Training emergency responders and law enforcement** to handle dementia-related crises more effectively.
- **Establishing a centralized resource and assessment center** for crisis response and service coordination.
- **Enhancing data collection and policy adjustments** to improve intervention strategies.

The creation of the Chapter 55 Coordinator role marked a significant step forward in Wisconsin's dementia care strategy, aligning with the **Wisconsin State Dementia Plan (2018-2023)**. As Milwaukee County moves toward a more integrated, person-centered approach, the Chapter 55 Coordinator remains a crucial figure in ensuring individuals with dementia receive compassionate, legally sound, and effective support in times of crisis.

### [Return to Table of Contents](#)

## Timeline of Events Summary

### Dementia and Mental Health Reform in Milwaukee County.

#### 2010

- **March:** An elderly Milwaukee County man with dementia-related behavioral issues is discharged from a nursing home to a psychiatric ward. Before his death from pneumonia, he is repeatedly transferred between psychiatric and medical facilities.
- **April:** A second individual with Alzheimer's disease is involuntarily committed to a psychiatric unit in Fond du Lac County due to behavioral issues.
- **April:** The **Alzheimer's Challenging Behaviors Task Force** is formed, bringing together 115 members from legal, medical, behavioral health, and caregiving sectors.
- **December:** The **2010 Handcuffed Report** is released, highlighting systemic failures in dementia crisis response and calling for comprehensive reform.

#### 2011

- **December:** The **Wisconsin Supreme Court's Helen E.F. decision** rules that Alzheimer's disease is a permanent disability, not a treatable mental disorder. The ruling states that individuals with dementia should be placed under **Chapter 55 (protective placement)** rather than **Chapter 51 (involuntary psychiatric commitment)**.

#### 2012

- The **Milwaukee County Department on Aging** launches initiatives to prevent crises and improve coordination among hospitals, law enforcement, and long-term care facilities.
- Mobile crisis response services are expanded, and Memorandums of Understanding (MOUs) between hospitals and courts are developed to improve service coordination.

#### 2013

- **DHS Secretary Kitty Rhoades** calls for a **redesign of Wisconsin's dementia care system**, advocating for safe, appropriate, and cost-effective care.
- **Milwaukee County Executive Chris Abele** and state leaders push for mental health care reforms, leading to the **creation of the Milwaukee County Mental Health Board**.



- The **Wisconsin Department of Health Services (DHS)** awards a grant to Milwaukee County to establish a **Chapter 55 Coordinator position** to oversee the protective placement of individuals with dementia in crisis.

## 2014

- **July:** Milwaukee County fills its first **Chapter 55 Coordinator** position, modeled after successful initiatives in **Waukesha and Dane Counties**.
- The role focuses on **coordinating protective placements**, ensuring **compliance with legal standards**, and working with **law enforcement and medical professionals** to divert individuals with dementia from psychiatric hospitals to specialized care.

## 2017

- **Milwaukee County Department on Aging** and the **Alzheimer's Association, Southeastern Wisconsin chapter**, **partnered together to create a series of six videos** that would portray different challenging scenarios from the point of view of a person living with dementia. These videos were funded by the **Wisconsin Department of Health Services** through an **Innovation Grant**.
- A link to the videos as well as a Facilitators' Guide can be found on Milwaukee County's website: <https://county.milwaukee.gov/EN/DHHS/Older-Adults-Services/Dementia>

## 2018-2023

- The **Wisconsin State Dementia Plan (2018-2023)** reinforces Milwaukee County's dementia care strategy, emphasizing **integrated, person-centered care**.
- Milwaukee County continues to improve **first responder training**, and enhance **data collection** to refine dementia intervention strategies.

## Ongoing Efforts

- Development of a **centralized process and assessment** to improve crisis response and service coordination.
- Ongoing **cross-sector training for emergency responders, healthcare providers, and law enforcement**.
- Expansion of **dementia care policies and data tracking systems** to ensure effective and legally sound care for individuals in crisis.

The **Chapter 55 Coordinator** remains a critical figure in Milwaukee County's dementia care landscape, ensuring individuals receive appropriate, compassionate, and legally compliant support.

[Return to Table of Contents](#)

## POTENTIAL FUNDING SOURCES

### Potential Funding Sources for the Role

Funding for Adult Protective Services (APS) and the Chapter 55 Coordinator role in Wisconsin can come from multiple sources at the state, federal, and local levels. Below are some primary funding options available to Wisconsin counties\*\*. [Resource for assistance in writing and submitting grants.](#)

#### *1. State General Revenue*

- Wisconsin counties receive state general revenue for APS, but the amount varies based on legislative priorities and state budgets.
- Advocacy at the state level is crucial to secure increased funding for APS programs, including the Chapter 55 Coordinator role.

#### *2. Social Services Block Grant (SSBG – Title XX)*

- **Wisconsin, like many states, can allocate SSBG funds to APS services**, including protective placements managed under Chapter 55.
- SSBG provides flexibility, allowing states to determine their priorities.
- Approximately 37 states use SSBG for APS, with some states almost entirely funding APS through this source.
- [Wisconsin's Social Services Block Grant](#)

#### *3. Victims of Crime Act (VOCA) Funding*

- APS programs handling **elder abuse, neglect, or exploitation cases** could qualify for **VOCA grants**, which support services for victims of crime.
- Wisconsin counties should check with the state agency overseeing VOCA funds to determine eligibility and application processes.
- [Department of Justice – Office for Victims of Crime \(OVC\)](#)

#### ***4. Local Funding (Property Tax Levies & County Funds)***

- **Some Wisconsin counties fund APS through local property taxes or special levies** dedicated to aging and protective services.
- Ohio has successfully used property tax levies for APS, providing a potential model for Wisconsin counties interested in local funding initiatives.

#### ***5. Federal Grant Opportunities***

- Counties could explore whether federal grant opportunities could help fund the Chapter 55 Coordinator role, particularly for services related to mental health and protective placements.
- [Department of Justice – Office for Victims of Crime \(OVC\)](#)
- [Grants.gov](#)

#### ***Advocacy and Next Steps for Wisconsin Counties***

To secure sustainable funding for the Chapter 55 Coordinator role, Wisconsin counties could:

1. **Explore VOCA funding** for APS cases involving elder abuse.
2. **Advocate for increased SSBG allocations** to support protective placements under Chapter 55.
3. **Consider local funding strategies**, including property tax levies or county budget allocations.
4. **Monitor federal and state grant opportunities** related to elder justice and community-based mental health services.
5. APS programs could advocate for Medicaid Administrative Claiming to fund portions of the Chapter 55 Coordinator role.

By leveraging **multiple funding sources and aligning with existing Medicaid and community service programs**, Wisconsin counties can enhance the sustainability of the Chapter 55 Coordinator role and strengthen APS services statewide.

**\*\*This list is not all inclusive and subject to change at any time.**

[Return to Table of Contents](#)

## KEY LESSONS LEARNED

### Key Lessons Learned

Over time, several key lessons have emerged that highlight the importance of structured processes, collaboration, and proactive approaches in addressing complex cases. The following points provide insight into best practices, challenges encountered, and strategies for continuous improvement. By understanding these lessons, stakeholders can better navigate the intricacies of community support, crisis intervention, and long-term planning.

- **Understanding the Structure of Your Community**  
Knowing the key players in your community is essential. This includes understanding the role of corporation counsel, probate courts, local hospitals, crisis systems, and available dementia resources. Engaging with these stakeholders early can help build effective partnerships.
- **Corporation Counsel and Probate Court Drive the Process**  
In many cases, these entities have significant control over how guardianship and protective placement cases proceed. Understanding their role and building strong relationships with them is critical to ensuring a smooth and effective process.
- **The Importance of Data Collection**  
Tracking the number of emergency guardianships, Watts reviews, and APS cases provides insight into the scope of the issue. Keeping detailed records helps justify funding and support for prevention-based initiatives.
- **Crisis vs. Adult Protective Services (APS)**  
APS is not a crisis response team but focuses on interventions and long-term solutions. Understanding the distinction helps define roles and responsibilities more clearly, ensuring proper support for individuals in need.
- **It Does Not Always Need to Be an Emergency Protective Placement (EPP)**  
Exploring alternatives, such as engaging with family, setting up a power of attorney, or connecting individuals with community resources, can prevent the need for an EPP and ultimately lead to better long-term outcomes.

- **Prevention Takes More Time but Leads to Better Outcomes**

While an EPP can be completed in a matter of hours, prevention work can take weeks or even months. However, investing in prevention reduces long-term costs and trauma for individuals involved.

- **Building Trust is Key**

Following through on commitments and being transparent with both partners and clients establishes trust. Clients remember how they were treated, even if they have cognitive impairments, making trust an essential factor in long-term engagement.

- **Community Engagement is Essential**

Connecting individuals with the right resources and involving community organizations strengthens the support system for at-risk individuals. Mobile health initiatives, social workers embedded in public health, and partnerships with domestic violence organizations are all valuable strategies.

- **Keeping People at the Table**

Engaging stakeholders requires ongoing effort. Regular meetings, joint initiatives, and consistent outreach ensure that partners remain invested in the work and actively contribute to solutions.

- **The Value of Interdisciplinary Teams**

Enhanced multidisciplinary teams (EMDTs) can provide a structured way to engage various stakeholders in problem-solving. Keeping track of their impact through data collection strengthens their role in the system. Explore [Department of Justice – Office for Victims of Crime \(OVC\)](#) for potential funding. Other interdisciplinary training resources:

- [EMS Training: Recognizing Abuse Later in Life](#)
- [Safeguarding Seniors: A Guide for Financial Institutions](#)
- [Behavioral Health Training Partnership](#)

- **Silos Do Not Work**

Collaboration across departments and agencies is critical. Working in isolation leads to repeated crises and inefficiencies, whereas an integrated approach ensures better outcomes for individuals in need.

- **Change is Hard but Necessary**

Resistance to change is common, but adapting to evolving legal, economic, and social



conditions is necessary to improve services. Ongoing education and advocacy help facilitate these changes.

- **Playing the Long Game**

Prevention and training efforts require a long-term commitment. Educating professionals on APS processes and alternatives to guardianship fosters a more informed system that supports individuals without unnecessary legal intervention.

- **Process Improvement Must Be Ongoing**

Reviewing systems and processes annually ensures they remain effective. Regular evaluations help identify gaps and inefficiencies, allowing for continuous improvement.

- **Consider A Regional Model**

While Wisconsin is a county-based system for APS and each county defines its APS response/process, some counties may benefit from a regional approach to create and utilize this role.

By prioritizing prevention, fostering strong partnerships, and continually improving processes, stakeholders can create more effective and sustainable solutions. These lessons serve as a foundation for refining future efforts and ensuring that the individuals served receive the best possible care and support.

[Return to Table of Contents](#)

## JOB DESCRIPTION EXAMPLE

### Job Posting Template

*[Customize to the needs of your county and department.]*

Protecting vulnerable older adults from abuse, neglect, and exploitation requires a **coordinated and proactive approach**. The **Elder Abuse Prevention Coordinator** plays a **key role** in this effort, serving as a central figure in Milwaukee County's response to elder abuse and protective placements under **Chapter 55, WI Statutes**. This position bridges the gap between **Adult Protective Services (APS), law enforcement, mental health services, and community organizations**, ensuring that individuals in crisis receive **appropriate care, advocacy, and placement services**. The following job description outlines the responsibilities, qualifications, and essential skills needed for this critical role in **enhancing elder justice and safeguarding the well-being of older adults in our community**.

#### Elder Abuse Prevention Coordinator

**Department:** Aging

**Location:** Marcia P. Coggs Human Service Center

**Status:** Full-Time

**FLSA Status:** Exempt

**Salary Range:** \$55,872 - \$66,964

#### *Job Summary:*

The Elder Abuse Prevention Coordinator plays a critical role in ensuring the protection and well-being of vulnerable older adults. This position is responsible for establishing and maintaining a network of facilities capable of accepting placements under **Chapter 55, WI Statutes**, coordinating with mental health and Adult Protective Services (APS) teams, approving admissions, and ensuring prompt discharges. The Coordinator also provides **community education, training, and advocacy** to improve elder abuse prevention efforts.

### *Essential Duties and Responsibilities:*

- **Develop and maintain a network of protective placement providers** for individuals placed under Chapter 55 WI Statutes, including monitoring contracts and evaluating service quality.
- **Collaborate with Behavioral Health Mobile Crisis Teams and law enforcement** to initiate emergency Chapter 55 placements and ensure prompt discharge following stabilization.
- **Work with APS and ARC Access units** to coordinate appropriate discharges and support protective placement decisions.
- **Track and identify individuals with dementia-related behavioral challenges** needing intervention and coordinate efforts with partner agencies, including residential facilities, hospitals, law enforcement, and the Behavioral Health Division.
- **Advocate for improved dementia care services** in partnership with the Alzheimer's Association of Southeast Wisconsin and other organizations.
- **Provide public outreach and training** through participation in community committees, advisory boards, task forces, and workgroups to enhance elder abuse prevention awareness.
- **Serve as a key liaison between Milwaukee County and state/local agencies** involved in elder abuse prevention and protective placements.
- **Supervise Dementia Care Specialists** and act as a primary backup to the APS/Elder Abuse Program Coordinator.
- **Other duties as assigned.**

### *Minimum Qualifications:*

- **Education:** Bachelor's degree in Human Services, Social Work, Psychology, or a related field.
- **Experience:**
  - Five (5) or more years of experience working with older adults (60+).
  - Three (3) or more years of supervisory/management experience in Human Services, mental health, or medical/health contracting.
- **Licenses/Certifications:** Valid Wisconsin Driver's License required.

### *Preferred Qualifications:*

- Master's degree in Social Work, Psychology, or Nursing.
- Licensure or certification in social services, mental health services, or nursing.

- Experience with **network building for service delivery** and knowledge of **Community-Based Residential Facility (CBRF) regulations**.

#### ***Required Skills and Abilities:***

- Strong knowledge of elder abuse prevention strategies, protective placements, and Chapter 55 WI Statutes.
- Ability to collaborate across agencies, including law enforcement, mental health services, and aging networks.
- Excellent written and verbal communication skills, with the ability to present complex information to diverse audiences.
- Strong analytical and problem-solving skills to manage placement decisions and policy development.
- High degree of autonomy, initiative, and decision-making ability.

#### ***Working Conditions:***

- Frequent interaction with **distressed individuals in crisis situations** and high-stress environments.
- Requires **travel** to various facilities, community organizations, and training locations.
- Work includes **public speaking engagements** and community outreach activities.

#### ***How to Apply:***

Interested candidates must submit an online application by **[insert deadline]** at [insert details].

[\*\*Return to Table of Contents\*\*](#)

## Part 2: ROLE MANUAL - ESSENTIAL RESOURCES

### Navigating the Guidebook

The second part of our guidebook focuses on main responsibilities of the role organized into four main areas:

**Partners** – contains information on assessing the current state of partnerships in your area, building collaborative partners throughout the community, and aiding individuals, families, and facilities through the EPP process

**Prevention** - Education and training materials focused on understanding different diagnoses that affect vulnerable adults. Presentations and informational guides useful for a variety of different partners including partner facilities, family members, social workers, law enforcement, and healthcare professionals

**Processes** – contains general overview of the Emergency Protective Placement process, provides a checklist and visual decision-making maps to aide in relevant processes into EPP process and Support Process

**Paperwork** – contains examples of forms, notice letters, and specific language to be used during the EPP process. Also included is information regarding specific relevant state statutes

## EFFECTIVE PARTNERS

### Why are partners critical to this work?

While APS most often make emergency protective placements, other members of a county crisis system may also be heavily involved, including law enforcement, crisis response units, guardians, firefighters or emergency medical technicians and others. It is important for all members who respond and have authority to enforce EPP's follow the same protocol and are there to assist in each to help their community members in crisis.

### Partners in this work

Building a strong coalition of partners is crucial in this work. Collaborating to care for our most vulnerable populations can include treating in place whenever possible, assessing for crisis intervention, building capacity across systems, and collaborating across the public and private sector community. A listing of possible partners is below, but the list is not all inclusive. Consider your community's needs and what partners would be most effective to help meet those needs.

- Adult Protective Services (APS)
- Aging and Disability Resource Centers (ADRC)
- Corporate Counsel
- Healthcare Facilities
- Residential Care Facilities
- Elder Law Attorneys
- Local and County Governments
- Acute Care Facilities
- Law Enforcement
- Social Workers
- Medicaid Programs

### Community Needs Assessment

#### ***What is a community needs assessment?***

One definition of a community needs assessment comes from an article published in the [National Library of Medicine](#): "Community health needs and assets assessment is a means of identifying and describing community health needs and resources, serving as a mechanism to gain the necessary information to make informed choices about community health."

#### ***Why is it helpful?***

In a **report created by the Milwaukee County Department on Aging\***, they noted the benefit of analyzing data on areas such as mapping locations from which most people come to emergency rooms to partner with law enforcement and mobile mental health crisis units to help divert crisis when able.



A community needs assessment can provide results that help plan the highest priorities needs in your community, identify gaps of care for specific populations, and

### ***Who might you want to include?***

One of the most crucial pieces of conducting a successful community needs assessment is ensuring a diverse group of stakeholders is included in your data collection. This may range from APS professionals, law enforcement, health care providers, including residential facilities, acute care facilities, and hospitals, along with in-home care givers, family members, and those within the identified group of need.

### ***How do you begin?***

A great resource to help you get started comes from the [University of Kansas' Community Toolbox](#).

The CDC refers to two different formal gatherings of data, a [Community Health Assessment \(CHA\)](#) and a [Community Health Improvement Plan \(CHIP\)](#).

### **How might you fund the work that goes into a needs assessment?**

[Department of Justice – Office for Victims of Crime \(OVC\)](#)

## **Potential Crisis Unit Contractors**

To help identify possible partner facilities, it may be helpful to contact and meet with various organizations in your immediate area. We've put together a sample chart to help you keep track of important details including:

- Name of facility
- Type of facility (hospital, mental health unit or facility, respite center, senior nursing facility, community-based residential facility, assisted living, adult family home)
- Bed Capacity for Dementia Crisis Referrals
- Cost per Day
- Start-up needs & other considerations
- Current Status (interested, not interested, willing but low capacity, etc)

You can see an example of this tracking chart located within the Partners Resource Folder. Note that the first page is an example including the types of information you may want to track, and the second page has a blank chart for your use.

[Return to Table of Contents](#)

## PREVENTION AND EDUCATION

### Key Prevention Strategies

While the work of helping people in crisis will never cease, helping our communities recognize and understand challenging behaviors of our elder population will assist achieve safe response and better living situations for those in need.

Effective prevention strategies play a critical role in reducing the incidence of crises and improving long-term outcomes for individuals in crisis. Crisis prevention is more than just responding to emergencies - it involves proactive measures to address underlying needs and vulnerabilities before a crisis situation arises. The goal of a comprehensive prevention strategy is to create systems that identify and address risks early, foster resilience, and ensure that individuals have the support they need to maintain stability in their lives.

#### *Key Prevention Strategies*

##### **1. Proactive Crisis Planning**

A vital aspect of prevention is the development of personalized crisis plans for individuals at risk. By collaborating with community partners, including health providers, social services, and families, crisis plans can be tailored to the individual's unique needs. This proactive approach enables quicker responses in times of stress and minimizes the risk of escalation. Implementing anticipatory crisis planning helps avert crises before they occur by identifying early warning signs and developing coping strategies for high-risk individuals.

##### **2. Collaboration Across Systems**

Prevention efforts require the coordination of various systems, including healthcare, law enforcement, social services, and education. Establishing strong relationships between these entities ensures that individuals receive comprehensive care, particularly for those who are high-frequency users of crisis services. For example, using mobile crisis teams and working with law enforcement to provide non-punitive, supportive responses can prevent individuals from being unnecessarily detained or incarcerated.

##### **3. Strengths-Based and Recovery-Oriented Approaches**

Focusing on an individual's strengths is central to both crisis prevention and overall well-being. A recovery-oriented approach empowers individuals by building on their existing

resources and resilience. This strengths-based method supports long-term recovery and reduces the likelihood of future crises by promoting self-efficacy, dignity, and hope. Incorporating peer support services into crisis response teams can further bolster this approach, providing individuals with relatable guidance from those who have experienced similar challenges.

#### 4. **Community Education and Outreach**

Prevention is not limited to direct interventions with individuals in crisis. Community-wide efforts to educate and raise awareness about mental health issues, signs of potential crises, and available resources can reduce stigma and encourage early intervention. Community education initiatives, including mental health first aid training, can equip individuals with the tools to recognize when someone is at risk and how to respond appropriately, preventing the escalation of a situation.

- o Alzheimer’s Association: <https://www.alz.org/>
- o National Alliance on Mental Illness: <https://www.nami.org/your-journey/family-members-and-caregivers/>
- o National Institute for Aging (under the National Institute for Health): <https://www.nia.nih.gov/health/alzheimers-and-dementia>
- o National Association of Social Workers: Seniors and Aging Adults education: <https://www.helpstartshere.org/category/seniors-and-aging/>
- o Health Resources and Services Administration: <https://bhw.hrsa.gov/alzheimers-dementia-training>
- o Center to Advance Palliative Care: <https://www.capc.org/training/best-practices-in-dementia-care-and-caregiver-support/>
- o Wisconsin Alzheimer’s Institute: <https://wai.wisc.edu/>
- o *Through the Eyes of a Person with Dementia* videos series, Milwaukee County: <https://county.milwaukee.gov/EN/DHHS/Older-Adults-Services/Dementia>

#### 5. **Utilizing Data and Evidence-Based Practices**

Collecting and analyzing data is crucial for identifying patterns, assessing the effectiveness of interventions, and improving prevention efforts. Utilizing data-driven processes allows organizations to allocate resources more efficiently, identify emerging trends in mental health crises, and refine prevention strategies accordingly. For example, tracking high-risk individuals and their use of crisis services can inform tailored interventions that reduce the likelihood of future crises.

#### 6. **Developing Resilient and Sustainable Support Systems**

Addressing underlying social determinants of health—such as stable housing,

employment, and access to healthcare—can reduce the risk of crises. Ensuring that individuals have access to essential resources like housing, healthcare, and employment support fosters stability and resilience, thereby preventing many mental health crises. Additionally, strengthening natural support networks, such as family and community connections, helps create a safety net that can reduce the likelihood of an individual reaching crisis points.

#### **7. Commitment to Trauma-Informed Care**

Prevention efforts should integrate trauma-informed principles to ensure that individuals who have experienced trauma are not retraumatized by crisis intervention services. Understanding how past trauma influences an individual's response to stressors is key to preventing escalation. Services should be designed with sensitivity to trauma history and should aim to build trust, safety, and empowerment, which in turn reduces the chances of future crises.

#### **8. Enhancing Accessibility to Services**

Ensuring timely access to mental health services is a cornerstone of crisis prevention. Preventative services should be available 24/7 and accessible to all individuals, regardless of their geographic location, socioeconomic status, or background. Mobile crisis teams, telehealth services, and walk-in crisis centers provide essential resources to individuals in need, helping to prevent situations from escalating into more severe crises.

[Return to Table of Contents](#)

## PROCESSES

### Overview of Processes

In order to follow state statutes as well as evidence-based best practices, multiple timelines, checklists, and process maps have been created in order to help systemize the Emergency Protective Placement process.

The table below is a general overview of different tasks to review at the start of the role.

<b>Define EPP Process</b>	Emergency <ul style="list-style-type: none"> <li>• Develop Flow Chart for EPP Process</li> <li>• Develop Flow Chart for legal proceedings</li> </ul>
	Non-Emergency <ul style="list-style-type: none"> <li>• Develop Flow chart to define intervention strategies that reduce EPP's</li> </ul>
<b>Identify Tracking Data for Evaluation and Utilization</b>	Develop tracking processes, identify how data will be obtained and disseminated
	Track number of EPP's, number of acute care days, barriers to aftermath placement utilization
<b>Solidify Capacity Options with Acute Care Providers</b>	Identify key individuals to meet with in acute settings
	Develop partnerships with acute care providers to manage EPP's
<b>Solidify Capacity with Community Placement</b>	Identify specialty providers to meet client needs in aftermath placements
	Build community partnerships to provide aftermath or alternate placement options
<b>Identify key professionals</b>	<ul style="list-style-type: none"> <li>• Legal/law enforcement</li> <li>• Medical</li> <li>• EA/APS</li> <li>• Mobile Crisis/BH</li> </ul>
<b>Identify Training Needs</b>	<ul style="list-style-type: none"> <li>• Community Partners</li> <li>• Staff</li> </ul>
<b>Develop Sub-committee</b>	Evaluate Process and make changes

## SPECIFIC PROCESSES WITHIN EPP

### Emergency Detention Process\*

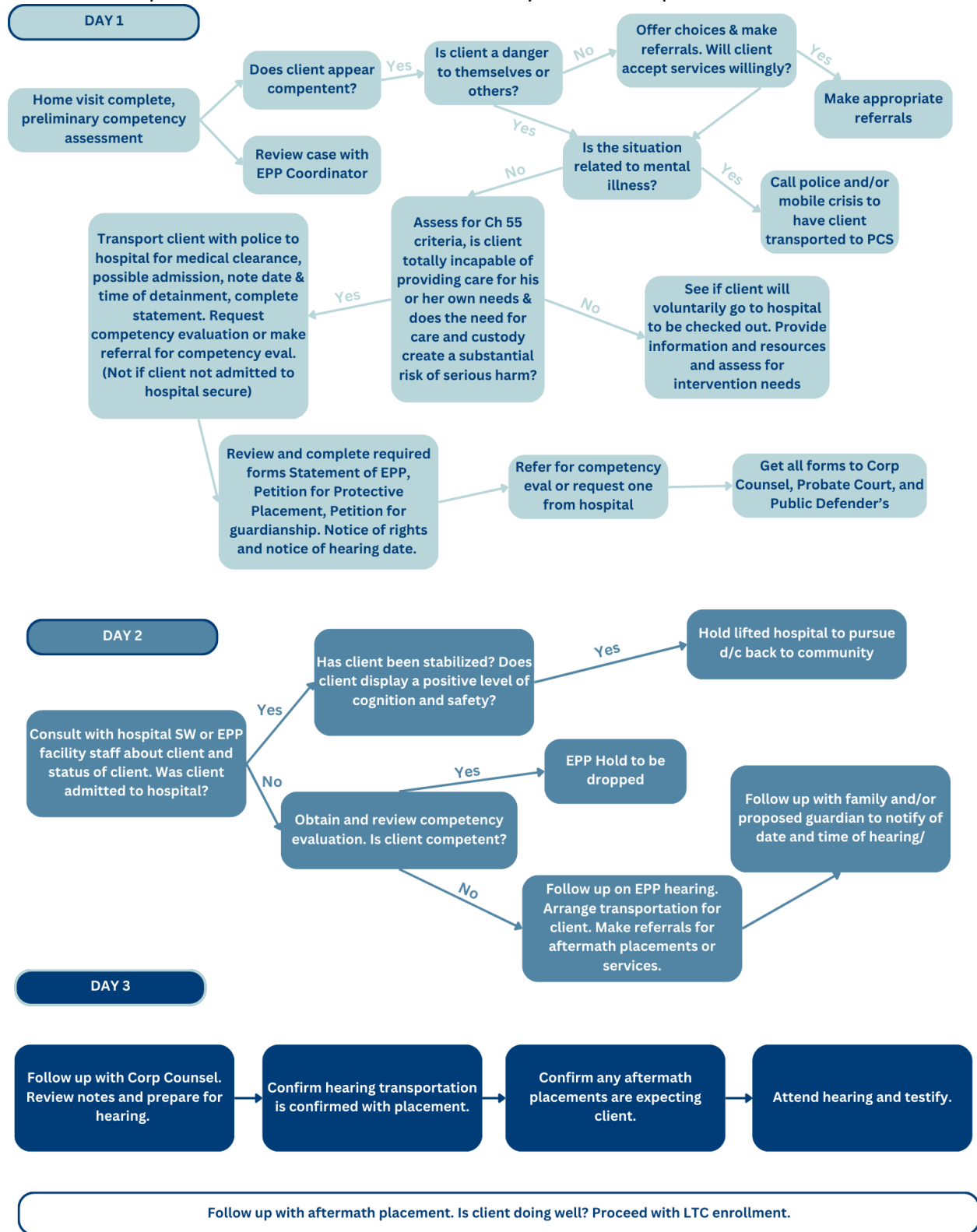
This resource outlines how to address the process when working with a person in distress





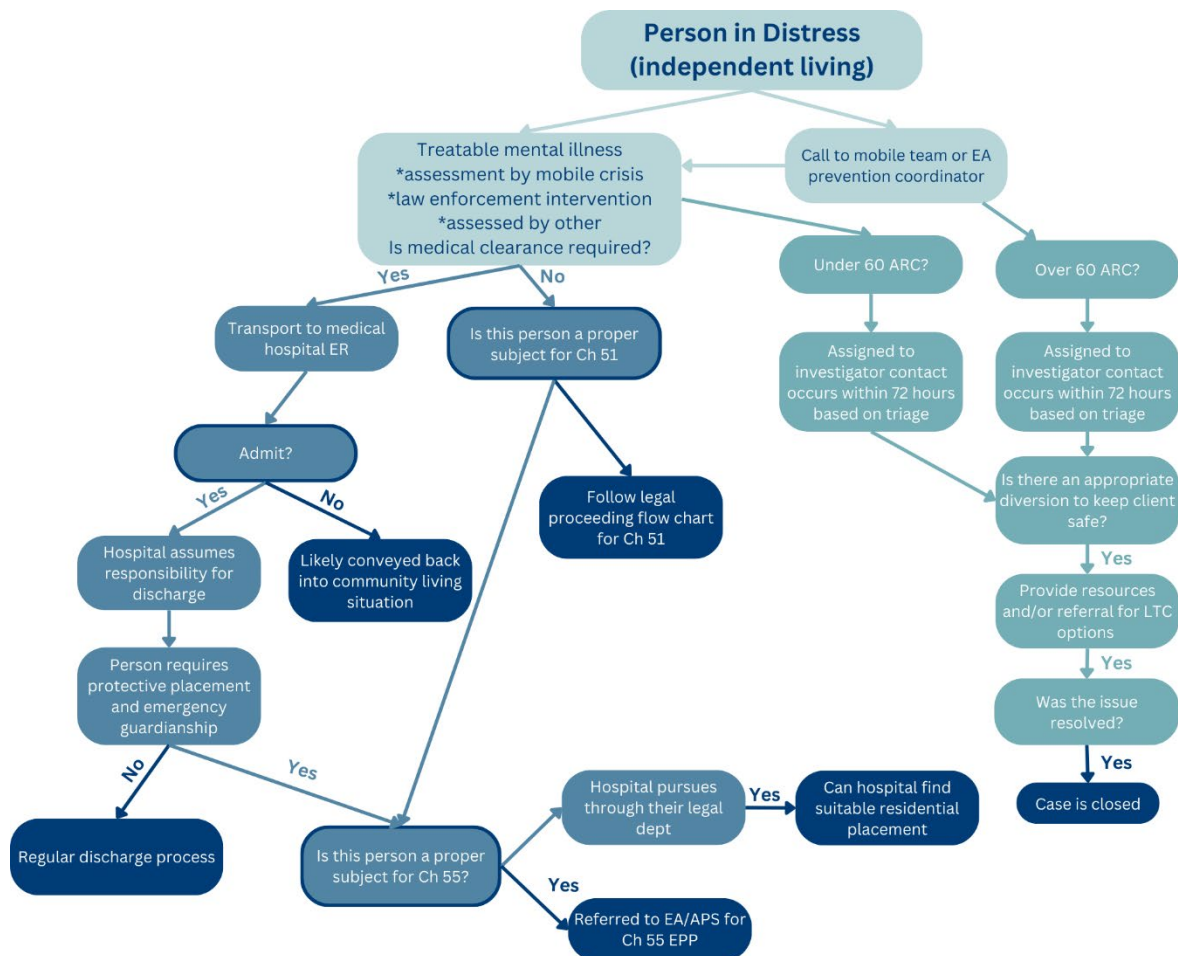
## Chapter 55 Emergency Protective Placement Timeline Decision-Making Model\*

This resource provides an overview of the first 3 days of the EPP process



## Support Process\*

This resource shows the decision-making process for guardianship and protective placement



**Additional resources to aid within EPP process. All can be found in the zip file folder.**

#### **APS Pre-Visit Checklist\***

This resource walks you through steps to prepare prior to a home visit.

#### **Behavior Support Plan Template\***

A fillable resource to assist a client in creating a behavior support plan including setting behavioral goal with actional steps to achieve it.

#### **Chapter 55 Detention Checklist\***

This resource provides a step-by-step checklist to assist during the EPP process. It is organized with information prior to detention, at the time of detention, and following detention

#### **EPP Pilot Program Process\***

This resource outlines:

- EPP Criteria
- EPP Community Detention Procedure
- Arrival at the EPP facility
- Tasks after EPP facility detention (before EPP Probable Cause Hearing)
- Forms Procedure at EPP Facility

#### **Milwaukee County Crisis Planning Guidelines\***

This resource supports a client who is experiencing a mental or behavioral health crisis through consistent Crisis Plan creation and communication practices around effective individual crisis planning and implementation. It includes the following sections:

- Criteria for identifying members/clients for referral to develop a crisis plan or modification to an existing crisis plan
- Process for creating and maintain a crisis plan
- Definitions and Acronyms
- Agencies and their roles with members/clients in crisis

#### **Permanent Guardianship Process for Adult Wards (Wis Stat. 45) \***

This resource defines the steps that are needed for County Department of Social Services (DSS), as the responsible agency pursuant to Wis. Stat. 55.02(2), to initiate and follow through with a Permanent Guardianship pursuant to Wis. Stat. 54. The six sections include:

1. Receipt of Referral
2. Initiation of the Guardianship Petitions
3. Court Filings
4. Court Preparation
5. Court Hearing
6. Post-Hearing Follow Up Activities

#### **[Return to Table of Contents](#)**

## PAPERWORK

### State Statutes

To properly follow state statutes, there are a number of legal forms that must be filed. In the toolkit folders, you'll find a variety of samples with further information.

- [Wisconsin Legislature: Chapter 46](#)

Chapter 46 establishes the **framework for public welfare and social services** in Wisconsin, including the **Department of Health Services (DHS)** and other relevant agencies. It governs how services are provided to various populations, including children, the elderly, people with disabilities, and those with mental health or substance abuse issues.
- [Wisconsin Legislature: Chapter 51](#)

Chapter 51 focuses on the **organization, provision, and regulation of mental health, developmental disabilities, alcoholism, and drug abuse services** in Wisconsin. It lays out the **legal framework for voluntary and involuntary treatment**, rights of individuals, service systems, and funding mechanisms.
- [Wisconsin Legislature: Chapter 54](#)

Chapter 54 covers the **legal processes for appointing guardians and conservators** for individuals who are **incapacitated or unable to manage their own affairs** due to age, disability, or other reasons. It focuses on **protecting vulnerable individuals** while **respecting their rights and preferences** as much as possible.
- [Wisconsin Legislature: Chapter 55](#)

Chapter 55 establishes the **legal framework for protective services and protective placements** for adults who are **incapacitated** due to developmental disabilities, degenerative brain disorders, serious and persistent mental illness, or other similar conditions. These individuals may be unable to care for themselves or may be at risk of harm. The law focuses on **balancing the need to protect vulnerable adults while preserving their rights and independence** as much as possible.

## Sample Paperwork

It is recommended to ensure you are using the official forms of the Wisconsin Court System. While there are sample forms filled out to view in the Paperwork resource folder in the toolkit, please be sure to review the most up-to-date forms on the [Wisconsin Court System website](#).

### **Samples of the following forms can be found in the Paperwork Resource Folder\***

GF-131 – Order Appointing Guardian ad Litem or Attorney  
GN-3100 - Petition for Guardianship Due to Incompetency  
GN-3140 – Statement of Acts by Proposed Guardian and Consent to Serve as Guardian  
GN-3230 – Consent to Serve as Temporary Guardian  
GN-4000 – Statement of Emergency Protective Placement  
GN-4010 – Notice of Rights on Emergency Protective Placement  
GN-4040 – Petition for Protective Placement/Services

Also found in the Paperwork Resource Folder are:

- Memorandum of Understanding Sample\*
- Sample letter for possible partners in Chapter 55 Emergency Protective Placement Providers\*
- Sample verbiage for temporary guardianship\*

[Return to Table of Contents](#)

## RESOURCES

### \*Available Resources

A variety of documents and resources have been shared with you to assist you in the education, prevention, and collaboration efforts in your role. Below you will find a comprehensive listing of tools sorted by their respective folders, which can be found organized in the zip file folders.

#### Historical Documents and Reports

Chapter 55 replication webinar  
Chapter 55 Findings Report - DHS Survey Findings  
Handcuffed Report (2010)  
MKE County Dept on Aging History  
WI State Dementia Plan - 2024-2028

#### Paperwork

APS Pre-visit Checklist  
APS Visit Prep  
Emergency Protective Placements  
Investigative Report 5455  
MOU Sample  
Provider Letter Updated  
SampleGF-131  
SampleGN-3100  
SampleGN-3140  
SampleGN-3230  
SampleGN-4000  
SampleGN-4010  
SampleGN-4040  
Temporary Guardian Sample

#### Partners

Chap 55 Crisis Contractors Sample  
Chap 55 Crisis Contractors Blank  
Crisis Intervention Roadmap  
MOU Tip Sheet

#### Prevention

A model To Improve the Care of Older Persons  
APS 5155 Overview  
Caring for Our Elderly 2022  
Chapter 55 Emergency Protective Placements & Protective Service Crisis  
Chapter 55 Presentation MPD  
Dementia Training  
NAMI Presentation Protective Services



Navigating Challenging Behaviors  
Toolkit for Crisis

**Processes**

APS Pre-visit Checklist  
Ch 55 Detention Checklist  
Behavior Support Plan Template  
Ch 55 EPP Timeline  
Ch 55 Project Support Process Flow Chart  
Emergency Detention Process  
EPP Pilot Program Process  
EPP Support Process  
MKE Co Crisis Planning Guidelines  
Permanent Guardianship Process for Adult Wards

[Return to Table of Contents](#)