

2022 CRISIS SERVICES PROGRAMS SURVEY REPORT



WISCONSIN DEPARTMENT
of HEALTH SERVICES

(May 2024)

INTRODUCTION

Counties are required to provide emergency mental health services under Wis. Stat. § 51.42(1)(b). Emergency mental health services are known as crisis services. Crisis services are provided to people experiencing a situation caused by increased stress or symptoms that can't be resolved without professional support.

To better understand the landscape of crisis services across the state, the Division of Care and Treatment Services surveyed crisis services programs in 2022.

This report is for people working at the state and county levels to improve Wisconsin's crisis services system. It provides a summary of the data collected from all crisis services programs. Individual program responses are not shared in this report.

EXECUTIVE SUMMARY

Crisis services programs reported a large variability in:

- Arrays of service.
- Hours of availability.
- Locations of service.
- Models for care.
- Education levels of staff.
- Level of law enforcement involvement.
- Capacity to track people through the continuum of crisis care.

Because of this variability, it is difficult to form broad generalizations about crisis services programs in Wisconsin.

Many crisis services programs provided estimated information rather than distinct information for data related questions. The highest capacity to provide distinct data was focused on crisis line usage and mobile face-to-face services directly provided by staff. Outcome data, referral source tracking, and follow up care tracking were lower, with distinct data being available less than 60% of the time.

Crisis services programs face significant pressures.

The pressures include:

- Struggles to hire and retain skilled staff.
 - 66% of programs reported staffing shortages that impacted services.
 - 66% of programs used staff from other programs for services.
- Increased intensity of services needed.
- Staff needing to cross train in other county programs.
- Difficulty finding appropriate follow-up care, especially for complex youth or dementia-related crisis.
- Access to youth crisis stabilization facilities.
- Access to dementia-related follow-up care.
 - 63% of programs had no designated protective placement facility.
 - 63% of programs reported having no community resources.

Crisis services programs have many strengths.

The strengths include:

- Educated and committed staff.
- Increased collaborations with community partners.
- Increased grant funding to innovate and improve.
- Innovations in how services are connected to other county programs.
- Use of telehealth approaches.
- Use of co-responder models of care to meet community need.

Crisis services programs report promising outcomes.

The promising outcomes include:

- 97% of programs provided 24/7 crisis line services with the average response for resolving the crisis at this level being 82%.
- 63% of programs provided 24/7 face-to-face crisis services with the average response for resolving the crisis at this level being 66%.
- Adult stabilization service was available 73% of the time with the average response for resolving the crisis at this level being 95%.
- 54% of programs required face-to-face evaluations prior to an emergency detention. The percentage of crisis services ending with an emergency detention varied between 0-63% with an average response of 8.5%.

METHODS

In 2020, the Substance Abuse and Mental Health Services Administration published the “National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit.” This toolkit is based on Crisis Now, a national framework the Division of Care and Treatment Services is using to enhance Wisconsin’s system of supports for emergency mental health services.

The Crisis Now model set the foundation for an exploratory analysis of crisis services programs in Wisconsin.

The Crisis Now model includes:

- Someone to contact, which includes call, text, and chat services.
- Someone to respond, which includes professionals dispatched to wherever the need is in the community.
- A safe place to get help, which includes facilities that provide specialized short-term care for people who can’t stay in their community location safely, but don’t need to be hospitalized.

The Division of Care and Treatment Services used the “National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit” as the basis for the survey of crisis services programs. All crisis services programs were invited to complete the survey. The survey opened in November 2022. It closed in January 2023. Programs were instructed to answer the questions based on their activities in 2022.

The survey featured 124 questions that covered six topics.

- Crisis call services
- Mobile response
- Crisis stabilization services
- Emergency detentions
- Best practice recommendations
- Staffing

There also were open-ended questions related to the impact of the COVID-19 pandemic, what’s working well, and what’s not working well, and unmet needs.

All crisis services programs participated in the survey.

Survey responses were collected using an online survey tool, requiring one response from each crisis services programs. All 68 county crisis services programs in the state responded. That’s a 100% response rate. In 2022, there were two multi-county crisis services programs that covered a total of six counties.

A full list of survey questions and a summary of the data can be found in the appendix.

Numeric outliers were identified as values two and a half times larger than the variable mean. Percentage response values greater than 100% were flagged. Descriptive comments provided by crisis services programs were considered. As warranted by numeric responses or comments, a follow-up was sent to the responding program for clarification to include a confirmation of the submitted value with an explanation or a corrected value. Outlier values were replaced with program corrections on flagged percentages and outliers.

Wisconsin county population data was used to standardize values to equitably compare across counties and illustrate trends across the state. Wisconsin county population data was retrieved from the U.S. Census Bureau, Population Division.

Data from a 2018 survey on crisis intervention in Wisconsin was added to the dataset to quantify and illustrate changing statewide trends where questions overlapped.

Numbers are rounded to the nearest whole number.

In this report, the mean is the average value of responses. The median is the middle value when the data set is arranged in order. This report often discusses the median value due to outlier responses.

RESULTS OVERVIEW

CRISIS INTERVENTION CALL SERVICES

This topic focused on calls to county crisis lines. All but two counties reported providing a 24/7 crisis line.

Of the counties that provided crisis lines:

- 25% of counties managed calls in house only.
- 26% counties managed calls through contracted services only.
- 49% counties managed calls through a blend of in-house and contracted services.

Nearly 95% of counties reported being able to provide distinct numbers for the use of crisis lines, however 24% of responses needed to be excluded from the call volume results because of reported multiuse lines. A multiuse line is a system that handles calls for more than crisis services.

The **volume for crisis line calls** varied even when normalized to population with an annual low of 192 to a high of 11,341 per 100,000 residents. The median volume was 1,828 per 100,000 residents. This is a decrease of 15% from the 2018 median call volume level.

For data on **callers who did not need a higher of level care**, 74% of counties provided distinct data, with 26% providing an estimate. The median response was 82% of callers not needing further care.

For the percentage of **callers who received follow-up contact**, 50% of counties provided distinct data, with 50% providing an estimate. The median response for follow up contact was 90% of callers.

For the percentage of **calls that ended with an emergency detention**, 81% of counties provided distinct data, with 19% providing an estimate. The responses varied widely from 0 to 88% of calls with a median response of 4% ending with an emergency detention.

For data about **callers enrolled in other county mental health services**, 76% of counties provided distinct data, with 24% providing an estimate. The range of responses varied widely from 0 to 75% of callers. The median response was 15% of callers being already connected to county services.

Data tracking for referrals from emergency rooms, law enforcement, and jails were similar, ranging from 47% to 58% of counties being able to provide distinct data with the remaining counties providing estimated data. Rates for emergency room referrals ranged from 0 to 205 per 100,000 residents, with a median response of 192 per 100,000 residents. Law enforcement referrals ranged from 0 to 2,712 per 100,000 residents with a median response of 466 per 100,000 residents. Jail referrals ranged from 0 to 527 per 100,000 residents with a median of 40 per 100,000 residents.

Of all comments related to changes to county crisis lines from the rollout of the 988 Suicide & Crisis Lifeline July 16, 2022, the majority described no noticed change or that it was too early to make an assessment.

MOBILE CRISIS RESPONSE SERVICES

This topic focused on face-to-face mobile crisis response services.

Nearly all counties (94%) provided mobile crisis response services with 63% of those counties providing that service 24/7.

Of the counties that provided mobile crisis response services:

- 61% managed the service in-house only.
- 19% managed the service through contracted services only.
- 20% managed the service through a blend of in-house and contracted services.

More than a third (35%) of counties providing mobile crisis response services reported that staff were only dispatched to certain locations, such as nursing homes, jails, or homes. Some counties (13%) did not provide this service countywide. The number of counties with mobile crisis response reporting the service was not available countywide is down from 2018 when 16% of counties reported geographic restrictions for the service. Contracted mobile crisis response providers did not have restrictions on specific location types or geographic locations, though one service was only contracted to provide jail response in a county with blended in-house and contracted services.

When law enforcement was not the referral source, 85% of counties reported that law enforcement would be contacted for mobile crisis response in some situations. The comments indicated this happened most often when there were safety concerns in the referral and/or the mobile crisis response services was a co-responder model. All contracted mobile crisis response providers would also request law enforcement in some situations.

Forty-two percent of counties provided distinct data on the percent of mobile crisis response that requested law enforcement accompany the intervention, when the referral was not from law enforcement, and 58% of counties provided an estimated answer. The percentage varied from 0-100% with a median of 63% of mobile crisis responses. The response pattern may indicate clear policy differences between programs on when to use law enforcement in the response.

The 2018 question on law enforcement involvement in mobile crisis response is not a direct comparison to the 2022 data. It asked if counties would respond without law enforcement in some situations. Of counties that responded, 75% would respond without law enforcement sometimes with 25% always requesting law enforcement involvement.

There was a broad range of experiences for counties in how often a mobile crisis responder was needed but was attending to another crisis. Some counties (22%) reported this as a weekly or daily occurrence, while 60% of counties reported yearly or never experiencing conflicting crisis responses. The program responses also varied with the most common response being prioritization/starting a queue and contacting nonscheduled staff to respond.

When asked about specific populations, 63% of counties were unable to provide specialized responses. When it was possible, the most common specialized responses provided were for substance use related needs (14%), criminal justice or juvenile detention involvement (14%), dementia (13%), and youth (11%). Counties were not asked about the hours or availability level of these specialized mobile crisis response in the survey.

Most counties (53%) provided distinct data on mobile crisis responses that did not need a higher level of care and 47% provided an estimated response. The range of mobile crisis responses that did not need a higher level of care was from 0 to 100% with a median response of 66%.

Most counties (59%) provided distinct data on the percentage of callers who received follow up contact and 41% of counties provided an estimated data. The range of follow up contacts was from 0 to 100% with a median of 96.5% of responses receiving follow up contact.

Most counties (63%) provided distinct data on the percentage of mobile crisis responses that ended with an emergency detention. The number of responses varied widely from 0 to 100% with a median response of 15% ending with an emergency detention.

Regarding whether clients were enrolled in other county mental health services, 20% of counties provided distinct data and 80% percent provided estimates. The range of responses varied widely from 0 to 75%. The median response was 11% of clients needing mobile crisis response while already connected to other county services.

The wide range of responses between 0 and 100% on outcome and follow-up contact questions could show policy differences in how mobile crisis response is used around the state.

CRISIS STABILIZATION SERVICES

This topic focused on crisis stabilization services. The questions focused on facility-based adult crisis stabilization services, facility-based youth crisis stabilization services, and in-home stabilization services.

Counties reported using contracted services for facility-based adult crisis stabilization services.

More than two-thirds of counties (68%) reported using contracted services. This matches the percentage that cannot provide a discrete response versus an estimated response on percentage of follow-up hospitalizations needed. Crisis stabilization services had a high success rate with a median response of 5% of clients needing hospitalization. Counties generally had access to one facility with a median of 1.5 beds available. When a stabilization bed was needed, it was available 73% of the time. The median length of stay in a facility was five days.

Counties reported facility-based youth crisis stabilization services were more difficult to access than facility-based adult crisis stabilization services.

Counties generally did not have access to facility-based youth crisis stabilization with a median response of zero for all three access questions.

The highest response of four facilities, 10 beds, and access 100% of the time shows the large difference in the ability to access the service around the state.

The number of youth served mirrors the access-focused questions with a median of zero youth served and a high of 172 youth served.

Some counties (20%) reported having youth specific in-home stabilization services.

The scope and length of in-home crisis stabilization services was not clear.

EMERGENCY DETENTIONS

This topic focused on the emergency detentions as an outcome of crisis care in previous sections. It reviews emergency detentions as an overall outcome and the requirement of face-to-face evaluations prior to a detention.

The data show:

- Most counties (76%) were able to track data on the percentage of crisis line calls and mobile crisis responses that resulted in an emergency detention, with 24% of counties providing an estimated answer.
- The percentage of emergency detentions varied between 0 to 63% with a median response of 8.5%.
- Over half of counties (54%) required a face-to-face evaluation for an emergency detention.

Reasons provided by counties for not requiring a face-to-face evaluation included difficulty with staffing, need to prevent delays for law enforcement, or clear clinical need for the emergency detention though existing information.

BEST PRACTICES RECOMMENDATIONS

This topic focused on best practice recommendations from the SAMHSA toolkit, crisis services for people with substance use needs, use of peers in crisis services, and crisis services for people living with dementia.

Most counties (66%) had a policy for events involving substance use needs. That's an increase from 58% in 2018.

- While 97% of counties had resources for follow-up with substance use needs, the reported access to resources for follow up with substance use needs was higher in 2018.
- Most counties (65%) consider these services to be reasonably available to those that need them, with 35% identifying barriers to services that included waitlists, staffing challenges, and a decrease in providers accepting Medicaid for payment.
- The three most common supports available were substance use disorder counselors (92%), withdrawal management programs (74%), and residential treatment (70%).

Regarding training in opioid overdose prevention, 59% of counties have some recognition and exposure of best practices; an increase from 32% in 2018. Twenty-eight (28%) of programs distributed naloxone, the opioid overdose reversal medication, an increase from 10% in 2018.

Peer services were used infrequently in crisis services, with 71% of counties reporting no peer services.

The two most common types of peers used in crisis services were certified peer specialists (19%) and recovery coaches (15%). The survey did not ask if these were in-house or contracted services.

Most counties (53%) had a policy for events for people with dementia. That's a decrease from 55% in 2018.

Almost two-thirds of counties (63%) reported having no facility access for dementia-related needs. Facility access decreased from 42% in 2018 to 37% in 2022. Most counties (56%) reported a lack of resources for persons and families experiencing a dementia-related crisis.

STAFFING

This topic focused on staffing crisis services programs.

Half of all crisis services programs had significant structural changes since 2019 to meet community needs.

Changes included expansion of paraprofessional roles, increased community partnerships, introducing co-responder models of care, use of telehealth, and integration of crisis services into other services areas.

Staffing was the number one challenge or unmet need counties reported. Two-thirds of counties struggled with staffing shortages that impacted crisis services.

Staffing shortages resulted in services to be available fewer hours, delays in response, more shifts required from staff, supervisory staff used for direct care services, or cross-trained staff between programs. Counties used staff from other programs for crisis services 63% of the time.

The total number of crisis positions varied from 0-85 with a median size of five. The number of full-time equivalent staff also varied from 0 to 85 positions but had a lower median of 3.5 full-time equivalent staff. About a third of counties (37%) added positions in 2022. The range of full-time equivalent staff added varied between a 0.3 position to 20 positions with a median of 1.5 full-time equivalent staff.

Position vacancies lasting longer than three months in 2022 were reported by 56% of counties. The median length of time to fill a vacancy was 4.5 months. Total full-time equivalent vacancies across positions were filled within 0 to 46 months with a median of four months.

Reasons for crisis staff attrition and hiring challenges were similar.

Crisis services roles are facing an increase intensity of cases and number of cases. Staff often face low pay and a lack of time off. This and a position that often requires work after standard business hours contributes to the high stress level of the roles.

Gaps in community services for complex youth and people with dementia add to the stress and difficulty of the job.

Barriers to hiring included small applicant pools, fewer qualified applicants, and difficulty attracting workers to rural areas.

Counties hired staff of different education levels to support the crisis services programs and provide supports.

- Paraprofessional positions ranged from 0 to 19 positions with a median of zero.
- Staff with a bachelor's degree ranged from 0 to 25 positions with a median of three positions.
- Staff with a master's degree ranged from 0 to 60 positions with a median of 1.5 positions.

A training curriculum specific to crisis services program staff was reported in 82% of the counties.

The different training provided and identified as needed by counties was broad. For example, most counties (74%) had some form of training on diverse needs or populations. Still, counties identified unmet training needs in this area.

OTHER QUESTIONS

Based on your perspective, how did the COVID-19 pandemic alter crisis call volumes and crisis experiences?

Responses varied. Where some counties reported decreased crisis line calls, others noted increases. Comments included shifting acuties, youth population involvement, challenges such as substance use, staffing fluctuations, procedure changes, and technological innovation.

Below are some responses:

- "Increase in volume as we moved post lock down and into the new normal. An increase in people not previously connected experiencing a behavioral health crisis."
- "At the beginning of the pandemic, crisis number plummeted. Mental health needs and the acuity of the individuals the crisis program served continued to increase."
- "Call volumes have been up and down but it did open up ways to use more technology that I hope in the future would be beneficial to our agency to be more efficient."
- "The only facility we found that would accept a COVID positive individual was Winnebago Mental Health Institute. That is contrary to keeping an individual as close to our community as possible. Added stress."
- "Once the COVID pandemic was declared, we began to see a decline in crisis calls. This is likely related to most people staying home, including our youth. Sometime within 2021, our referrals for youth significantly increased. This was also the case in 2022, as life returned to normal where kids returned to school and the potential effects of the isolation caused by the pandemic were coming to the surface."
- "Staff resources were depleted and the acuity of stress level of the community increased as did the staff's. Staff burn out as well as higher payer jobs and remote work opportunities in the non-community mental health industry led to prolonged vacancies in open positions. There was an increase in phone call volume and a decrease in the ability to respond safely in the community or not being permitted to respond to ERs, jails, nursing homes, residential facilities, etc. There were also limited places to refer crisis consumers."
- "Far more overdoses seen during pandemic; call volumes less predictable."

What is working well within your current crisis program?

Below are some responses:

- "We have an experienced and educated staff. We have a new co-responder crisis position, and it is working well."
- "Crisis response, crisis follow-up, crisis stabilization, linkage and follow-up position being brought into the county to allow for better communication and continuity of care."
- "We have a variety of trained staff that can offer crisis services at different levels. We can get individuals in for therapy services quickly. Our team works well to assure needs are met through case management, therapy, crisis follow up, etc."
- "The county crisis staff collaborate well with other county departments and units including CPS, APS, CCS, ADRC as well as outside stakeholders including law enforcement, schools, hospital ER's, MCO's, and so forth."
- "More collaboration and transparency with partners like law enforcement and hospitals. Grant funding has helped [county name redacted] do innovative things and show opportunities for improvement."

What needs to be improved within your current crisis system?

Below are some responses:

- "Staffing across the continuum, compensation, more crisis residential beds and increased inpatient capacity."
- "More training for mobile crisis responders not primarily assigned to crisis, "on-call rotation". This group tends to have lower confidence/ anxiety responding to calls. Our mobile response volume is extremely low, [amount redacted], making it challenging for staff to maintain skills learned through training."
- "Funding for a diverse staff (peer specialist, additional crisis worker, addressing gap of funding services in jail)."
- "Building services and easy access for housing, financial, insurance related services so crisis does not emerge."
- "Increasing the data points that are collected to better reference the actual needs of the community. IT infrastructure to remove some duplicitous process for consumers and providers and allow better data tracking. Absorbing the Crisis Now framework into our existing crisis continuum. Increasing access to and capacity for follow up and linkage supports."
- "There needs to be more of an emphasis on preventative measures, however, due to current workload capacities, it is difficult to find time to respond to situations unless they rise to the level of emergencies."
- "Being able to hire and retain crisis workers."

List challenges of unmet needs within your current crisis system.

Below are some responses:

- "Lack of local resources- hospitalization, diversion and placement. Availability of crisis stabilization facilities, delayed admission when residential treatment when identified necessary, access to outpatient psychiatry services."
- "Bed availability, we are traveling great distances and not finding beds where needed. The overall cost of provided services increases every year."
- "Lack of competitive pay and trying to keep a 24/7/365 program fully staffed is a big challenge."
- "Availability of crisis dementia care."
- "It would be preferable to have an after-hours dedicated staff, however, that is not fiscally feasible. Transportation can be a barrier. Crisis stabilization or hospital diversion can be an issue due to limited options. After care can be a barrier due to long wait lists."
- "Staffing for daytime crisis screening and evening shifts. Gap between 51 system and youth out of home placement regulations. Lack of emergency interventions for people with dementia when they don't meet criteria for an emergency detention. We struggle to enforce court orders for youth whose parents don't follow through with the court ordered expectations."

APPENDIX

CRISIS INTERVENTION CALL SERVICES QUESTIONS AND RESULTS

In 2022, did your county provide crisis intervention call services housed at the county (non-contracted)?

Response	Number of Counties	Percent of Counties
Yes	51	75%
No	17	25%

In 2022, did your county contract with an outside organization(s) to provide crisis call services or triage?

Response	Number of Counties	Percent of Counties
Yes	50	74%
No	18	26%

Did your county in 2022 provide 24/7 crisis intervention call capacity; whether entirely through your county, entirely contracted, or a mix of county and contracted?

Response	Number of Counties	Percent of Counties
Yes	66	97%
No	2	3%

2018 data point comparison: Does your program use a regional or statewide crisis phone system to assist with answering crisis calls?

2018 Response	Number of Counties	Percent of Counties
No	30	43%
Yes (regional)	32	46%
Yes (statewide)	7	10%

For the following question, my county collects the information and can provide a discrete numeric answer, "In 2022, how many crisis intervention calls were received?"

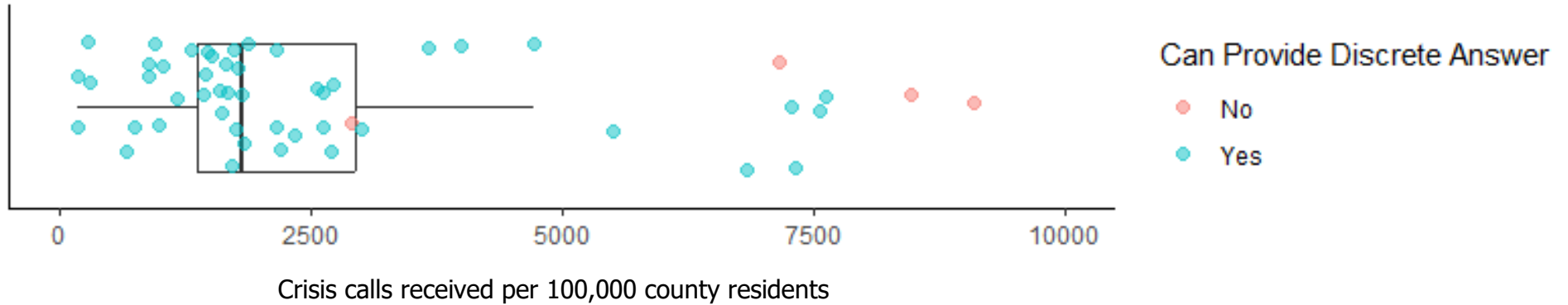
Response	Number of Counties	Percent of Counties
Yes	64	94%
No	4	6%

In 2022, how many crisis intervention calls were received (per 100,000)?

Sixteen counties unable to provide a distinct count of crisis intervention calls due to a multiuse call line were excluded.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
192	1,441	1,828	2,949	3,170	11,341

Distribution of crisis calls received per 100,000 county residents during 2022

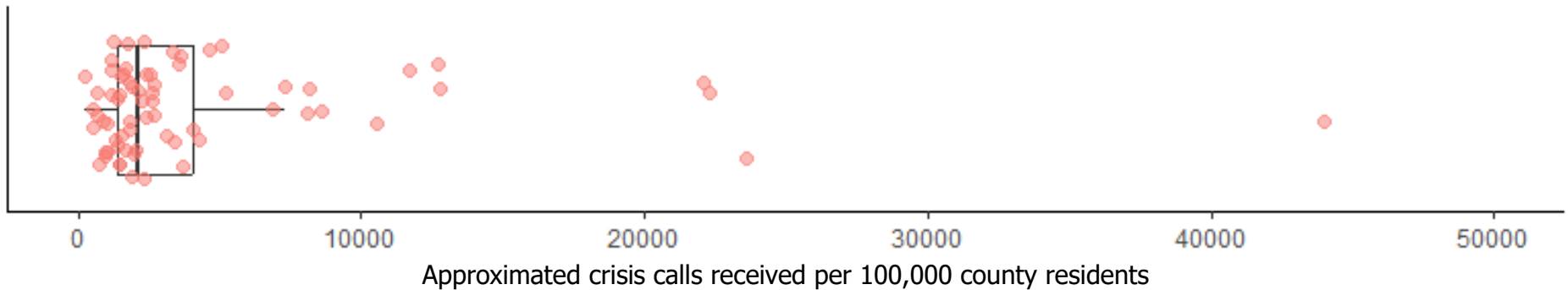


2018 data point comparison: What is the approximate number of crisis calls your county receives each year (per 100,000)?

Sixteen counties unable to provide a distinct count of crisis intervention calls due to a multiuse call line were excluded.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
263	1,419	2,145	4,562	4,074	43,959

Distribution of approximated crisis calls received per 100,000 county residents during 2018



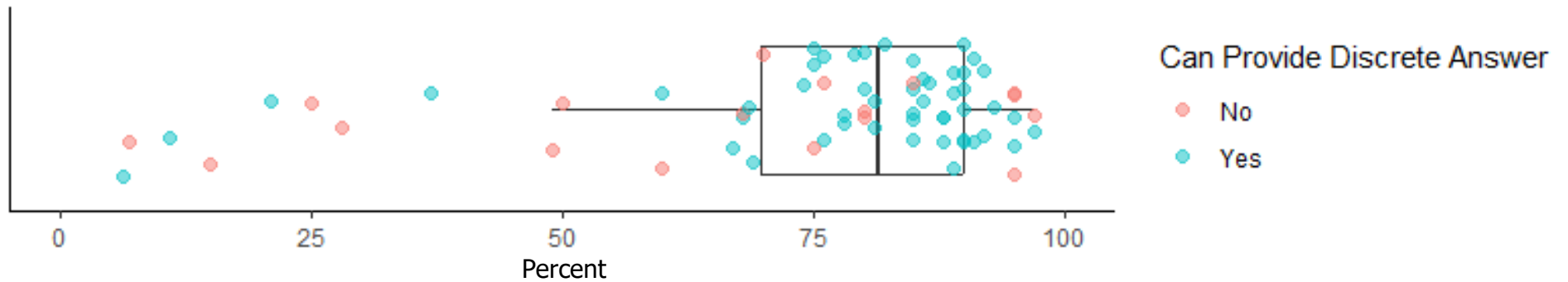
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all crisis calls received in 2022, what percent did not require a higher level of care?"

Response	Number of Counties	Percent of Counties
Yes	50	74%
No	18	26%

Of all crisis calls received in 2022, what percent did not require a higher level of care?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
6	70	75	81	90	97

Distribution of crisis calls received that did not require higher level of care during 2022



For the following question, my county collects the information and can provide a discrete numeric answer, "In 2022, what percent of individuals received a follow-up contact after the initial crisis call?"

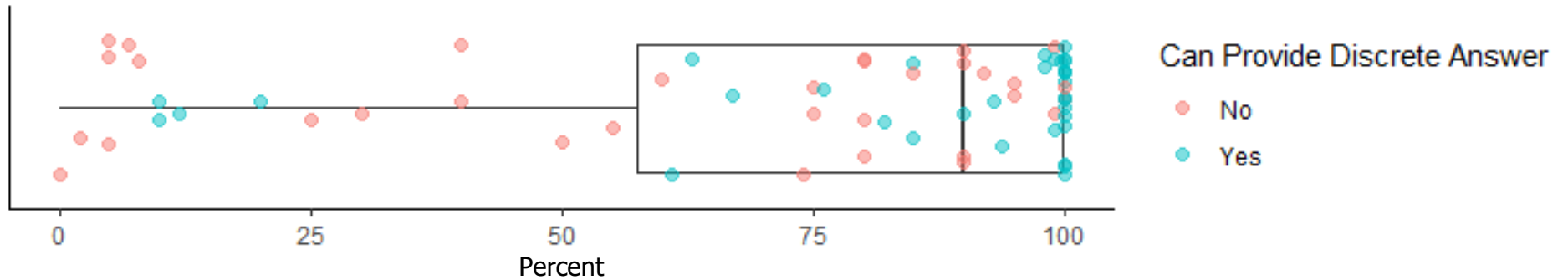
Response	Number of Counties	Percent of Counties
Yes	34	50%
No	34	50%

Of all crisis calls received in 2022, what percent of individuals received a follow-up contact after the initial crisis call?

One county was unable to provide an estimate.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	58	72	90	100	100

Distribution of crisis call follow-up contacts after initial call during 2022



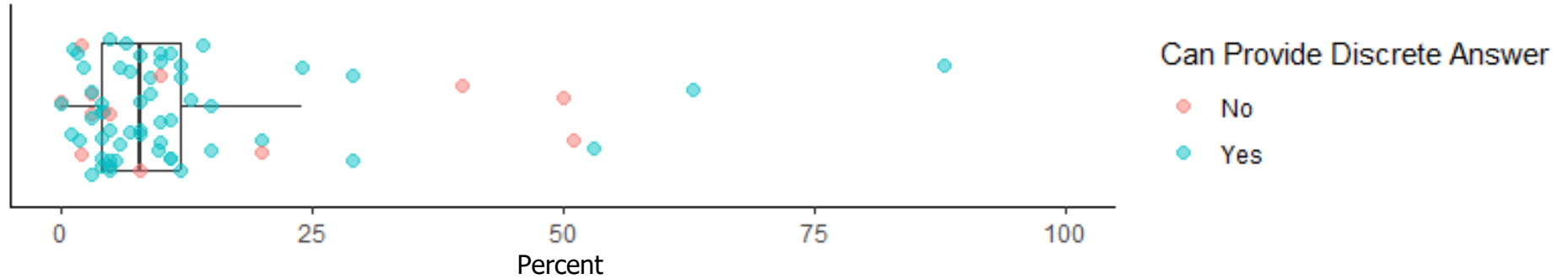
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all crisis calls received in 2022, what percent resulted in emergency detentions?"

Response	Number of Counties	Percent of Counties
Yes	55	81%
No	13	19%

Of all crisis calls received in 2022, what percent resulted in emergency detentions?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	4	8	12	12	88

Distribution of crisis calls resulting in emergency detentions during 2022



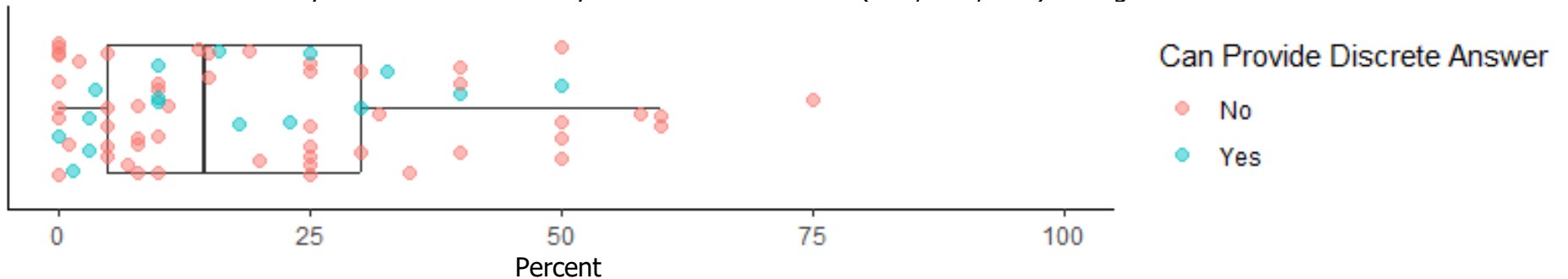
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all crisis calls received in 2022, what percent were already connected with county mental health services (CCS, CST, CSP)?"

Response	Number of Counties	Percent of Counties
Yes	16	24%
No	52	76%

Of all crisis calls received in 2022, what percent were already connected with county mental health services (CCS, CST, CSP)?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	5	15	20	30	75

Distribution of crisis calls already connected with county mental health services (CCS, CST, CSP) during 2022



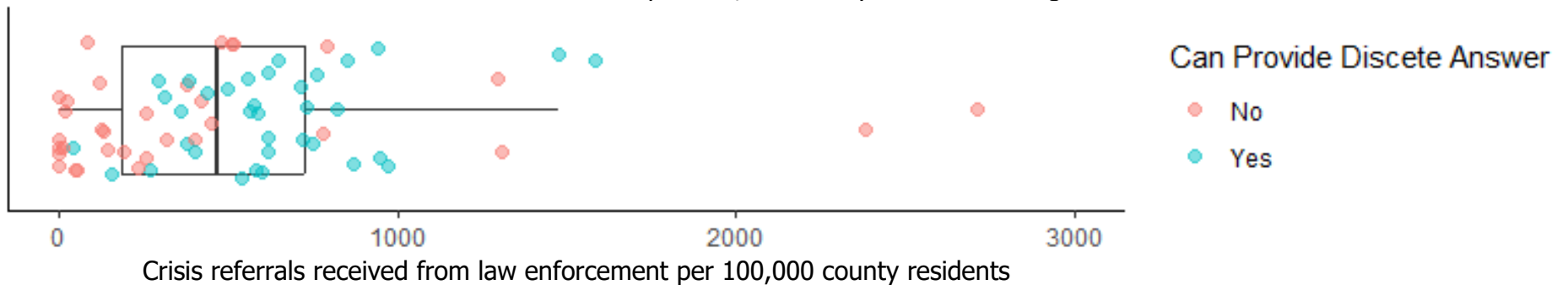
For the following question, my county collects the information and can provide a discrete numeric answer, "How many crisis referrals were received from law enforcement during 2022?"

Response	Number of Counties	Percent of Counties
Yes	35	51%
No	33	49%

How many crisis referrals were received from law enforcement during 2022? (per 100,000)

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	184	466	539	724	2,712

Distribution of crisis referrals received from law enforcement per 100,000 county residents during 2022



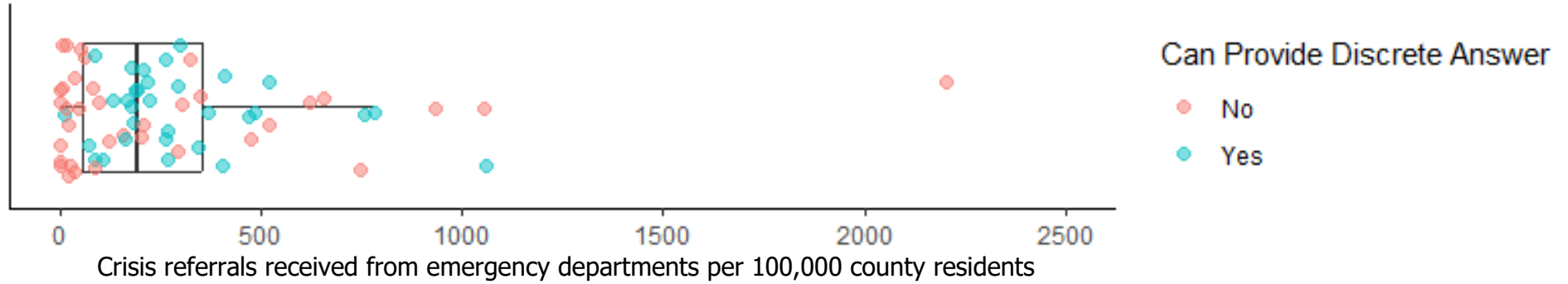
For the following question, my county collects the information and can provide a discrete numeric answer: "How many crisis referrals were received from emergency departments during 2022?"

Response	Number of Counties	Percent of Counties
Yes	32	47%
No	36	53%

How many crisis referrals were received in emergency departments in 2022? (per 100,000)

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	58	192	286	356	2,204

Distribution of crisis referrals received from emergency departments per 100,00 county residents during 2022



For the following question, my county collects the information and can provide a discrete numeric answer: "How many crisis referrals were received from jails during 2022?"

Response	Number of Counties	Percent of Counties
Yes	40	59%
No	28	41%

How many crisis referrals were received jails during 2022? (per 100,000)

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	9	40	81	100	527

Distribution of crisis referrals received from jails per 100,000 county residents during 2022



In what ways has the implementation of the 988 Suicide & Crisis Lifeline impacted the volume and/or types of crisis calls received? If appropriate, please describe.

Of all comments, a majority described no noticed change or that it is too early to make an assessment. Here are three examples of the responses:

- “In my opinion, there has been a decrease in callers seeking to speak directly with a crisis worker for behavioral health support as calls are mostly in context of assessing for imminent assessment of safety and higher level of care versus a supportive role. Additional calls are information seeking (three party petitions, resources for family members).”
- “We believe it has helped screen out some of the calls that did not require direct contact or referral for county program services.”
- “We are receiving more crisis calls from our community members, which allows us to more readily follow up with them to offer mental health support and resources. Prior to 988, community members may have called various other county, state, and out of state agencies, which made follow up difficult given we were unaware of those calls.”

MOBILE RESPONSE SERVICES QUESTIONS AND RESULTS

In 2022, did your county provide either county housed or contracted mobile crisis response?

Response	Number of Counties	Percent of Counties
Yes	64	94%
No	4	6%

Did your county in 2022 provide 24/7 mobile response; whether entirely through your county, entirely contracted, or a mix of county and contracted?

Response	Number of Counties	Percent of Counties
Yes	40	63%
No	24	37%

In 2022, did your county provide mobile crisis services housed at the county (non-contracted)?

Response	Number of Counties	Percent of Counties
Yes	52	76%
No	16	24%

In 2022, did your county contract with an outside organization to provide mobile crisis response?

Response	Number of Counties	Percent of Counties
Yes	25	37%
No	43	63%

In 2022, were there types of locations within your county service area that your county (non-contracted) mobile crisis team would not respond? (Example: jails, hospitals, etc.)

Response	Number of Counties	Percent of Counties
Yes	18	35%
No	34	65%

Comments:

- "Jail as we do not have a contract with the jail"
- "Nursing homes"
- "Generally speaking, no face-to-face assessments occurred in the consumers' homes. Very rarely did we assess in the home environment for a formal mobile crisis response."

Did your county (non-contracted) mobile crisis team respond to all requested geographic areas within your service area in 2022? If no, please describe.

Response	Number of Counties	Percent of Counties
Yes	45	87%
No	7	13%

Comments:

- "Due to the large physical size of the county and small number of crisis staff mobile response to the northern part of the county is not practical."
- "While we served consumers throughout the entire agency, we did not respond to home or community locations. All individuals requiring mobile response were transported to hospital, Justice Center, or police station for mobile assessment."

2018 data point of comparison: Does your mobile crisis team respond to all areas within your county service area?

Response	Number of Counties	Percent of Counties
Yes	58	84%
No	11	16%

During 2022, when law enforcement was not the referral source for a county (non-contracted) crisis mobile response, were there situations in which the response team would ask law enforcement to accompany the intervention?

Response	Number of Counties	Percent of Counties
Yes	44	85%
No	8	15%

Comments:

- “Responders request law enforcement support when responding in the community, unless it is to a location with other professionals to ensure safety. Law enforcement is also needed anytime an emergency detention is requested.”
- “Private residence or location in the community where mobile worker would be alone with client.”
- “Law enforcement requested for safety concerns (weapons, persons walking in traffic, violence, etc.) and Ch. 51 evaluations. [Name of county redacted] also operates co-response teams with law enforcement agencies within our county that may respond from various referral sources contacting the crisis line.”
- “Staff will not respond to residence or another location without law enforcement. All assessments are completed at the sheriff's dept or local emergency rooms.”

2018 data point of comparison: Are there situations in which your crisis program staff will provide mobile response without law enforcement on the scene?

Response	Number of Counties	Percent of Counties
Yes	52	75%
No	17	25%

For each of the contracted crisis mobile response organizations, did the mobile response team respond to all requested geographic areas within your service area during 2022?

Of the 25 counties that contracted with a crisis mobile response organization, there were nine unique providers. The no response is a county contract with a crisis mobile response agency that only serves jails.

Response	Number of Counties	Percent of Counties
Yes	8	89%
No	1	11%

During 2022, when law enforcement was not the referral source for your contracted organization’s crisis mobile response, were there situations in which the response team would ask law enforcement to accompany the intervention?

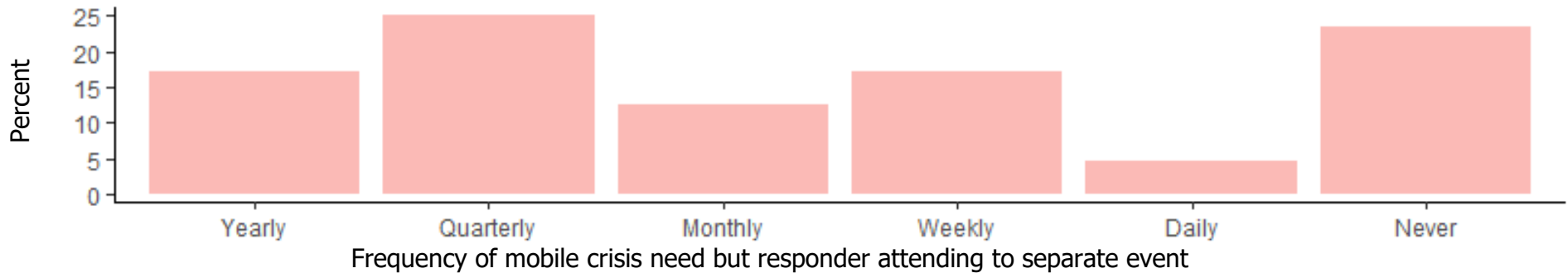
Of the 25 counties that contracted with a crisis mobile response organization, there were nine unique providers.

Response	Number of Counties	Percent of Counties
Yes	9	100%
No	0	0

In 2022, estimate how often a mobile crisis need existed but the mobile crisis responder was attending to a separate event?

Response	Number of Counties	Percent of Counties
Yearly	11	17%
Quarterly	16	25%
Monthly	8	13%
Weekly	11	17%
Daily	3	5%
Never	15	23%

Distribution of mobile crisis need but responder attending to separate event during 2022



Comments:

- "Only a few times did this occur and generally was able to be attended to by the same worker as first situation resolved."
- "Rarely, but more than 1x/ year. Typically, this happens in afterhours situation when only one staff is assigned to the shift."
- "Averaged approximately 8 or more events per day of mobile responding. More likely late morning into 2nd shift is more likely to be in backed up."

In 2022, what happened when a mobile crisis response need existed, but the mobile responder was attending to a separate event?

Response	Number of Counties	Percent of Counties
Prioritization and start a cue	35	55%
Contact non-scheduled staff to respond	29	45%
Stabilize subject in other manner until crisis mobile becomes available	23	36%
Contact law enforcement	19	30%
Other	18	28%
Contact another crisis mobile response unit (different county, contracted agency)	2	3%

Comments:

- "Outcome determined by call center."
- "The mobile crisis team will reach out to the co-responder teams near the location the consumer is in to see if they have the capacity to respond. If that is not possible, and there is imminent risk present- the last resort is to call law enforcement for support."
- "Request the assistance of another crisis worker on the county crisis team or the supervisor."

Identify if a specialized/unique crisis mobile response was implemented for the following populations in 2022 (or select the "None" option if appropriate).

Response	Number of Counties	Percent of Counties
None	40	63%
Criminal justice involved, juvenile detention	9	14%
Substance-use disorder	9	14%
Dementia	8	13%
Family care member	8	13%
Youth	7	11%
Developmental disability	6	9%
Non-English or limited English proficient speaker	6	9%
Other	6	9%
Enrolled in another county service (example: CCS)	5	8%
Homeless	5	8%
Intoxication	5	8%

You identified that your county provided a specialized/unique crisis mobile response for youth and/or families in 2022. Please describe the specialized/unique response.

- “Coordinated with child welfare/youth justice staff when child was placed out of home.”
- “High utilizing families and those for risk of state hospital or out of home placements were connected to a mobile responder outside of normal response to help engage in services and for increased continuity of care. Hours of operation were 5 to 9pm Monday - Friday. This person is also able to spend the entire period of time without getting called away.”
- “[Name of county redacted] crisis mobile includes youth specialists (children's mobile crisis) who focus on individuals 17yrs old and under.”
- “In August 2022, [Name of county redacted] started to incorporate a youth peer support specialist into mobile response and follow-up.”

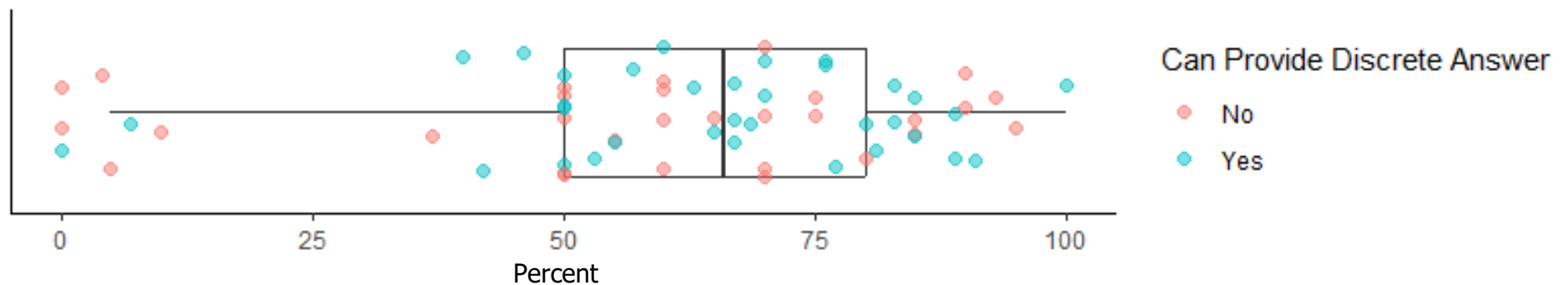
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all mobile crisis responses completed in 2022, what percent did not require a higher level of care?"

Response	Number of Counties	Percent of Counties
Yes	34	53%
No	30	47%

Of all mobile crisis responses completed in 2022, what percent did not require a higher level of care?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	50	61	66	80	100

Distribution of mobile response that did not require higher level of care during 2022



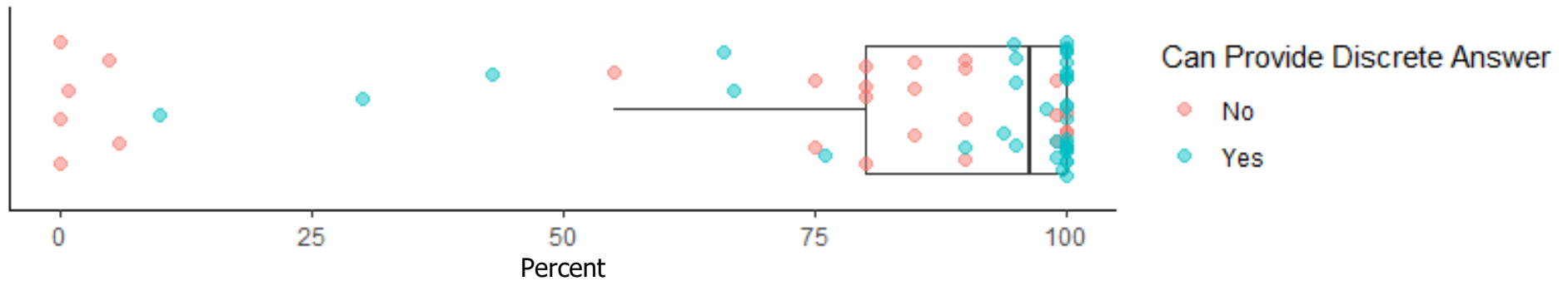
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all mobile crisis responses completed in 2022, what percent of individuals received a follow-up contact?"

Response	Number of Counties	Percent of Counties
Yes	38	59%
No	26	41%

Of all mobile crisis responses completed in 2022, what percent of individuals received a follow-up contact?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	80	81	97	100	100

Distribution of mobile response follow-up contacts during 2022



2018 data point of comparison: Select the option that describes the circumstances in which follow-up is provided to a mobile crisis contact.

Response	Number of Counties	Percent of Counties
Only selected contacts receive follow-up	21	30%
All contacts	48	70%

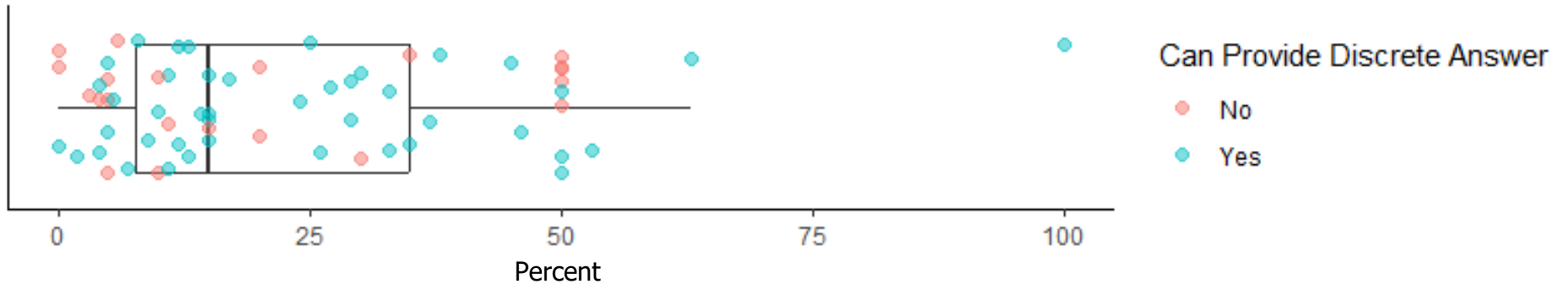
For the following question, my county collects the information and can provide a discrete numeric answer: "Of all mobile responses completed in 2022, what percent resulted in emergency detentions?"

Response	Number of Counties	Percent of Counties
Yes	43	63%
No	21	31%

Of all mobile crisis responses completed in 2022, what percent resulted in emergency detentions?

Minimum	First quartile	Median	Mean	Third quartile	Maximum
0	8	15	23	35	100

Distribution of mobile response resulting in emergency detentions during 2022



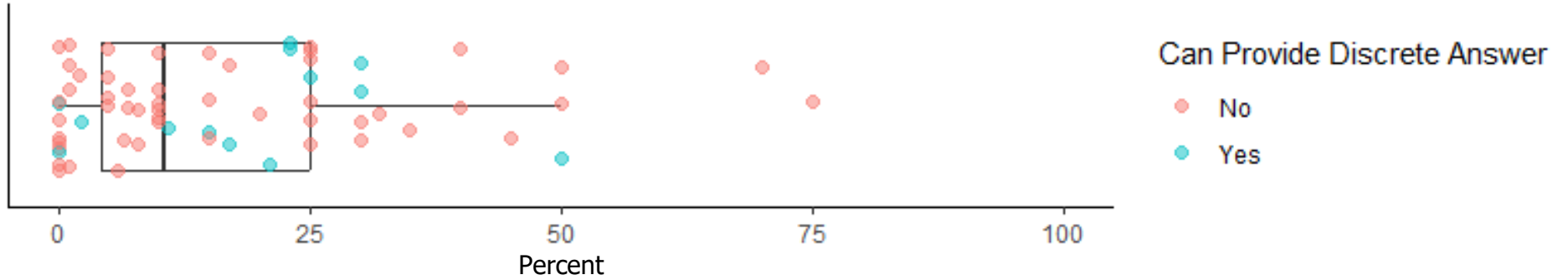
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all mobile crisis responses completed in 2022, what percent were already connected with county mental health services (CCS, CST, CSP)?"

Response	Number of Counties	Percent of Counties
Yes	13	20%
No	51	80%

Of all mobile crisis responses completed in 2022, what percent were already connected with county mental health services (CCS, CST, CSP)?"

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	4	11	17	25	75

Distribution of mobile response already connected with county mental health services (CCS, CST, CSP) during 2022



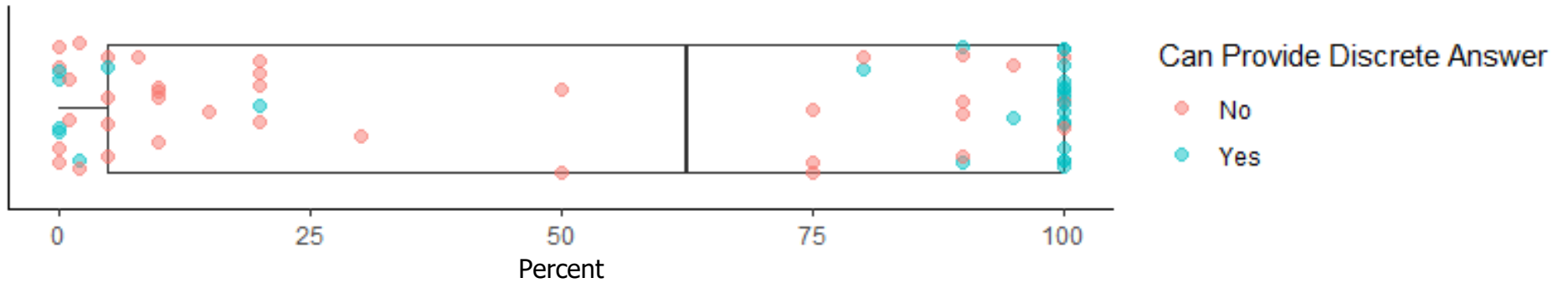
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all mobile crisis responses that occurred in 2022, where law enforcement was not the referrals source, what percent requested that law enforcement accompany the intervention?"

Response	Number of Counties	Percent of Counties
Yes	27	42%
No	37	58%

Of all mobile crisis responses that occurred in 2022, where law enforcement was not the referral source, what percent requested that law enforcement accompany the intervention?

Minimum	First quartile	Median	Mean	Third quartile	Maximum
0	5	52	63	100	100

Distribution of mobile response requesting law enforcement accompaniment during 2022



CRISIS STABILIZATION SERVICES QUESTIONS AND RESULTS

Did your county, in 2022, contract with an outside organization to provide crisis stabilization services/bed for adults?

Response	Number of Counties	Percent of Counties
Yes	46	68%
No	22	32%

In 2022, did your county provide in-home stabilization services specific to youth and family?

Response	Number of Counties	Percent of Counties
Yes	14	21%
No	54	79%

Comments:

- “[Name of county redacted] has an internal Intensive Outpatient Family Therapy Program. These staff are licensed clinicians that can provide in-home crisis stabilization services to families that they work with when needed.”
- “Staff provide crisis intervention and in-home safety planning to prevent out of home placements.”
- “We are aware of some stabilization facilities if needed. We are successful in safety planning with family/friends most of the time as an alternative to stabilization services/beds.”

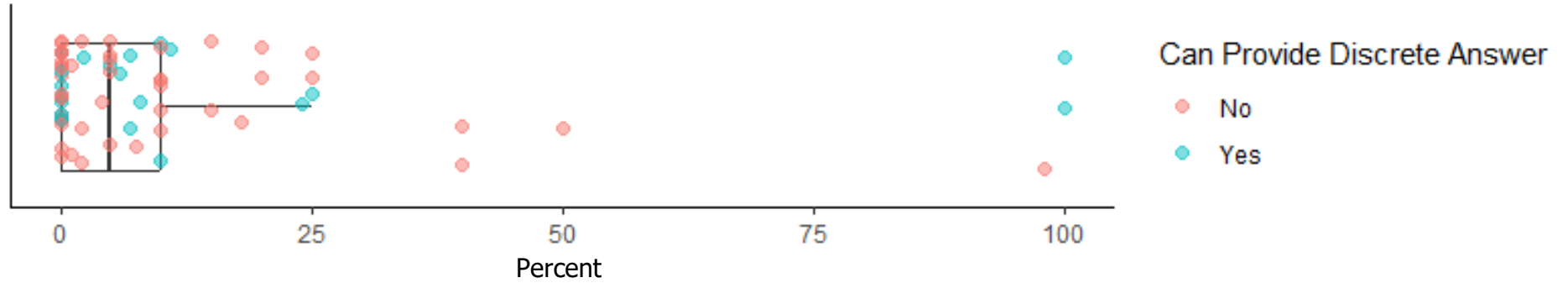
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all crisis stabilizations completed in 2022, what percent were hospitalized (voluntary or involuntary)?"

Response	Number of Counties	Percent of Counties
Yes	22	32%
No	46	68%

Of all crisis stabilizations completed in 2022, what percent were hospitalized (voluntary or involuntary)?

Minimum	First quartile	Median	Mean	Third quartile	Maximum
0	0	5	12	10	100

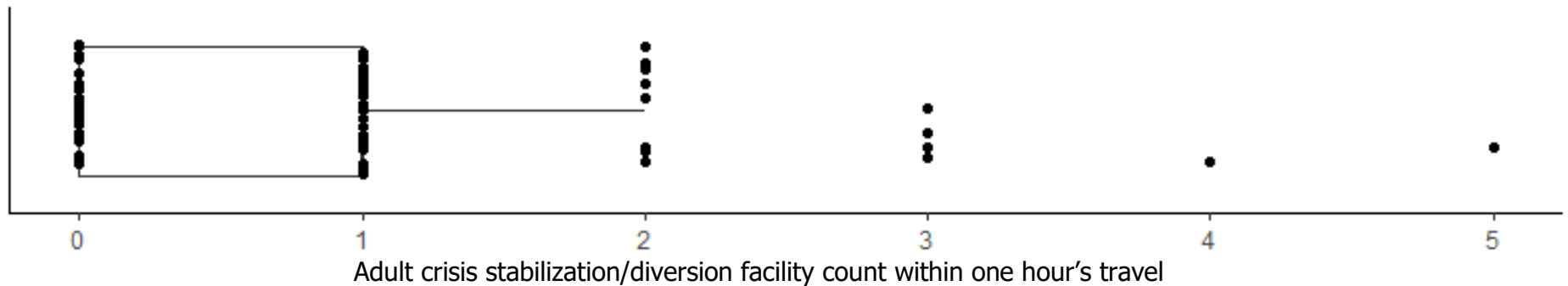
Distribution of crisis stabilization into hospitalizations during 2022



How many adult crisis stabilization or diversion facilities did your county have reasonable access to in 2022? (Reasonable defined as within one hour's travel).

Minimum	First quartile	Median	Mean	Third quartile	Maximum
0	0	2	5	7	35

Distribution of adult crisis stabilization/diversion facilities within one hour's travel from county during 2022



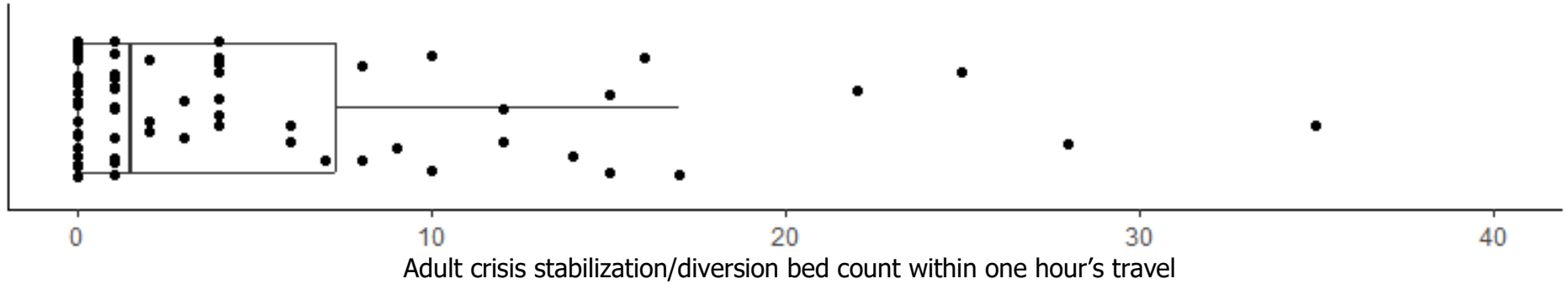
Comment:

- "Three bed facility available but not open due to staffing issues."

How many adult crisis stabilization or diversion beds did your county have reasonable access to in 2022?
 (Reasonable defined as within one hour's travel).

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	52	73	95	100

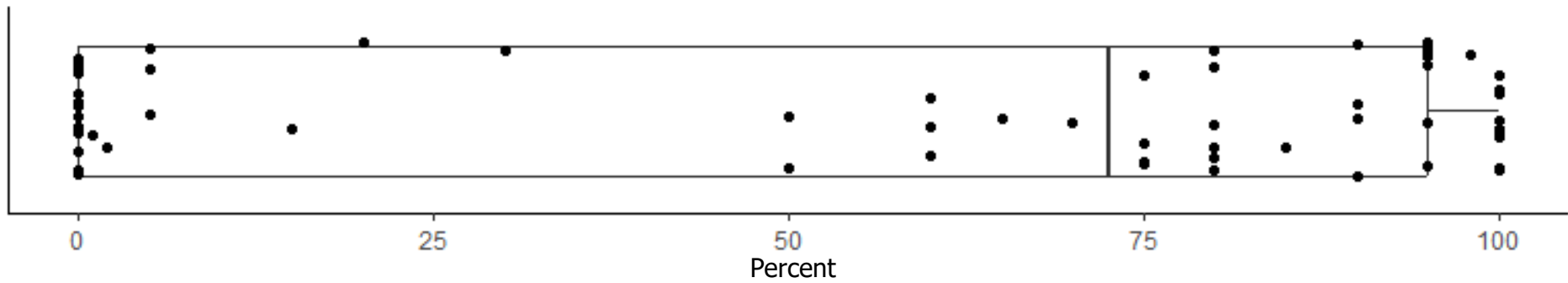
Distribution of adult crisis stabilization/diversion beds within one hour's travel from county during 2022



During 2022, when an adult crisis stabilization bed was needed, estimate the frequency, as a percent, that a bed was available.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	52	73	95	100

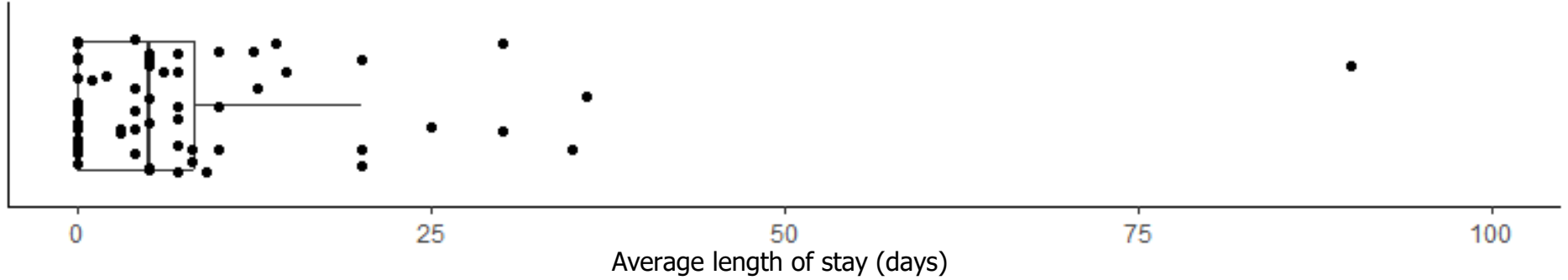
Distribution of estimated adult crisis stabilization/diversion bed availability when needed during 2022



In 2022, what was the average length of stay (in days) for adults in crisis stabilization facilities?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	5	8	8	90

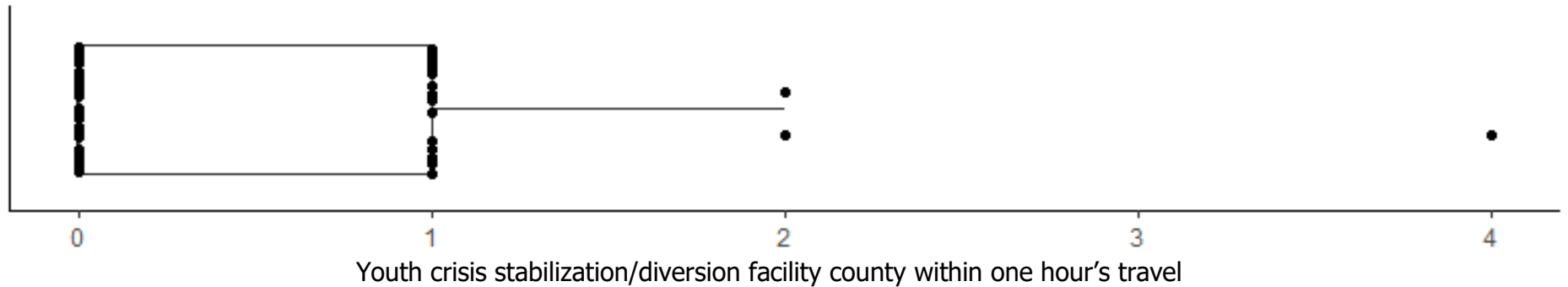
Distribution of average adult length of stay in stabilization facility during 2022



How many youth crisis stabilization or diversion facilities did your county have reasonable access to in 2022? (Reasonable defined as within one hour's travel).

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	5	8	8	90

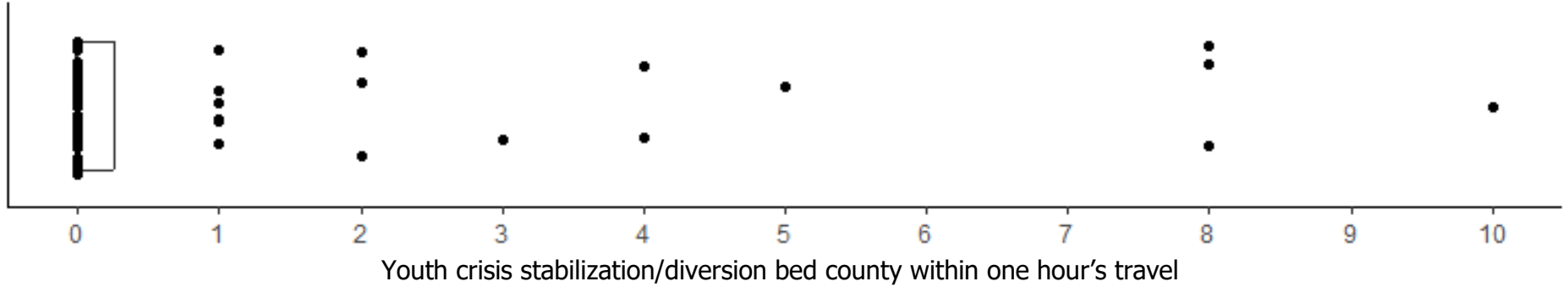
Distribution of youth crisis stabilization/diversion facilities within one hour's travel from county during 2022



How many youth crisis stabilization or diversion beds did your county have reasonable access to in 2022?
 (Reasonable defined as within one hour's travel).

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	0	0	10

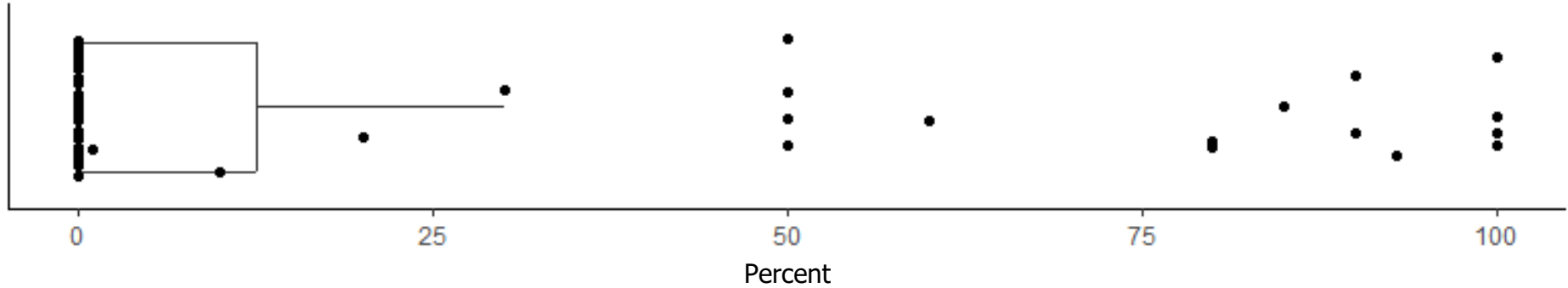
Distribution of youth crisis stabilization/diversion beds within one hour's travel from county during 2022



During 2022, when a youth crisis stabilization bed was needed, estimate the frequency, as a percent, that a bed was available.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	18	13	100

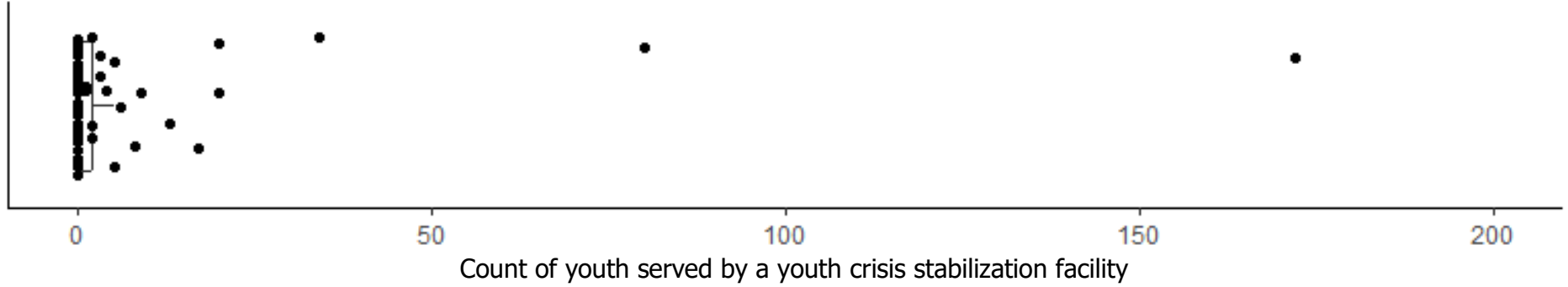
Distribution of estimated youth crisis stabilization/diversion bed availability when needed during 2022



During 2022, how many youth were served by a youth crisis stabilization facility?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	6	2	172

Distribution of youth served by a youth crisis stabilization facility during 2022



With in-home stabilizations for youth and families during 2022, estimate the average duration (in days) that those service were in place. County responses for duration of in-home stabilization for youth and families during 2022 were limited in sample size and variable. A numeric summary across the state was not provided due to the limitations.

Comments:

- "We don't have this data."
- "Services are entered based on the length of the phone call. Average call is 30 minutes."
- "Family mobile team is present only long enough to stabilize the situation at hand."

EMERGENCY DETENTIONS QUESTIONS AND RESULTS

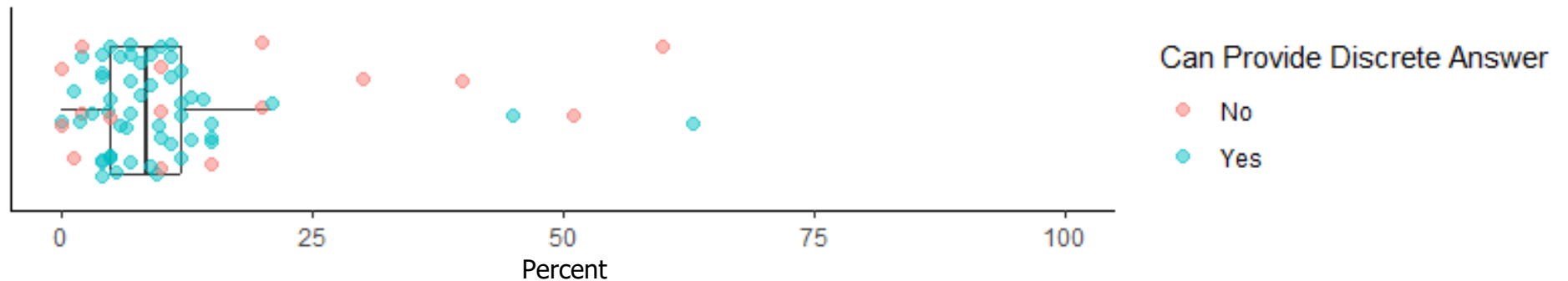
For the following question, my county collects the information and can provide a discrete numeric answer, "Of all crisis intervention types (calls and mobile responses) completed in 2022, what percent results in emergency detentions?"

Response	Number of Counties	Percent of Counties
Yes	52	76%
No	16	24%

Of all crisis intervention types (calls and mobile responses) completed in 2022, what percent resulted in emergency detentions?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	5	9	12	12	63

Distribution of all crisis intervention types into emergency detentions during 2022



In 2022, when possible given the crisis circumstances prior to an emergency detention, did your county require an in-person, face-to-face evaluation?

Response	Number of Counties	Percent of Counties
Yes	37	54%
No	31	46%

Comments:

- "Best practice is face to face and we strive for that but there are a variety of reasons why that may not occur (law enforcement may request a phone intervention to prevent delays in hospitalization, 51.45s, or definitive hospitalization outcome."
- "Face to face is always recommended but due to staffing not mandated."
- "Not required but highly recommended. Developed a law enforcement dedicated Zoom link to increase face to face assessments regardless of day or time."

- “We provide face-to-face assessment in each case.”

BEST PRACTICES QUESTIONS AND RESULTS

In 2022, did your county have a policy to manage crisis events for persons with substance-use needs?

Response	Number of Counties	Percent of Counties
Yes	45	66%
No	23	34%

2018 data point of comparison: Do you have a policy to manage crisis needs for people who have substance use challenges?

Response	Number of Counties	Percent of Counties
Yes	40	58%
No	26	38%
Blank	3	4%

During 2022, did your county have resources for follow-up for persons with substance use needs?

Response	Number of Counties	Percent of Counties
Yes	66	97%
No	2	3%

2018 data point of comparison: Does your community have resources for follow-up for people who have substance use needs?

Response	Number of Counties	Percent of Counties
Yes	68	99%
No	1	1%

What county resources were offered for persons with substance-use needs during 2022?

Response	Number of Counties	Percent of Counties
Substance use disorder counselor(s)	61	92%
Detox	49	74%
Residential Program(s)	46	70%
Intensive outpatient program	34	52%
Other	23	35%

Would you consider the substance-use resources offered through your crisis program, during 2022, to be reasonably accessible?

Response	Number of Counties	Percent of Counties
Yes	43	65%
No	23	35%

Comments:

- "We currently have high accessibility, but due to staffing shortages there was a period of time where accessibility was low."
- "Inpatient beds now have a wait of 2 to 8 weeks. In previous years, folks could access inpatient within the week."
- "Access to services that accept MA funding is diminishing creating a waitlist for individuals to get services."

Is your crisis program trained in opioid overdose prevention, recognition, response, and exposure?

Response	Number of Counties	Percent of Counties
Yes	40	59%
No	28	41%

2018 data point of comparison: Is your crisis program trained in opioid overdose prevention, recognition, and response?

Response	Number of Counties	Percent of Counties
Yes	40	59%
No	28	41%

Did your crisis program use or distribute NARCAN® in 2022?

Response	Number of Counties	Percent of Counties
Yes	19	28%
No	49	72%

Comments:

- "Our law enforcement carries NARCAN®."
- "NARCAN® is distributed by our agency, including our crisis program."
- "We are trained but did not have to use or distribute."

2018 data point of comparison: Does your crisis program use or distribute NARCAN®?

Response	Number of Counties	Percent of Counties
Yes	14	10%
No	55	80%

Which peer supports did you use in your county crisis services (calls, mobile response, crisis stabilizations) during 2022?

Response	Number of Counties	Percent of Counties
None	48	71%
Certified peer support specialists	13	19%
Recovery coaches	10	15%
Non-certified peer supports	5	7%
Certified parent peer supports	1	1%

2018 data point of comparison: Which peer support do you use in crisis services?

Response	Number of Counties	Percent of Counties
None	58	84%
Certified peer support specialists	9	13%
Recovery coaches	2	3%
Non-certified peer supports	5	7%
Certified parent peer supports	0	0

In 2022, did your county crisis program have a policy to manage crisis needs for persons with dementia?

Response	Number of Counties	Percent of Counties
Yes	36	53%
No	32	47%

Comments

- “Included in our general crisis policy to take measures when dementia is known or evident.”
- “Crisis evaluation for triage of referral to APS/ADRC for linkage and coordination.”
- “Not specifically. We coordinate with our ADRC for services and follow up with consumer and family.”

2018 data point of comparison: Do you have a policy to manage crisis needs for persons who have dementia?

Response	Number of Counties	Percent of Counties
Yes	38	55%
No	31	45%

In 2022, did your county crisis program have a designated protective placement facility for persons with dementia?

Response	Number of Counties	Percent of Counties
Yes	25	37%
No	35	63%

2018 data point of comparison: Does your county have an emergency protective placement facility for people with dementia?

Response	Number of Counties	Percent of Counties
Yes	29	42%
No	40	58%

Were there resources in your community for persons with dementia, who were in crisis, during 2022?

Response	Number of Counties	Percent of Counties
Yes	30	44%
No	38	56%

Comments

- “There is a dementia specialist position within APS who is available to help community providers and natural supports with resource connection and support for individuals experiencing dementia in our community.”
- “They end up staying in hospital emergency room until APS can locate a suitable resource. This often takes quite a long time to accomplish.”
- “There are long term options, but less crisis options.”

STAFFING QUESTIONS AND RESULTS

Has there been a significant change in the structure of your crisis services since 2019? If yes, please describe.

Response	Number of Counties	Percent of Counties
Yes	34	50%
No	34	50%

Comments:

- "In 2021, [county name redacted] began to partner with law enforcement and public safety agencies to get involved sooner and understand closer to real-time when calls are occurring that may benefit from a mental health response."
- "Needed to open up to paraprofessionals, as were no longer getting bachelor's level. This induced the need to really increase training, as paraprofessional level we were finding less success with clinical capability and other skills."
- "We have added an embedded co-responder. We have also integrated our BH/SUD intake processes into our crisis services array so that individuals calling for services get a live response every time. The focus is on access to care, while providing bridging services such as case management and psychiatry while an individual is linking to long term care."
- "Since 2019 crisis has added three mental health specialists, two of which are full time, working primarily with [police department name redacted] to provide co-response, the third is a half time position focusing on youth who have been involved with crisis and preventing the need for future crisis interventions. Two additional full-time social workers were hired in 2022 to help expand co-response and continue with the growing needs of the crisis unit."
- "We have reduced in-person crisis intervention services to those who present to our agency during business hours."
- "In 2022, received variance to provide mobile response via telehealth."
- "We have organizationally created a legal case manager role that handles crisis during the day as well as linkage and follow-up with APS responsibilities. So we now have a bigger pool of workers that can respond to both."

During 2022, did staffing shortages impact crisis service provision in your county?

Response	Number of Counties	Percent of Counties
Yes	45	66%
No	23	34%

Which crisis positions were affected by staffing shortages during 2022?

Comment:

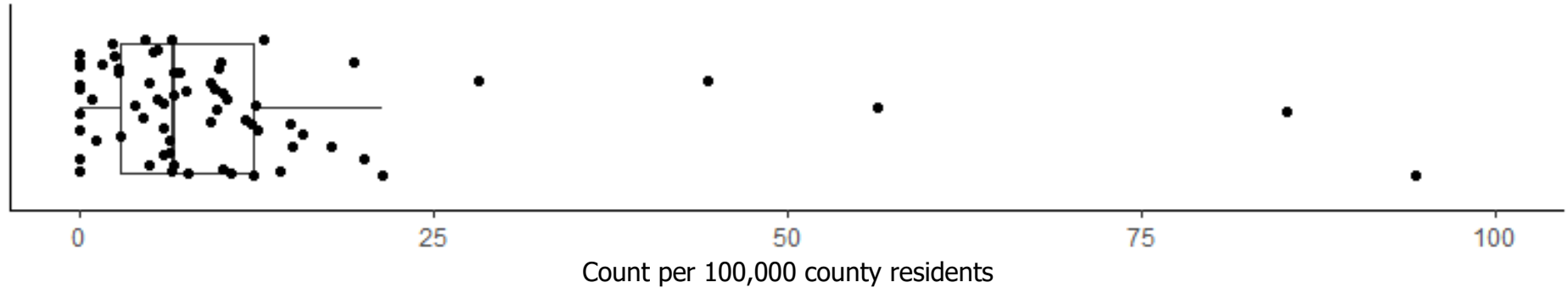
"It has been very difficult to recruit crisis workers."

During 2022, how many FTEs (total) were funded for your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
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0	1	4	7	7	85
During 2022, how many FTEs (total) were funded for your county crisis program (per 100,000 residents)?					
Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	3	7	11	12	94

Distribution of funded crisis FTEs for county programs per 100,000 county residents during 2022



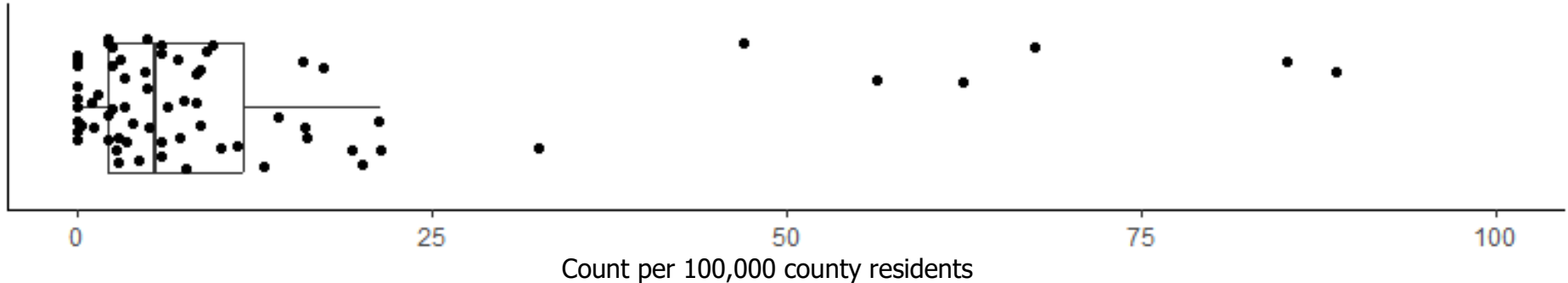
During 2022, how many bachelor's level staff positions were funded for your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	2	5	12	12	89

During 2022, how many bachelor's level staff positions were funded for your county crisis program (per 100,000 residents)?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	2	4	3	60

Distribution of funded bachelor's level staff for county crisis programs per 100,000 county residents during 2022



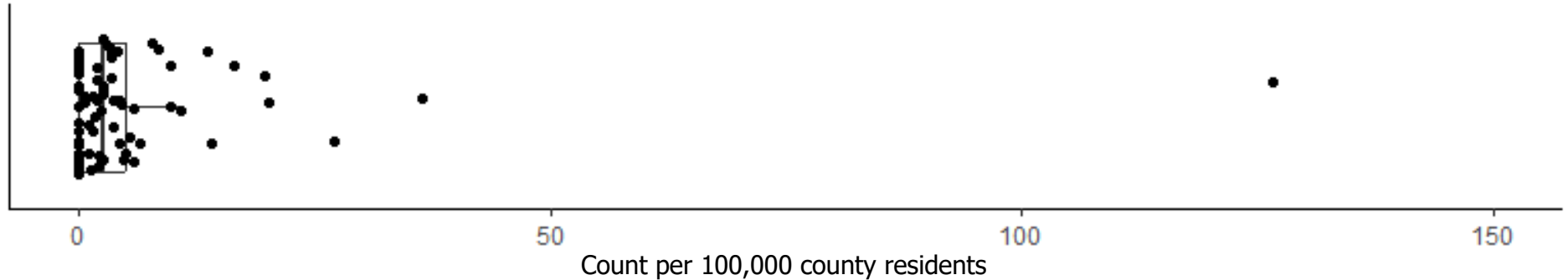
During 2022, how many master's level staff positions were funded for your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	2	6	5	127

During 2022, how many master's level staff positions were funded for your county crisis program (per 100,000 residents)?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	2	6	5	127

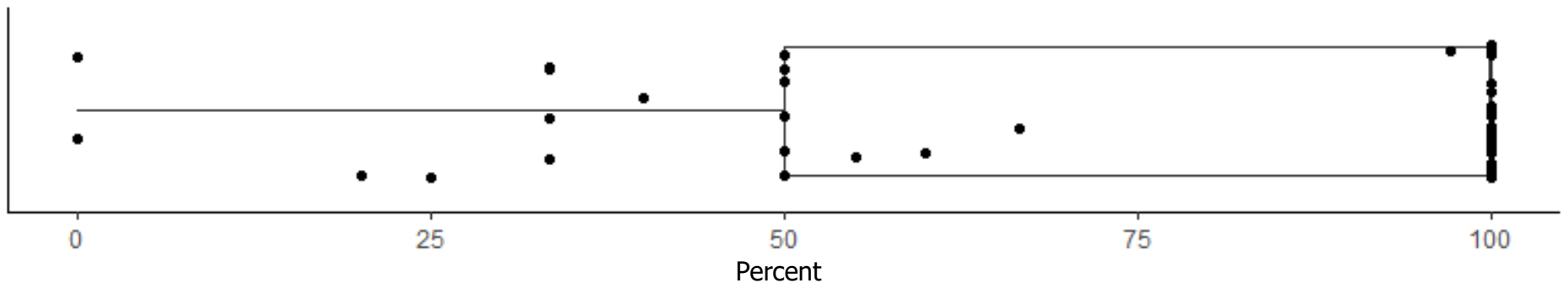
Distribution of funded master's level staff for county crisis programs per 100,000 county residents during 2022



During 2022, how many of the master's level staff were licensed under DHS Chapter 34 in your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	50	77	100	100	100

Distribution of master's level staff with DHS Chapter 34 license within county crisis programs during 2022



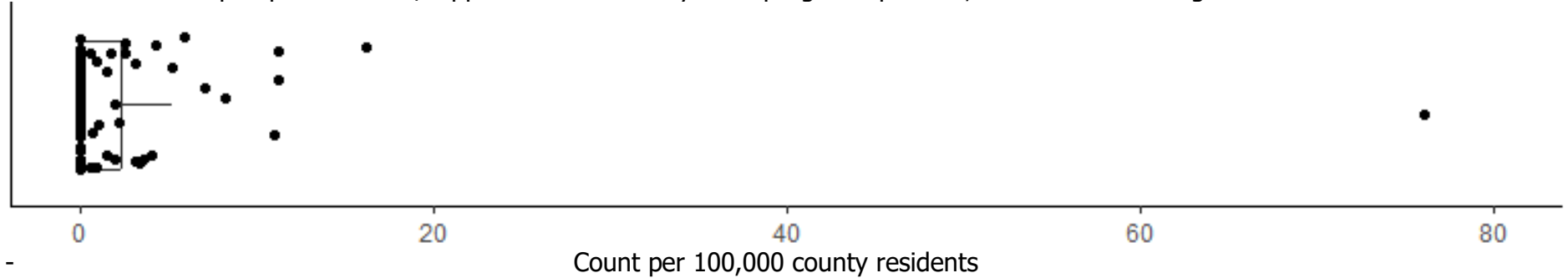
During 2022, how many paraprofessionals/support staff were funded for your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	2	1	19

During 2022, how many paraprofessionals/support staff were funded for your county crisis program (per 100,000 residents)?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	3	2	76

Distribution of funded paraprofessionals/support staff for county crisis programs per 100,000 residents during 2022



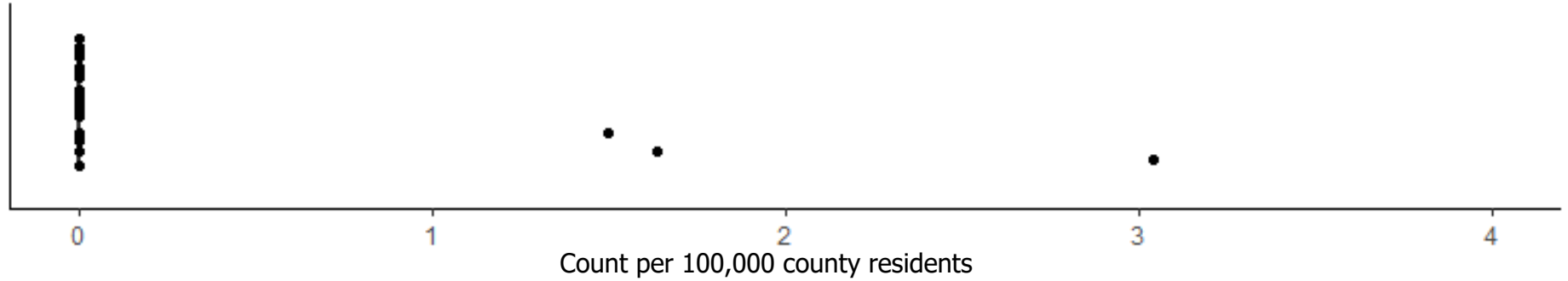
During 2022, how many crisis peer support specialists were funded for your county crisis program?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	0	0	15

During 2022, how many crisis peer support specialists were funded for your county crisis program (per 100,000 residents)?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	0	0	0	0	3

Distribution of funded crisis peer support specialists for county crisis programs per 100,000 residents during 2022



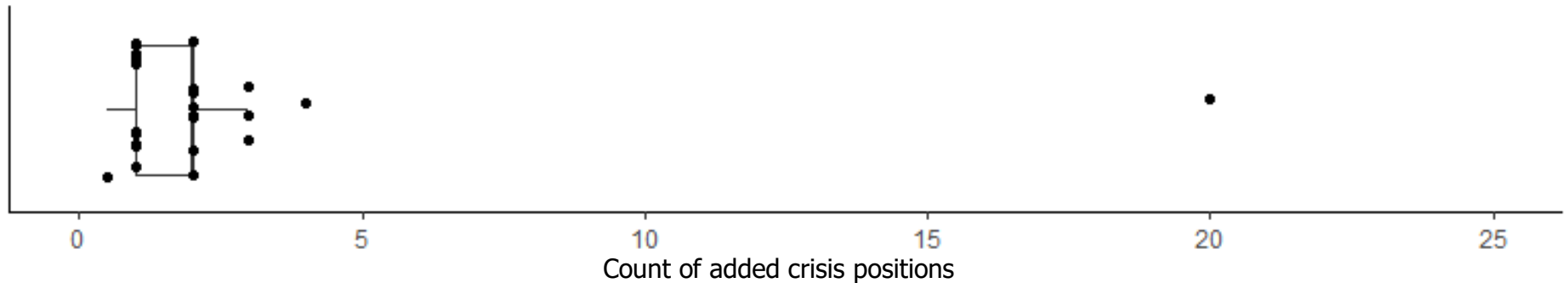
During 2022, were any crisis positions added to your county crisis program?

Response	Number of Counties	Percent of Counties
Yes	25	37%
No	43	63%

How many crisis positions were added to your county crisis program in 2022?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	1	2	2	2	20

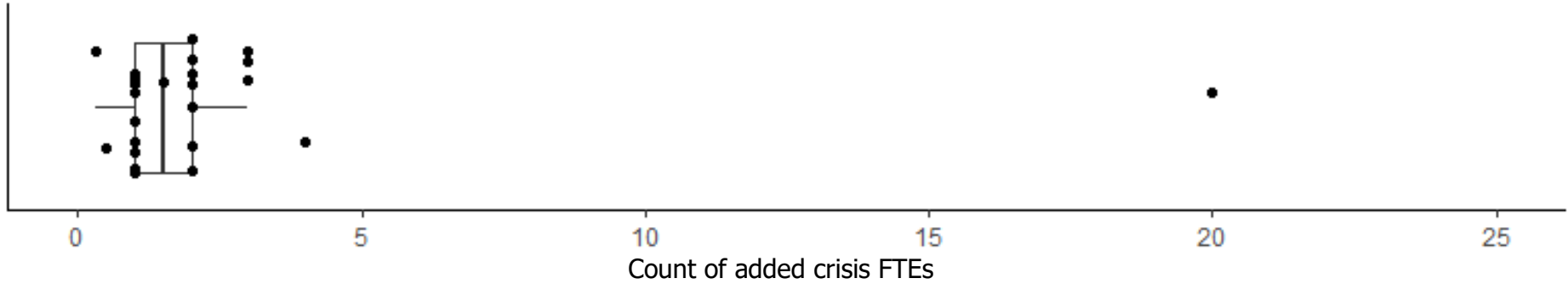
Distribution of crisis positions added to county programs during 2022



What was the FTE equivalent for the added crisis positions in your county in 2022?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	1	2	2	2	20

Distribution of crisis FTEs added to county programs during 2022



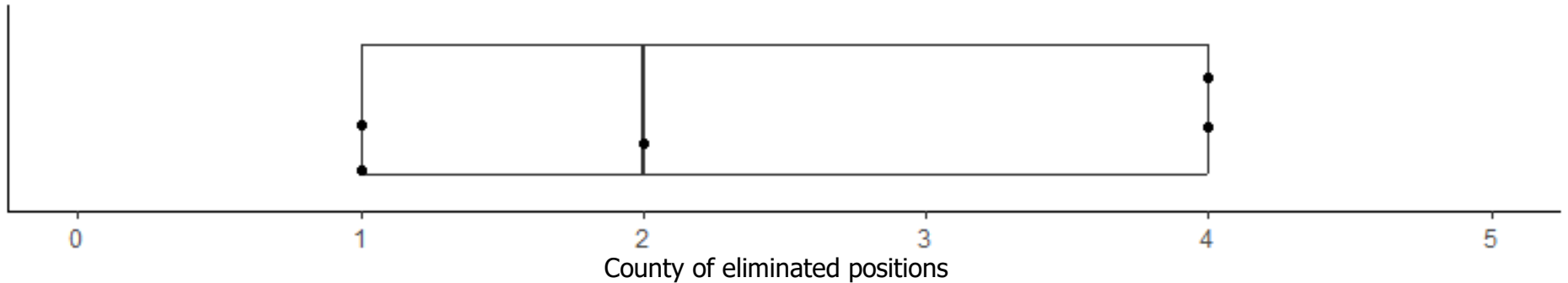
During 2022, were any crisis positions eliminated from your county crisis program?

Response	Number of Counties	Percent of Counties
Yes	5	7%
No	63	93%

How many crisis positions were eliminated in your county crisis program in 2022?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
1	1	2	2	4	4

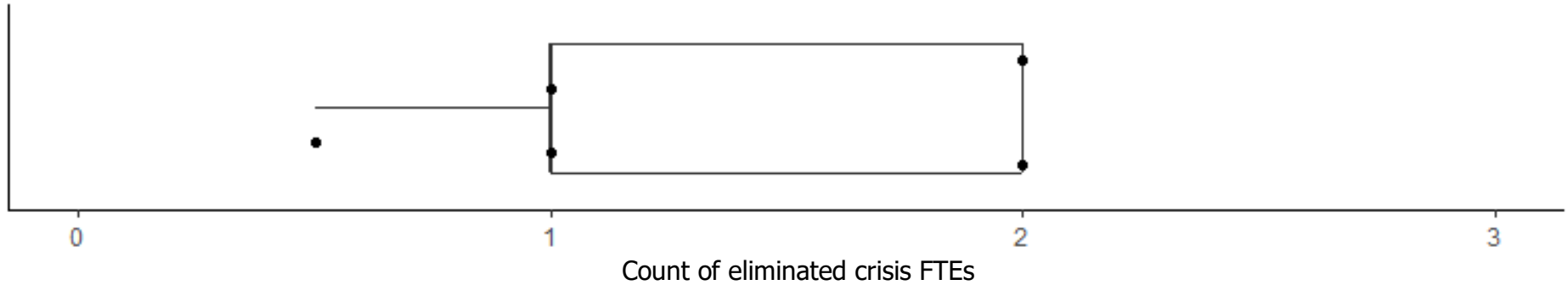
Distribution of crisis positions eliminated from county programs during 2022



What was the FTE equivalent for eliminated crisis positions in your county in 2022?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	1	1	1	2	2

Distribution of crisis FTEs eliminated from county programs during 2022



During 2022, did your county crisis program experience a vacancy/vacancies lasting more than three months?

Response	Number of Counties	Percent of Counties
Yes	38	56%
No	30	44%

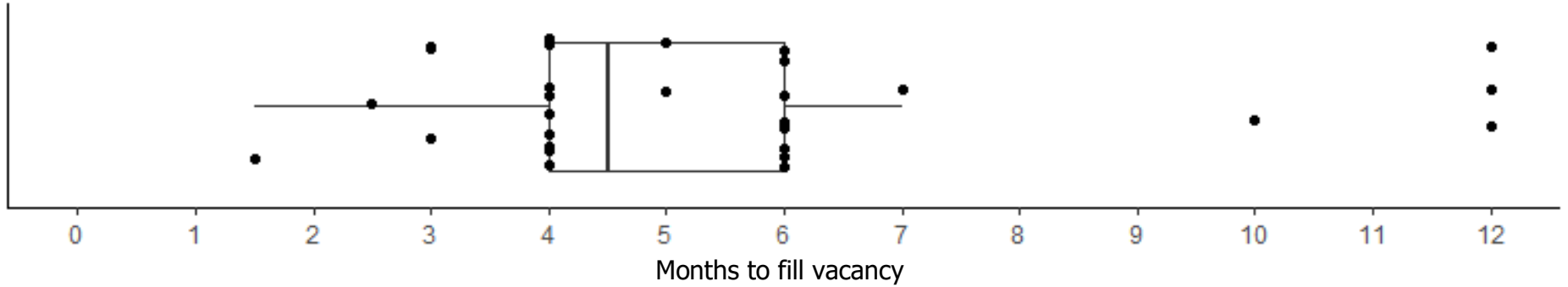
Were any of the county crisis program vacancies during 2022 filled?

Response	Number of Counties	Percent of Counties
Yes	30	79%
No	8	21%

What was the average number of months, across all positions, to fill your county crisis program vacancies that occurred in 2022?

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
2	4	5	5	6	12

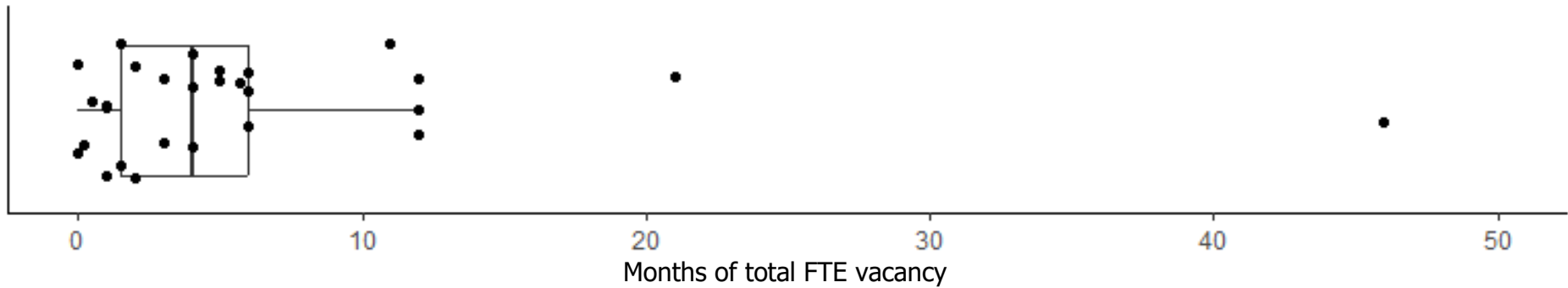
Average months to fill county crisis program vacancies during 2022



How many FTE months were vacant for your county crisis program staff in 2022? Note: One response was removed due to unique county tracking for position vacancy time.

Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
0	2	4	6	6	46

Total FTE months vacant for county crisis programs staff during 2022



In 2022, did your county crisis team include staff that were hired within a different program but allocated time for crisis service provision?

Response	Number of Counties	Percent of Counties
Yes	43	63%
No	25	37%

If applicable, what factors do you believe led to staff leaving crisis programs at your county in 2022?

Counties provided insights into staff leaving crisis programs broadly as well as specific to local experiences. Responses included:

- "High-stress work with average compensation."
- "Higher paying alternatives and business hour alternatives on weekdays to staff with relevant background/credentials."
- "It is known the [county name redacted] has lower wages and less vacation time than other surrounding counties. It has been mentioned that the wages and benefits are lower, and the caseloads are higher."
- "Ability to move to jobs in the private sector that paid more, did not require after-hours work, and offered more flexibility (work from home, flex scheduling, etc.)."
- "Staff, in general, left due to low wages, lack of time off impeding work-life balance, overwhelming caseloads, wearing too many hats, and climate of leadership at the county level."
- "Many of the staff work full-time within a different program and cover after-hours crisis. This leads to increased work-related stress and risk for burn out. There are many comparable positions that do not require on-call at other agencies."
- "Compassion fatigue and secondary traumatic stress."
- "Levels of acute cases."
- "Promotions or completing graduate school."
- "Retirement."
- "Stress of crisis work related to gaps in services, particularly in regard to complex youth and dementia. Wages and schedule have also been cited. The current job market offers many other options that don't require weekends, holidays and potential mandate into overtime."
- "Overwhelmed, burn out, own personal mental health struggles."
- "Lack of competitive pay with respect to other human services positions like CCS/CSP/CLTS."
- "Crisis ends up being responsible for all the other departments."

If applicable, what factors do you believe contributed to a lack of new staff hires/applicants for crisis programs at your county during 2022?

Counties described similar insights for a lack of new staff hires/applications as for why staff left county crisis programs. Responses included:

- "Lack of qualified individuals in the potential recruitment pool. The stress level of the job."
- "Wage, hours of the job, higher paying alternatives in other areas/programs, caregiver shortage."
- "Rurality of region."
- "Funding."
- "Small county and small qualified sample of professionals."
- "Our geography contributes to an inability to attract workers from elsewhere. Lack of affordable housing and childcare limit number of people willing/able to move here for jobs."
- "Lack of flexibility, lack of pay, poor time off, lack of available resources and interoperability between states, and tense work environment at the county level."
- "Less professionals in field."
- "Case management and therapy positions have a dual role of providing after-hour on-call crisis services while other job opportunities in the area do not require the dual role."
- "Being on call."
- "Pay, benefits, having the combination of APS and crisis."
- "We do not have any positions dedicated to crisis. Staff have left their positions in 2022 because of having to do crisis as a secondary role."

In 2022, did your county provide a training curriculum specific to crisis staff?

Response	Number of Counties	Percent of Counties
Yes	56	82%
No	12	18%

In 2022, what trainings were required of your county crisis staff that enhanced competency when providing crisis related services?

Counties across the state described a variety of trainings, educational opportunities, and focus sessions required of county crisis staff during 2022. Counties contracting for crisis intervention calls and mobile response services also detail how contractors use similar offerings.

Submissions included:

- UW-Green Bay, Behavioral Training Partnership crisis core training (3)
- Motivational interviewing (2)
- Crisis Intervention Conference
- Crisis Intervention Training
- Crisis Prevention Institute
- Specific suicide assessment
- Northwest Connections DHS 34 training
- Northwest Connections training
- Chapter 51 and 55 assessments
- Transferring documents, form review, chart audits, jail assessments
- Mental Health and Substance Use Recovery Conference
- Mental health laws and suicide assessment
- Ethics and boundaries
- Wisconsin Public Psychiatry Network Teleconference
- Comprehensive Community Services/crisis
- DHS Chapter 34 de-escalation
- Columbia Suicide Severity Rating Scale
- Assessing and navigating suicide risk
- Dialectical Behavioral Therapy skills training
- Police, Treatment, and Community Collaborative – skills training
- Staff safety training
- Overdose, prevention, and response
 - NARCAN® use
 - Collaboration with law enforcement
 - Substance use
- Collaborative Assessment and Management of Suicidality
- Suicide risk assessment
- Counseling Against Lethal Means
- Professional Education Systems Institute
- Racial equity series
- First episode psychosis training
- Secondary trauma
- Client rights
- Co-occurring disorders
- Equity and diversity
- Dementia
- Critical incident training (with law enforcement)
- Trauma-informed care
- Cultural competency training
- Health Insurance Portability and Accountability Act