


Family Services Crisis Center

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Program Supervisor





Crisis Center Process

- A 24-hour walk-in facility
 - Provide mobile services 24 hours a day
- The same staff who answer our Crisis Line, are the counselors who meet and screen clients in person
 - Less gaps in communication
- Any resident of Brown County can walk in or call the Crisis Center for services
 - If there are safety concerns staff will attempt to provide an in-person assessment when possible



Process (cont)

- Mobile Assessments
 - Our team can mobile anywhere that it is safe to present within the county
 - Hospitals, homes, group homes, nursing homes, the jail, etc.
 - When presenting to a home, law enforcement may be asked to be present
 - Who can request services?
 - Medical providers, law enforcement, clients
 - Crisis can assist with providing transportation to the Crisis Center when needed
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Assessment Process

- If it has been determined there are safety concerns (danger to self/others) – an assessment will be recommended
- Counselors will complete a risk assessment using evidence-based tools to determine a client's level of risk and make an intervention recommendation based on the least restrictive means available to maintain safety
- Interventions:
 - Safety Plan
 - Voluntary Inpatient Psychiatric Care
 - Involuntary Inpatient Psychiatric Care

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Since Last Visit
Ask questions that are bold and <u>underlined</u>		YES NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u>		
6) Suicide Behavior <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

SED (Serious/Severe Emotional Disturbance) Screening Questions

Worker to complete this box: Has a SED already been identified for the youth?

☐ Yes – Note in the "Disposition" box below the treatment plan and if youth in need of additional services/referrals.

☐ No – Complete form below

To assist in helping us understand what follow up services may be most helpful to you/your child, please respond to each question, looking at the last 12 months, by answering with a "yes" or "no".

	YES	No
1. Are you / has your child been experiencing problems in school in the last 12 months (truancy, suspension, failing classes, being sent to the principal)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you / has your child been experiencing behavioral, emotional or learning problems for which you have been struggling to get help for yourself / your child?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you / does your child have any emotional or behavioral challenges needing services?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel that you / your child could use more services than your parents / you have been able to provide?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you/is your child receiving any services, or been referred to any of the following services, in the last 12 months:		
• Special education (what school) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Child protection (who is your worker) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Juvenile justice (who is your worker) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Mental health (who are you seeing) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Alcohol and other drug abuse (who are you seeing) _____	<input type="checkbox"/>	<input type="checkbox"/>

Disposition



Crisis Center
Safety Plan Agreement

Client Name: _____ DOB: _____ Date: _____

The following safety plan has been developed for the above named client because of a mental health and/or safety concern that was brought to the attention of the Crisis Center. It is agreed that the checked items below will be followed.

- ☐ Crisis Center follow up by phone on _____ (The phone number will appear as 920-391-7594)
- ☐ If Client cannot be reached, Crisis Center will call an emergency contact: _____
- ☐ As agreed upon in session, the following individual will secure or remove any firearms/medications/lethal means, and will notify the Crisis Center (920-436-8888) when this has been done: _____
- ☐ Additional steps the client and/or safety plan supervisor(s) will take to make the environment safe: _____
- ☐ Safety plan supervisor(s): {name, relationship, phone number} _____
- ☐ Establish/Continue treatment with: _____
- ☐ Client and safety plan supervisor will abstain from using alcohol and/or drugs
- ☐ Other: _____

*In agreeing to be a safety plan supervisor, one is accepting responsibility to help ensure the client's safety. The safety plan supervisor must be willing to remain with the client, monitor the client's actions and statements, help create a safe environment, and assist the client in utilizing coping skills and engaging in treatment. If there is further indication of dangerousness, such as veiled or direct threats of harm toward self or others, the safety plan supervisor must call the Crisis Center at 436-8888, or police, for further assistance.

*If the client and safety plan supervisor do not follow the recommendations in this plan, or if the Crisis Center is unable to reach them at the agreed upon times, police may be contacted to perform a welfare check.

Client: _____ Date: _____
By signing this form, I attest that I understand and give permission for Family Services Crisis Center to verbally release to, and receive from, the identified safety plan supervisor(s) information from my behavioral health care records from _____ through _____. The purpose of this consent is to coordinate care and ensure my safety. This consent will terminate upon completion of the final follow up call.

Safety Plan Supervisor: _____ Date: _____

Crisis Counselor: _____ Date: _____

My Personal Safety Plan - If I notice any warning signs, I will use these coping skills and/or reach out to the identified supports for help.

Warning Signs: _____ Sources of distraction/support: _____

Coping Skills: _____ Reason(s) to live: _____

Crisis Plan Referrals Check List

- Persistent mental illness that has demonstrated a history of reoccurring relapses
- More than 2 inpatient hospitalizations within last 4 months
- More than 2 mental health stabilization within last 4 months
- More than 2 safety related assessments by mobile crisis in last 2 months
- Recent high risk, potentially lethal suicide attempt

Client Name:		Date:		
		Next Update:		
EMR ID #:		Date of Birth:		
Primary Phone #:		Secondary Phone #:		
Client Insurance	<input type="checkbox"/> MA	<input type="checkbox"/> Private	MA Insurance #:	
	<input type="checkbox"/> Other	<input type="checkbox"/> None		
Current Living Situation	<input type="checkbox"/> Independent Living		<input type="checkbox"/> Adult Family Home/ Group Home:	
	<input type="checkbox"/> Homeless:		<input type="checkbox"/> Other:	
Address:		City:	State: Zip code:	
Name(s) of others living here:				
Legal Status	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Hold open	<input type="checkbox"/> Commitment Review/expiration date:	
	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Payee	<input type="checkbox"/> Probation	
	Comment:			
Mental Health, Service, and Medical Providers				
Current Diagnosis(es)	•			
Current Medications	Psychiatric Medications		Physical Health Medication	
	Medication	Physician	Medication	Physician
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Crisis Plan

- Weekly check-ins with assigned Crisis Counselor
- Assistance with continuity of care
- Creation of detailed Crisis Plan
- Lasts up to 6 months
- Must be voluntary
- Only an option for non-case managed clients

Inpatient Unit Resources

Child/Adolescent Inpatient Units

Willow Creek Behavioral Health 1351 Ontario Rd. (Green Bay) 920.328.1220 Ages 12-17 Medical Clearance: as needed Accepts MA	Bellin Psychiatric Center 301 E St. Joseph's St (Green Bay) 920.431.5533 Ages 6-17 Medical Clearance: as needed Accepts MA	St. Elizabeth's Hospital 1506 S. Oneida St. (Appleton) 920.738.2490 Ages 4-18 (in school) Medical Clearance: required Accepts MA
Aurora Sheboygan Hospital 2629 N. 7 th St. (Sheboygan) 920.802.0480 Ages 12-18 (in school) Medical Clearance: required Accepts MA	All Saints Healthcare 3821 Springs St. (Racine) 262.499.3650 (Admission Pager) Ages 11-18 (in school) Medical Clearance: required Accepts MA	Meriter Hospital 8001 Raymond Rd. (Madison) 608.417.8777 Ages 6-18 (in school) Medical Clearance: required Accepts MA
Rogers Memorial Hospital 34700 Valley Rd. 262.646.4411 (Oconomowoc) - Ages: 13-17 11101 W. Lincoln Ave. 414.327.3000 #2 (West Allis) - Ages: 4-17 Medical Clearance: as needed Accepts MA w/ CON up to age 21		

Adult Inpatient Units (Ages 18+)


<u>Willow Creek</u> 1351 Ontario Rd. (Green Bay) 920.328.1220 Med. Clearance: as needed Insurance: MA w/ HMO	<u>Bellin Psychiatric</u> 744 S. Webster Ave. (Green Bay) 920.431.5533 Med. Clearance: as needed Insurance: MA w/ HMO	<u>St. Elizabeth's</u> 1506 S. Oneida St. (Appleton) 920.738.2350 Med. Clearance: required Accepts MA
<u>Theda Care</u> 130 2 nd St. (Neenah) 920.735.7337 Med. Clearance: required Accepts MA	<u>Mercy Medical</u> 500 S. Oakwood Rd. (Oshkosh) 920.223.3530 Med. Clearance: as needed Insurance is case by case	<u>Aurora Sheboygan</u> 2629 N. 7 th St. (Sheboygan) 920.802.0480 Med. Clearance: required Accepts MA
<u>St. Agnes Hospital</u> 430 E. Division St. (Fond du Lac) 920.926.4290 Med. Clearance: required w/ ambulance transport Accepts MA	<u>Ascension St. Francis</u> 3237 S. 16 th St. (Milwaukee) 414.647.7444 Med. Clearance: required Accepts MA	<u>Ascension All Saints</u> 3821 Springs St. (Racine) 262.499.3650 (Pager) Med. Clearance: required Accepts MA
<u>Rogers Memorial Hospital</u> 34700 Valley Rd. 262.646.4411 (Oconomowoc) 4600 W. Schroeder Dr. 800.767.4411 #2 (Brown Deer) 11101 W. Lincoln Ave. 414.327.3000 #2 (West Allis) Med. Clearance: as needed Accepts MA w/ HMO	<u>Aspirus Rhinelander</u> 2251 N Shore Dr. (Rhinelander) 715.361.2020 Med. Clearance: required Accepts MA	<u>Watertown Regional</u> 125 Hospital Dr. (Watertown) 920.390.7303 Ages: 55 & Up Med. Clearance: required Accepts MA w/ HMO
<u>Brown County Community Treatment Center</u> 3150 Gershwin Dr (Green Bay) Only Brown County residents - Crisis Center referral required Unlocked unit available Accepts MA		

- Only Bellin Psychiatric Center (BPC) and Willow Creek (WC) are contracted for Emergency Detentions (ED) for adolescents in Brown County.
- If they are unable to accommodate, placement moves on to Winnebago Mental Health Institute (WMHI)
- Brown County has no Youth Diversion options
- Respite can only be explored if a youth is case managed by CPS




Statistics





Overall Stats

- 880 contacts with children/adolescents in the past 12 months
 - 8.9 % of these contacts resulted in an Emergency Detention
 - 19.3% of these contacts resulted in a voluntary placement
 - 69.65 % resulted in a safety plan
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Ages 5-10

- 79 contacts
 - 16 ongoing contacts
 - 4 screened in for Crisis Plans
 - 1 Crisis Plan on file
 - 19 case managed
 - 40 suicidal ideations, 10 homicidal ideations
 - 21 received inpatient care, 6 of those were involuntary
 - 1 ED to BPC
 - 5 ED's to WMHI

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Ages 11-13

- 154 contacts
 - 21 ongoing contacts
 - 5 screened in for Crisis Plans
 - 1 Crisis Plan on file
 - 16 case managed
 - 126 suicidal ideation, 13 homicidal ideation
 - 46 received inpatient care, 12 of which were involuntary
 - 6 ED's to BPC
 - 3 ED's to WC
 - 3 ED's to WMHI



Ages 14-19

- 647 contacts
 - 154 are case managed
 - 30 screened in for Crisis Plans
 - 16 have Crisis Plans on file
 - 194 Ongoing contacts
 - 153 case managed
 - 558 suicidal ideations, 21 homicidal ideations
 - 200 received inpatient care, 79 of which were involuntary
 - 9 ED's to BPC
 - 7 ED's to NPC
 - 14 ED's to WC
 - 42 ED's to WMHI
 - 7 RFC's to WMHI

Diagnoses Seen....



Major
Disorder
Bipolar
OCD
Personality
Depression
PTSD
Autism
ODD
Disability
RAD
GAD
DMDD
Intellectual
Borderline
Spectrum
ADHD

Common Themes with High Risk Repeat Cases



Kids with highly aggressive behaviors (ODD, ASD, RAD, BPD)

Trauma history
Harming other children or vulnerable family members at home



Not appropriate for most psychiatric facilities



Sometimes not meeting criteria for emergency placement



Behaviors leading to eviction from rental properties, expulsion from school



Questions?