Wisconsin Counties Association

2025 ANNUAL CONFERENCE GAME DAY

3:30 – 4:30 PM

Crisis Care Facilities: No-Wrong-Door Access to Mental Health

Crisis Now and Crisis Care Facilities (CCFs)

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Disclaimer

The information shared in this slide deck is based off the Wis. Admin. Code ch. DHS 31 emergency rule order published June 16, 2025. This information is subject to change based off the publication of the Wis. Admin. Code ch. DHS 31 permanent rule order.

Crisis Services

Emergency mental health services programs
(Wis. Admin. Code ch. DHS 34)

- Only counties can be certified crisis programs.
- Many counties contract with private vendors for one or more service(s).
- Sixty-five counties have Subchapter III certification which allows for medical assistance reimbursement for services provided.
- Division of Quality Assurance certifies and surveys programs.

Service Requirements

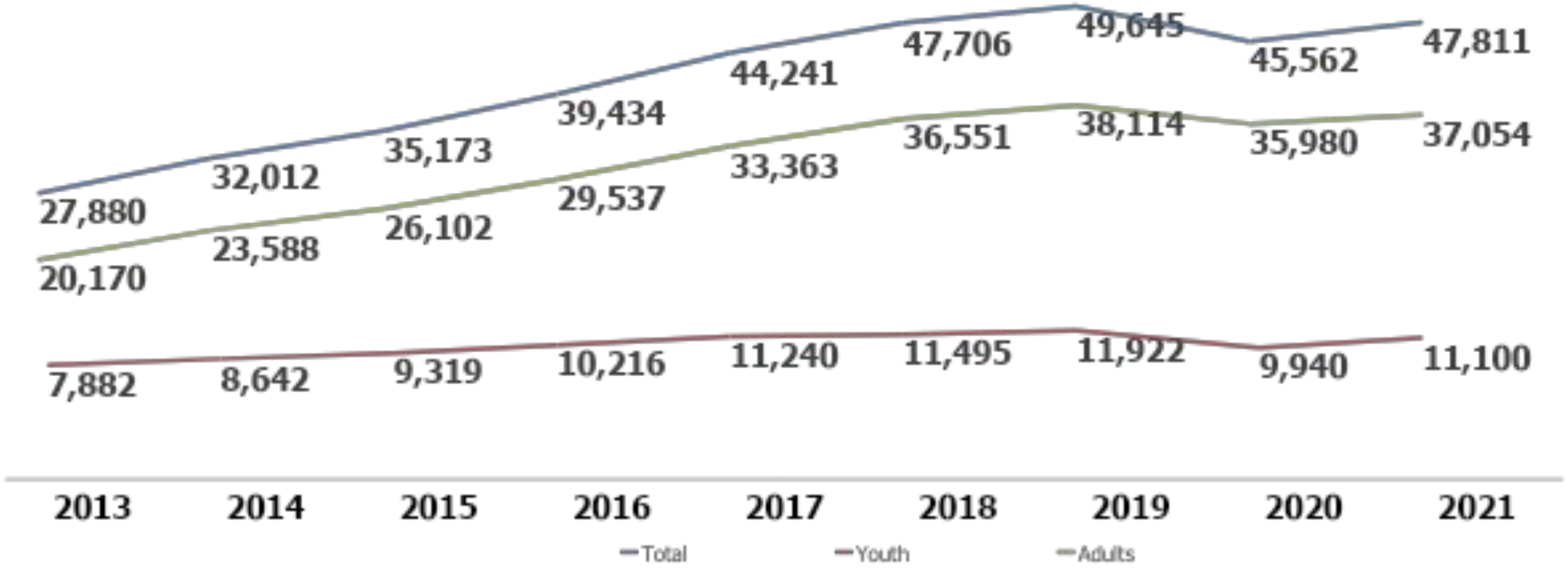
- 24/7 phone service
- 8 hours/7-day per week mobile crisis services
- 8 hours/5-day per week walk-in crisis services
- 24/7 short-term voluntary and involuntary hospital
- 24/7 linkage and coordination
- Services for youth and adolescents

Crisis stabilization is an optional service.

Crisis Services and Wis. Stat. ch. 51

- Wisconsin counties, regardless of Wis. Admin. Code ch. DHS 34 certification are responsible for the provision of emergency mental health services to people in their county.
- Wisconsin Stat. § 51.15 requires county authorized personnel to complete a crisis assessment and approve law enforcement emergency detentions.

Unique Individuals Receiving Crisis Services, 2013-2021



Unique adults receiving crisis services increased by 83.71% from 2013 to 2021.

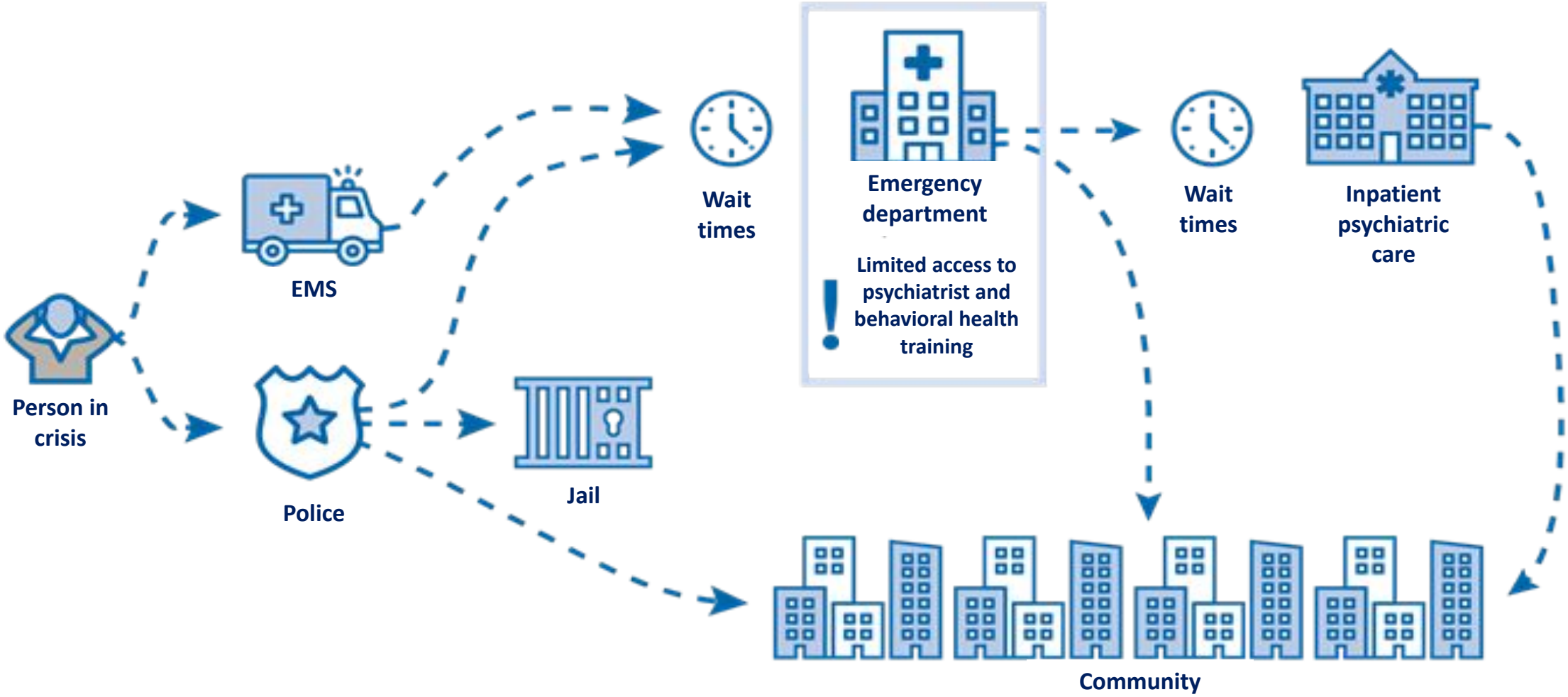
Challenges and Barriers

Seventy-two different crisis programs

- Provision of services can be inconsistent and disjointed
- Resource access dependent on where the crisis occurs
- Few specialized crisis services (youth, people living with dementia, intellectual disability/developmental disability, etc.)

Challenges and Barriers

Overreliance on law enforcement and emergency departments



Crisis Now Model

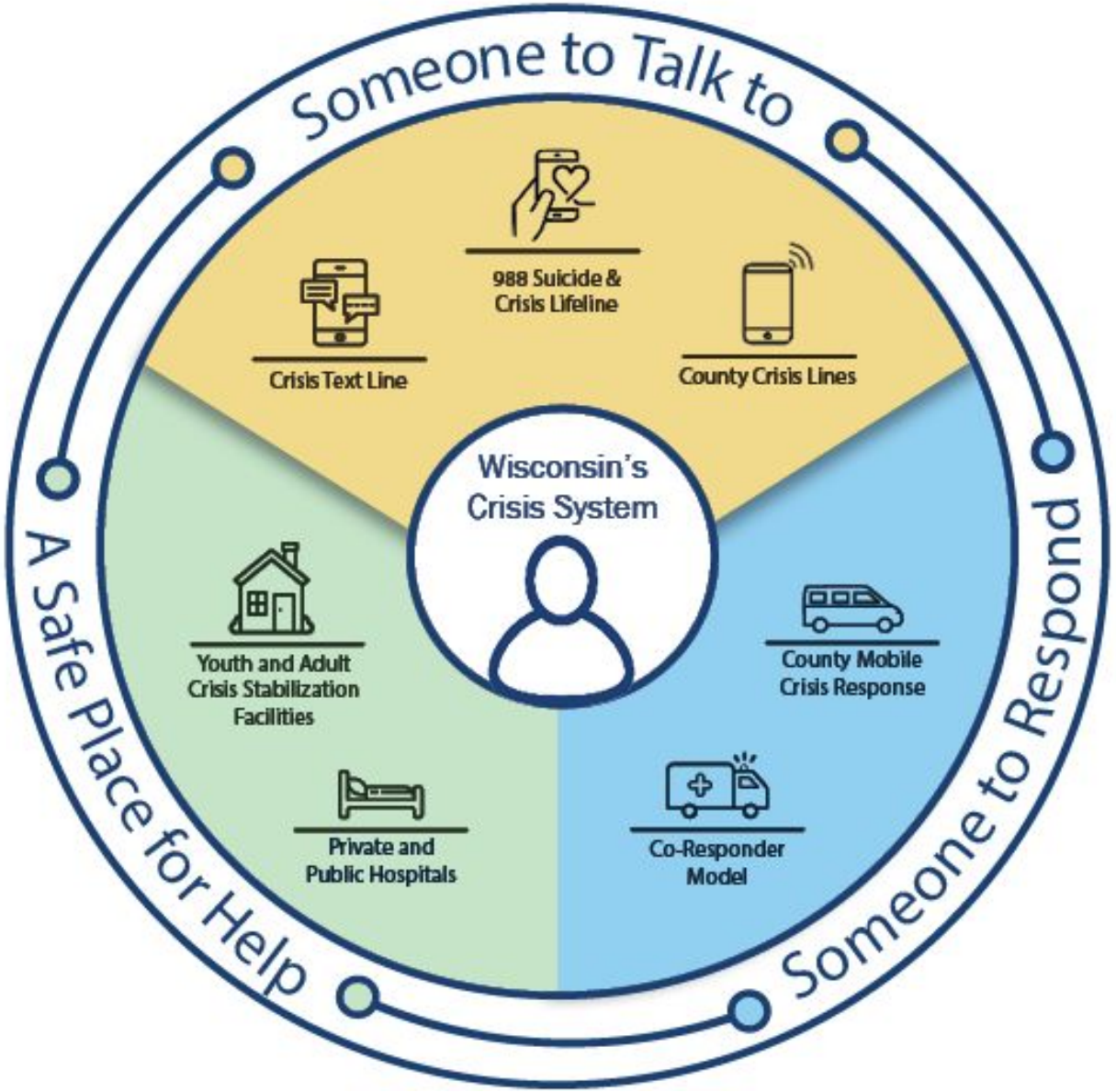
Someone to talk to, someone to respond,
and a safe place to get help

The Crisis Now Model: Core Elements

1. Regional 24/7 crisis call centers
2. Statewide, 24/7 mobile crisis teams deployed by crisis call center staff
3. Crisis stabilization and residential facilities
4. Use of essential principles and practices throughout the system (examples: trauma-informed care and practice, Zero Suicide model, Suicide Safer Care practices, use of peers)

Wisconsin Crisis Continuum

Crisis Care Facilities



Beginning of CCFs – 2023 Wis. Act 249

- Enacted in March 2024
- Created Wis. Stat. § 51.036 – Crisis urgent care and observation facilities [we call them crisis care facilities (CCFs)]
- Directed DHS to create emergency and permanent rules for the certification of CCFs (Wis. Admin. Code ch. DHS 31)
- Created an opportunity for public and private entities, including hospitals, to seek certification to operate a CCF and to enroll in Medicaid to be reimbursed for crisis services provided at a CCF

Winnebago Mental Health Admissions

Time until discharge and readmission at WMHI, 2013-2021

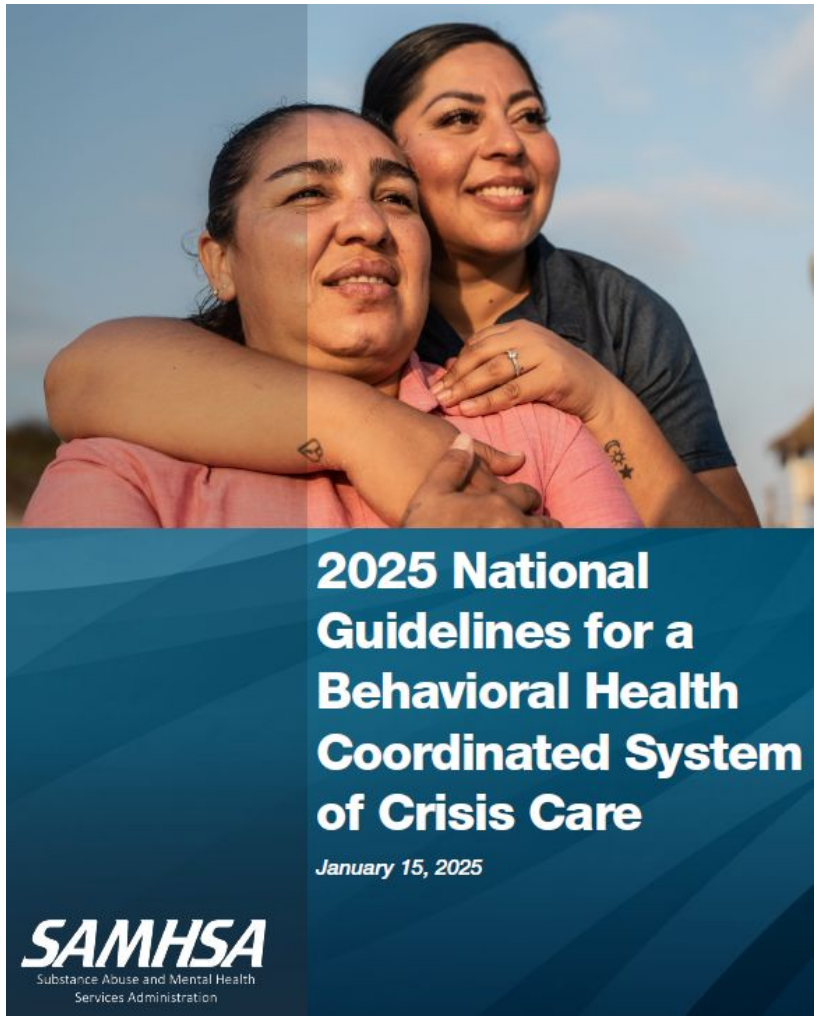
Variable	Rate
Discharged in three or fewer business days	52%
Discharged in five or fewer business days	61%
Readmitted within 30 calendar days	6%
Readmitted within one year	18%

Why a CCF?

- Provides a less restrictive setting option
- Provides an integrated care approach for people with mental health and substance use related crises
- Provides crisis specific services
- Aligns with the goal to provide people in crisis the right care at the right time and in the right place

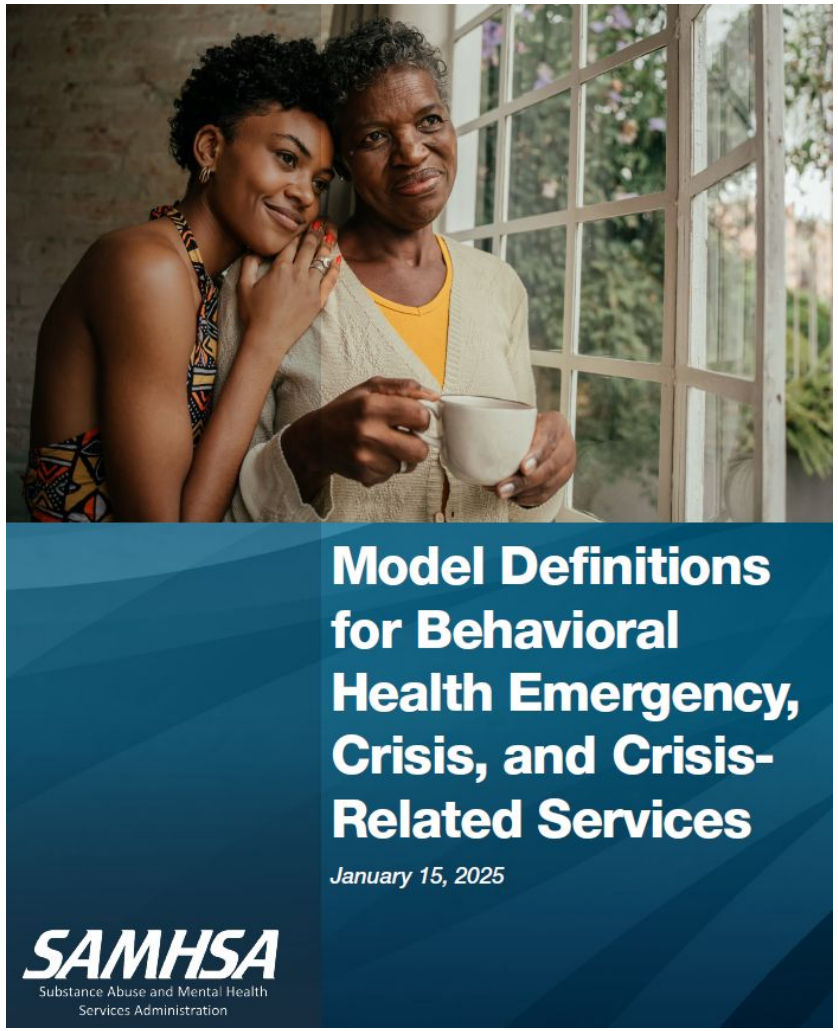
National Guidelines

- Released January 2025
- Three essential elements of crisis care:
  - Someone to contact: 988 and other crisis lines
  - Someone to respond: mobile crisis and outreach services
  - **A safe place for help: emergency and crisis stabilization services**



National Guidelines

- Model definitions published with national guidelines.
- CCFs are no to low barrier, and referral based.
- CCFs are intended to serve as:
  - Behavioral health urgent care.
  - High-intensity behavioral health extended stabilization centers.



What is a CCF?

- Defined as a "treatment **facility** that admits an individual to prevent, de-escalate, or treat the individual's mental health or substance use disorder and includes the necessary structure and staff to support the individual's needs relating to the mental health or substance use disorder"
- 24/7 walk-in care for voluntary clients
- Observation capabilities with clients being provided services they need to the extent they need them
- Stabilization care to support voluntary and involuntary people for up to five days

VIDEO: 707 Crisis Center in Detroit, Michigan

https://www.youtube.com/watch?v=LABq9l7C1-4

Who is a CCF for?

- Voluntary people in crisis requesting services.
- Involuntary persons on a Wis. Stat. § 51.15 emergency detention initiated by law enforcement and county personnel or the treatment director.
- People with acute symptoms and people who are at high risk for suicide.

Who is a CCF not for?

- Those with long-term psychiatric care needs, residential substance use treatment, or rehabilitative needs.
- Those in need of ongoing and more permanent placement.
- Involuntary persons on an involuntary order other than a Wis. Stat. § 51.15 emergency detention.

The CCF Space

- There are separate youth and adult spaces if the CCF is certified to serve youth.
- There is a designated and clearly identified entry for voluntary persons to access walk-in services.
- There is a designated and separate entrance for people accompanied by law enforcement.
- A CCF may choose to provide care to clients with stays less than 24 hours on an observation unit where clients are served and observed in an open milieu space.

The CCF Space

- A single or double occupancy room must be available for people staying 24 hours or longer.
- A CCF must have a locked unit to accommodate persons on emergency detention. People seeking care voluntarily may be served on this unit.

Services at a CCF

- Initial screening to determine need, medical appropriateness, and risk
- Assessments include:
  - Nursing assessment
  - Behavioral health assessment
  - Risk assessment
  - Additional assessments and reassessments dependent on need
- Crisis intervention services

Services at a CCF

- Services include basic needs, including time for de-escalation, stabilization, and symptom reduction
- Treatment for minor physical health concerns
  - Nursing care available 24/7
  - Medical clearance is not required for admission

Goal of care is to reduce a client's acute crisis symptoms and connect them to ongoing care.

Care Coordination

- A CCF must work with external crisis partners.
- A CCF must work with counties on admissions, discharges, and civil mental health proceedings.
- A CCF must work with other behavioral health providers to coordinate transition and ongoing care.
- Care coordination efforts must be included as part of a discharge plan.

Required Personnel

- Treatment director or designee available 24/7
  Has responsibility and authority under Wis. Stat. § 51.15(4)(b) to detain and convert involuntary persons to voluntary status
- Nursing administrator or designee on-site 24/7
- Clinical director or designee available 24/7
- Program administrator

VIDEO: Network 180 Crisis Care Center

- Opened in 2024
- Located in Grand Rapids, MI
- 10 months of operation
  - 2,500 served in brief intervention (≈8 per day)
  - 1,300 served in crisis stabilization unit (≈4 per day)

Key Differences: CCFs, Crisis Hostels, and Crisis Stabilization Facilities

Feature	Crisis Care Facility	Crisis Hostel (coming soon)	Crisis Stabilization Facility (Youth and Adults)
Access	Walk-in for voluntary Referral for involuntary	Referral required	Referral required
Client type	Voluntary and involuntary	Voluntary	Voluntary
Length of Stay	Hours to 5 days	Up to 24 hours	3-5 days, can be longer
Setting	Clinical and partially secure	Community-based	Community-based, residential
Goal	Assessment and stabilization of acute crisis symptoms	Very short-term stabilization	Short-term stabilization

Key Differences: CCFs and Inpatient Psychiatric Units

Feature	Crisis Care Facility	Inpatient Psychiatric Unit
Access	Walk-in for voluntary Referral for involuntary	Referral and medical clearance required
Client type	Voluntary and involuntary individuals experiencing a crisis	Voluntary* and involuntary individuals in need of psychiatric treatment
Length of stay	Hours to 5 days	Several days to weeks
Setting	Clinical and partially secure	Structured, medical/hospital, secure options
Goal	Assessment and stabilization of acute crisis symptoms	Psychiatric treatment and rehabilitation

*Winnebago Mental Health Institute does not accept voluntary admissions.

Facility-Based Crisis Care Continuum

Certification

- Two-step certification process
  1. Submit an approval form to the Division of Care and Treatment Services
  2. When approved to apply for certification, submit a certification application to the Division of Quality Assurance.
- Certification is non-expiring and is reviewed every two years by Division of Quality Assurance.

Medicaid Reimbursement

- A certified CCF is able to seek Medicaid certification to bill Medicaid for services provided.
- The Division of Medicaid Services is in the early stages of policy work and rate setting.
- Information on Medicaid coverage policy and reimbursement rates will be shared when available.

Wis. Admin. Code ch. DHS 31 Timeline

- Emergency rule order published June 16, 2025.
- Permanent rule order expected to be published in spring of 2026.
- Funding in state appropriations to support the development and implementation of 1-2 facilities through a grant funding opportunity.

Questions?

Thank you

Learn more on the DHS website:
Crisis Services: A Safe Place for Help

Email CCF questions to:
DHSDCTSCCF@dhs.Wisconsin.gov