

2024 Crisis Workgroup Recommendations

The Wisconsin Department of Health Services (DHS) organized a crisis workgroup in 2024 to:

- Inform participants of crisis data trends and proposed projects.
- Inform DHS on community crisis trends and needs.
- Provide feedback on projects and priorities to further enhance the crisis system.
- Share the DHS vision and project information within the networks of the participants.

The crisis workgroup included representatives from all parts of the crisis system, including from county health and human services agencies, crisis services providers, law enforcement agencies, and Tribal nations. Participants also included a representative from NAMI Wisconsin and the Wisconsin Hospital Association. People with lived experience with crisis services were included in all meetings.

A total of 86 recommendations for crisis system improvements were compiled and ranked before being discussed and considered for an impact matrix, a tool to help prioritize items based on their potential effect and the effort required to implement them. Forty-eight top priorities were placed in the impact matrix.

The items placed in the impact matrix were organized into top areas and ranked based on high effort/high impact and low effort/high impact categories.

Recommendations for each subject area:

988 Suicide & Crisis Lifeline

High effort/high impact:

- Create a statewide database across all counties with Wis. Stat. ch. 51 and Wis. Stat. ch. 55 status, crisis plans (similar to eWiSACWIS).
- Build confidence in transferring calls from 911 and 988, moving towards interoperability.

Low effort/high impact:

- Develop clear roles and responsibilities for 988, county crisis programs, and contracted vendors.

County crisis lines

Low effort/high impact:

Set expectations for professionals and consumers about the services provided by a county crisis line, how to use one, and what outcomes can be expected.

Mobile crisis services

High effort/high impact:

- Focus on creating preventive, proactive mobile crisis to assist persons clinically, beyond emergency detentions assessment, and having these available 24/7/365 uniformly across the state (need to recognize unique challenges of different types of models/systems to get to this goal).
- Find ways to minimize law enforcement involvement and time during crisis events.

Low effort/high impact:

Assess Winnebago County's model for changing how dispatch occurs and identify strengths and needs with this change. Increase partnerships between law enforcement, emergency medical services, and county crisis staff.

Youth crisis services

High effort/high impact:

- Create more crisis services for youth with autism, co-occurring needs, intellectual and development disabilities/developmental disabilities, youth with aggression, youth justice needs.
- Increase community-based services specific for this population.
- Improve workforce for those working in youth crisis.
- Increase psychiatric emergency care options specializing in serving youth.
- Create more options upstream for youth.

Low effort/high impact:
Transportation options to stabilization.

Crisis stabilization

High effort/high impact:

- Address barriers and system change options for regionalized stabilization, including jurisdictional challenges.
- Set sustainable reimbursement rates for crisis stabilization facilities.
- Develop and open additional regional crisis stabilization facilities.
- Help for the unhoused population, especially aftercare.
- Help for people with withdrawal management needs.
- Identify additional transportation options that are quick and Medicaid funded.

Peer role in crisis

Low effort/high impact:

- Define the peer role and prevent role drift/confusion.
- Provide education about peer roles, including technical assistance with an employer toolkit.
- Provide technical assistance to counties about how to fund peer positions.
- Engage peers, especially in follow-up and linkage to local resources.

Data collection and use

High effort/high impact:

- Develop a centralized depository/health information exchange (Care Connect, Wisconsin Health Information Network) to have availability of meaningful clinical data, including crisis plans, legal status, and previous service, at the point of crisis care to fully inform the interventions and provide the highest level of care.
- Provide clinical information to support cross system collaboration/planning for higher needs community members that are using multiple services or systems.
- Collect data that tracks outcomes to know the impact of crisis services and investments being made and the number of civil commitments.

Low effort/high impact:

- Foster a sense of support and hope for the individual in crisis by having information move with them through the care components of the crisis system.
- Communicate to the community partners involved in the care about safety plans and follow-up care.

Financial structure for sustainability and growth

High effort/high impact:

- Provide full state funding for crisis services.
- Establish long-term state funding for crisis urgent care and observation facilities.
- Assess and simplify Medicaid crisis billing structure: Wisconsin Medicaid Cost Reporting (WIMCR) and cost reconciliation.
- Pay services with Medicaid at cost instead of rate setting.
- Increase sustainable rate for crisis stabilization facilities.
- Investigate obtaining consistent commercial insurance coverage.
- Secure sustainable funding for the 988 Suicide & Crisis Lifeline.
- Elevate the profession/enhance pay.
- Determine if Certified Community Behavioral Health Clinics (CCBHC) are a model that can be used in Wisconsin (requires statutory change, certification process, and funding).

Legislative structure for crisis support

High effort/high impact:

- Operationalize urgent care and observation facilities.
- Explore legislation or ways to promote parity and enhance private insurance coverage of crisis services.
- Decrease required law involvement with crisis response, including expanded authorization of emergency detentions to specific clinical provider types (designated initiators)
- Expand beyond counties for emergency care/backup system implementation and regionalization.

These recommendations will be considered as part of DHS decision-making on improvements to Wisconsin's crisis system. Feedback on these recommendations is welcomed. Send feedback to DHSWEBMAILDCTS@dhs.wisconsin.gov.