

County Crisis Survey Results

August 2015



Wisconsin
Department of Health Services

Division of Mental Health and Substance Abuse Services
P-01223 (03/2016)

Introduction

In the summer of 2015 the Department of Health Services (DHS) Division of Mental Health and Substance Abuse Services (DMHSAS) developed a survey to be conducted with Wisconsin county human service departments on mental health crisis intervention services. Counties in Wisconsin are responsible for the provision of emergency mental health services based on state statute (Chapter 51). DHS provides funding, policy development, and oversight of county-operated mental health programming, including crisis services.

The 2015-2017 biennial budget included funding (\$1.5 million) to enhance crisis services at the county level in response to changes in policy related to conducting crisis assessments and engaging people in emergency detention procedures. DMHSAS initiated the survey in an effort to support decisions on how to allocate available funding.

The survey was completed through a structured interview approach. DHS' regional office staff engaged each county human service department in an interview on crisis programming. DHS staff entered information into a database from which this report was created.

DHS appreciates the involvement of counties and state staff in this exercise. The information provides a summary of emergency mental health services across the state of Wisconsin.

Overview of Crisis Survey Data

Sixty-seven county behavioral health agencies were interviewed. It should be noted three county agencies serve a regional area (including multiple counties). This data represents statewide practice.

Current Status of County Crisis Services Across the State

All counties except eight responded as being certified for crisis intervention under Wis. Admin. Code § DHS 34(3); however, all of the uncertified counties provide crisis services and described their services in the interview (see map on page 3).

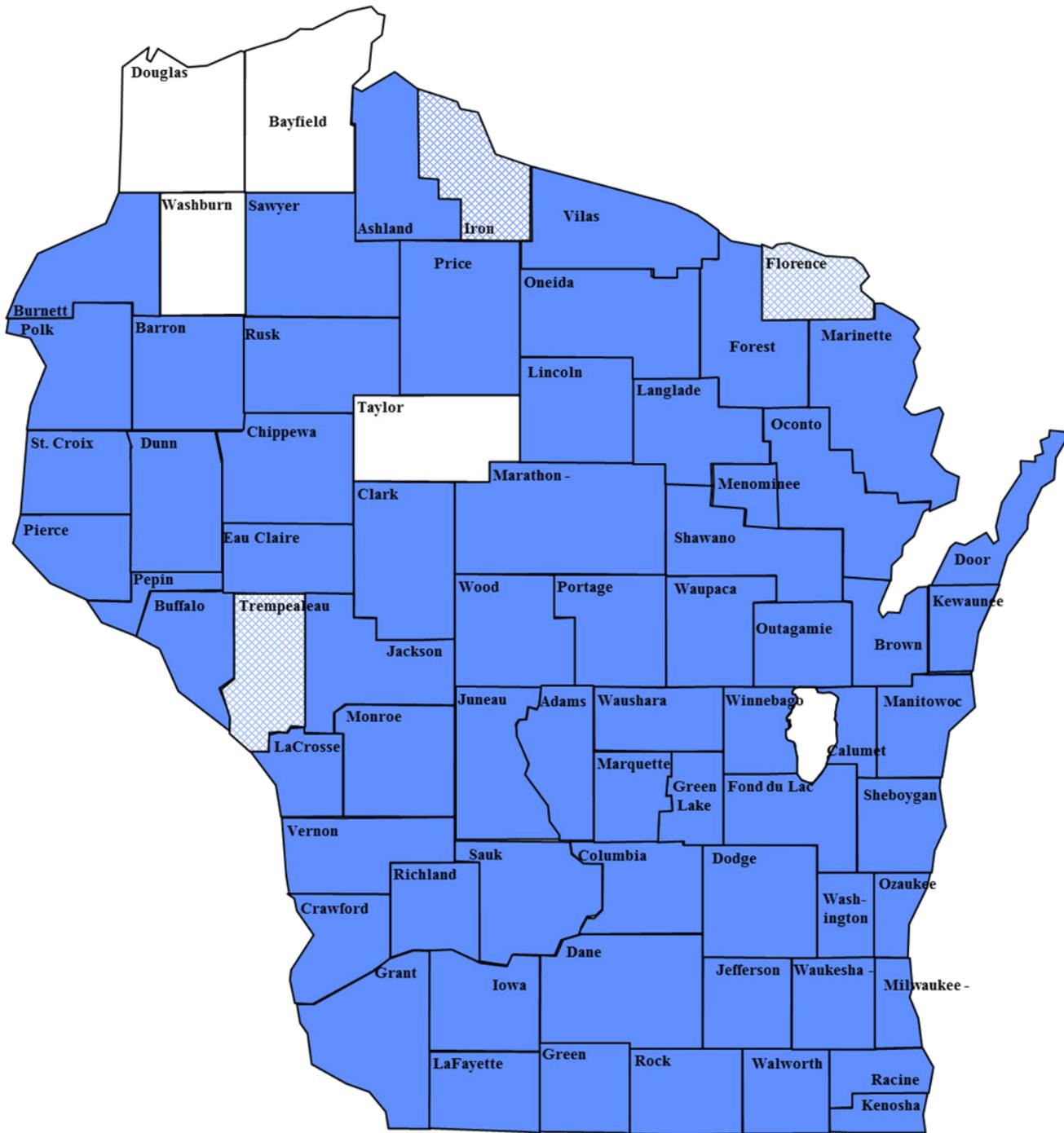
CERTIFICATION PLANS IN THE NEXT SIX MONTHS	NO CERTIFICATION PLANS
Dunn	Bayfield
Florence	Douglas
Iron	Taylor
Trempealeau	Washburn

Crisis line numbers: All counties provided their crisis line numbers and hours, which are listed in Appendix A. Most counties list one crisis line number, but 36 percent (24 of 67) of county agencies employ multiple crisis lines for business vs. non-business hours.

Availability: All counties offer crisis lines 24/7, 365 days a year. Some use multiple crisis lines to achieve this constant coverage.

Certified County Crisis Services

December 2015



 Certified DHS 34 Sub II  Certification plans in next 6 months  No certification plans

Description of County Crisis Operations

1. Who handles crisis calls?

Counties described four types of individuals who staff crisis phone lines:

- **Counselors/therapists/clinicians**—Educational degree is always a master’s or bachelor’s, but 85 percent of agencies are using at least some master’s-level staff. These crisis staff are usually county employees and are more frequently used during business hours.
- **Social worker/case managers**—Educational degree is always a master’s or bachelor’s, but 78 percent of agencies are using at least some master’s-level staff. These crisis staff are usually county employees.
- **Crisis worker**—Educational degree is almost always a bachelor’s. This position title includes a number of variations reported by counties including crisis specialist, crisis professional, mobile crisis responder, etc. This staff title is used by both counties and their contractors, but are more likely to be used by contractors during non-business hours (and may be the same as a telephone crisis worker in some cases as respondents may have used slightly different titles for the same staff).
- **Telephone crisis worker**—Educational degree is usually a bachelor’s or the staff member is a paraprofessional, but no county is using paraprofessionals alone. These types of crisis staff are used by county contractors and are more likely to be used during non-business hours.

Primary Personnel Used to Staff Crisis Phone Lines

Crisis Staff Title	Business Hours	Non-business Hours
Behavioral Health Manager	2	0
Counselor/Therapist	18	10
Crisis Worker	11	17
Law Enforcement	1	1
Mental Health Technician	1	3
Registered Nurse (RN)	0	2
Resident Program Specialist	1	1
Social Worker/Case Manager	15	9
Telephone Crisis Worker	17	22
Total County Agencies	66	65

Counties were asked to describe the qualifications and training of their crisis line staff, but the responses were too varied to summarize succinctly. Counties most frequently (33 percent) responded that their staff training follows the requirements described in Wis. Admin. Code ch. 34, Emergency Mental Health Services. A few other counties require Behavioral Health Partnership core or crisis training and Wis. Stat. chs. 51 and/or 55 training. Years of experience and hours of training were frequently mentioned, but the quantities vary widely across counties.

2. County Assessments of Consumers in Crisis

Crisis program staff are always involved with the completion of crisis assessments during both business and non-business hours for all county agencies except for two counties. These two counties use non-crisis program staff with master’s and bachelor’s degrees to complete their crisis assessments. Ten other county agencies (15 percent) use a combination of crisis program and non-crisis program staff to complete assessments.

Different staff with different professional qualifications are used for crisis assessments. Ninety-six percent of county agencies use bachelor’s-level staff for some or all of their assessments and 92 percent involve licensed master’s-level staff for some or all assessments. Paraprofessionals are only used by 38 percent of county agencies, but no county agency uses them exclusively.

Characteristics of the supervision of crisis assessments include:

- All counties but two conduct an administrative or supervisory review of crisis assessments. The remaining two counties review a sample of assessments.
- Forty-seven percent of counties do daily reviews of crisis cases and 36 percent perform weekly reviews. A few counties perform biweekly, monthly, or as needed reviews (less than seven percent for each).
- Seven counties described a joint supervision process with their crisis contractor and two have their contractor perform all the supervision of crisis cases.
- About half of counties employed clinical supervisors or behavioral health managers to supervise their crisis assessments, but psychiatrists, psychologists, medical directors were also used. In a small minority of counties, a team process is used to review and supervise crisis cases on a regular basis.

3. Organization of Crisis Services

During normal business hours, counties use three different operational structures to staff their crisis lines:

- **County-operated**—Thirty-three percent of county agencies have their own staff take all crisis calls and address crises
- **County-operated with contractor backup**—Two counties are responsible for their own crisis line, but have a contracted crisis line available as a backup if needed.
- **County/contractor shared responsibility**—This arrangement usually consists of a contractor operating the main crisis line for a county, but the county handles walk-ins and crisis calls that come directly to their agency phone line—28 percent of county agencies have this shared arrangement.
- **Contractor-operated**—Thirty-six percent of county agencies contract out all responsibility for their crisis line.

Crisis Call Operational Structure

	Business Hours	Non-Business Hours
County-operated	20	13
County-operated with contractor backup	2	0
County/contractor shared responsibility	17	14
Contractor-operated	22	37
Total	61	64

During non-business hours, contractors are much more likely (58 percent) to be given full responsibility for handling crisis calls.

Mobile Crisis Operations

1. Description of mobile crisis services across the state (business hours and non-business hours coverage)
 - Almost all counties (n=63) reported that they have mobile crisis services.
 - Two-thirds (n=42) have 24/7 mobile coverage. The remainder have gaps in coverage from late night to early morning, most often 12 to 8 a.m. When there is a gap in mobile coverage, most often the protocol seems to be that the crisis call center and law enforcement manage cases.
 - Most (n=55) respond to all geographic areas within the county. However, open-ended responses make it clear that in practice this usually means that they will go to any hospital emergency room or law enforcement site, as opposed to meeting consumers at home, work, school, etc.
 - When it comes to after-hours contacts, just over half of respondents (n=33) indicated they used the same staff and procedures as during business hours, whether that meant using a contracted or in-house service. About a third of counties (n=21) contract out their after-hours mobile crisis services only. Nine counties have specialized after-hours mobile staff. Twelve counties indicated a greater role for law enforcement during after-hours calls, but based on other responses it's likely that this is true for most counties.
2. Involvement of law enforcement—Two-thirds (n=42) indicated they will always or almost always involve law enforcement in mobile contacts. The most common scenario is law enforcement transports the person and mobile crisis meets them in the hospital emergency room or police station. Just under one-third said the decision on whether or not to involve law enforcement depends on the crisis worker's assessment of dangerousness. If mobile workers do go out to a home, it seems that they will almost always involve law enforcement.
3. Use of follow-up crisis contacts—Most counties always (n=44) or routinely arrange for follow-up contact in the aftermath of a mobile crisis response. About 20 percent of respondents (n=13) specify that they follow up within 24 hours. A few (n=6) said that decisions about follow-up are made based on the individual's safety plan, while others described more discretionary protocols for making follow-up decisions, including case reviews during staff meetings in the day or week following a call (n=18).
4. Serving different populations

Counties were asked how the crisis intervention process differs for each of the following special populations:

- a. Youth
- b. Those exhibiting dementia
- c. Individuals with developmental disabilities
- d. Individuals who are intoxicated
- e. Individuals enrolled in Family Care
- f. Tribal members
- g. Individuals who are deaf or hard of hearing

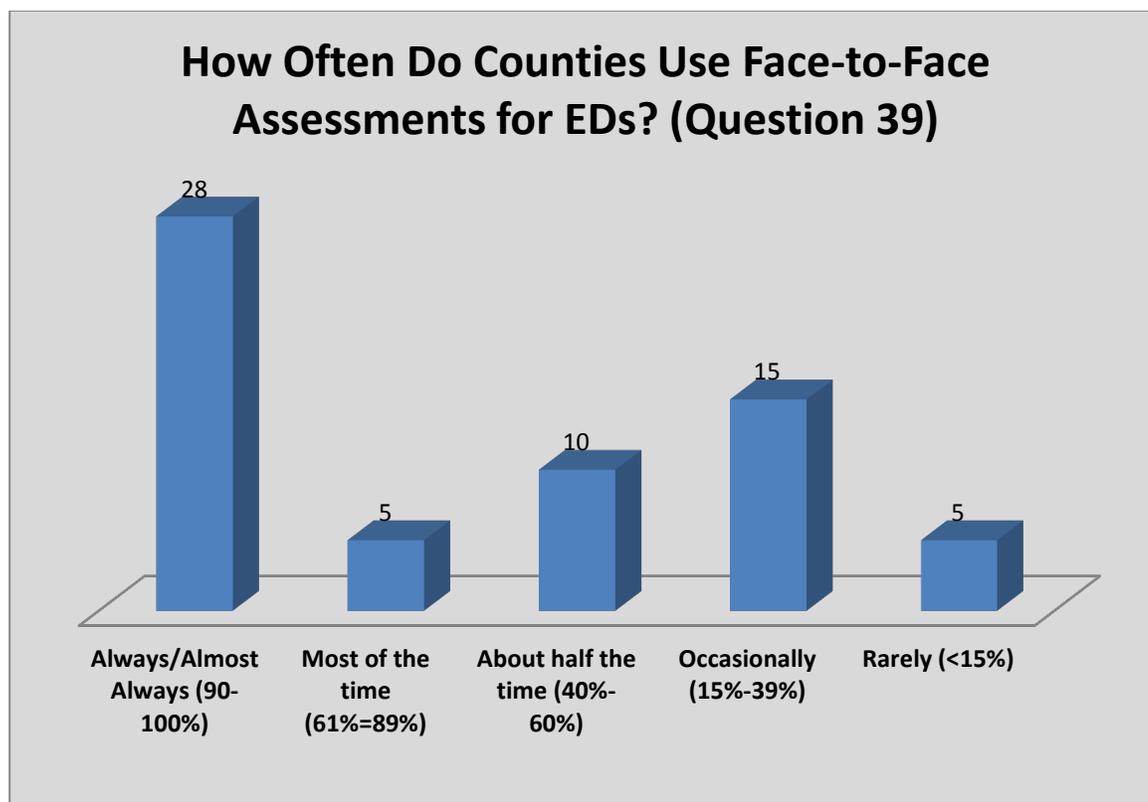
Most often, counties used the same basic procedures but adapt them slightly to the target population, usually by engaging other relevant resources such as child or adult protective services, deaf and hard of hearing interpreters, or tribal police or other resources. Family members are utilized for information gathering whenever the individual has trouble communicating directly (e.g., intoxicated, deaf, severe developmental disabilities) and for calls involving minors. When a person is suspected of having dementia, counties are more likely to treat the situation as a medical issue and try to avoid emergency detentions (in favor of Chapter 55 Emergency Protective Placements, if necessary). Individuals enrolled in Family Care are likely to

have crisis plans on file and Family Care managers/Managed Care Organizations are more involved in the decision. Intoxicated individuals usually require medical clearance in a hospital setting before crisis workers conduct an assessment. Counties reported having little or no direct experience with the deaf community or tribal members. With regard to children and youth, about one-third of respondents indicated that they made additional efforts to avoid hospitalization and/or develop a more comprehensive view of the child and family’s needs, beyond the immediate crisis situation. Many counties reported difficulties finding placements for youth and for persons with dementia.

Emergency Detention (ED) Assessments

1. Description of ED operations

Staffing—The majority of counties (n=57, or 92 percent of respondents) indicated that staff identified as providers in Wis. Admin. Code ch. DHS 34, were involved in the ED assessment process. Five counties indicated DHS 34 recognized staff were not involved; of these, three counties were unlikely to use face-to-face assessments.



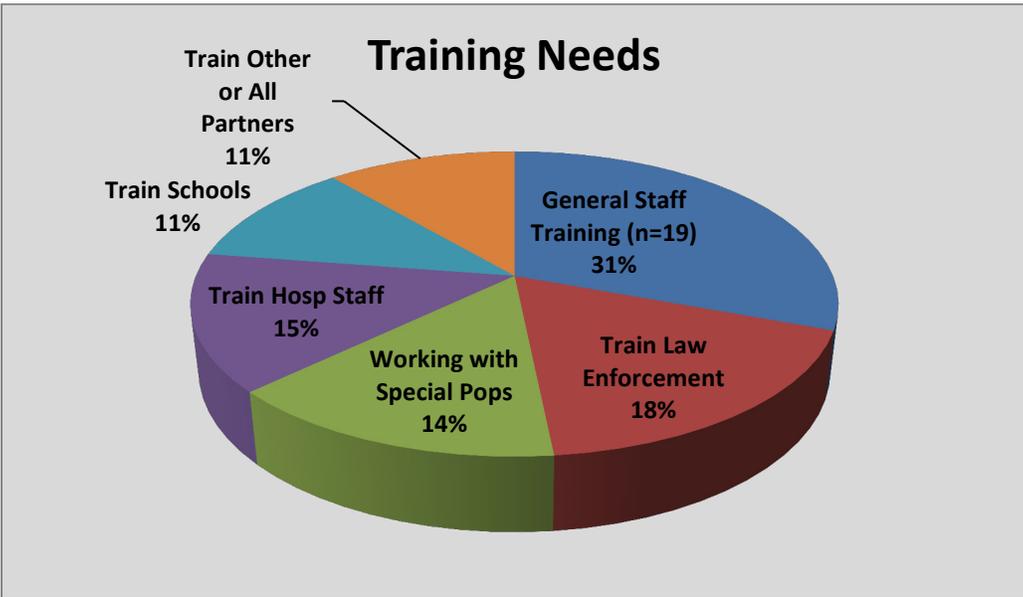
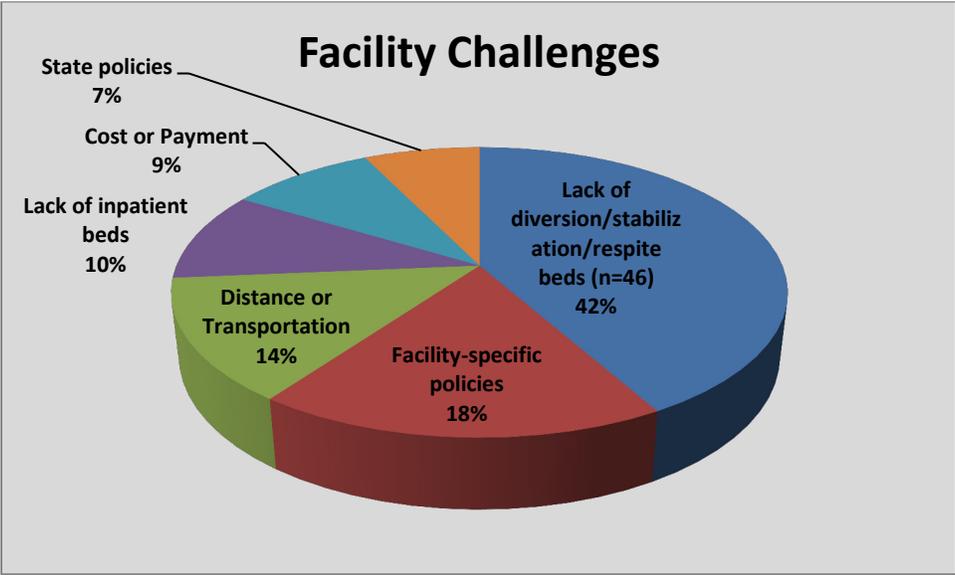
b. Assessment Process

- Almost all of the counties (n=64) said that they offered face-to-face assessments for emergency detentions (EDs), but they reported very different frequencies in using them, as shown in the table above. For instance, just over half (52 percent) use face-to-face methods “Always” or “Most of the time.”
- Counties that made little use of face-to-face assessments tended to use either phone or proxy, presumably reports from law enforcement. Two of the counties that rely heavily or exclusively on proxy reports are in northern Wisconsin, one is in southwestern Wisconsin and the other two are in the greater Milwaukee area.

- While almost all counties said that they offer mobile response, almost a quarter of the counties (n=15) relied on phone assessments to do EDs most of the time (i.e., 65 to 100 percent of cases). Only three counties reported using telehealth services for ED functions, and they used it extremely rarely (1 to 2 percent of cases).
- c. Final Determination
- When asked how the decision to ED was made, about 40 percent of counties (n=15) said that ED was used as a last option after less restrictive options were ruled out; a similar number of counties said that the crisis worker and/or law enforcement made a discretionary determination based on dangerousness, and 10 counties simply indicated that Wis. Stat. Ch. 51 or Wis. Admin. Code ch. DHS 34 information was used to determine the need for ED.
 - Most counties (n=34, or 54 percent) indicated that any crisis worker could make the final decision on whether or not to ED a client. Six counties specified that the decision had to be made by a licensed mental health provider, while eight specified that the decision lay with a supervisor or director (who presumably is also a licensed mental health provider). Five counties indicated that the front-line worker would need some permission from a supervisor in order to proceed. About 25 percent of counties (n=15) said that law enforcement and frontline workers made the decision together.
2. The Crisis vs. ED assessment process—Most counties (n=49, or 80 percent) said that there is no real difference between how assessments are conducted for EDs vs. non-ED crisis situations. Most of the remaining counties said that the ED assessment is a little more comprehensive, potentially including more thorough suicide screenings. Three counties indicated that the assessment is less comprehensive or expedited, due to immediate safety concerns.

Areas of Greatest Need

The greatest areas of need cited by counties were lack of diversion options (particularly for youth), being under-staffed or experiencing staff burnout, and a need for training, including trainings of law enforcement and other community partners. The charts below show the breakdown of challenges or needs within the main areas of need described by counties, which were: facilities, staff, and training. The pie charts display the breakdown of responses within that category; the top category on each chart shows the number of responses for that category. Counties could express multiple needs in the same category.



In addition to these specific areas of need or challenge, the three biggest subpopulations that counties mentioned as having the greatest unmet needs were youth (n=41), individuals with dementia (n=22), and those with AODA issues (n=19). Other groups mentioned were the homeless and those in jail.

Other issues counties mentioned were the lack of outpatient services or providers (n=10), difficulties with managed care organizations (n=9), and challenges working with the state (n=7). Summarizing the findings from this question, the clearest **recommendations** seem to be:

- **Finding more diversion and stabilization options.** Some counties suggested implementation of a statewide database to help counties find available diversion options. Counties also suggested greater demand for peer support services and peer run respite-style facilities.
- **Supporting crisis staff.** Respondents were looking for ways to incentivize and retain their staff, to streamline workflow or outsource non-essential tasks where possible, and to provide accessible and affordable trainings that could be used across the state.
- **Engaging and training partners.** Law enforcement emerged as playing a primary role in EDs and crisis services. Many counties asked for more training for law enforcement (i.e., crisis intervention training) as well as for other partners such as schools and hospital staff.

**APPENDIX A
COUNTY CRISIS LINE PHONE NUMBERS**

County	Crisis Line #1	Crisis Line #1 hours	Crisis Line #2	Crisis Line #2 hours	Crisis Line #3	Crisis Line #3 hours
Adams	608-339-4505	Business Hours	608-339-3304	After Hours		
Ashland	866-317-9362	24/7				
Barron	888-552-6642	24/7				
Bayfield	866-317-9362	24/7				
Brown	920-436-8888	24/7				
Buffalo	888-552-6642	24/7				
Burnett	888-636-6655	24/7				
Calumet	920-849-1400	Daytime/Business Hours	920-832-4646	After Hours, Holidays, Weekends		
Chippewa	888-552-6642	24/7				
Clark	715-743-3400	8 a.m.-4:30 p.m.- Weekdays	888-552-6642	4:30 p.m.-8 a.m. and Weekends, Holidays		
Columbia	888-552-6642	24/7				
Crawford	888-552-6642	24/7				
Dane	608-280-2600	24/7				
Dodge	920-386-4094	Business Hours	920-386-3726	After Hours		
Door	920-746-2588	24/7				
Douglas	715-392-8216	24/7	715-395-2259	24/7		
Dunn	888-552-6642	24/7				
Eau Claire	888-552-6642	24/7				
Florence	715-528-3296	8:30 a.m.-4 p.m.	866-317-9362	24/7		
Fond du Lac	920-929-3535	24/7				
FOV	888-299-1188	24/7				
Grant/Iowa	800-362-5171	24/7				
Green	888-552-6642	24/7	608-328-9383	Admin number only 8 a.m.-4:30 p.m., M-F	608-328-9393	8 a.m.-4:30 p.m. M-F
Green Lake	920-294-4070	8 a.m.-4:30 p.m.	920-294-4000	After Hours, Holidays, Weekends		
Iron	715-561-3636	8 a.m.-4 p.m.	715-561-3800 (Sheriff's Dept.)	24/7	866-317-9362	24/7
Jackson	888-552-6642	24/7				
Jefferson	920-674-3105	24/7				

County	Crisis Line #1	Crisis Line #1 hours	Crisis Line #2	Crisis Line #2 hours	Crisis Line #3	Crisis Line #3 hours
Juneau	608-847-2400	24/7				
Kenosha	262-657-7188	24/7	800-236-7188	24/7		
Kewaunee	920-255-1645	24/7				
La Crosse	608-784-4357	24 hours				
Lafayette	888-552-6642	24/7				
LLM	800-799-0122	24/7	715-845-4326	24/7	715-848-4600	24/7
Manitowoc	920-683-4230	8 a.m.-4:30 p.m.	888-552-6642	After Hours, Holidays, Weekends		
Marinette	715-732-7760	24/7				
Marquette	888-552-6642	24/7				
Menominee	715-799-3861	24/7				
Milwaukee	414-257-7222	24/7	800-273-TALK	24/7	1-414-777-4729	M,W-Sun 7 p.m.-11 p.m. (No Tues. hours)
Monroe	608-269-8600	8 a.m.-4:30 p.m.	608-269-8712	4:30 p.m.-8 a.m.		
Oconto	920-834-7000	24/7				
Outagamie	920-832-4646	24/7				
Ozaukee	262-377-COPE	24/7	262-689-4621	24/7		
Pepin	888-552-6642	24				
Pierce	888-552-6642	24/7				
Polk	888-552-6642	24/7				
Portage	866-317-9362	24/7	715-345-5350	M,W,TH: 8 a.m.-4 p.m. T: 8a.m.-5p.m. Fr: 8a.m.-3p.m.		
Price	866-317-9362	24/7				
Racine	262-638-6741	24/7				
Richland	608-647-8821	8 a.m.-5 p.m. M-F	888-552-6642	After 5 p.m., Weekends, Holidays		
Rock	608-757-5025	24/7				
Rusk	888-636-6655	24/7	715-532-2299	8 a.m.-4:30 p.m. M-F		
Sauk	888-552-6642	24/7	608-335-4200	8 a.m.-4:30 p.m. M-F		
Sawyer	866-317-9326	24/7				
Shawano	715-526-3240	24/7				
Sheboygan	920-459-3151	24/7				
St. Croix	888-552-6642	24/7	911	24/7		

County	Crisis Line #1	Crisis Line #1 hours	Crisis Line #2	Crisis Line #2 hours	Crisis Line #3	Crisis Line #3 hours
Taylor	715-748-2200	24/7	715-748-3332	8 a.m.-5 p.m., M-F		
Trempealeau	888-552-6642	24/7				
Vernon	608-637-7007	24/7	608-638-7424	8 a.m.-5 p.m., M-F		
Walworth	262-741-3200	24/7	800-365-1587	24/7		
Washburn	715-468-4747	8 a.m.-4:30 p.m. M-F	888-552-6642	4:30 p.m.-8:00 a.m. M-F, Weekends, Holidays.		
Washington	262-365-6565	24/7				
Waukesha	211	24/7	262-548-7666	8 a.m.-4:30 p.m. M-F		
Waupaca	800-719-4418	24/7				
Waushara	920-787-3321	24/7				
Winnebago	920-233-7707	24/7	920-722-7707	24/7		
Wood	715-421-2345	24/7	715-384-5555	24/7		