

Panel Discussion: “Who Do You Call and What Happens”

April 23, 2026



Panel Members:

Joe Aguilar: IDD Victim Advocate, Dane County Human Services

Scott Herrem: Dane County Sheriff's Office Mental Health Deputy

Nicholas Ellis: Madison Police Dept. Mental Health Officer

Sarah Henrickson: CARES and Crisis

Axel Junker: Waisman Center TIES

ADULT PROTECTIVE SERVICES



HOW ADULT PROTECTIVE SERVICES SUPPORTS PERSONS AT RISK
WITH DEMENTIA AND INTELLECTUAL DISABILITIES

ADULT PROTECTIVE SERVICES

- APS Helpline: 608-261-9933
- Elder Abuse Neglect & Adults at Risk Investigations (EAN/AAR)
- Adult Guardianship Program (AGP)
- Dementia Behavioral Support Program
- Victim Advocate Programs (VAP)
 - Senior Victim Advocate (persons 60 years and older)
 - IDD Victim Advocate (adults with IDD)

ADULT PROTECTIVE SERVICES: STATUTES

- Elder Abuse and Reporting System (WI Statute 46.90)

[WI Statute Chapter 46.90](#)

- Adults at Risk – Definition of (WI Statute 55.01)

[WI Statute Chapter 55.01](#)

- Guardianship (WI Statute 54)

[WI Statute Chapter 54](#)

- Protective Service System (WI Statute 55)

[WI Statute Chapter 55](#)

ADULT PROTECTIVE SERVICES HELPLINE: 608-261-9933

- Entry point for learning about and asking questions about Adult Protective Services
- Calls taken from community regarding concerns about possible abuse or neglect of vulnerable adults, may include persons with dementia or an Intellectual/Developmental Disability
- Screen reports of abuse/neglect for follow up investigation
- Can connect caller with Adult Guardianship Program Intake staff, as needed, to answer questions about guardianship & protective placement
- Helpline operates Monday – Friday, 7:45am – 4:30pm

ADULT PROTECTIVE SERVICES: INVESTIGATIONS OF ALLEGED ABUSE OR NEGLECT

- Types of abuse which may be investigated based on statute: physical, sexual, financial, emotional, self-neglect, caregiver neglect
- Working with APS is voluntary. Some investigations may result in identifying a need for guardianship to ensure the person's health and safety
- 2023 Reports Investigated:
 - 470 involving persons 60+
 - 90 involving adults at risk

ADULT PROTECTIVE SERVICES: VICTIM ADVOCATE PROGRAMS

- Senior Victim Advocate: supports victims of crime or alleged crimes who are 60+ years old
- IDD Victim Advocate: supports victims of crime of alleged crimes who are 18+years old with IDD
- Assist victims in understanding/navigating the court system
- Advocate on behalf of victims with law enforcement
- Connect victims to resources/services

ADULT PROTECTIVE SERVICES: GUARDIANSHIP & PROTECTIVE PLACEMENT

- County petitions for guardianship on behalf of individuals on long term care programs or without other financial resources to do so
 - Physician confirms impairment is permanent and will not improve with medications
 - Any other legal decision making tools have been exhausted
 - Guardian identified
- Petition for Protective Placement
- Court Ordered Comprehensive Evaluations for other guardianship petitioners

ADULT PROTECTIVE SERVICES: DEMENTIA BEHAVIORAL SUPPORT PROGRAM

- Expressing physically aggressive behaviors which result in injury to themselves or others
- Having been admitted to an Institute of Mental Disease (IMD) or other psychiatric hospital or Dementia Behavioral Stabilization setting due to dysregulation and/or physically-aggressive behaviors resulting in injury to themselves or others;
- Indication that the level of behavioral expressions is putting them at risk of hospitalization to address specific behavioral needs;
- Indication that they are at risk of losing their housing/placement due to behavioral expressions;
- Having received a 30-day notice of eviction due to their behavioral expressions; and
- Involvement with law enforcement because of behavioral expressions that put them or others at risk.

ADULT PROTECTIVE SERVICES: CONTACTS

- APS Helpline: 608-261-9933
- APS Website: [Dane County APS](#)
- Beth Freeman, Manager 608-556-7704, freeman.beth@danecounty.gov



Dane County Sheriff's Office Mental Health Team

- ▶ 4 Mental Health Deputies-since October 2022
- ▶ 2 Embedded Mental Health Workers-since 2019
- ▶ **Crisis Resource Continuum:** First Responders, 911 response
- ▶ Identify ongoing MH issues and coordinate follow-up efforts with partner agencies/crisis workers as needed.
- ▶ Outreach to residents with mental illness, connect to resources, create safety plans, address system issues, education, training.
- ▶ Create better short-term outcomes for community members, proactive follow-up work, reduce repeated LE contacts, diversion from incarceration.

Mental Health Resources



Dane County Sheriff's Office

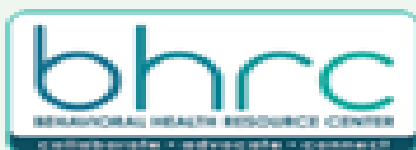




www.journeymhc.org

24/7 Crisis Line

(608) 280-2600



www.danebhrc.org

(608) 267-2244

YOUTH SERVICES

Child Protective Services

www.danecountyhumanservices.org

(608) 261-5437

ADULT SERVICES

Adult Protective Services

www.danecountyhumanservices.org

(608) 261-9933

ELDERLY SERVICES



Aging and Disability Resource Center

<https://www.daneadrc.org>

(608) 240-7400



Composition of MPD's Mental Health Unit (MHU)

Patrol Officers,
Sergeants



6 MHOs

~50
MHLOs

A vast majority of mental health crises are serviced by MPD's **Officers & Sergeants assigned to Patrol.**

MPD's Mental Health Unit (MHU) provides added support to community members and to first-responding officers before, during, and after a mental health crisis occurs.

- Our **Mental Health Liaison Officers (MHLOs)** are officers and Sergeants assigned to Patrol who voluntarily participate in additional training and take on additional tasks to promote the Mental Health Unit's values.
- Our **Mental Health Officers (MHOs)** serve in a specialized role and are assigned to MPD district stations.
- Our **Law Enforcement Crisis Workers (LECWs)** are mental health clinicians employed by Journey Mental Health





Police Respond Because...

- We often fill gaps within social systems (governmental, public, private sector)
- We have unique statutory responsibilities (of note, we have the authority to detain for an Emergency Detention)
- The caller didn't know who else to call (who else can show up 24/7 and can come to you, wherever you are?)
- Caller's perception is that someone is in danger, or a crime is being committed (and perception is NOT always reality)



During a Crisis: Different Responses

Emergency

➤ 911, 988, or Journey Mental Health = 608-280-2600

- **Police** – lights and sirens and 2+ officer response. If there is a safety plan in place, and if time permits, officers may access this while en route
- **Fire** – lights and sirens, co-response if there is a medical concern
- **CARES** MAY NOT be dispatched, depending on the circumstances*

Non-Emergency

➤ Dane Co. 911 Center = 608-255-2345

- **Police** – situation-dependent, but the caller can request an in-person response, a phone call, or may be oriented to a different resource by the 911 communicator
- **Our MHU** – we may be contacted directly (callers should utilize the 911 Center number for any non-MH police investigation)
- **CARES** is an option for behavioral health-related assistance



During a Crisis: Info to provide to 911

You called 911... you can expect the following:

- First Question: **what is the address of your emergency?**
- What is your Name and call-back number?
- Do you need Police, Fire or EMS?
- Is it Active? Is it Dangerous? Are there any Weapons?
- Are YOU (the caller) Safe?
- Identifying information for the person you are calling about
 - Names (if known)
 - Descriptions (of involved parties, and of witnesses/bystanders)





Before/After a Crisis: What MHU can do

- Meet with or call the individual living with mental illness (or other condition), their friends or family members
 - Joint home visits with an MHO and LECW
 - Connect people with community resources/treatment options
 - Build trust and establish rapport with a person
- Discuss with a person what a police response might look like (helps reduce anxiety)
- Collaboratively develop a safety/response plan
- Add safety alerts to the CAD system to alert first responders



Components of Safety/Response Plans

- **General information**
 - Name, DOB, address, phone number
 - Recent Photo
- **History/Known Diagnoses**
 - Could include mental illness, substance use, other medical conditions, and significant past events
- **Hooks (helpful actions) and Triggers (not helpful actions)**
- **Important Contacts**
 - This is typically where care team members, family or friends are listed, who may have additional helpful information during an emergency response

Our Contact Info:



Sergeant Sam Brier

SBrier@cityofmadison.com

(608) 261-5579 (desk phone, not for emergencies)

Clinical Manager Sarah Henrickson

shenrickson@cityofmadison.com

(608) 280-2618 (desk phone, not for emergencies)

MHOTeam@cityofmadison.com

Public-facing inbox

Website:

<https://www.cityofmadison.com/police/community/mentalhealth/>





Community Alternative Response Emergency Services (CARES)



Alternative Response to 911 Calls

- ▶ 911 Center call-takers are trained to screen incoming calls and dispatch the appropriate resource: Police, EMS, Fire, CARES
- ▶ Non-violent behavioral health CFS directed to CARES
- ▶ CARES may respond to check person/check welfare calls UNLESS:
 - ▶ Weapons or violent behavior involved
 - ▶ Sounds of an active disturbance
 - ▶ Crime is being reported
 - ▶ Police resources needed (e.g. phone ping to locate suicidal person)
 - ▶ Ambulance needed (e.g. acute medical emergency or non-ambulatory patient)

CARES Operations

- ▶ Journey Crisis Worker and MFD Community Paramedic are dispatched in pairs
- ▶ All staff carry radios
- ▶ Currently in operation 8am-9pm Monday-Friday, weekends and holidays 10a-8p
- ▶ Respond anywhere in the City of Madison, added Sun Prairie to service area as of Feb 2025
- ▶ MFD vehicles have lights and sirens (used minimally)

Dispositions

- ▶ Team has autonomy and flexibility to determine appropriate resolution for each individual call
- ▶ They may simply provide support on site (or via phone call) and disengage
- ▶ They can transport a patient anywhere (home, friend's home, shelter, hospital, detox, other resource)
- ▶ They may assist a patient in connecting to services, and in some cases contact the patient at a later date to check on their progress
- ▶ Crisis Unit will become involved if ED evaluation is needed

CARES Contacts



Sarah Henrickson, LCSW

Clinical Team Manager

Journey Mental Health

37 Kessel Ct.

Madison, WI 53711

608-280-2618

sarah.henrickson@journeymhc.org

Lisa Becher

Division Chief – Mobile Integrated Health

City of Madison Fire Department

314 W. Dayton St.

Madison, WI 53703

608-243-0195

lbecher@cityofmadison.com

Crisis Unit 608-280-2600

- ▶ 24/7 crisis line serving all of Dane County
- ▶ Staff work as a team, triage incoming calls to determine appropriate response
- ▶ Field calls from consumers, family, service providers, hospitals, law enforcement, schools, and concerned community members
- ▶ Mobile crisis workers can respond to anywhere in the community that a person is in crisis, in addition to evaluating patients at hospitals, jail, juvenile detention, detox, etc.
- ▶ Chapter 51 evaluations and monitoring



Who Do You Call?

Pro-active Emergency Response Plans

Axel Junker, UW-Waisman Center

Community TIES: Behavioral Support

Therapeutic Relationships



Behavioral Support Plan

Behavioral Support Plan (BSP)

In addition to a general staff protocol for handling escalating behavior, a **Behavioral Support Plan** is a valuable tool for implementing MTC.

A BSP provides care-givers a structure to analyze behavior and strategize support in a way unique to a given individual. Preparation can be accomplished by a single caregiver. However, preparation of a BSP can be a valuable forum for gathering input from everyone involved.

Once complete, a BSP has numerous uses. For ongoing staff, it's a behavioral snapshot useful as a summary of current support strategies as well as a future gauge of progress. For new support staff, it's a quick study of the unique needs of the individual. A BSP can also serve as a detailed written record of an agency's support methods.

Let's look at what Betty's BSP might look like.



Self Protection Strategies



Approach Presence - a slow advance to the door

Eye Spine in the Presence - hand on the door handle

Deflect - hands on the door to block the door from being opened



Community Outreach Wisconsin

Waisman Center, University of Wisconsin-Madison



122 E. Olin Ave., Suite 255

Community TIES Behavior Consultants

- Meet individuals in their homes and workplaces, build relationships and collaborate with community teams on positive behavior supports based on the unique needs of the person.
- Provide situational counseling and/or coordinate access to other available therapeutic resources in the community.

Community TIES Behavior Consultants

- Write Behavior Support Plans that are focused on holistic and proactive approaches and provide personalized training to care givers.
- Consult around specialized supports (which might include home modifications, consultation around clients' rights or restrictive measures or pro-active outreach to emergency responders).

When to consider an Emergency Response Plan?

- The plans should be written for individuals who have had or who are likely to have contact with emergency responders. “Just in case” plans are not encouraged.
- Children or adults who run from their homes, repeatedly call 911, engage in unusual or challenging behaviors or individuals who have been victimized should have a plan in place.

How to Write the Plan?

- Make sure to obtain the person or the person's legal guardian written consent.
- List the involved agencies most likely responding to a crisis call (police departments, CARES) and – if applicable - the county's designated Crisis Diversion agency (Journey Mental Health Center).
- Have the team review the actual draft plan before submitting it.

How to distribute the plan?

- Share with emergency responders most likely to come in contact with the person - usually based on where the person lives (including alternate places during the weekend), works, or spends time in the community. Often more than one responder, law enforcement agency or district will be involved.
- Keep a copy of the plan:
 - at the person's home
 - with caregivers during community activities
 - with on-call staff/supervisors

What else?

- When calling 911, tell the operator that an emergency response plan is on file. Let the operator know if you think CARES could be helpful.
- If police responds and there are immediate safety concerns, show the plan to the responding officer AFTER (!) the officer has addressed those concerns.
- After an encounter review as a team what went well and what could be improved. Follow up and/or involve emergency responders in the process if necessary.
- Evaluate yearly if there is a continued need for an updated plan.

Questions?

junker@waisman.wisc.edu



Resources



<https://cow.waisman.wisc.edu/>