

# MENTAL HEALTH CRISIS

## Overview of Chapter 51 & Crisis Services

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# Working Definition of Crisis

“Crisis” means a situation caused by an individual’s *apparent mental disorder* which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. (From Wisconsin DHS 34)

*Consider who is in crisis - who needs crisis response*

*Each crisis is unique and requires an appropriate response*

# Mental Health and the Law

## Chapter 51 of Wisconsin State Statutes: The Mental Health Act

- Roles of States and Counties in providing an array of MH/substance abuse services
- Procedures for voluntary admissions to inpatient facilities
- Standards for civil commitment
- Defines the rights of patients receiving mental health care

*Strong focus on protecting individual rights and civil liberties favoring voluntary treatment over involuntary treatment, “least restrictive means.”*



# Mental Health and the Law

## Common Reference Citations

- 51.10 – Voluntary Admission of Adults
- 51.13 – Voluntary Admission of Minors
- **51.15 – Emergency Detention** (primary focus for this presentation)
- 51.20 – Involuntary Commitment for Treatment
- 51.42 – Community Mental Health, Developmental Disabilities, Alcoholism and Drug Abuse Services
- 51.45 – Prevention & Control of Alcoholism (Protective Custody)
- 51.67 – Alternate Procedure for Protective Services

# 10 Essential Values for Crisis Response (SAMSHA.GOV)

- Avoiding Harm
- Intervening in Person-Centered Ways
- Shared Responsibility
- Addressing Trauma
- Establishing Feelings of Personal Safety
- Based on Strengths
- The Whole Person
- The Person as a Credible Source
- Recovery, Resilience, and Natural Supports
- Prevention

# Resources for Mental Health Crisis

## Local Resources

- Impact 211
- [Waukesha County Dedicated Line \(262\) 547-3388](tel:(262)547-3388)
- Hospital ER
- Established physician or MH provider
- Private inpatient hospitals
- NAMI Waukesha – Peer line/Educational support
- Waukesha County DHHS

## National Resources

- National Suicide Hotline: 1-800-273-TALK (8255)
- [Chat.suicidepreventionlifeline.org](https://www.chat.suicidepreventionlifeline.org)
- Hopeline: Text HOPELINE to 741741

# Waukesha County Mental Health Crisis Service Array

Impact 211 Resource  
Line and 24/7  
Supportive Listening

WC Mental Health  
Center Adult  
Psychiatric Unit

WCDHHS Outpatient  
Mental Health &  
Substance Use Clinic &  
Court Monitoring  
Services

WCDHHS Mobile Crisis  
Intervention Services

# WCDHHS Mobile Crisis Intervention Services



WCDHHS – 514 Riverview Avenue, Waukesha

- DHS 34 Certified Crisis Program provided through DHHS – Outpatient Mental Health Clinic (51.42 Board)
- Crisis services are clinical services. All face to face clinical services are billable services.
- Crisis Services are voluntary unless mandated by law enforcement to determine the need for an emergency detention.



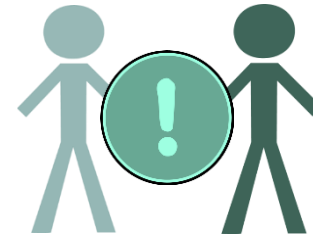
Phone ● Walk-in (during clinic hours) ●  
Mobile in the Community



Team of 14 Crisis Workers  
(7 full-time staff, 6 Limited Term)



# Mobile Crisis Service Flow



Person calls for help regarding a crisis

Caller is connected with crisis worker

Crisis worker assesses immediate risk

Plan of immediate safety is developed

Services provided by phone or in-person

*Homes • Schools • Community • Hospitals • Shelters & Walk-in at WCDHHS*

*Services are billable and covered by most health insurance carriers.*

# Mobile Crisis Risk Assessment



What kind of risk does a crisis worker assess for?

- Suicidal ideation or attempt
- Self-harming behavior
- Homicidal ideation related to mental status
- Dangerous behavior related to impaired judgment
- Inability to care for self due to age, illness, or disability
- Inability to protect self from harm or injury due to age, illness, or disability

# Mobile Crisis Clinical Judgment



## What factors go into a crisis worker's decision?

- Chapter 51 – Least Restrictive Means (Similar to Chapters 48 & 938) – i.e. voluntary v. involuntary/ community based intervention v. institutional placement
- Clinical Assessment of person in crisis – via phone or face to face contact
- Parent/child/subject's willingness to engage in plan and other recommendations to address immediate risk
- History of previous crisis contacts with the subject
- Other supports/services that might be available to mitigate the crisis and reduce risk

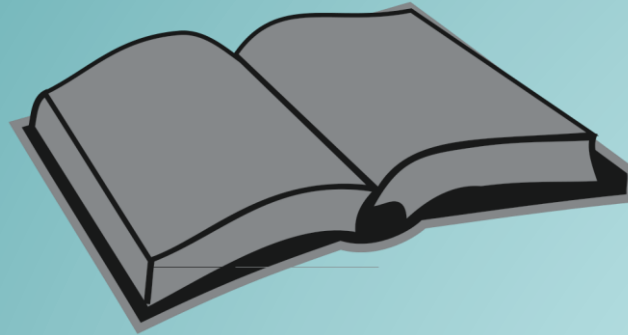
# Mobile Crisis Response



What are possible outcomes of crisis intervention?

- Safety Plan (Voluntary)
- Voluntary Hospitalization (Voluntary)
- Emergency Detention (Involuntary, Chapter 51.15)
  - This is a civil court process...not a criminal court process

# Mobile Crisis Response



Chapter 51 contains MANY references for voluntary treatment

51.61(1)(e): Subject has the right to be treated in the least restrictive manner necessary to achieve the purpose of treatment

51.15(2): HHS can only approve a detention if it reasonably believes the Subject will not voluntarily consent to the treatment necessary to remove the probability of harm/injury



## Safety Plan

- All parties agree to a specific plan of short-term steps to ensure immediate safety (next 12-24 hours) to keep the person/child safe and out of the hospital
- Uses natural supports as much as possible
- Builds on strategies of previous successes
- Can use formal supports or other services, as necessary

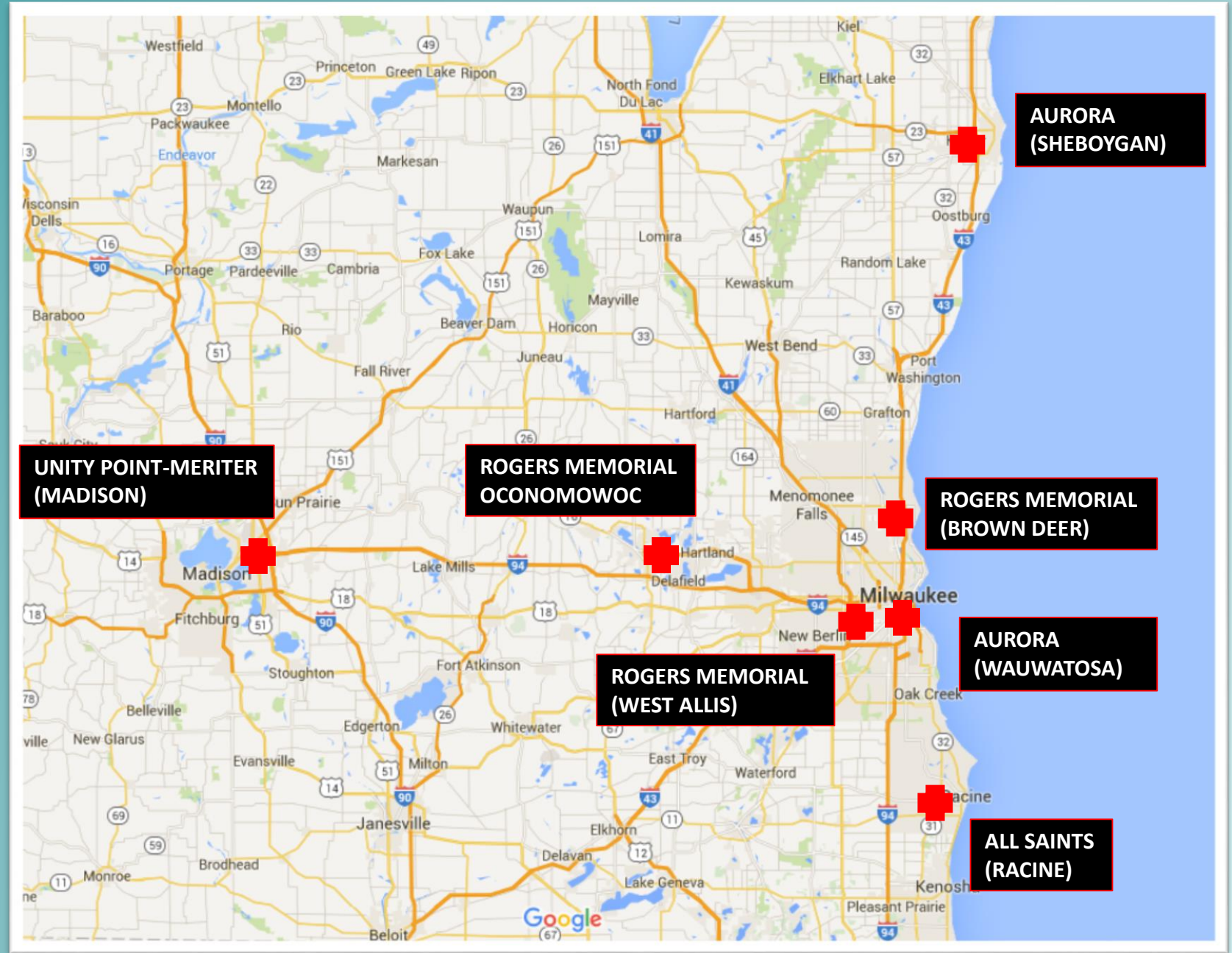


## Voluntary Hospitalization

- Short-term treatment to address acute psychiatric symptoms, i.e. immediate suicidal risk
- Patients must meet medical necessity for admission
- Average length of first admission 5-7 days, (many admissions are shorter)
- For youth, consent of one parent/guardian is always needed for voluntary admission
  1. Youth under 14 are signed in by guardian and do NOT provide consent.
  2. Youth 14-17 must provide consent -in addition to parental/guardian consent for treatment- for a voluntary admission.

# Hospitals with Child/Adolescent Inpatient Units

Seven private\* hospitals  
within 80 miles of  
Waukesha County



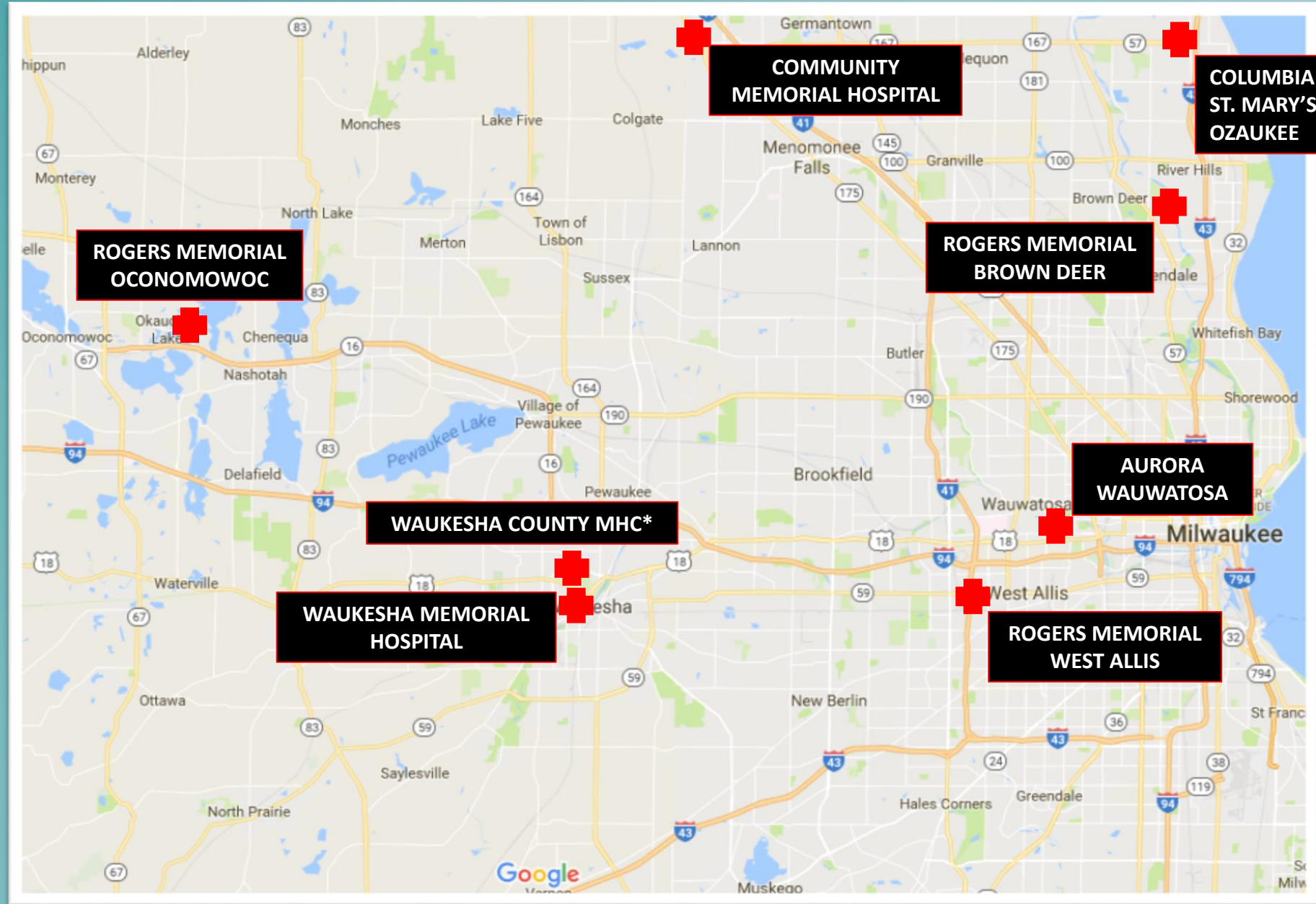
\*Milwaukee County C.A.I.S. and Winnebago Mental Health Institute are public hospitals with child/adolescent psychiatric units



# Hospitals with Adult Inpatient Units

Several other options in Milwaukee County area and statewide

\*WCMHC is voluntary option for Waukesha County residents only



*Winnebago Mental Health Institute and Mendota Mental Health Institute are public hospitals with adult units*

## **Emergency Detention Chapter 51.15**

- Chapter 51.15 allows Law Enforcement to take a person into secure custody because he/she poses a significant risk of harm to self/others; this risk is assessed to be related due to Mental illness, developmental disability, or drug dependence
- In these situations, a crisis worker completes a CRISIS ASSESSMENT and authorizes the need for an Emergency Detention.
- An Emergency Detention initiates the process to assess the need for Involuntary Treatment
- An Emergency Detention can last up to 72 hours, not including weekend or holidays

## Emergency Detention Criteria

1. Mentally ill, drug dependent, or developmentally disabled, (a proper subject for treatment)
2. Dangerous by Chapter 51 standards, i.e. substantial probability of harm to self or others due to thoughts or behaviors related to:
  1. Suicidal Acts, Threats, or Omissions
  2. Homicidal Acts, Threats, or Omissions
  3. Impaired Judgement
  4. Inability to meet Basic Needs
3. Reasonably believed to be unwilling or unable to cooperate with voluntary treatment

## Emergency Detention Procedure

- Once a crisis worker approves the ED, Law enforcement places a person into custody.
- The Subject is taken for medical clearance and then to an inpatient facility for assessment.
- Within 24 hours of admission to an inpatient unit, a psychiatrist assesses the subject's mental health status, their need for continued inpatient treatment, and their ability to participate in services on a voluntary versus an involuntary treatment hold. Psychiatrist works with Office of Corporation Counsel and the DHHS 51.42 Board regarding treatment recommendations for the patient.

# Emergency Detention Possible Outcomes

## Dismissal

- No further court intervention. Client may agree to voluntary services, including to remain inpatient.

## Settlement Agreement

- Client enters legal agreement to voluntarily engage in inpatient/outpatient treatment for up to 90 days.
- 51.42 Board monitors compliance with treatment
- If non-compliant, client can be brought back to inpatient care and to court to reconsider involuntary (commitment)

## Hold for Final Hearing

- Client typically remains inpatient at least until Final Hearing.
- Court appoints two independent examiners who make recommendations to the court.
- 51.42 Board develops treatment and coordinates services for term of commitment.

# Receiving Facility for a Juvenile ED

## Milwaukee County CAIS (Most times)

Watertown Plank Road ♦ Enter through Psychiatric Crisis Services (PCS)

### What if parents object to the treatment facility?

- Ultimately parents cannot choose the facility when treatment is involuntary
- Parents can request a transfer after initial assessment; inpatient doctor and 51.42 Board would have to approve.

### What if CAIS is not accepting Waukesha County juveniles?

- Waukesha County HHS will determine the appropriate receiving facility
- Winnebago is the choice of last resort- distance, cost

# Receiving Facility for an Adult ED

WCMHC (Most times)



If WCMHC does not or cannot accept a patient, the MHC charge nurse will identify an alternate treatment facility.

# Other Ways to Initiate Involuntary Treatment



**Three Party Petition (51.20)** – Three persons sign sworn affidavits which indicate their knowledge of how a person meets Chapter 51 criteria:

- Mentally ill, drug dependent or developmentally disabled
- Dangerous based on standards noted above
- Refusing voluntary treatment



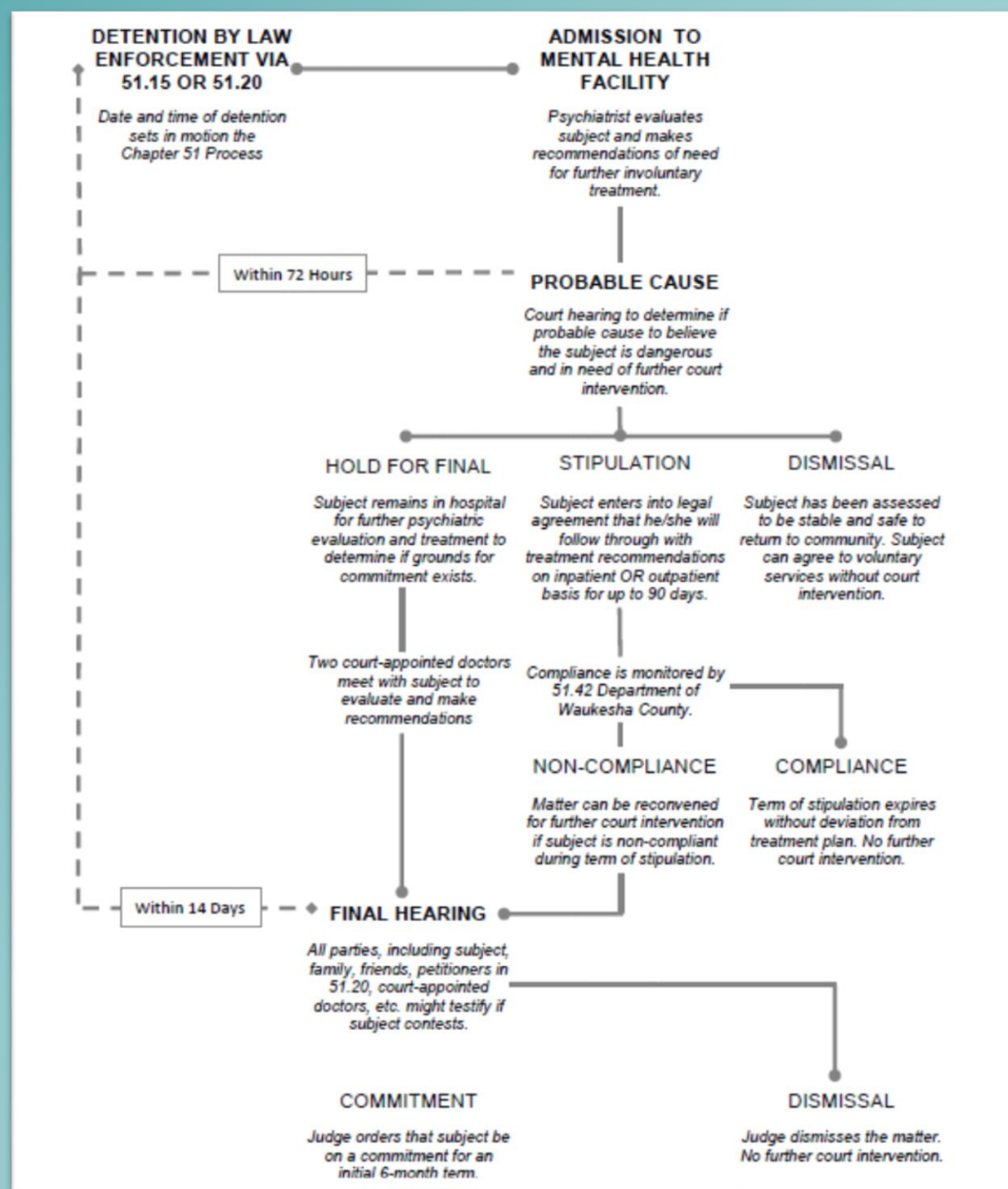
**5<sup>th</sup> Standard Evaluation (51.20)** – A person has to meet the following conditions:

- Have psychiatric treatment history
- Inability to make informed choices to accept or refuse treatment
- A pattern of behavior that shows the person has lost ability to control thoughts and/or actions, and/or will lose independence in the community
- The person will experience significant mental, emotional, or physical harm if left untreated

Waukesha County Corporation Counsel takes all referrals for 3PPs or 5<sup>th</sup> Standard cases. Crisis may be involved to screen for appropriateness of involuntary intervention.



# Chapter 51 Involuntary Treatment Flow Chart



# Court Monitoring Services

## Who Monitors?

- Outpatient Clinic Staff (2 staff)
- Intensive Outpatient staff (various staff)

## Monitoring Functions?

- Monitor if the client is following conditions of their commitment or settlement agreement
  - Least restrictive and focus on recovery principles
  - Time limits to commitments and settlement agreements
  - Remain in outpatient services
  - Determine if hospitalization may be necessary again (conditions not met and deterioration of mental health status)
- Check-in with providers
- Help link to treatment services
- Link to crisis services

# Questions or Comments?



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