



**Wisconsin's Crisis Response System:
Capacity for Serving Persons with Dementia**
Findings from a Department of Health Services Survey

Crisis Response and Stabilization: Background Information

Wisconsin counties are required to provide emergency mental health services to people in crisis. The major laws relating to these services are Chapter 51 of the Wisconsin Statutes and DHS 34 of the Wisconsin Administrative Code. Crisis response and stabilization services deal with situations in which a person in crisis may harm him/herself or others, and are intended to protect persons with a range of diagnoses and conditions, including persons with mental health and substance use disorders as well as people with dementia. Crisis response systems in Wisconsin vary from county to county, depending on local practices and available resources. Some counties have developed highly skilled personnel for their mobile crisis intervention services. In other areas, there is no effective crisis response beyond calling 911 or the sheriff's department. Many county crisis intervention teams do not have specific training to identify and manage people with dementia. However, all counties must have an emergency mental health response system in place, certified or not.

This study aims to build our understanding of the current arrangements for county crisis response and the capacity of those systems to respond appropriately to the behavioral symptoms that may accompany dementia. It is based on an internet survey and follow-up conversations with county crisis response programs to learn about their capacity, experience, and resources related to serving persons with suspected Alzheimer's disease or other dementias.

Care for people with dementia can be difficult, especially when the person becomes self-injurious, aggressive or violent towards others. Dementia commonly leads to behaviors such as wandering, entering other residents' rooms uninvited, repetitive questioning, sexual inappropriateness, refusal to bathe or accept care, and the resulting need for constant supervision can also be challenging to care providers. A caregiver's response can either ameliorate or exacerbate these symptoms. Responding to challenging behaviors by moving a person with dementia from his or her current living environment to an alternate setting can exacerbate confusion and agitation, cause unnecessary stress, and produce negative health outcomes for the person. The goal is always to respond to behavioral symptoms in a manner that causes the least possible disruption to the person.



For an individual with dementia and no co-existing mental health diagnosis, the appropriate response to behavioral symptoms is likely to be different from the response needed in the case of challenging behaviors among people with mental illness and substance use disorders. Currently, there are no generally accepted standards that can be used to appropriately and adequately evaluate the type and level of care needed by people with dementia who exhibit behavioral symptoms.

Mobile crisis intervention is provided by county crisis intervention programs certified under DHS 34 Subchapter III of the Wisconsin Administrative Code. According to the Department of Health Services (DHS) Division of Mental Health and Substance Abuse Services, 61 of Wisconsin's 72 counties currently have service under a Subchapter III certified crisis program. These crisis programs are required to have a mobile component and are eligible for reimbursement by Medicaid. In some instances, private or other forms of insurance provide coverage.

Crisis intervention programs certified under DHS 34 Subchapter III are required to make the following services available 24/7: crisis telephone hotline, short-term voluntary or involuntary hospital care, and the linkage to and coordination of services. Additionally, Subchapter III programs are required to have mobile crisis services available eight hours per day, seven days a week, at times when services are most needed and to offer walk-in services eight hours a day, five days a week. Mobile crisis intervention services are designed to assess and de-escalate a crisis situation in the place where it occurs, whether in the person's home or in a facility setting. In addition, these services create an intervention plan to minimize the need to hospitalize or relocate the person to an unfamiliar, more intensive and costly service setting. Dementia-capable mobile crisis response would be the preferred approach for intervention with a person whose dementia leads to significant behavioral challenges.

Survey Description

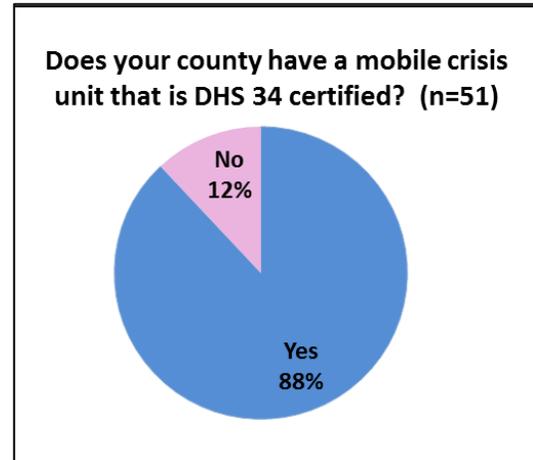
The DHS internet survey that is the basis of this report collected information about counties' crisis response programs and their capacity to provide services to older persons with suspected Alzheimer's disease or other dementias. A link to the survey was distributed via email to crisis response administrators in the human services departments of each county in the fall of 2014.

A total of 51 unique responses representing 54 counties are included in the analyses reported here, for a response rate of 75 percent. A single response was submitted for Grant and Iowa Counties together; likewise, there was one response for Vilas, Forest and Oneida Counties.

Survey Results

Relationship between Crisis Response and Adult Protective Services (APS)

Most survey respondents (88 percent, or 45 out of 51) indicated that their county has a mobile crisis unit that is DHS 34 certified. Two survey questions addressed the Crisis Response Unit's relationship to the county's Adult Protective Services Unit. Fifty-nine percent of the 51 survey respondents reported that in their county, the crisis response unit is found in the same agency as the Adult Protective Services unit and 41 percent said the two units are in different agencies. Seventy-six percent of respondents indicated that the crisis response unit has a practice of responding to APS calls while 24 percent reported that this is not the usual practice.



In counties where the Crisis Unit is in the same agency as APS, almost all respondents (28 out of 30, or 93 percent) reported that the Crisis Unit has a practice of responding to APS calls. In counties where the Crisis Unit and APS are in different agencies, it is less common for the Crisis Unit to respond to APS calls. Nine of 19 respondents (47 percent) reported that this happens.

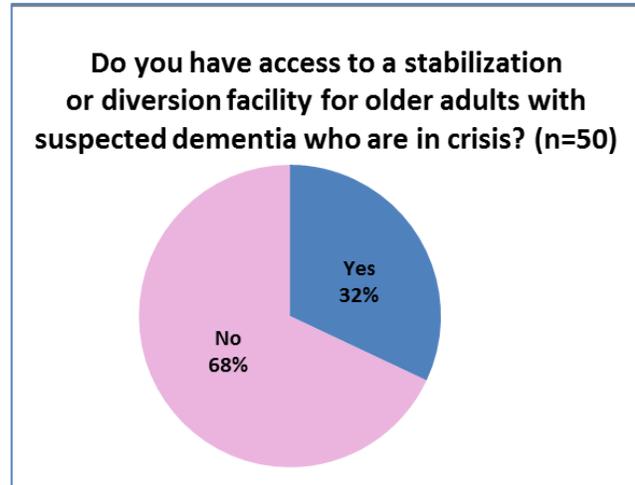
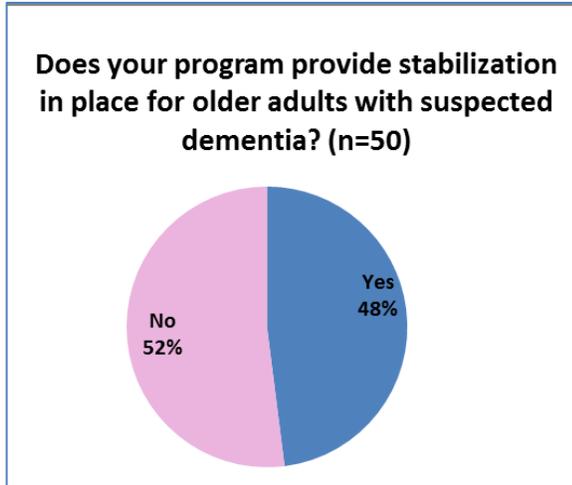
	Crisis Unit responds to APS calls	Crisis Unit does not respond to APS calls	Total
In same agency	28	2	30
Not in same agency	9	10	19
Total	37	12	49

Crisis Unit's Capacity for Serving Persons with Suspected Dementia

The survey included several questions that addressed the county crisis response unit's capacity for dealing with older adults with suspected dementia who are in crisis. A first step in encounters with older adults who need crisis stabilization is to determine the nature of the behavioral situation, identifying whether dementia may be a contributing factor. A number of simple screening or assessment tools exist for this purpose. Ten of 49 respondents (20 percent) reported that their Crisis Unit uses one of these specialized tools with older adults; nine of these ten indicated that the tool they use helps identify potential or suspected dementia. The two most frequently listed specialized screening or assessment tools used for working with older adults were the Mini-Mental Status Exam and the Montreal Cognitive Assessment. Two other assessments listed were not specific to dementia.

Assessment Tools	Yes	No
County has a mobile crisis unit that is DHS 34 certified (n = 51)	45 (88%)	6 (12%)
Crisis Unit has an assessment tool for working with older adults (n = 49)	10 (20%)	39 (80%)

Some of the survey's most important questions attempt to assess the extent to which crisis systems have the preparation and capacity to stabilize crisis situations in place, rather than moving an individual in crisis to a specialized location. Stabilization in place is widely considered a best practice as it minimizes transfer trauma, and facilitates keeping in place the full range of services and supports to which the person with dementia is accustomed.



Just under half of the respondents reported that their crisis response unit provides stabilization in place for older adults with suspected dementia who are in crisis, and one-third reported having access to a stabilization or diversion facility for this purpose.

Looking at these two questions in combination reveals that 15 of 50 respondents (30 percent) both have access to a facility for stabilization, and provides stabilization in place. However, half of all respondents (25) said that their crisis response team neither provides stabilization in place nor has access to a facility for that purpose.

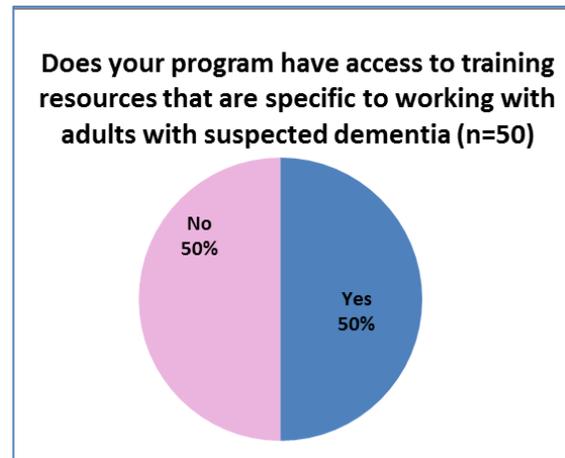
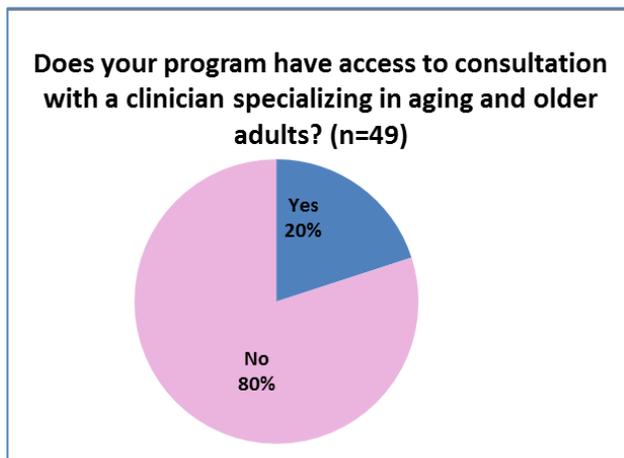
Of the sixteen respondents who reported that their county has access to a stabilization or diversion facility for older adults with suspected dementia who are in crisis, most (67 percent) indicated that their county has some kind of agreement with a designated facility for that purpose. Nine reported that they had experience using a facility for this purpose in the past 12 months.

Stabilization in Place	Access to a facility	No access to a facility	Total
Stabilization in place	15	9	24 (48%)
No stabilization in place	1	25	26 (52%)
Total	16 (32%)	34 (68%)	50 (100%)

Access to Training and Consultation Specific to Aging and Dementia

Twenty percent of survey respondents reported that their crisis response team has access to consultation with a clinician such as a geriatrician or a gero-nurse practitioner who is knowledgeable about aging. Half of respondents report that their crisis response unit has training resources that are specific to older adults with suspected dementia. Just six out of 49 respondents (12 percent) report that their crisis response unit has access both to dementia-specific training resources and consultation with a specialist in aging. Twenty-two respondents (44 percent) report that their crisis response unit has access to one or the other of these types of resources, while 21 respondents (43 percent) report that their county’s crisis response unit does not have access to either of these types of resources.

	Access to dementia-specific training resources	No access to dementia-specific training resources	Total
Access to consultation with a specialist in aging	6	4	10
No access to consultation with a specialist in aging	18	21	39
Total	24	25	49

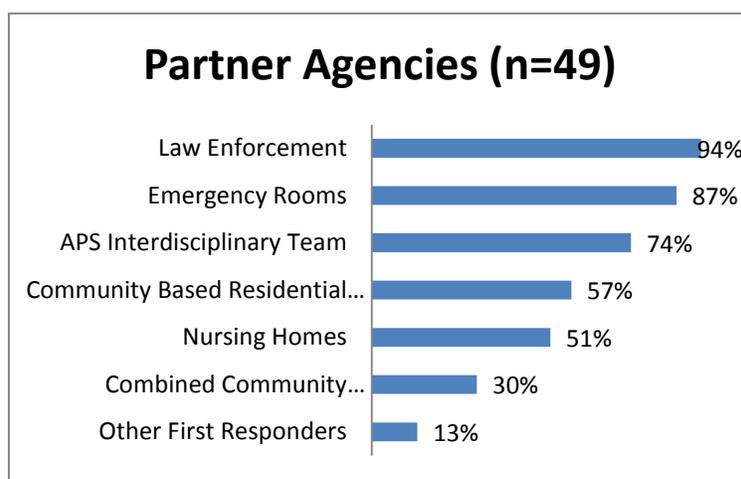


Respondents reported that they have used the following training resources for working with older adults suspected of having dementia:

- Access to dementia care specialists
- Cognitive screening training offered by DHS-Bureau of Aging and Disability Resources(BADR)
- 24/7 helpline offered by the Alzheimer’s Association
- Regional APS meetings and the statewide APS conference
- Training by healthcare professionals
- On-line training workshops
- Training conferences

Crisis Response Unit Collaboration with Partners

In Wisconsin's Adult Protective Services system, counties develop interdisciplinary teams made up of a wide variety of local agencies responsible for the safety and protection of older adults. This model has been in place since the late 1990s, and is a requirement of Elder Abuse Direct Service funding. Its intent is to foster communication and collaboration among local agencies that respond to incidents of abuse, crisis teams are often part of local interdisciplinary teams, and almost all survey respondents reported that their crisis response team has regular contact with agencies, such as law enforcement (94 percent), emergency rooms in the area (87 percent), and 74 percent reported regular contact with the APS Interdisciplinary Team. Between 50 percent and 60 percent of survey respondents reported that their crisis response unit had regular contact with area community-based residential facilities (CBRFs) or skilled nursing facilities. Few respondents indicated that the crisis response team had regular contact with the combined community response team or with first responders.



Summary: Practices in Place for County Crisis Response

In sum, the results of this survey indicate that counties vary widely in their capacity for crisis response involving older adults with dementia. The survey included questions about six specific practices that indicate preparedness for this type of response, including:

- Mobile crisis unit that is DHS 34 certified
- Access to a screening or assessment tool to identify dementia
- Capacity to provide stabilization in place
- Access to a designated stabilization or diversion facility
- Access to consultation with a clinician specializing in aging or dementia
- Access to training resources for working with people with dementia

In all, a majority of responding counties indicated that two or more of these practices are currently in place, with two counties reporting that they have all six in place, and an

additional 13 reporting four or five of the practices. However, 14 counties reported just one practice, and three indicated that none of these practices are currently in place.

Opportunities for Follow-Up and Outreach

Further research could shed light on the circumstances and support that enabled some counties to implement the above promising practices, as well as the reasons other counties have not done so. Questioning, by survey or other means, could investigate the role of training, technical support, and other resources in some counties' successes; and the need for these services elsewhere.

These mobile crisis survey responses identified opportunities to learn more about the counties that have either had recent experiences serving older adults with suspected dementia or use promising practices in this area. Just under half of respondents, or 24 individuals, indicated that their counties' crisis response units provide stabilization in place to older adults in crisis. Eighteen of these individuals indicated that they have had an experience in the past 12 months with the stabilization-in-place process, and most of those (14) indicated that they would be willing to share information about this experience with the Bureau of Aging and Disability Resources, Office on Aging, in a follow-up conversation.

In addition, 16 survey respondents (just under one-third) reported having access to a facility for stabilization of older adults with suspected dementia, and nine of these individuals reported having used this facility in the past 12 months. All of these respondents indicated a willingness to discuss that experience with the Bureau of Aging and Disability Resources.

There are also opportunities for further outreach, education, and relationship-building by the crisis response units themselves. Fewer than half (47 percent) of the survey respondents reported that their county's crisis response unit provides an orientation explaining their services to other agencies such as law enforcement, hospitals, or residential care facilities that also serve older adults in crisis. And as noted earlier, there are some potential partners with whom some crisis response units appear to have limited contact. Reaching out to some of these other agencies, either formally or informally, may help county staff to develop needed resources, and identify ways to improve services to older adults with suspected dementia.

Finally, further research efforts should aim for a more complete representation of county crisis units to ensure that our understanding of the crisis system is as comprehensive and accurate as possible.