

# CRISIS SERVICES IN WISCONSIN

The 988 Suicide and Crisis Lifeline is now available nationwide 24/7 with call, chat, or text. Wisconsin has one statewide 988 call center. County crisis lines are also available. While many mental health crises can be resolved over the phone, Wisconsin [law](#) requires counties to also provide other emergency mental health services including mobile crisis response and crisis stabilization. More information about the state's crisis services may be found at <https://www.dhs.wisconsin.gov/crisis/index.htm>.

To strengthen crisis response throughout the state, Wisconsin is working towards [Crisis Now](#), a national best-practice framework that allows anyone in crisis, anywhere, anytime to have: 1. Someone to call; 2. Someone to respond; and 3. A safe place to go. This range of crisis services will help people get timely, and appropriate support in the least restrictive, least costly setting that serves their needs.

**SOMEONE TO CALL:** A mental health crisis is a period of intense difficulty that cannot be resolved using the person's usual coping strategies. Connecting with an expert crisis counselor can make all the difference.

**988 Suicide & Crisis Lifeline.** The [Wisconsin Lifeline](#) is part of the national [988 Lifeline](#) that provides free, round the clock, confidential in-state support for anyone experiencing a suicidal, mental health or substance use crisis. Callers of all ages who are suicidal or in emotional distress, or need help for a loved one, can call or text 9-8-8, or chat: [988lifeline.org](https://988lifeline.org).

**County Crisis Lines:** Telephone crisis counseling is available through county human service agencies. Not all county crisis lines operate 24/7. [County Crisis Line List](#).

**SOMEONE TO RESPOND:** If the crisis cannot be resolved by phone, chat or text, a mobile crisis team may be dispatched to provide in-person support. Mobile crisis response personnel may include mental health providers, certified peer specialists and/or law enforcement.

**County Mobile Crisis Teams** are comprised of mental health providers specially trained to de-escalate the crisis, assess needs, help resolve the immediate situation and connect the person to appropriate care. Not all counties have mobile crisis teams.

**Crisis Intervention Team (CIT):** If a mobile crisis team is not available, law enforcement may be dispatched. Officers who have completed Crisis Intervention Team (CIT) training are prepared to understand people experiencing a mental health crisis and address their needs. Trained officers wear a special CIT pin.

**Co-Responder Teams:** In some counties, co-responder teams pair trained mental health police officers with mental health providers to respond to crises situations.<sup>1</sup> Co-responder teams seek to safely engage, de-escalate, assess, and connect the person in crisis to behavioral health and social services.

**A SAFE PLACE TO GO:** If the person requires additional assessment or if service needs cannot be safely met in the community, it may be necessary to go to a crisis stabilization program.

**Crisis Stabilization Facilities** are small residential settings for short-term treatment and observation either to divert from hospital or as step-down care. Staff provide 24/7 support and observation. Counseling, therapy, and other services may be provided. These facilities cannot accept involuntary emergency detention.

<sup>1</sup> [Assessing the Impact of Co-Responder Team Programs](#), IACP / UC Center for Police Research and Policy, 2020.

**Regional crisis stabilization facilities** will open in each of the five DHS regions in 2023. These facilities will provide crisis stabilization across large areas and multiple counties. Staffing may include contract or onsite prescribers (psychiatrist, nurse practitioner), as well as therapists, substance use counselors and certified peer support. These facilities cannot accept involuntary emergency detention.

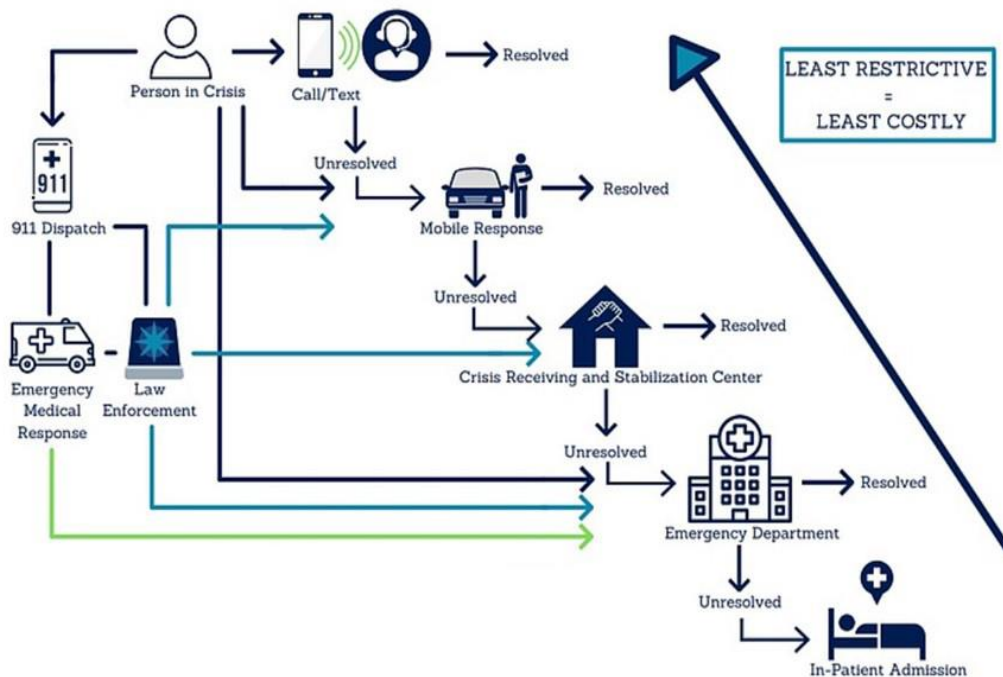
**Psychiatric inpatient care.** A person who requires intensive psychiatric treatment may be admitted to a private psychiatric hospital, psychiatric unit in a general hospital or a state psychiatric hospital. Private psychiatric hospitals may decide whether to admit a voluntary or involuntary patient based on capacity to serve the person’s needs. All patients admitted to Winnebago Mental Health Institute, a state-operated facility, are referred by county human service agencies or the court system.

**Before a crisis - Peer run respite centers** offer a temporary overnight stay designed to help people avoid mental health crisis situations. Peer respite centers are staffed with certified peer support specialists who have had similar life experiences and specialized training.

## A GAP IN THE CRISIS SYSTEM:

**Regional Crisis Urgent Care and Observation Centers<sup>2</sup>** would fill a large gap in the crisis system but are not currently available in Wisconsin. The centers would offer immediate care for youth or adults in crisis, providing assessment, medication management, counseling, and linkage to behavioral and medical services. Round the clock staffing would include psychiatrists, psychiatric nurse practitioners, nurses, licensed therapists, and certified peer specialists. These facilities would not require medical clearance prior to admission, and could accept walk-ins, first responder drop-offs, and people detained for involuntary treatment. A few county-based centers exist, but regional centers would relieve pressure on emergency rooms, reduce inappropriate admissions to Winnebago Mental Health Institute and divert from unnecessary justice system involvement. These centers would also save time and costs for law enforcement agencies.

### Crisis Response Model<sup>3</sup>



<sup>2</sup> Regional Crisis Response System Grants, LFB Paper #370 June 2021

<sup>3</sup> Graphic is adopted from the Missouri Partners in Prevention