Who’s Crisis is it?

Learning Objectives

- Understand definition of crisis, as defined in DHS 34.
- Who owns crisis planning?
- When is it appropriate to call the county crisis program or other behavioral health resources.
- What resources are available to prevent or stabilize a crisis?

DHS 34, Wisconsin Administrative Code

- Crisis: A situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.
Two types of crisis plans:

Crisis (Safety) Response Plans
- A plan of action developed by Crisis staff in collaboration with program staff to assist the person experiencing a mental health crisis that exists up to 30 days until a full crisis plan can be developed. Ideally, the member will participate in the development of the full crisis plan.

DHS 34 Crisis Plans
- A plan prepared for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person’s individual service needs.

Notifications to the County
- Changes in a person’s psychiatric or behavioral wellness
- Moves or placements in a new county
- Out of County Placements with identified risk factors
- To request the development of Crisis Plans

Referrals to Adult Protective Services and County Crisis Programs
- Staff identifies risk factors, consults with supervisor, and follows internal processes.
- Contact county crisis program or APS to provide information and make a referral.
- An interim crisis response plan may be developed or APS may investigate.
- A DHS 34 crisis plan may be developed to prevent or address a crisis situation in the future.
- In an emergency, call 911. Ask for a crisis intervention team officer, if available.
- After an emergent situation is resolved, refer person to county crisis program.
Referral Process County Crisis

- **Call to Crisis Line**
  - Contact the county crisis program to provide information about the person, and who to include in crisis planning.

- **Crisis Planning Meeting**
  - Crisis services may facilitate the meeting with the person and their supports to develop a crisis plan.

- **Collaborate on Crisis Plan**
  - Implement the plan and support the person.

Ongoing Updates to County for Crisis Collaboration

- Changes in the person's condition
- Medication stipulations

Engaging the County to assess Suicide Risk

- Professionals trained in Suicide Risk Assessments and Screening tools are available via county human service departments.
- Treatment recommendations or a “no harm” contract are possible outcomes.
Crisis Prevention

- Planning
- Person Centered Care Plans
- Care plan updates
- Stabilization in Place
- Collaboration Across Systems
- Incident Debriefing
- No Judging
- No Blaming
- Look at Facts, give empathy
- Keeping caregivers grounded and connected
  - (Video)

Referral Process for Adult Protective Services

When a concern regarding abuse, neglect, or financial exploitation is identified, call the APS helpline in the county where the person lives.

APS will assess the referral

APS will follow up with the team

APS may also make other suggestions

ELDER ABUSE/ADULT PROTECTIVE SERVICES OVERVIEW

**ELDER ABUSE/APS**
(WI state Statutes § 46.90, 55.01)

1. Abuse
2. Financial exploitation
3. Neglect
4. Self-neglect
CARE PLAN ALTERNATIVES

Advance Directives
- Power of Attorney for Health Care
- Power of Attorney for Finance
- Or other Substitute/Supportive Decision Makers

WHEN APS/ELDER ABUSE SHOULDS BE INVOLVED:

- Report any and all incidents of actual physical abuse and sexual assaults regardless of cognitive state or condition of client in consultation with APS/EA program coordinator.
- Report all incidents of financial exploitation of a cognitively impaired adult or elder.
- Report incidents of financial exploitation for competent adults who want EA/APS intervention i.e. restraining orders, police intervention etc..., or if there are signs they seem threatened, harassed or intimidated into giving finances to another person.
- Report incidents of neglect by family caregivers/POAs/guardians that have resulted in significant harm to client who is cognitively impaired.
- Report self neglect by a competent client only after consultation with APS/EA supervisor/program coordinator. In most cases self neglect is considered a case management issue to be handled by the team.

INVESTIGATIVE PARAMETERS
It may include one or more of the following: (WI state Statutes § 46.90, 55.01)

- A Visit to residence of adult/elder at risk.
- An Observation of adult/elder at risk.
- An Interview with adult/elder at risk, in private to extent practicable.
- An Interview with the guardian, activated POA-HC or any caregiver.
- A Review of treatment and healthcare records of elder at risk. YES you can send them to APS and elder abuse.
- A Financial records of the adult/elder at risk.
Legal Options for Psychiatric Hospitalization

- Chapter 51.10 Voluntary Admission for Adults
- Chapter 51.15 Emergency Detentions
- Chapter 51.20 Medication Orders (Orders to treat)
- Chapter 55 Emergency Protective Placements
- Three Party Petitions

CRITERIA FOR EMERGENCY PROTECTIVE PLACEMENT

WI STATE STATUTES §55.13

- The person is alleged to be incompetent and the subject of a guardianship or a guardianship will be jointly filed.
- As a result of the impairment a person is so totally incapable of providing care for his or her own care.
- Primary need for residential care & custody

Hierarchy of Plans

1. Member-centered plan or individualized support and services plan
2. Behavior support plan (BSP)*
3. Crisis or diversion protocols and safety plans
4. Referral to county for DHS 34 crisis plan
5. Police safety plan
Providers Role in Planning?

- Behavior Support Plan
- Safety Plans
- Community Safety
- Police Safety
- Risk Agreements
- (Possible video here)

Emergency Services vs. Crisis Response

- EMS Video

De-escalation Skills and Avoiding Power Struggles

- Identify triggers for the person such as: loud noises, eye contact, physical proximity, access to favored items.
- Utilize techniques and approaches for de-escalating that help the person to calm and regain self-control.
- Develop routines that enhance coping skills and wellness.
- Create space, allow for flexibility, and provide choices.
Role of Adult At Risk Agency

- Focus on Potential Resident/Victim’s Immediate Health, Safety, and Welfare.
- Refer Misconduct Incidents in a facility covered by Wisconsin’s Caregiver law to OCQ.
- Investigates Abuse, Neglect, and Misappropriation (Financial Exploitation) by non-caregivers.

Adult At Risk and Elder Adult AT Risk Agency

- Every County has both an EARR and AAR Agency
- Important to know who that is and how to contact them
- When in doubt, REPORT!!!

Links

- Assisted Living Facility and Hospital Interface: Improving Care Transition Between ALFs and Hospitals
- Adult Long-Term Care Resource Catalog
- WI Adults-at-Risk Help Lines
  - https://www.dhs.wisconsin.gov/aps/aar-agencies.htm
- County Crisis Program and APS Referrals Quick Reference Guide