Crisis Services and Emergency Detentions Statewide, 2013-2021

WISCONSIN DEPARTMENT of HEALTH SERVICES

Table of Contents

Executive Summary

This report examines the use of crisis services and emergency detentions in Wisconsin from 2013 to 2021. The major findings include:

- The number and rate of unique individuals (youth, adults, overall population) receiving crisis services increased between 2013 and 2021.
- There is significant variation in the use of crisis services (youth, adults, overall population) across counties between 2013 and 2021.
- The number and rate of emergency detentions (youth, adults, overall population) declined between 2013 and 2021.
- There is significant variation in emergency detentions (youth, adults, overall population) across counties between 2013 and 2021.
- There are racial disparities among emergency detentions between 2013 and 2021. Black, multiracial, and Indigenous people are overrepresented among emergency detentions.
- Despite emergency detentions declining across the state, the number of emergency detentions and the proportion of emergency detentions that were admitted to Winnebago Mental Health Institute increased substantially between 2013 and 2021.
- The mean length of stay at Winnebago Mental Health Institute was 10.5 calendar days and 7.4 business days.
- 52.15% of emergency detentions admitted to Winnebago Mental Health Institute were discharged in 3 or fewer business days.
- 6.26% of emergency detentions discharged from Winnebago Mental Health Institute were readmitted within 30 days and 18.26% were readmitted within 12 months.
- The length of stay at Winnebago Mental Health Institute for individuals 18-64 was 10.89 calendar days and 12.76 calendar days for those 65 and older.
- 9.62% of Winnebago Mental Health Institute admissions received Comprehensive Community Services or Community Support Programs care in the 90 days preceding an emergency detention.
- 70.74% of emergency detentions admitted to Winnebago Mental Health Institute were Medicaid members as of their admission date and 32.49% of emergency detentions admitted to Winnebago Mental Health Institute were managed care members as of their admission date.

Introduction

This report examines statewide trends in adult and youth involuntary emergency civil detentions psychiatric hospitalizations (emergency detentions) and the provision of emergency mental health service programs (crisis services) from 2013 to 2021. The report also includes an analysis of variation in emergency detentions and crisis services across counties for those same years. The data used in this report was extracted in 2022 and 2023 to ensure year-to-year consistency in the methods used to extract and clean the data.

This project includes the following analyses:
1. An examination of the trends in crisis services rates and counts in Wisconsin from 2013 to 2021 for the entire population, youth, and adults.
2. An exploration of variation in crisis services rates and counts across Wisconsin counties from 2013 to 2021 for the entire population, youth, and adults.
3. A study of the trends in emergency detention rates and counts in Wisconsin from 2013 to 2021 for the entire population, youth, and adults.
4. An exploration of variation in emergency detention rates and counts across Wisconsin counties from 2013 to 2021 for the entire population, youth, and adults.
5. An examination of the statewide demographics of emergency detentions (racial and ethnic composition, gender composition, and age).
6. An investigation of the trends in the number of emergency detentions admitted to WMHI and the proportion of all emergency detentions in the state that are admitted to WMHI.
7. An examination of the mean length of stay for all individuals admitted to WMHI and a comparison of the length of stay between individuals ages 18-64 and those 65 and older.
8. An identification of the proportion of readmissions following an emergency detention within 30 calendar days and 12 months of the discharge date.
9. An examination of the percentage of emergency detentions where the individual was a Medicaid member at the time of the admission.
10. An identification of the proportion of emergency detentions admitted to WMHI who are enrolled in managed care programs at the time of admission.
11. An examination of the number of emergency detentions for individuals enrolled in BadgerCare Plus Managed Care, Supplemental Security Income Managed Care, and FamilyCare.
12. An Identification of the length of stay at WMHI for emergency detentions enrolled in BadgerCare Plus Managed Care, Supplemental Security Income Managed Care, and FamilyCare.
13. An exploration of the proportion of emergency detentions admitted to WMHI who received care through Comprehensive Community Services and Community Support Programs in the three months preceding an emergency detention.

Trends in Crisis Services

This section focuses on the use of crisis services in Wisconsin. This section begins by examining trends in the rates and counts of unique individuals receiving crisis services across the state. Data used in the analysis comes from Program Participation System (PPS), Medicaid claims data, the Wisconsin Interactive Statistics on Health (WISH), and the American Community Survey (ACS). The PPS and Medicaid data were combined to create a single dataset containing all crisis services in the Medicaid claim and PPS data. From that combined dataset, unique individuals were identified using an individual's last name, first name, and date of birth. The figures presented in this section represent the number of unique individuals who received one or more crisis services rather than the number or volume of crisis services provided to all individuals in a given year.

The WISH and ACS population data were used to create the denominator when generating the crisis services rates for the state. The WISH data were used for 2013 to 2020, but the ACS data was used for 2021 because 2021 WISH data was unavailable at the time of the analysis. To calculate the overall state crisis services rate, the number of unique individuals receiving crisis services was divided by the state population and multiplied by 1,000 to calculate the number of individuals receiving crisis services per 1,000 residents. The youth crisis services rate was generated by dividing the number of unique youth (those under 18 years-old) who received crisis services by the number of Wisconsin residents under 18 and multiplying that figure by 1,000. Meanwhile, the adult crisis services rate was calculated by dividing the number of adults receiving crisis services by the number of Wisconsin residents 18 years of age and older and multiplying that value by 1,000. The age of unique individuals who received crisis services was calculated on the day that a service was rendered. As a result, individuals may receive services as youth and adults within the same year. While those individuals count toward both the adult and youth figures, they only count once toward the total number of unique individuals receiving services regardless of age.

Figure 1 displays the trends in the rate of unique individuals receiving crisis services between 2013 and 2021. The rate of unique individuals receiving crisis services increases from 4.86 individuals per 1,000 to 8.14 per 1,000. This is an increase of 67.49% over nine years. The rate of unique individuals receiving crisis services peaked in 2019 with 8.50 individuals per 1,000 residents received one or more crisis service.

Figure 1. Rate of Unique Individuals Receiving Crisis Services, 2013-2021
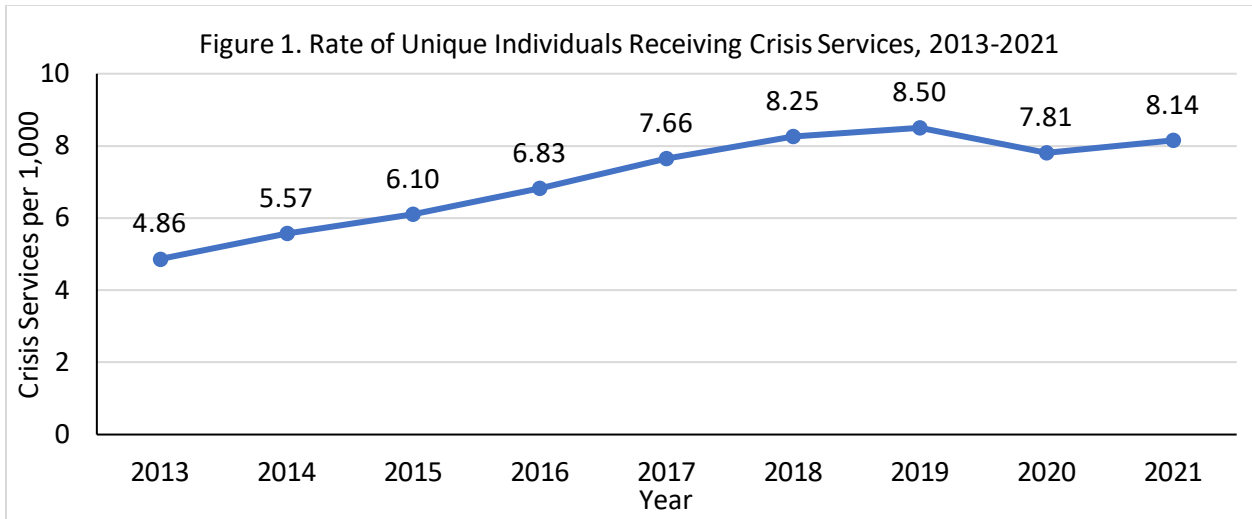
Figure 2 illustrates trends in the youth crisis services rate. Like the overall rate, the youth crisis services rate increases over the period. Specifically, the youth crisis services rate increases from 6.04 per 1,000 youth in 2013 to 8.59 per 1,000 youth in 2021. This is an increase of 42.22%. While the use of crisis services declines from a peak of 9.37 in 2019 to 7.80 in 2020, it rebounds to 8.59 in 2021.

Figure 2. Rate of Unique Youth Experiencing Crisis Services, 2013-2021
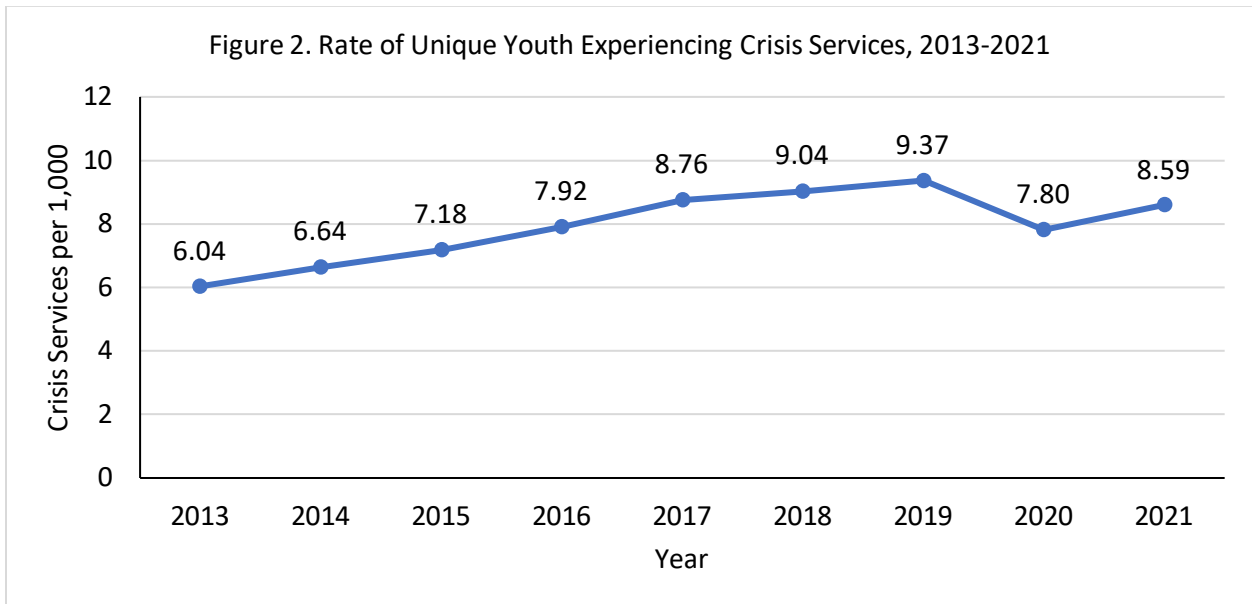
Finally, figure 3 displays the rate of unique adults receiving crisis services per 1,000 adults. The results follow a similar pattern to those displayed in figures 1 and 2. Specifically, the adult crisis services rate increases from 4.56 per 1,000 in 2013 to 8.09 in 2021 and peaks at 8.34 per 1,000 in 2019. Over the period, the adult crisis services rate increased by 77.41%.

Figure 3. Rate of Unique Adults Receiving Crisis Services, 2013-2021

Crisis Services per 1,000

Year	Rate
2013	4.56
2014	5.30
2015	5.84
2016	6.59
2017	7.42
2018	8.11
2019	8.34
2020	7.89
2021	8.09
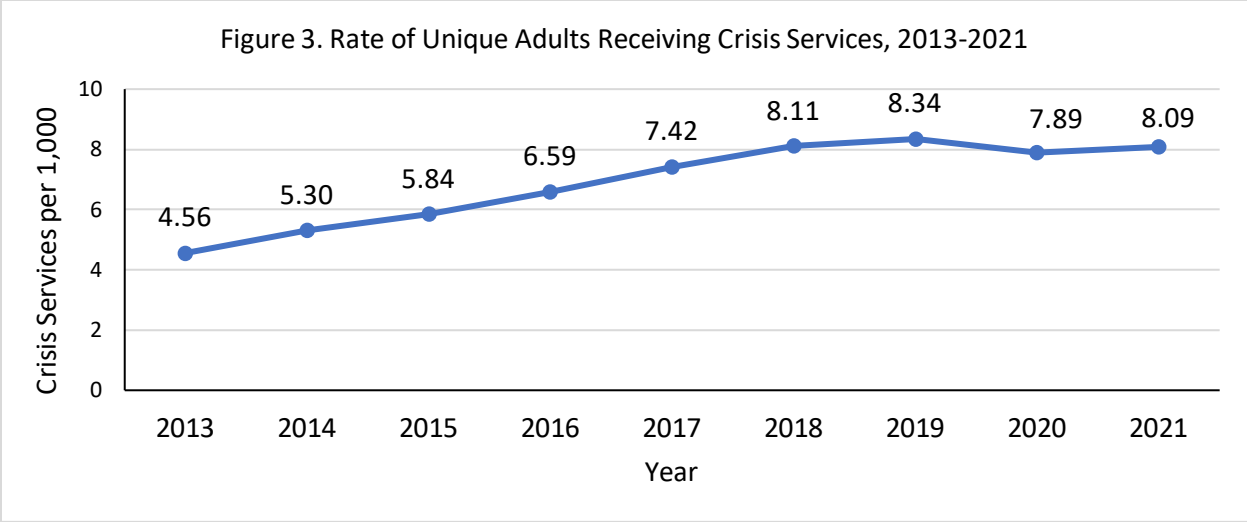
Figure 4 presents the number of unique individuals, unique youth and unique adults receiving crisis services. Some individuals may have received services as both youth and adults within the same year (they receive services prior to their 18th birthday and after they turn 18 in the same year). Some individuals did not have a birthday listed in the data so they could not be designated as youth or adults. Overall, the total number of unique individuals receiving crisis services increased from 27,880 in 2013 to 47,811 in 2021 (an increase of 71.49%). The number of unique individuals receiving crisis services peaked in 2019 at 49,645 individuals. Meanwhile, the number of youth receiving crisis services increased by 40.83% from 7,882 in 2013 to 11,100 in 2021 with a peak of 11,922 in 2019. Finally, unique adults receiving crisis services increased from 20,170 to 37,054 between 2013 and 2021. This was an increase of 83.71%. The greatest number of adults receiving crisis services was 38,114 in 2019.

Figure 4. Unique Individuals Receiving Crisis Services, 2013-2021

Crisis Services Provided

Year	Total	Youth	Adults
2013	27,880	7,882	20,170
2014	32,012	8,642	23,588
2015	35,173	9,319	26,102
2016	39,434	10,216	29,537
2017	44,241	11,240	33,363
2018	47,706	11,495	36,551
2019	49,645	11,922	38,114
2020	45,562	9,940	35,980
2021	47,811	11,100	37,054

Total   Youth   Adults
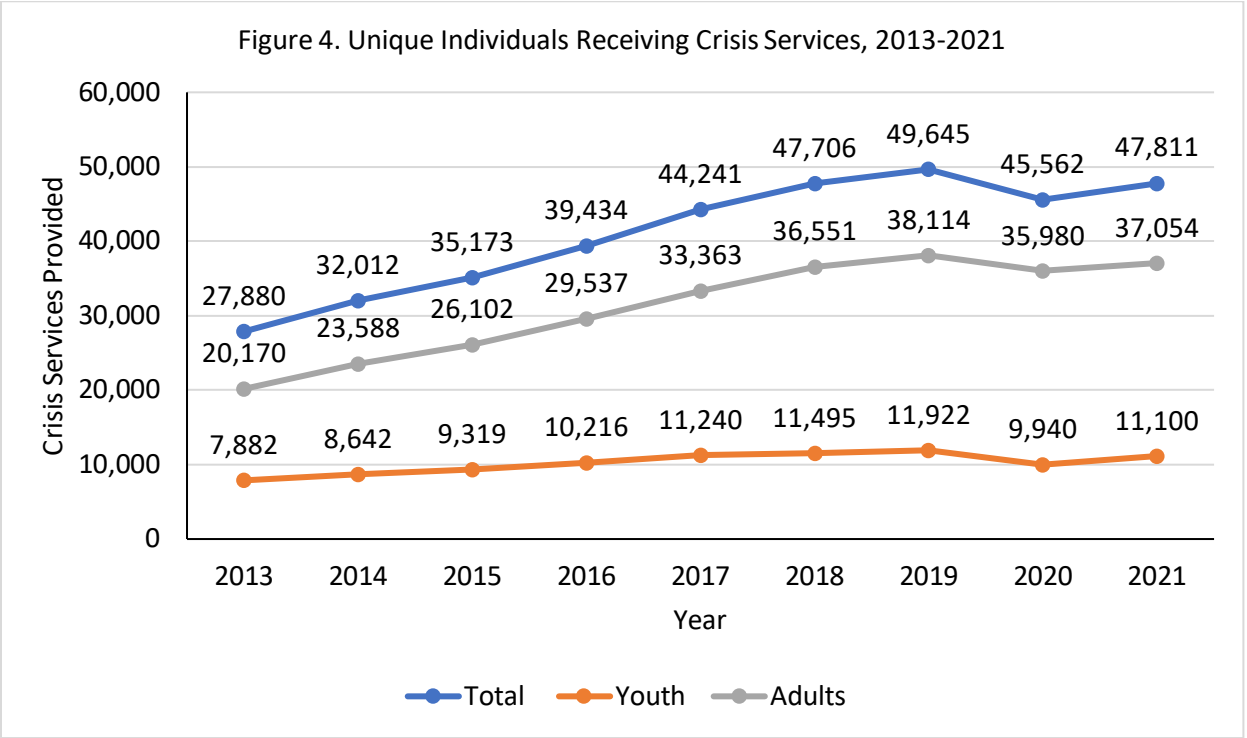
The use of crisis services peaks in 2019 before declining in 2020 and rebounding in 2021. The one-year decline in the use of crisis services coincides with the COVID-19 pandemic.

Policy changes may have also altered these trends. These include the state beginning to cover the entire non-federal portion of Comprehensive Community Services as of July 1, of 2014, for tribal nation and counties that operate CCS on a regional basis. Further, the state also began to fund the non-federal share of Medicaid-funded crisis intervention services in 2020. This process may have increased the capacity of counties to provide crisis services to residents.

County Variation in Crisis Services

To assess variation in crisis services across counties, the data was prepared in a similar manner to the data examining statewide trends. Specifically, the crisis services data comes from PPS and Medicaid claims. Unique individuals were identified by their first name, last name, and date of birth within county and year. Individuals were assigned to counties based on the billing provider's county. Individuals are unique within counties each year but may be included in multiple counties if they received services from providers located in multiple counties. For example, if an individual received crisis services in Milwaukee County and Waukesha County in the same year they would count toward the total of each county.

Individuals receiving crisis services under 18 were classified as youth and those 18 years of age and older were classified as adults. Those receiving crisis services were classified as youth or adults based on their age at the time a service was provided. As a result, some individual may be counted as both youth and adults within the same year. However, each individual only counts once each year when examining the number of unique individuals who received crisis services regardless of age. Data on county populations from 2013 to 2021 come from the ACS. To calculate the overall crisis services rate, the total annual number of unique individuals regardless of age was divided by the total county population from the ACS and multiplied by 1,000 to obtain the overall crisis services rate per 1,000 residents. To calculate the youth crisis services rate, the total number of unique youth who received crisis services was divided by the county population under 18 and multiplied by 1,000. Finally, the adult crisis services rate was obtained by taking the total number unique adults in a county who received crisis services, dividing it by the county population that was 18 and older, and multiplying it by 1,000. For those counties that were members of community crisis services consortiums, the populations for the applicable counties were summed and used as the denominator. For each outcome (the overall crisis services rate, youth crisis services rate, and adult crisis services rate), the annual rates were then averaged to create the annual mean county crisis services rate for 2013 to 2021. To examine the counts for the overall county, youth, and adults, the unique individuals who received crisis services were summed from 2013 to 2021. In these county totals, individuals are unique within county and year. So, an individual who received services in 2013 and 2018 in a particular county would count twice towards the county total. When comparing the use of crisis services across counties, it is important to recognize that these figures represent both demand for services and the capacity of counties to provide these services.

Counties vary widely in their capacity and the variety of services that they provide. As a result, counties with especially high values may offer more services than other counties. Likewise, counties on the lower end may provide fewer services or not have a certified crisis program.

Figure 5 displays annual mean rate of crisis services for unique individuals regardless of age. Overall, the values range from .05 per 1,000 residents in Douglas County to 20.10 in Kenosha County. While Kenosha County has the highest rates of unique individuals receiving crisis services, Menominee and Shawano are neighboring counties that also have high rates (19.51 and 14.91 individuals per 1,000 residents, respectively). Relatively high rates of crisis services also appear to cluster in central areas of the state (Juneau, Adams, Marquette, Columbia, and Green Lake counties) and some Northwestern counties (Burnett, Barron, Polk, and Chippewa). Meanwhile, Figure 6 shows the countywide variation in the total volume of crisis services between 2013 and 2021. Here, Douglas County is again on the low end as values range from 19 individuals to 58,228 individuals (Milwaukee County). The highest number of unique individuals tend to cluster in the more populated areas of the state like the Southeastern region and counties with relatively large cities (Milwaukee, Dane, Kenosha, Brown, and Winnebago counties).

Figure 5. Mean Annual Crisis Services Rate for Unique Individuals per 1,000 Residents, 2013-2021
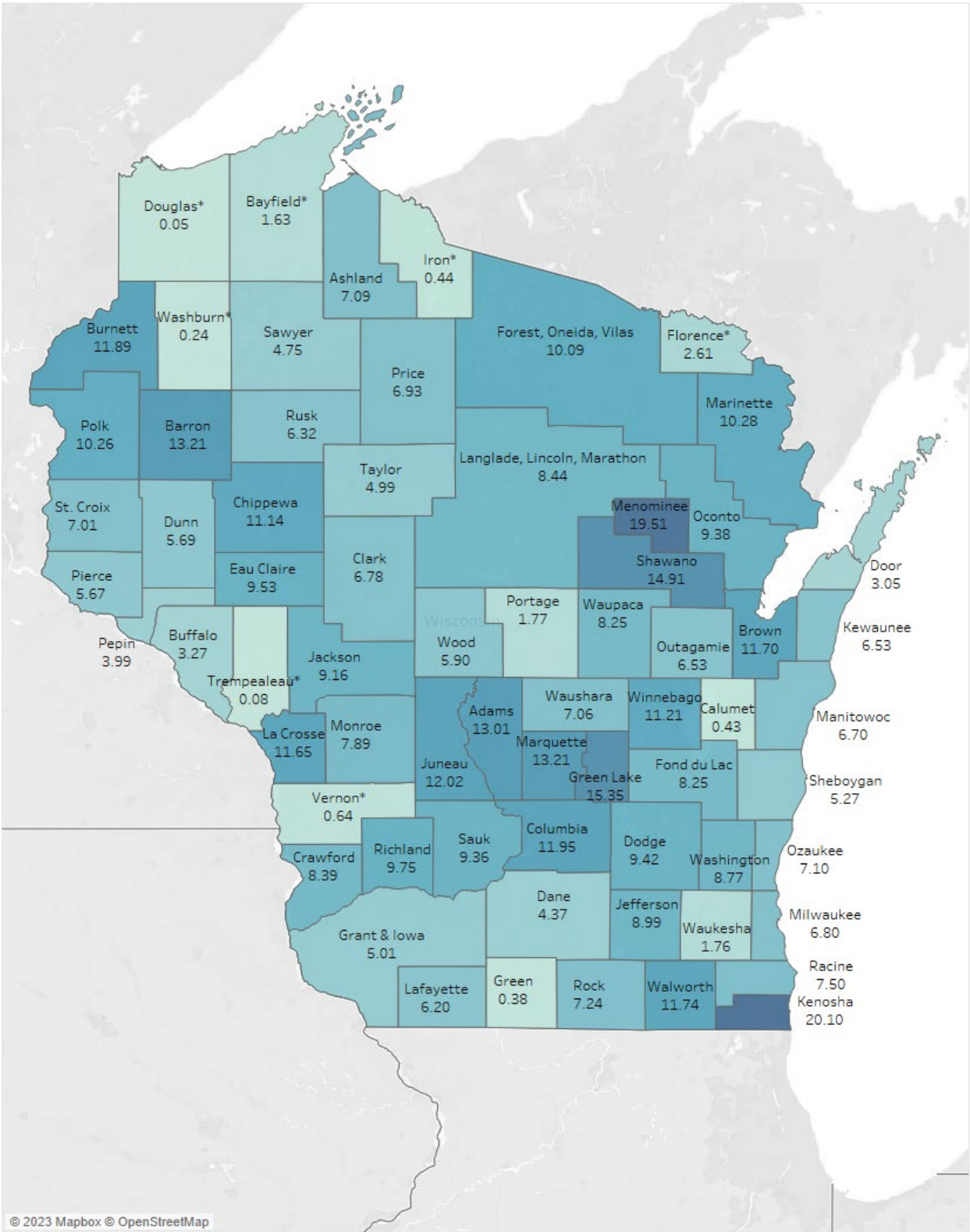
Figure 6. Total Unique Individuals Receiving Crisis Services, 2013-2021

Crisis Services
19 — 58,228
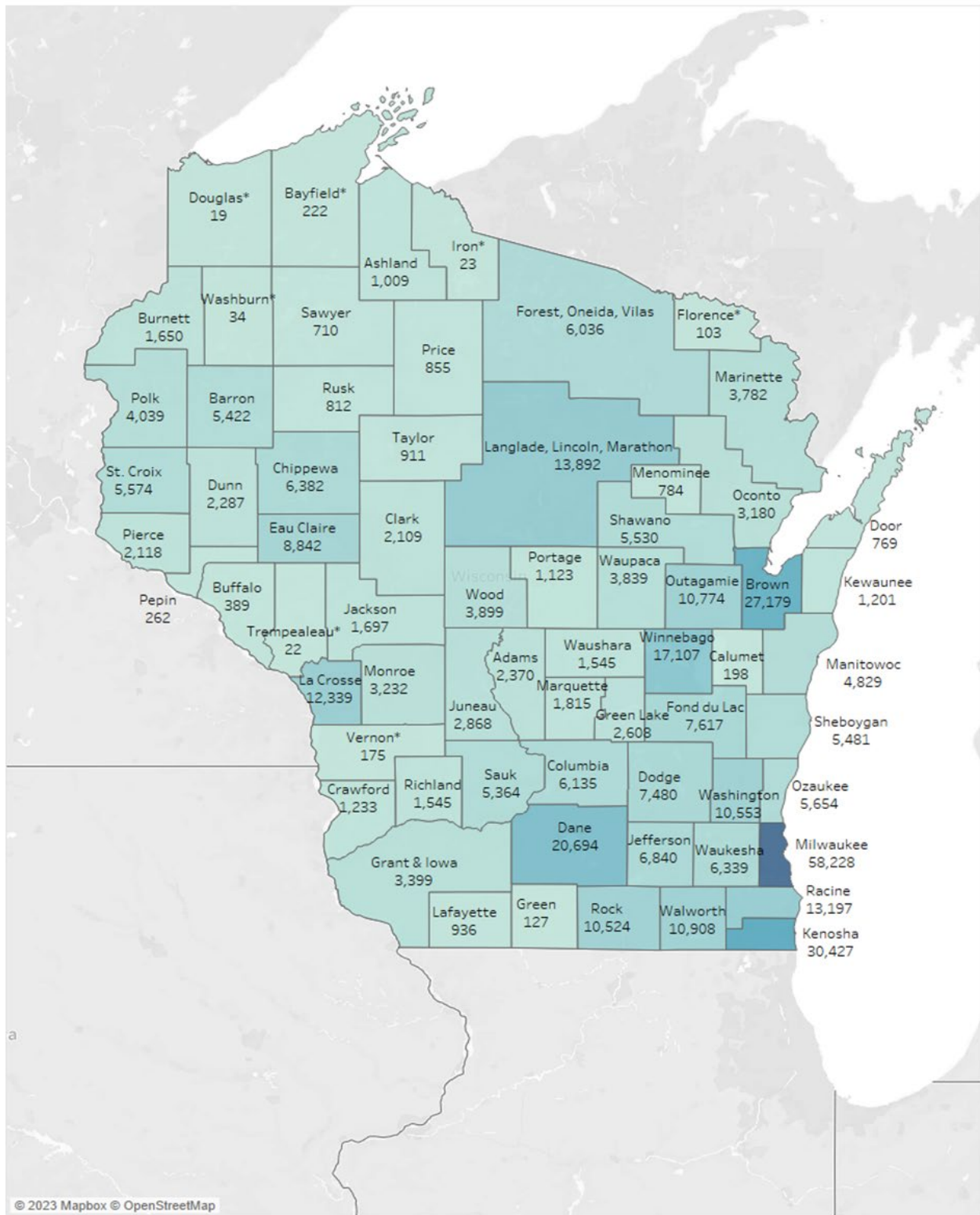
The annual mean rate of unique adults receiving crisis services are contained in Figure 7. Here, the values range from .05 per 1,000 adults in Douglas County to 18.54 per 1,000 adults in Menominee County. This figure tells a story like Figure 5. Specifically, high rates of usage in Kenosha, Menominee and Shawano counties and clustering of relatively high usage in the central part of the state as well as select Northeastern and Northwestern counties. Figure 8 illustrates the total number of adults who received crisis services over the period. Values range from 17 individuals (Douglas County) to 40,708 adults in Milwaukee County. As with Figure 6, the total unique individuals receiving crisis services coincides with larger populated areas.

Figure 7. Mean Annual Crisis Services Rate for Unique Adults per 1,000 Adults, 2013-2021

Crisis Services Rate

0.05   18.54
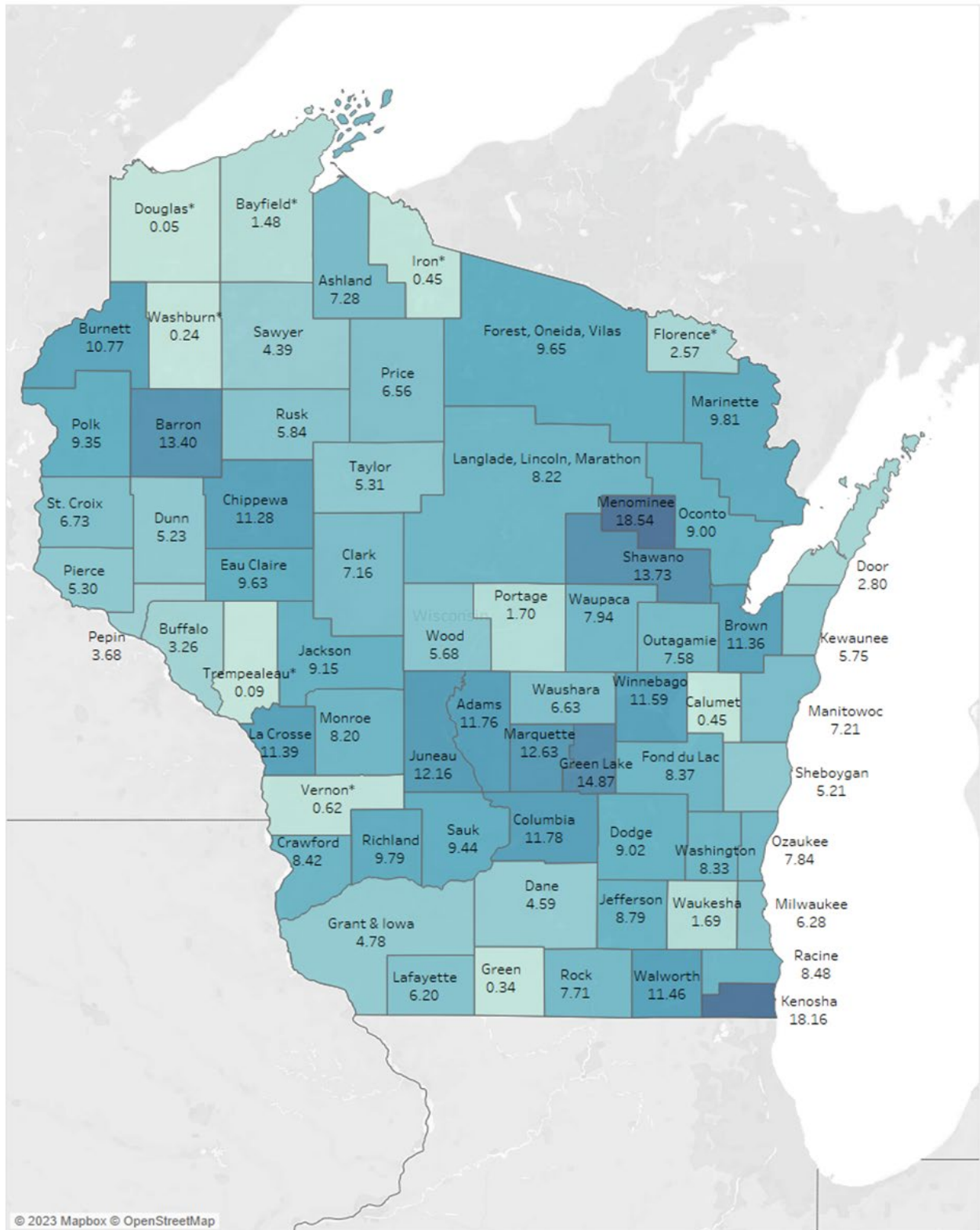
Figure 8. Total Unique Adults Receiving Crisis Services, 2013-2021

Crisis Services

17   40,708

13
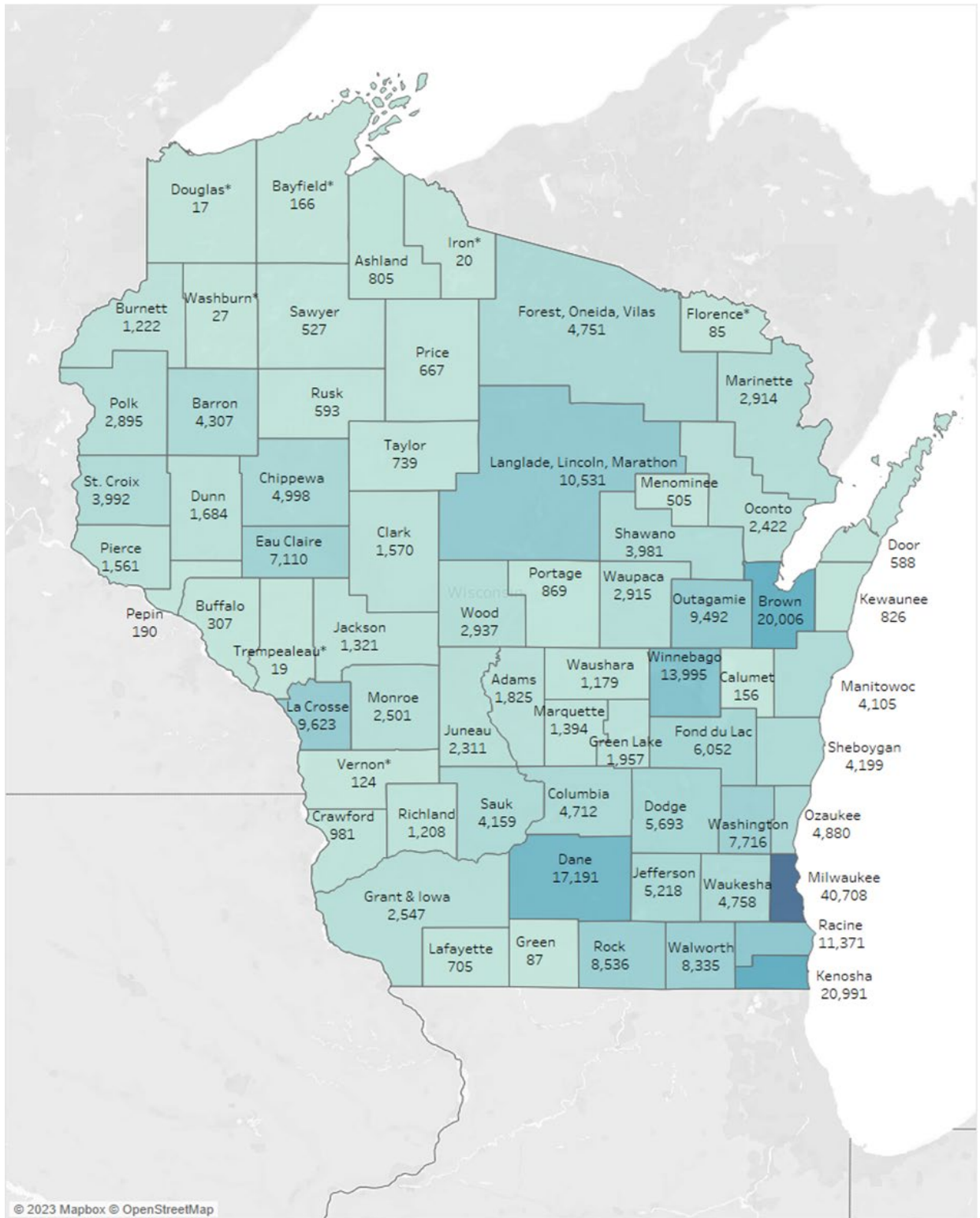
Figure 9 displays the annual mean rate of unique youth receiving crisis services. The figure illustrates that there is a great deal of variation across the counties. Specifically, values ranged from .02 per 1,000 in Douglas County to 26.75 in Kenosha County. There is also a relatively high rate of unique individuals receiving crisis services in Menominee (22.06 youth per 1,000) and Shawano (19.54 youth per 1,000) counties. There is also clustering of counties with relatively high crisis services usage in the central area of the state (Juneau, Adams, Marquette, Columbia, and Green Lake counties) and the Northwest (Burnett, Polk, Barron, and Chippewa counties). The total number of youth who received crisis services ranged from 2 youth in Douglas County to 18,476 in Milwaukee County. There appears to be a higher volume of usage in the larger population centers around the state. The variation in the total youth receiving crisis services is displayed in Figure 10.

Figure 9. Mean Annual Crisis Services Rate for Unique Youth per 1,000 Youth, 2013-2021
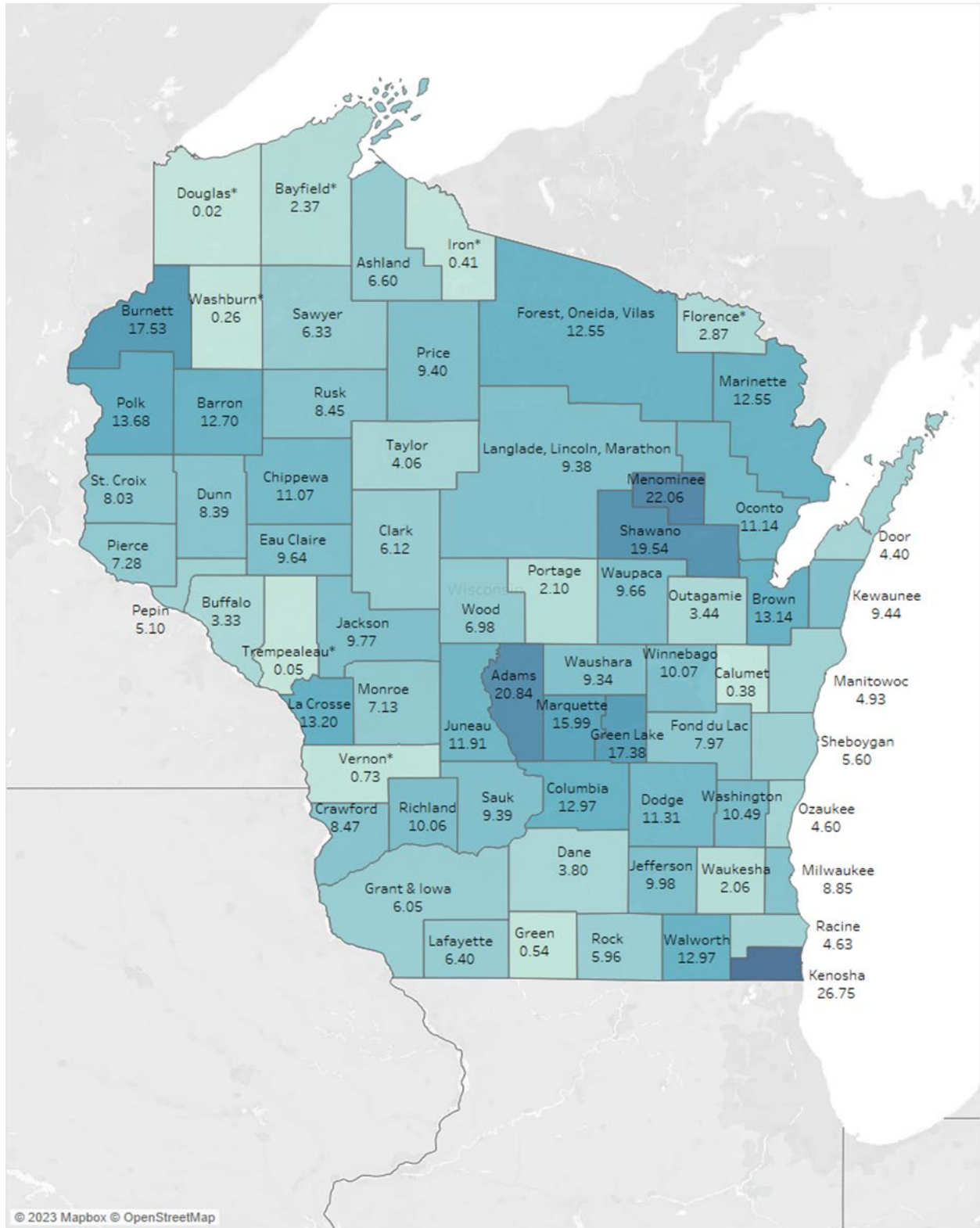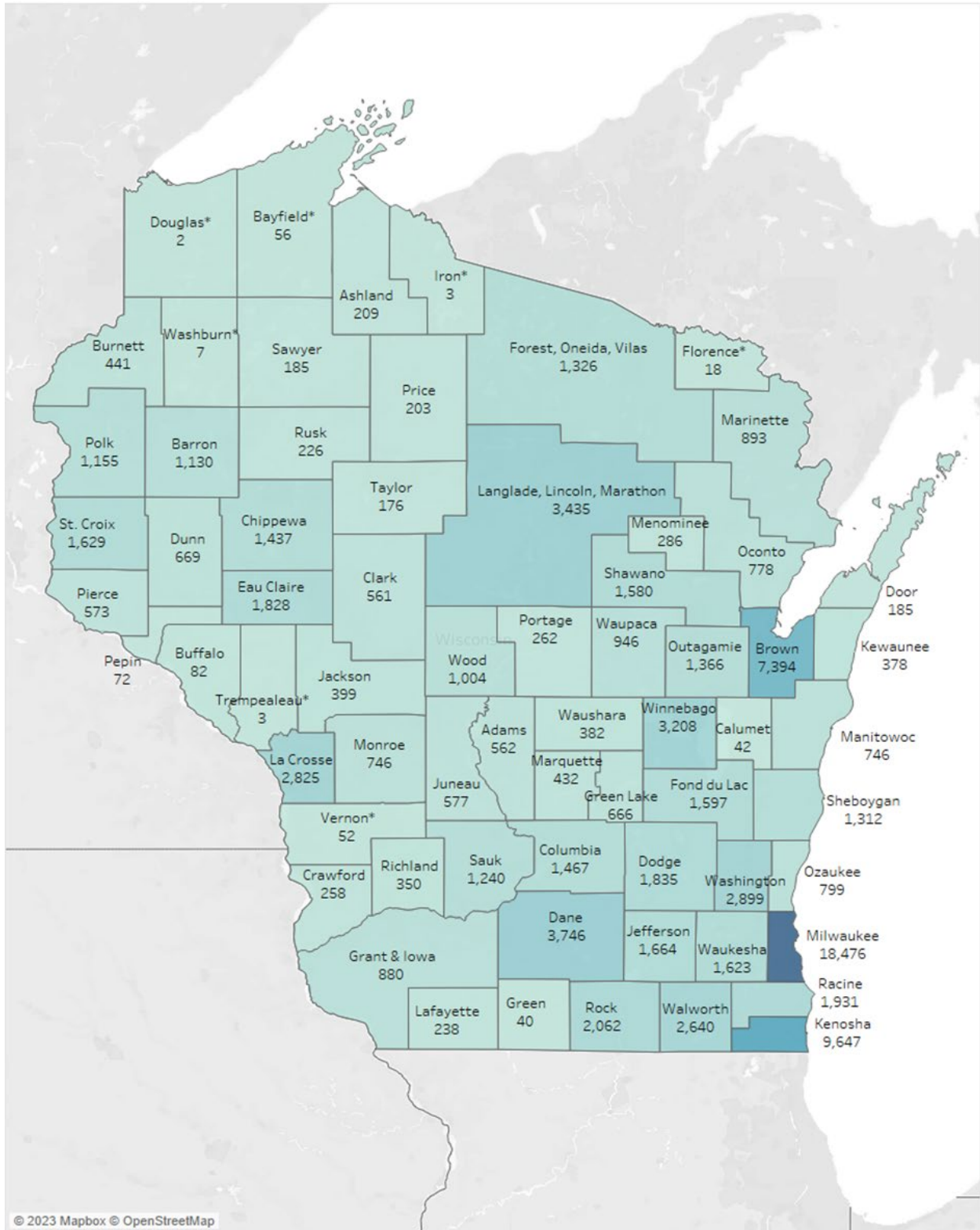

Crisis Services Rate
0.02 — 26.75

Figure 10. Total Unique Youth Receiving Crisis Services by County, 2013-2021

Crisis Services

2   18,476

Overall, there is relative consistency across the different populations. Specifically, there are relatively high rates of unique individuals (overall, adults, and youth) in Kenosha, Menominee, Shawano counties, the central area of the state (Juneau, Adams, Marquette, Columbia, and Green Lake counties) and select Northwestern counties (Burnett, Polk, Barron, and Chippewa). However, some differences across the state may be attributed to some counties lacking certified crisis services programs (indicated by asterisks on the map) and variation in the scope of available services across the counties. The counties without crisis services tend to be in the Northwestern area and have low rates of individuals using crisis services despite in some cases being located near counties with high rates of crisis services. For example, Washburn and Douglas counties possess some of the lowest rates of unique individuals using crisis services around the state, but are in relatively close proximity to Burnett, Barron, and Polk counties, which have relatively high usage rates across the various populations. In terms of the number of unique individuals receiving crisis services, this appears to be largely a function of population size. For example, Milwaukee County consistently has the largest number of individuals receiving crisis services but is not among the rate of unique individuals receiving crisis services.

Trends in Emergency Detention

While there is significant variation in crisis services over time and across counties, there are also changes in emergency detentions between 2013 and 2021. This section begins by focusing on the overall rate of emergency detentions per 10,000 residents and is followed by the youth emergency detention rate per 10,000 youth and the adult emergency detention rate per 10,000 adults. The data on emergency detentions comes from Insight and PPS. Insight is a system that contains insurance billing information from the state-managed facilities. This study uses emergency detention data from Insight and covers the Mendota Mental Health Institute and Winnebago Mental Health Institute. Emergency detention data also comes from the PPS system. PPS data is entered by county human services agencies and includes admissions to state-run and non-state-run hospitals. However, the data on admissions to state-run hospitals in this study comes exclusively from Insight.

The following procedures were used to clean the data: if there was an admission where the same individual appeared multiple times with the same admission date, the longest emergency detention was kept, and the other observations were dropped. If there were multiple entries with identical discharge dates, but different admission dates, the longest hospital stay was kept. If neither the admission date nor the discharge date was identical, but multiple emergency detention overlapped, the longest admission was kept. Finally, if an individual appeared as being readmitted within 1 day of the discharge date, it was coded as a single admission to avoid double counting. The contiguous stays were combined due to the structure of submitting monthly records in PPS. If an individual appeared multiple times in the data because they were transferred from one facility to another (example: being transferred from a private hospital to Winnebago Mental Health Institute), it was considered a single admission. For individuals whose admission spanned multiple years (example: they were admitted in December 2015 and discharged in January 2016), they were assigned to the year in which they were admitted. State population data from WISH and the ACS were used to calculate the annual statewide emergency detention rates. WISH population data is used for 2013 to 2020 and ACS data is used for 2021 because WISH data was unavailable at the time the analysis was conducted. To calculate the overall emergency detention rate, the number of emergency detentions each year was divided by the state population and multiplied by 10,000. To calculate the annual youth

emergency detention rate, the total number of emergency detentions where the individual was under 18 as of the admission date was divided by the state population under the age of 18 and multiplied by 10,000 for each year. Finally, the annual adult emergency detention rate was calculated by dividing the total number of emergency detentions where the individual was 18 or older on the admission date by the state population of those 18 and older. This figure was then multiplied by 10,000 to produce the number of adult emergency detentions per 10,000 adults. To calculate the total number of overall emergency detentions for each year, the number of emergency detentions was summed for each year. To obtain the total number of youth emergency detentions, the number of emergency detentions where the individual was under 18 at the time of the admission were summed for each year. Finally, the number of adult emergency detentions for each year were totaled for individuals who were 18 or older as of their admission date.

The statewide emergency detention rate (see Figure 11) exhibits a downward trend between 2013 and 2021. Specifically, the emergency detention rate declines from 11.26 emergency detentions per 10,000 to 9.17 per 10,000 in 2021. The fewest emergency detentions per 10,000 was in 2020 at 8.50 before increasing in 2021 to 9.17. Overall, the statewide emergency detention rate declined by 18.56% across the period.

Figure 11. Statewide Emergency Detentions per 10,000 Residents, 2013-2021
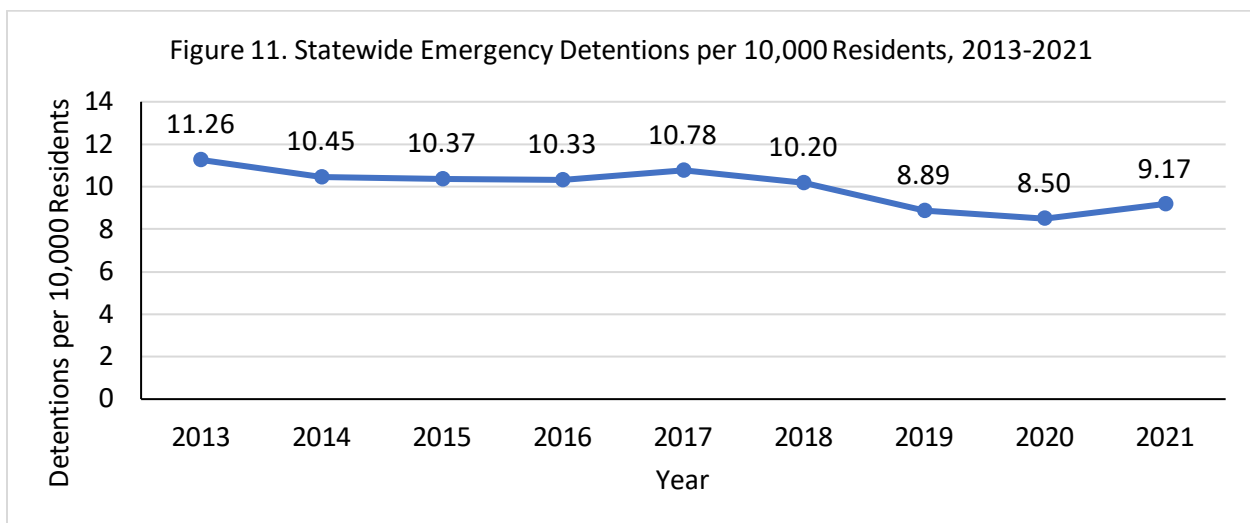
The youth emergency detention rate per 10,000 youth is displayed in Figure 12. There are year-to-year fluctuations across the period with an increase from 12.64 youth emergency detentions to 15.08 per 10,000 youth between 2013 and 2014. There is relative stability between 2015 (13.24 per 10,000 youth and 2017 per 10,000 youth). The youth emergency detention rate then declines reaching a low of 8.12 emergency detentions per 10,000 youth in 2020 before increasing to 10.14 in 2021. Despite the annual fluctuations the youth emergency detention rate declines by 19.78% from 12.64 to 10.14 across the period.

Figure 12. Youth-Statewide Emergency Detention Rates, 2013-2021
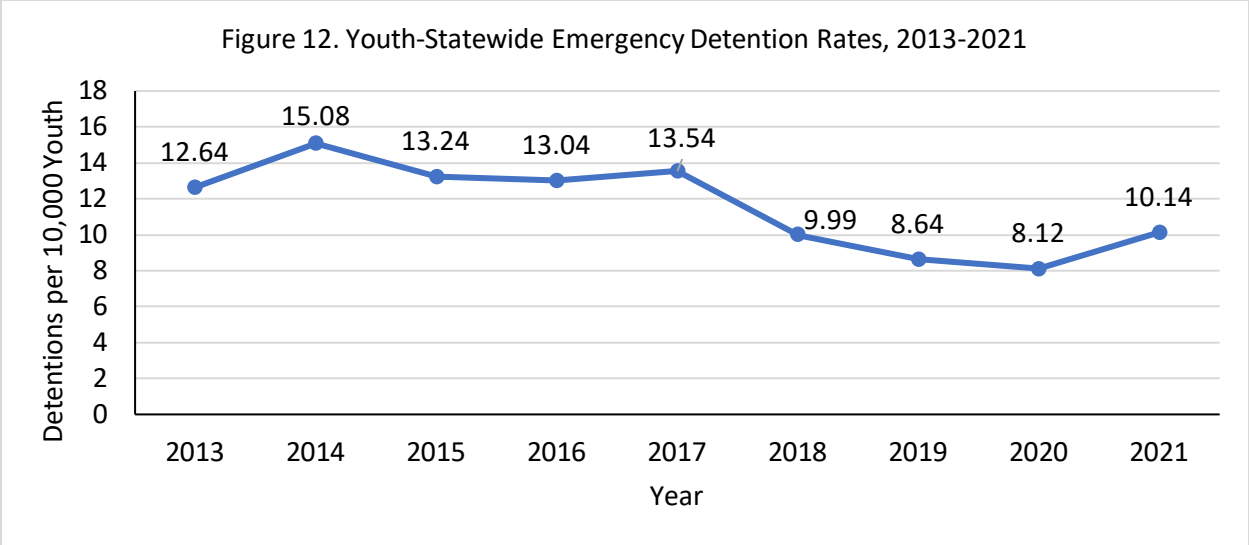
Figure 13 presents the trend in the adult emergency detention rate between 2013 and 2021. The emergency detention rate declines from 10.85 to 9.10 between 2013 and 2014 before increasing to 10.26 per 10,000 by 2018. The emergency detention rate reaches its lowest in 8.60 per 10,000 adults in 2020 before increasing to 8.90 in 2021. Overall, there is a downward trend across the period under study as the rate declines from 10.85 per 10,000 to 8.90 per 10,000 in 2021. This equates to a decline of 17.97%.

Figure 13. Adults-Statewide Emergency Detention Rates, 2013-2021
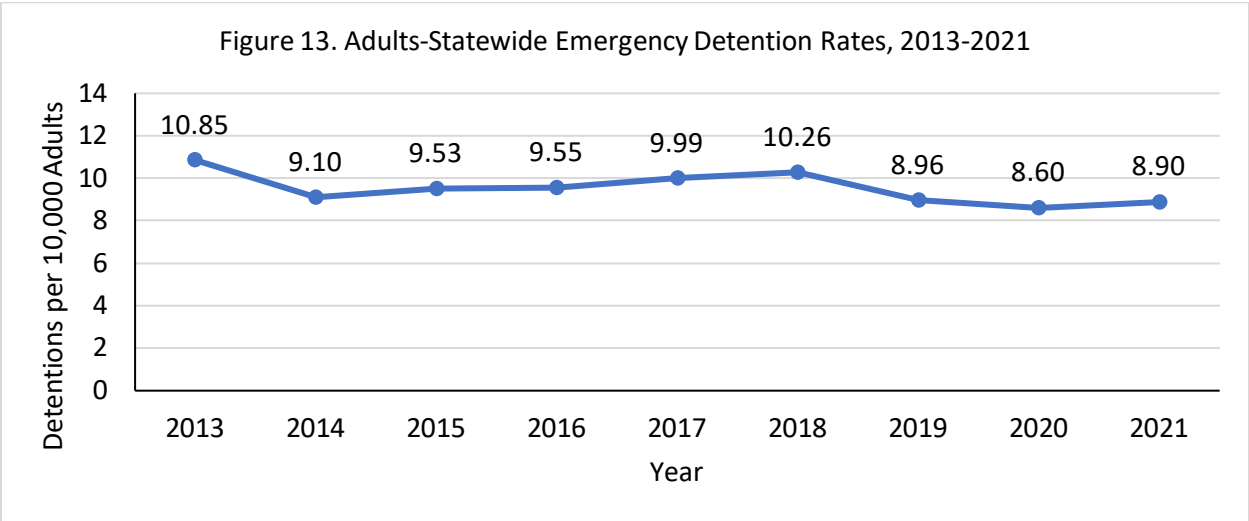
Figure 14 displays the total number of overall, youth and adult emergency detentions. The total number of emergency detentions in the state decline from 6,453 in 2013 to 5,386 in 2021. The total number of emergency detentions reaches its lowest in 2020 with 4,958. The adult emergency detentions decline from 4,802 in 2013 to 4,075 in 2021 (a 15.14% decline). The fewest emergency detentions were in 2020 with 3,924 adult emergency detentions. The youth emergency detentions declined from 1,651 in 2013 to 1,311 in 2021. This represents a decline of 20.59%. The greatest number of youth emergency detentions was in 2014 with 1,962 emergency detentions. The fewest youth emergency detentions were in 2020 (1,034 emergency detentions).

Figure 14. Total Statewide Annual Emergency Detentions, 2013-2021

Year	Total	Youth	Adults
2013	6,453	1,651	4,802
2014	6,009	1,962	4,047
2015	5,979	1,718	4,261
2016	5,966	1,682	4,284
2017	6,228	1,737	4,491
2018	5,899	1,271	4,628
2019	5,193	1,099	4,094
2020	4,958	1,034	3,924
2021	5,386	1,311	4,075
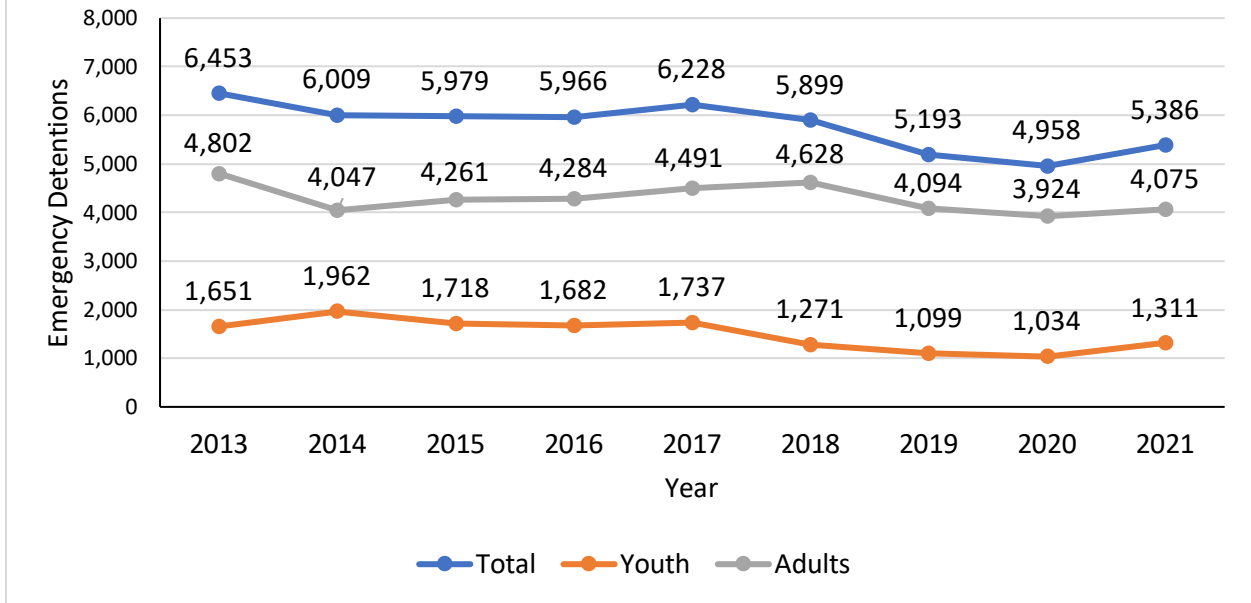
The overall, youth, and adult emergency detention rates and counts follow similar patterns across the period despite some variation year-to-year. Regardless of how emergency detentions were measured or the subpopulation examined, there is a decline in emergency detentions between 2013 and 2021, with a low point occurring in 2020. A decline in emergency detentions over the period coincides with an increased use of crisis services as well as several policy changes. Specifically, the expanded use of crisis services over the same period may have allowed for individuals in crisis to receive assistance in the community and relieved the need for emergency detention. Further, the implementation of the policy requiring county or public mental health systems to complete a crisis assessment by a mental health professional prior to emergency detention in July 2016 may have prevented some individuals from being admitted to hospitals on an emergency basis. Finally, an additional consideration is the impact of the COVID-19 pandemic. The decline in emergency detentions in 2020 may have been due to social distancing requirements in hospitals.

Variation in Emergency Detentions across Counties

Emergency detentions in counties were calculated in a manner like that examining statewide trends. Specifically, the data comes from both Insight and PPS and identical procedures were used when combining admissions. Individuals were assigned to specific counties based on their state board (for those admitted to Mendota Mental Health Institute or Winnebago Mental Health Institute) or the responsible county if the data came from PPS (all other hospitals). The county population data used to calculate the emergency detention rates came from the ACS.

The emergency detention rate for all Wisconsin residents was calculated by taking the number of emergency detentions in a county and dividing that by county population from the ACS and multiplying that figure by 10,000. These annual rates were then averaged to create the mean emergency detention rate from 2013 to 2021. The mean annual emergency detention rate for youth was calculated by taking the total number of emergency detentions of those whose age

ranged from 5 to 17. This was then divided by the county population who were older than five and under 18 and multiplied by 10,000 for each year. These annual figures were then averaged to create the mean annual emergency detention for youth. The mean annual adult emergency detention rate for adults was calculated by taking the total number of emergency detentions where the individual 18 years of age and older and that figure by the county population of those 18 and older from the ACS. This value was then multiplied by 10,000 for each year and then averaged across years to create the mean county annual adult emergency detention rate for those 18 and older. To calculate the total number of emergency detentions for each county, the emergency detentions across years was summed for the overall population (regardless of age), youth (those ages 5 to 17), and adults (those 18 years of age and older).

The mean annual emergency detention rate for counties between 2013 and 2021 are displayed in figure 15. There is significant variation across the state in the use of emergency detention. Specifically, the values range from .26 per 10,000 residents in Douglas County to 77.69 emergency detentions per 10,000 residents in Menominee County. High rates of emergency detentions tend to cluster in the northern and central regions of the state. For example, Menominee County, Shawano County, Wood County and two consolidated service areas in that region of the state (North Central Health Care [Langlade, Lincoln, and Marathon counties] and the Human Service Center [Forest, Oneida, and Vilas counties]) all have relatively high rates of emergency detention. The total number of emergency detentions by county is displayed in Figure 16. These values range from 10 in Douglas County to 9,279 in Milwaukee County for the 9-year period under review. Outside of Milwaukee County, the highest numbers of emergency detentions tend to cluster in the northcentral area of the state.

Figure 15. Mean Annual Emergency Detention Rate per 10,000 Residents, 2013-2021

Emergency Detention RT

0.26   77.69
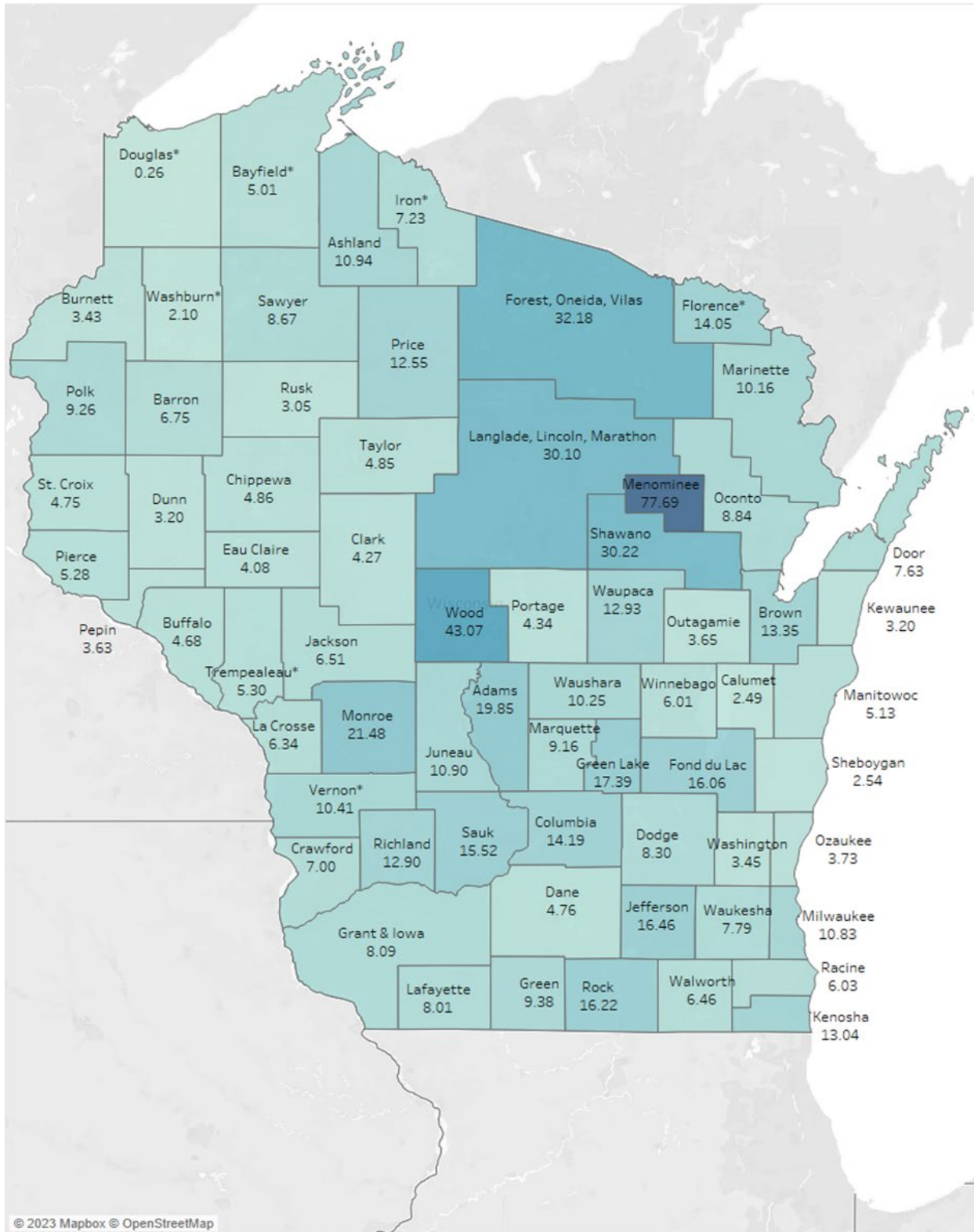
Figure 16. Total Emergency Detentions, 2013-2021

Emergency Detentions

10 — 9,279
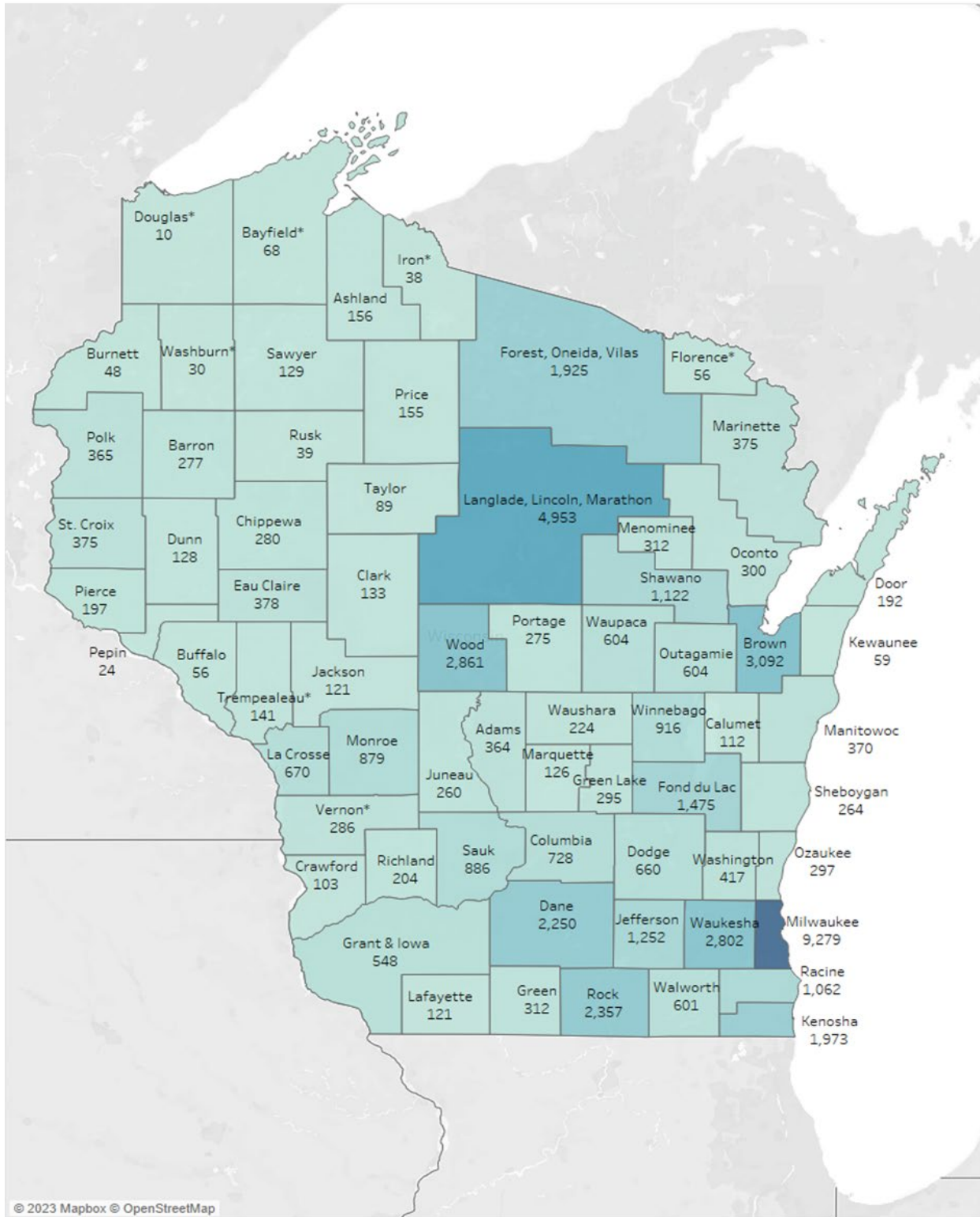
Figure 17 displays the mean annual county adult emergency detention rate from 2013 and 2021. The values range from .20 per 10,000 residents in Douglas County to 74.7 per 10,000 adults in Menominee County. The adult emergency detention rate is the highest in the northeastern area of state (Menominee, Shawano, Wood, and the two consolidated service areas—North Central Health Care [Langlade, Lincoln, and Marathon counties] and the Human Service Center [Forest, Oneida, and Vilas counties]). The total number of county adult emergency detentions between 2013 and 2021 is shown in figure 18. Here, the values range from 7 (Douglas County) to 5,115 (Milwaukee County). Outside of Milwaukee County, the next highest areas are the consolidated service area of Langlade, Lincoln, and Marathon counties; Brown County; Wood County; and Waukesha County.

Figure 17. Mean Annual Adult Emergency Detention Rate per 10,000 Adults, 2013-2021

Douglas* 0.2
Bayfield* 4.7
Iron* 6.5
Ashland 10.0
Burnett 2.7
Washburn* 1.9
Sawyer 8.3
Forest, Oneida, Vilas 31.6
Florence* 15.4
Price 12.9
Polk 8.6
Barron 6.4
Rusk 3.0
Taylor 5.8
Langlade, Lincoln, Marathon 30.1
Marinette 9.6
St. Croix 4.9
Dunn 2.8
Chippewa 5.2
Menominee 74.7
Oconto 9.0
Pierce 5.3
Eau Claire 3.9
Clark 4.6
Shawano 28.3
Door 8.0
Pepin 2.9
Buffalo 5.3
Jackson 7.7
Wood 47.0
Portage 4.0
Waupaca 11.8
Outagamie 2.5
Brown 16.1
Kewaunee 2.8
Trempealeau* 5.3
Monroe 23.0
Adams 16.8
Waushara 9.6
Winnebago 4.7
Calumet 2.0
Manitowoc 3.4
La Crosse 6.3
Juneau 11.2
Marquette 9.7
Green Lake 16.9
Fond du Lac 11.1
Sheboygan 2.5
Vernon* 10.4
Crawford 7.6
Richland 14.1
Sauk 15.0
Columbia 13.8
Dodge 7.2
Washington 2.8
Ozaukee 3.7
Dane 4.7
Jefferson 17.9
Waukesha 9.1
Milwaukee 7.9
Grant & Iowa 7.6
Lafayette 6.6
Green 8.7
Rock 16.2
Walworth 6.8
Racine 7.1
Kenosha 13.8

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Emergency Detention RT
0.2   74.7

25

Figure 18. Total Adult Emergency Detentions, 2013-2021

Douglas*
7

Bayfield*
52

Iron*
29

Ashland
111

Forest, Oneida, Vilas
1,557

Florence*
51

Burnett
31

Washburn*
22

Sawyer
99

Price
131

Marinette
287

Polk
267

Barron
205

Rusk
30

Taylor
81

Langlade, Lincoln, Marathon
3,842

Marinette
287

St. Croix
286

Dunn
90

Chippewa
232

Clark
101

Menominee
203

Oconto
243

Door
167

Pierce
155

Eau Claire
285

Shawano
820

Pepin
15

Buffalo
50

Jackson
111

Wood
2,438

Portage
204

Waupaca
433

Outagamie
313

Brown
2,815

Kewaunee
40

Trempealeau*
106

Monroe
701

Adams
261

Waushara
170

Winnebago
567

Calumet
69

Manitowoc
196

La Crosse
530

Juneau
213

Marquette
107

Green Lake
222

Fond du Lac
795

Sheboygan
203

Vernon*
212

Crawford
89

Richland
174

Sauk
657

Columbia
551

Dodge
449

Washington
258

Ozaukee
232

Grant & Iowa
404

Dane
1,771

Jefferson
1,065

Waukesha
2,546

Milwaukee
5,115

Lafayette
75

Green
222

Rock
1,793

Walworth
496

Racine
949

Kenosha
1,595

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Emergency Detentions

7   5,115

26

The mean annual county youth emergency detention is displayed in Figure 19. The values range from .38 per 10,000 youth (Douglas County) to 83.28 per 10,000 youth in Menominee County. As with the overall and adult emergency detention rates the two consolidated service areas in the northeastern area of the state as well as Wood and Shawano counties have some of the highest rates in the state. However, Adams County (37.42 per 10,000 youth) and Fond du Lac County (33.70 per 10,000 youth) are also among the highest in state. The lowest counties tend to be more in in the western area of the state. As shown in Figure 20, the total number of emergency detentions involving youth range from 3 in Douglas County to 4,164 in Milwaukee County.

Figure 19. Mean Annual Youth Emergency Detention Rate per 10,000 Youth, 2013-2021
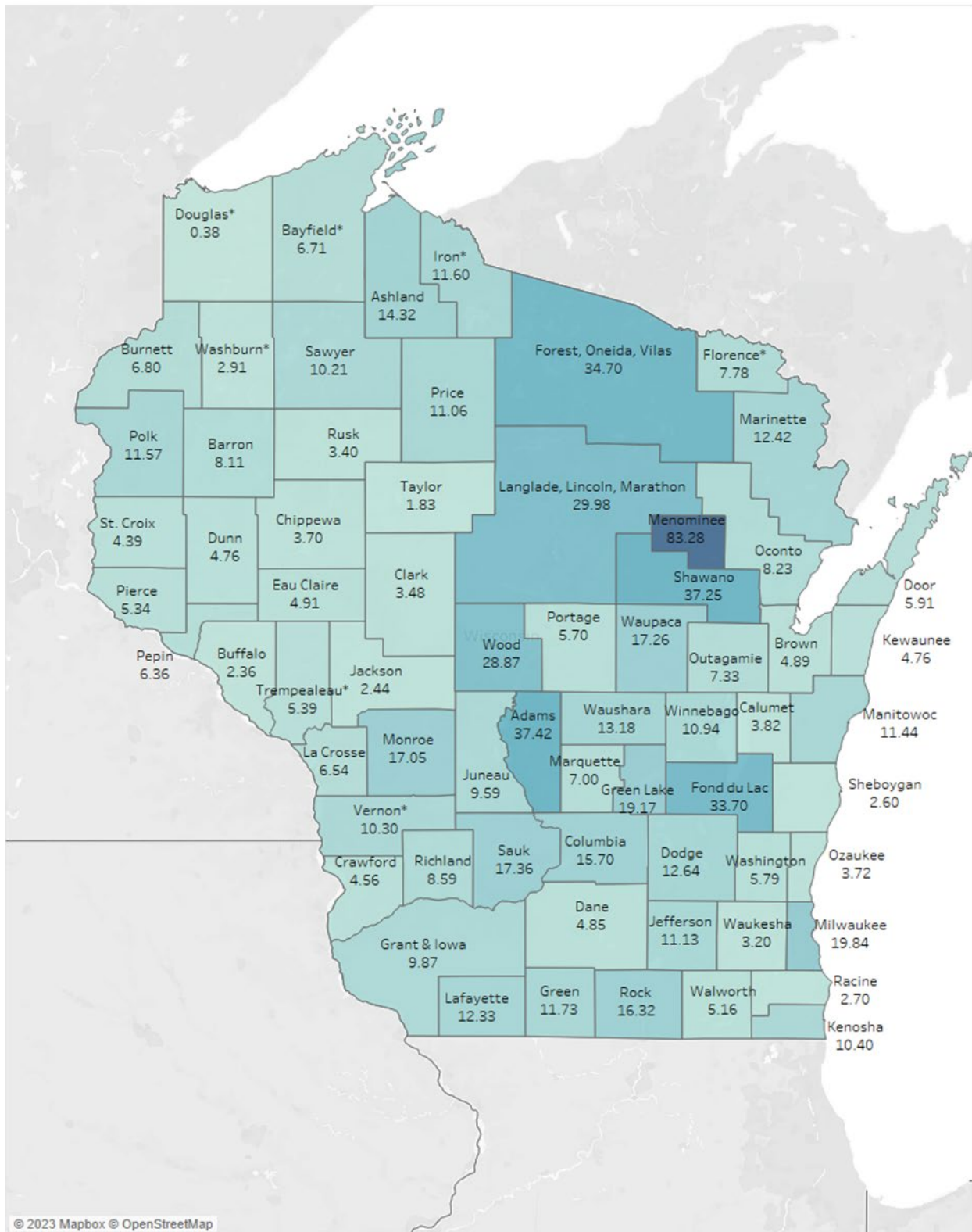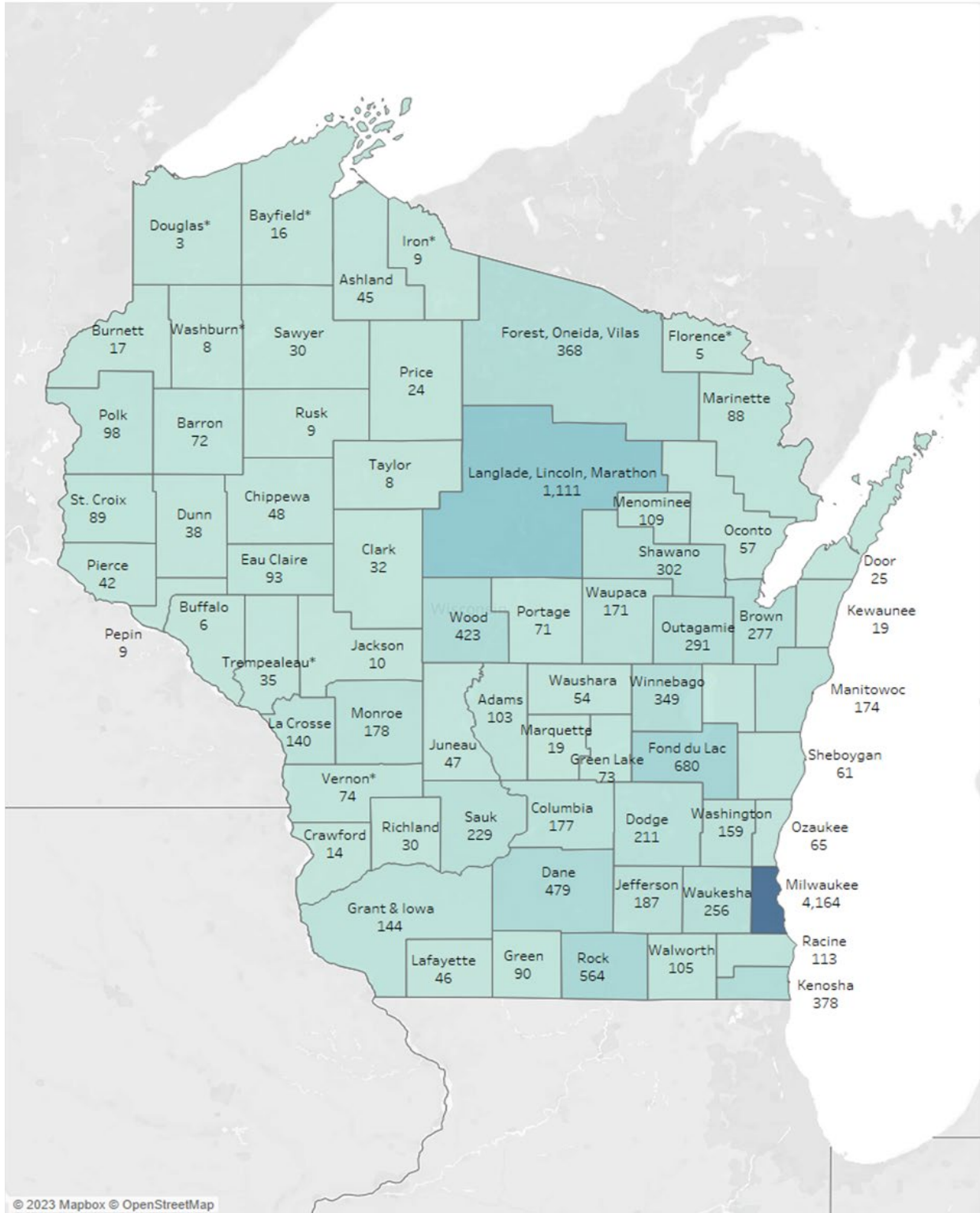

Emergency Detention RT
0.38   83.28

Figure 20. Youth Emergency Detentions

Emergency Detentions
3 — 4,164

Overall, there is consistency among the highest and lowest counties in the mean emergency detentions rates and the total number of emergency detentions regardless of the subpopulation of focus. Specifically, Douglas County consistently has the fewest number of emergency detentions and lowest mean emergency detention rate. Meanwhile, Menominee County has the highest emergency detention rate and Milwaukee County has the highest number of emergency detentions. Further, the northcentral area of the state regularly has among the highest rates of emergency detention.

Statewide Demographics of Emergency Detention

This section of the report focuses on the statewide demographics of emergency detentions between 2013 and 2021. Specifically, it examines the racial composition, ethnic composition, gender composition and mean age of emergency detentions and compares it to statewide demographic figures. Statewide demographic data on race and ethnicity come from the ACS 5-year estimates from 2013 to 2021. The ACS is conducted by the U.S. Census Bureau and the annual 5-year estimates are used for each year (example: the 2009-2013 5-year estimates are used for 2013). The statewide demographic values for each year are then averaged across the period divided by the mean population of Wisconsin and multiplied by 100 (example: the mean number of Latino/a/x/e for 2013 to 2021 is divided by the mean number of Wisconsin Residents for 2013 to 2021).

The emergency detention demographic data comes from PPS and Insight. The methods used to identify the emergency detentions were identical to those described in the section on trends in emergency detention. Instead of looking at annual trends in emergency detention, the focus is on demographics across the period. To calculate the racial composition of emergency detention, the total number of emergency detentions for each race and ethnicity were summed, divided by the total number of emergency detentions where race or ethnicity was available, and multiplied by 100. To assess ethnic composition, the number of emergency detentions for those whose ethnicity was identified as Latino/a/x/e were totaled across the period, divided by the total number of emergency detentions where information on ethnicity was available and multiplied by 100. Ethnicity and race are assessed together, and ethnicity also is assessed separately from race. This is because some individuals had their race solely listed as Latino/a/x/e. However, Latino/a/x/e individuals can be any race. Meanwhile, others had their race provided in a race variable and a separate variable indicating Latino/a/x/e ethnicity. When ethnicity was studied separately, individuals were coded as being of Latino/a/x/e ethnicity if the data indicated that their race was Latino/a/x/e in a separate variable or if their ethnicity was coded as Latino/a/x/e. To examine the gender composition of emergency detention, the total number emergency detentions where the individual's gender was identified as male, female, and non-binary were totaled. Each gender's total was divided by the total number of emergency detentions with gender data available and multiplied by 100. Finally, the mean age of emergency detentions was calculated by taking the age of each emergency detention as of their admission date. PPS and Insight data differ in terms of how gender is coded. PPS only provides data indicating if the individual's gender was male or female and Insight provides data on whether the individual's gender was male, female, or non-binary. Given how PPS codes gender, it is possible that nonbinary individuals are coded as male or female in that data. The results are not compared to the statewide demographics because the ACS does not collect information on the proportion of the population who is nonbinary.

The racial composition of emergency detentions between 2013 and 2021 is displayed in Figure 21. The results reveal that non-Latino/a/x/e Black, non-Latino/a/x/e Native American/Indigenous, and non-Latino/a/x/e multiracial individuals are underrepresented relative to the statewide population. Specifically, in 17.8% of emergency detentions, the individual was non-Latino/a/x/e Black compared to 6.20% of the Wisconsin population, in 2.66% of emergency detentions the individual was non-Latino/a/x/e Native American/Indigenous relative to .78% of the Wisconsin population, and in 4.69% of emergency detentions the individual was non-Latino/a/x/e multiracial compared to 1.94% of the population. Meanwhile, Non-Latino/a/x/e White people were underrepresented in the data as 93.40% of the state's population was non-Latino/a/x/e White, but 72.58% of emergency detentions were non-Latino/a/x/e White. In addition, 1.36% of emergency detentions were non-Latino/a/x/e Asian compared to 2.61% of the population. While the proportion of emergency detentions who were non-Latino/a/x/e Native Hawaiian/Pacific Islander (.08% of emergency detentions) exceeds their proportion in the Wisconsin population (.03%), these individuals make up a relatively small number of emergency detentions. Figure 22 compares emergency detentions for Latino/a/x/e individual non-Latino/a/x/e individuals.

Figure 21. Racial Composition of Emergency Detentions, 2013-2021
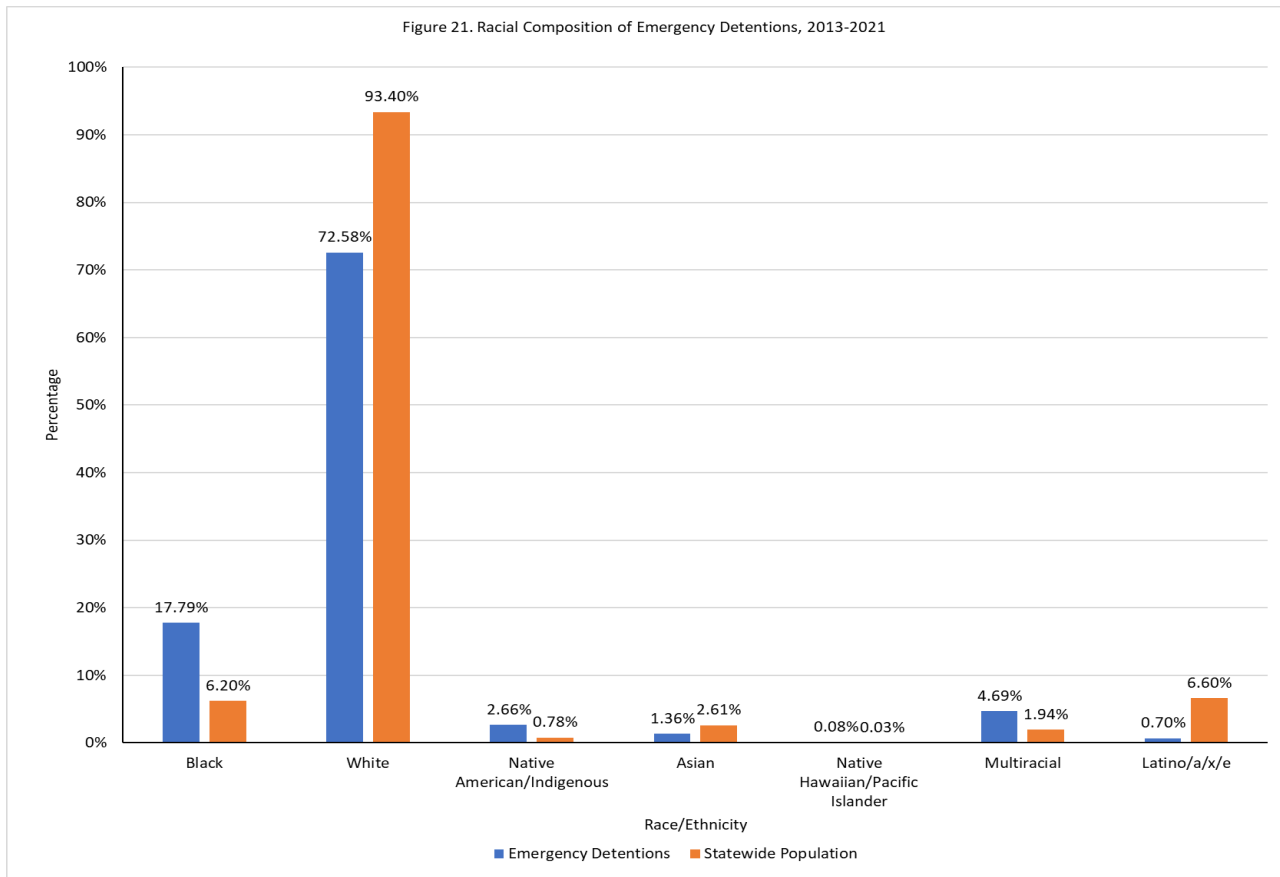
Figure 22 focuses specifically on ethnicity. The results of the analysis indicate that 5.03% of emergency detentions were Latino/a/x/e. This compares to 6.60% of Wisconsin's overall population. This would suggest that Latino/a/x/e individuals are underrepresented among emergency detentions in Wisconsin.

Figure 22. Ethnic Composition of Emergency Detentions, 2013-2021
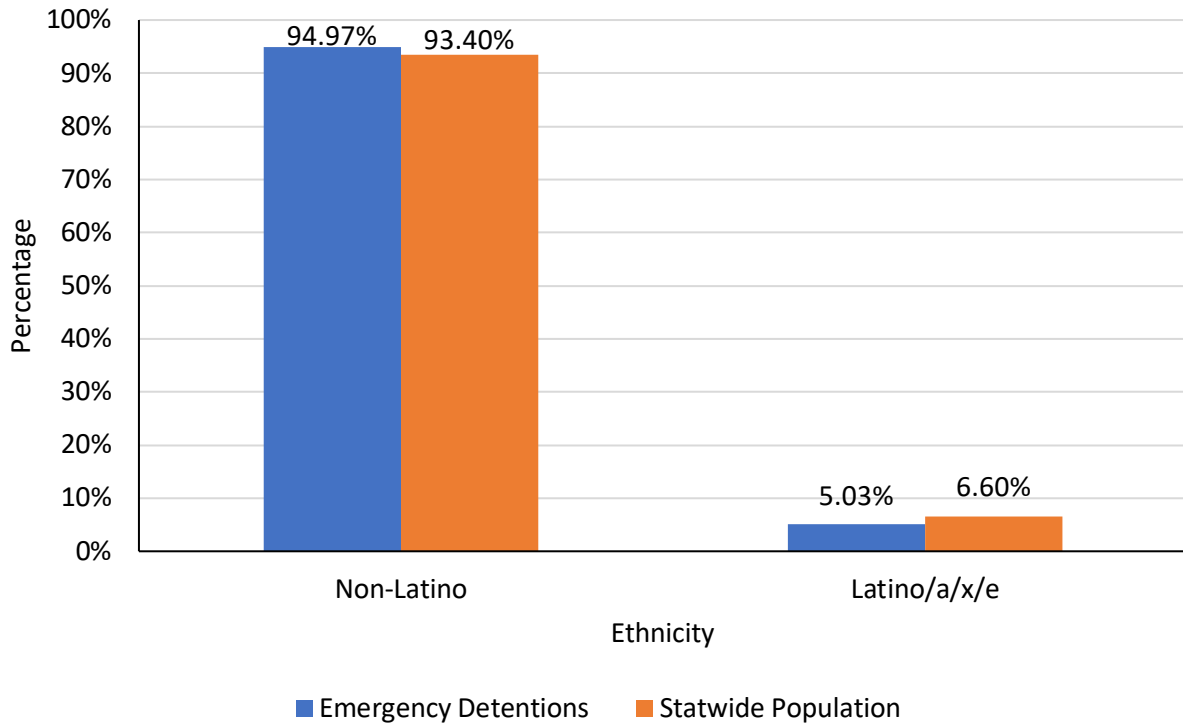
The results of the analysis focusing on the gender composition of emergency detention are presented in Figure 23. The results reveal that 46.42% of emergency detentions were female, 53.55% were male, and .03% were non-binary.

Figure 23. Gender Composition of Emergency Detentions, 2013-2021
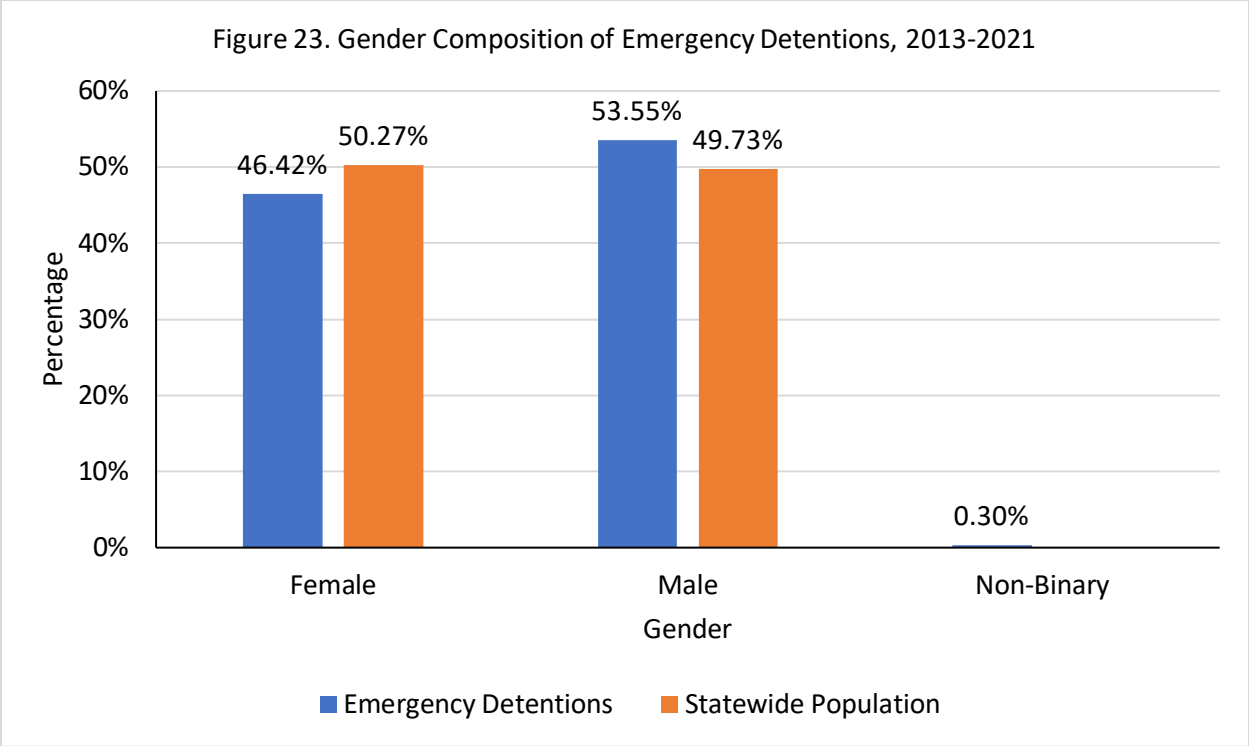
Finally, the mean age of emergency detentions at their admission date was 32.05 years-old, but there was wide variation with emergency detentions ranging between 5 and 100 years of age.

Emergency Detentions at the Winnebago Mental Health Institute

The data on emergency detentions admitted to Winnebago Mental Health Institute and Mendota Mental Health Institute come exclusively from Insight. Data on emergency detentions to non-state-run facilities comes from PPS. Emergency detentions were combined to a single detention if an individual was readmitted within 1 day of discharge. The emergency detentions were coded as having been admitted to Winnebago Mental Health Institute if individuals were directly admitted to Winnebago Mental Health Institute or if they were admitted to another hospital and then transferred to Winnebago Mental Health Institute. The total admissions were summed for each year to examine the trends in emergency detentions over time. To examine the trends in the proportion of emergency detentions that were admitted to Winnebago Mental Health Institute, the total number of emergency detentions admitted to Winnebago Mental Health Institute was divided by the total number of emergency detentions admitted to all facilities and multiplied by 100 for each year.

The mean length of stay for admissions to Winnebago Mental Health Institute, was calculated for the calendar days and business days. To calculate the calendar days, the admission date was subtracted from the discharge date. To calculate the business days, the admission date was subtracted from the discharge date with weekends and holidays removed from the calculations. The total length of stay for each admission was then totaled and divided by the total number of admissions to Winnebago Mental Health Institute. To calculate whether individuals were discharged within three or fewer business days, the number of admissions

where the individual was discharged within three or fewer business days was divided by the total number of emergency detentions admitted to Winnebago Mental Health Institute and multiplied by 100. A similar method was employed to calculate whether individuals were released within five business days. Specifically, the number of admissions where the individual was discharged within five business days was divided by the total number of admissions to Winnebago Mental Health Institute and multiplied by 100. A three-business day follow up period was selected because individuals admitted to facilities on an emergency basis are legally required to appear before a judge within 3 business days. Meanwhile, a five-business day follow-up period was selected because it represents the length of a traditional work week. To calculate the churn of individuals admitted and readmitted to Winnebago Mental Health Institute, the instances where the individual was readmitted were identified. The length between discharge and readmission was then calculated for those individuals who were readmitted. The number of individuals who were readmitted within 30 calendar days was then divided by the total number of admissions to Winnebago Mental Health Institute and multiplied by 100 to obtain the percentage of emergency detentions where the individual readmitted within 30 days. The number of individuals who were readmitted to WMHI within 12 months was divided by the total number admissions to Winnebago Mental Health Institute and multiplied by 100 to find the percentage of admissions where the individual was readmitted within 12 months.

Figure 24 presents the trends in the number of annual admissions to Winnebago Mental Health Institute between 2013 and 2021. The number of emergency detentions admitted to Winnebago Mental Health Institute grew substantially over the period. There were 1,462 emergency detentions in 2013 increasing to 2,865 in 2017 before declining to 2,429 in 2019. The number of emergency detentions then increased in 2020 and peaked at 3,404 in 2021. Between 2013 and 2021 the annual number of emergency detentions increased by 132.83%.

Figure 24. Total Annual Emergency Detention Admissions to WMHI, 2013-21
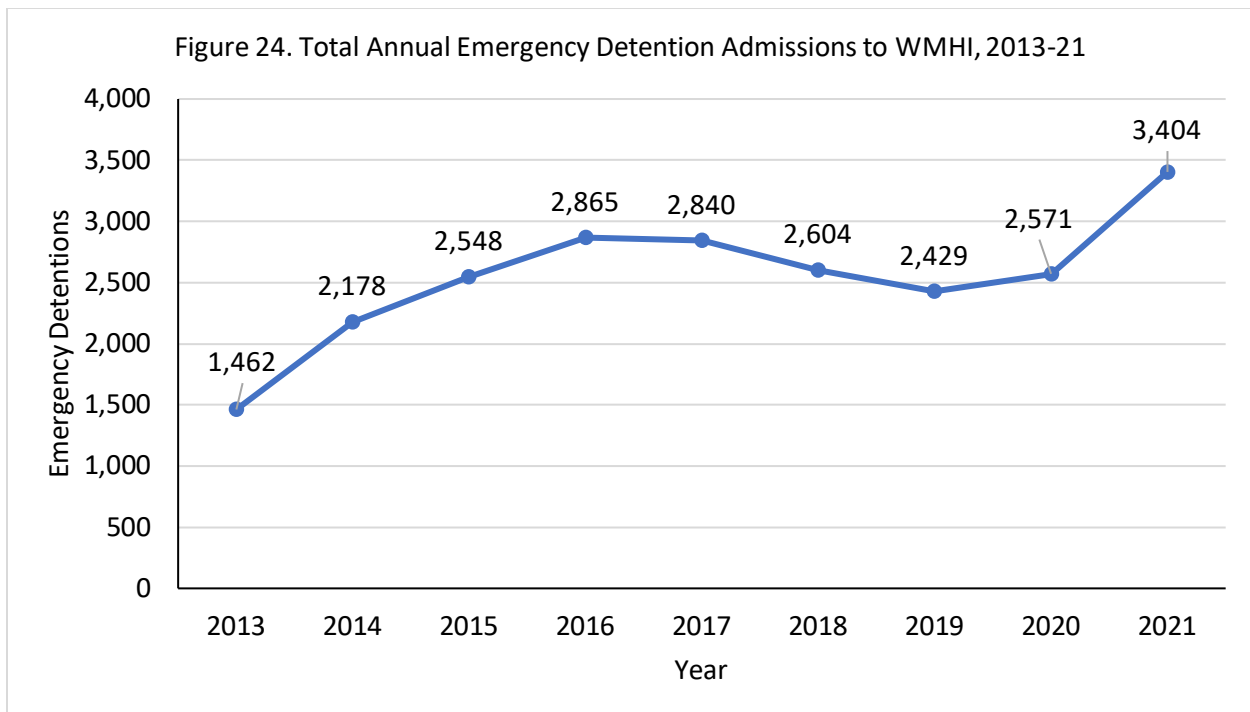
The percentage of all annual emergency detentions that are admitted to Winnebago Mental Health Institute is presented in figure 25. At the beginning of the period, admissions to Winnebago Mental Health Institute accounted for 22.66% of emergency detentions and increased to 48.02% in 2016 with relative annual stability between 2017 and 2019. However, the proportion of statewide emergency detention admissions that were admitted to Winnebago Mental Health Institute grew to 51.86% in 2020 and then 63.20% in 2021. The proportion of emergency detentions that are admitted to Winnebago Mental Health Institute almost triples between 2013 and 2021.

Figure 25. Percentage of all Emergency Detentions Admitted to WMHI, 2013-21
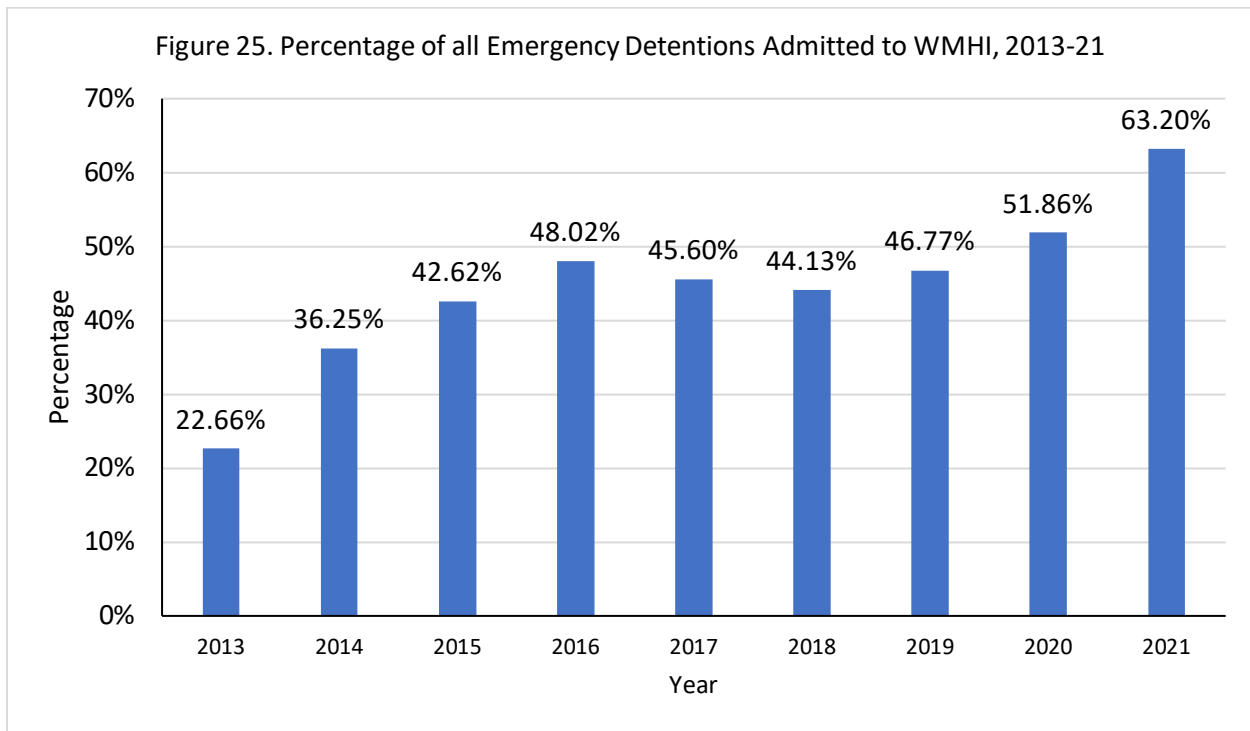
The number of emergency detentions admitted to Winnebago Mental Health Institute also increased between 2013 and 2021. However, the number of emergency detentions to all facilities in Wisconsin decreased during the same period. These two factors contribute to the magnitude of the increase in the proportion of emergency detentions who are admitted to Winnebago Mental Health Institute. One policy change may have contributed to the increase in the number of individuals who were admitted to Winnebago Mental Health Institute.

Specifically, beginning in April 2014, Winnebago Mental Health Institute became the only state-managed facility to accept emergency detentions. There was relative stability in the proportion of emergency detentions sent to Winnebago Mental Health Institute between 2016 and 2019 before an increase in 2020 and 2021. Hospitals across the state experienced high patient volume and workforce challenges during the COVID-19 pandemic, which likely led to their admitting fewer emergency detentions in that period. However, Winnebago Mental Health Institute is unable to decline to admit emergency detentions. As a result, emergency detentions that may have normally been admitted to other hospitals around the state may have been admitted to Winnebago Mental Health Institute.

The results of the analysis on the length of stay at Winnebago Mental Health Institute are included in Table 1. The mean length of stay in calendar days for admissions to Winnebago

Mental Health Institute was 10.50 days and the mean number of business days was 7.40 days. However, there was substantial variation in the length of stay for emergency detentions with values ranging from 0 calendar days to 720 calendar days and 0 business days (an individual was admitted and discharged the same day) to 497 business days. Further, the median number of calendar days was 5 and the median number of business days was 3. Both are less than half of their respective mean lengths of stay, suggesting that there are outliers (a relatively small number of extremely long lengths of stay) that are inflating the mean values.

Table 1. Length of Stay for Emergency Detentions at WMHI, 2013-2021		
Variable	Mean	Median
Length of stay (calendar days)	10.50	5
Length of stay (business days)	7.40	3

Table 2 contains the results of the analyses surrounding the proportion of emergency detentions that were discharged within 3 business and 5 calendar days. It also includes the percentage of emergency detentions who were readmitted within 30 calendar days and within one year of discharge from Winnebago Mental Health Institute. Over the period, 52.15% of emergency detentions were discharged in three or fewer business days and 61.14% of emergency detentions were discharged in five or fewer business days. When examining readmissions, 6.26% of emergency detentions were readmitted within 30 calendar days and 18.26% of emergency detentions were readmitted within one year.

Table 2. Time until Discharge and Readmission at WMHI, 2013-2021	
Variable	Percent
Discharged in three or fewer business days	52.15%
Discharged in five or fewer Business days	61.14%
Readmitted within 30 calendar days	6.26%
Readmitted within one year	18.26%

Figure 26 displays the mean length of stay for individuals at Winnebago Mental Health Institute for those 18-64 and those 65 and older. The mean length of stay or time to discharge for those 18-64 was 10.89 days and the mean length of stay or time to discharge for those 65 and older was 12.76. The mean time to discharge was 1.87 days greater for emergency detentions 65 and older than those 18 to 64. The results of the two-sample t-test indicated that the difference between the two groups was statistically significant (t=-2.60, p<.05).

Figure 26. Length of Stay at WMHI by Age Group (2013-21)
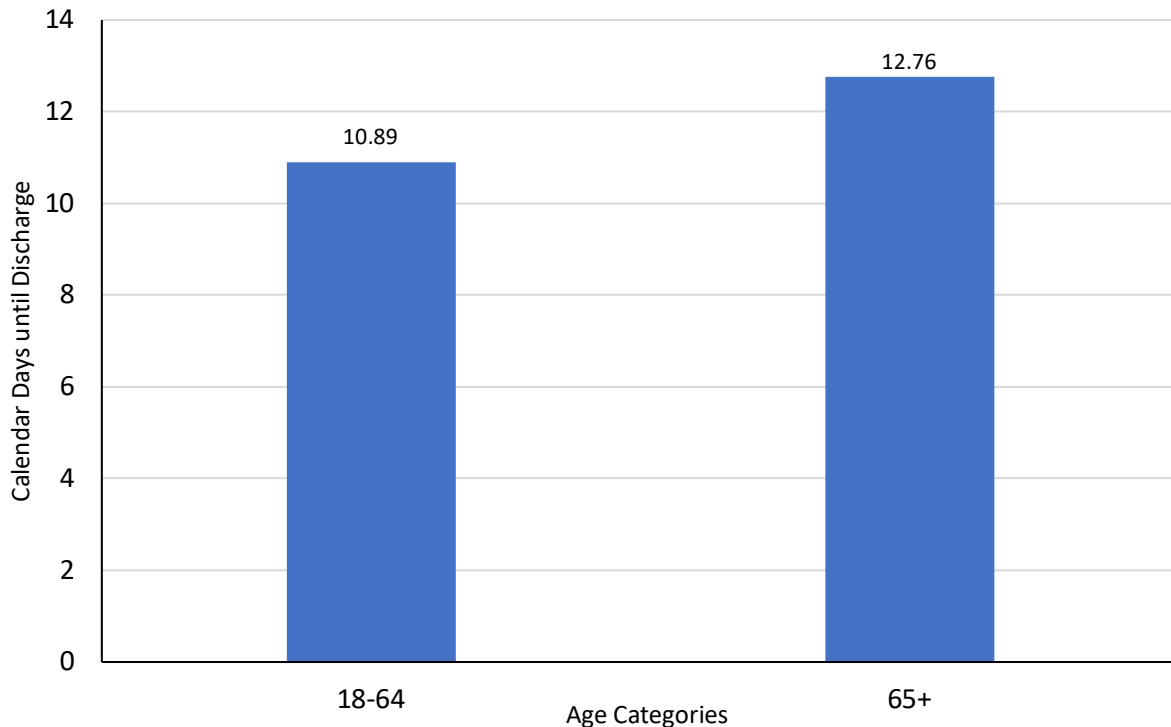
*The difference between the two age groups is statistically significant (p<.05).

Overall, the number of emergency detentions at Winnebago Mental Health Institute increased dramatically between 2013 and 2021 as did the proportion emergency detentions that were admitted to Winnebago Mental Health Institute. The mean length of stay for individuals admitted to Winnebago Mental Health Institute was 10.50 calendar days and 7.40 business days. Despite the mean length of stay being 7.40 business days, most emergency detentions are discharged prior to that time. 52.15% were discharged in 3 or fewer business days and 61.14% were discharged in 5 or fewer business days. This suggests that there are some extreme values (admissions significantly longer than 7.40 business days) impacting the mean length of stay. This is supported by the fact that the median lengths of stay are less than half of the mean values. Finally, when examining readmissions, 6.27% were readmitted within 30 days and 18.26% were readmitted within a single year.

Emergency Detentions, Medicaid Enrollment, and Crisis Services

This section of the report focuses on the Medicaid enrollment of emergency detentions at Winnebago Mental Health Institute as well the provision of crisis services to individuals within 90 days of an emergency detention. To obtain information on Medicaid enrollment, the first name, last name, and date of birth of emergency detentions at Winnebago Mental Health Institute were provided to the Bureau of Fiscal Accountability in the Division of Medicaid Services. The Bureau of Fiscal Accountability provided the Medicaid identification numbers for these people. The Medicaid ID numbers, and admission dates were then given to staff who

provided data on enrollment in managed care programs for those who were Medicaid members on the date of their admission to Winnebago Mental Health Institute. The data was used to calculate the percentage of emergency detentions to Winnebago Mental Health Institute who were enrolled in any Medicaid program as of the admission, the percentage of emergency detentions who were enrolled in managed care programs, the number of emergency detentions for Medicaid members enrolled in BadgerCare Plus managed care, Family Care, and Supplemental Security Income-related Medicaid. The mean length of stay at Winnebago Mental Health Institute for Medicaid members who were enrolled in BadgerCare Plus managed care, Family Care, and Supplemental Security Income-related Medicaid was also calculated.

To assess whether individuals received crisis services within 90 days of an emergency detention admission to Winnebago Mental Health Institute, data was drawn from Insight, PPS, and the Medicaid claims universe. The data on the receipt of crisis services came from PPS and Medicaid claims and were merged with the emergency detention data. The service date was then subtracted from each emergency detention admission date and emergency detentions were given a score of 1 if a crisis service was received in the 90 days preceding an emergency detention. Emergency detentions received a score of 0 if crisis services were not received in the 90 days prior to an emergency detention. The number of emergency detentions receiving a crisis service within 90 days of an emergency detention admission to Winnebago Mental Health Institute was then divided by the total number of admissions to Winnebago Mental Health Institute and multiplied by 100 to obtain the percentage of emergency detentions where a crisis service was provided within 90 days of an emergency detention. For those individuals who received crisis services within 90 days of an emergency detention at Winnebago Mental Health Institute, the mean number of days prior to an emergency detention was calculated.

Figure 27 reports the proportion of emergency detentions admitted at Winnebago Mental Health Institute who were Medicaid members as of their admission date. Most admissions to Winnebago Mental Health Institute were Medicaid members as of their admission date (70.74%). In terms of the total figures, 16,200 emergency detentions of 22,900 at Winnebago Mental Health Institute were enrolled in a Medicaid program as of their admission.

Figure 27. Percentage of Emegency Detentions at WMHI who were Medicaid Members (2013-21)
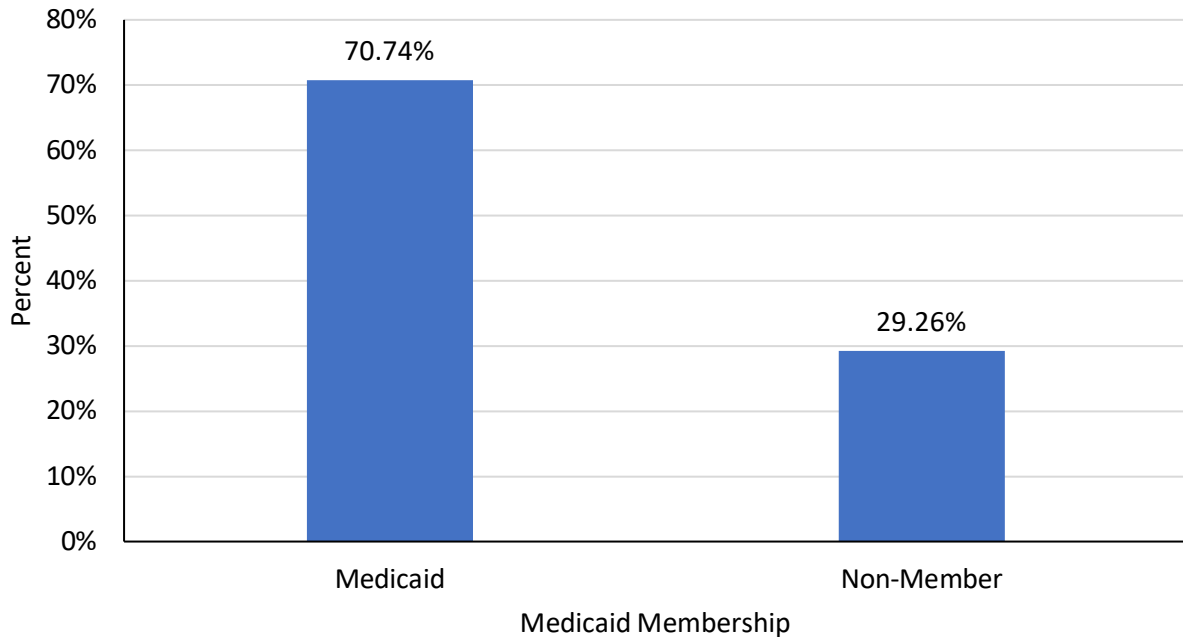
Figure 28 displays the percentage of emergency detention admissions admitted to Winnebago Mental Health Institute who were enrolled in Medicaid managed care programs. Managed care programs include BadgerCare Plus managed care, Supplemental Security Income-Managed Care, Family Care, Children Come First, Wraparound Milwaukee, Care4Kids, PACE (Program of All Inclusive Care for the Elderly), and Family Care Partnership. Of the emergency detentions admitted to Winnebago Mental Health Institute between 2013 and 2021, 32.49% were enrolled in a managed care program at the time of their admission.

Figure 28. Percentage of Emergency Detentions at WMHI who were Medicaid Managed Care Members (2013-21)
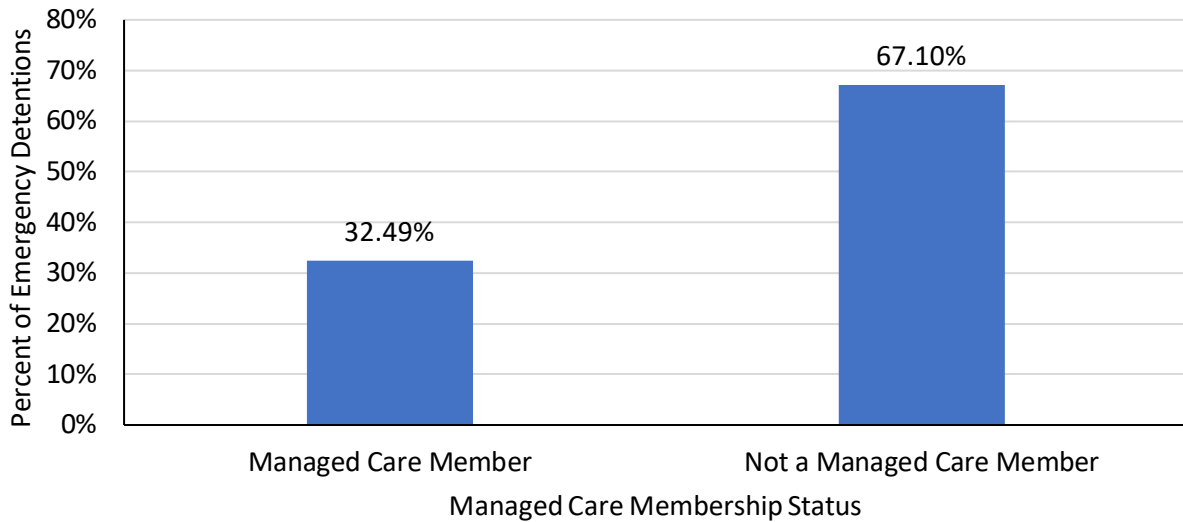
The total number of patients under emergency detention admitted to Winnebago Mental Health Institute who were enrolled in one of the three largest managed care programs (BadgerCare Plus managed care, Family Care, and Supplemental Security Income managed care) at the time of admission are presented in figure 29. The most common program enrollment was BadgerCare Plus managed care (4,810), followed by Family Care (1,262) and Supplemental Security Income managed care (1,119). In comparing the proportions of patients under emergency detention at Winnebago Mental Health Institute that were members of one of these managed care programs to the portions of all enrolled members of these programs, Family Care members are overrepresented. As of January 2021, 5.67% of the members enrolled in these three managed care programs were enrolled in Family Care, while patients under emergency detention at Winnebago Mental Health Institute and enrolled Family Care comprise 17.56% of all patients enrolled in these three programs.

Figure 29. Number of Emergency Detentions Admitted to WMHI by Specific Managed Care Programs (2013-21)

A bar chart titled "Figure 29. Number of Emergency Detentions Admitted to WMHI by Specific Managed Care Programs (2013-21)" with the y-axis labeled "Number of Emergency Detentions" ranging from 0 to 6,000, and the x-axis labeled "Managed Care Programs". Bars: BadgerCare Plus Managed Care = 4,810; Family Care = 1,262; Supplemental Security Income Managed Care = 1,119.
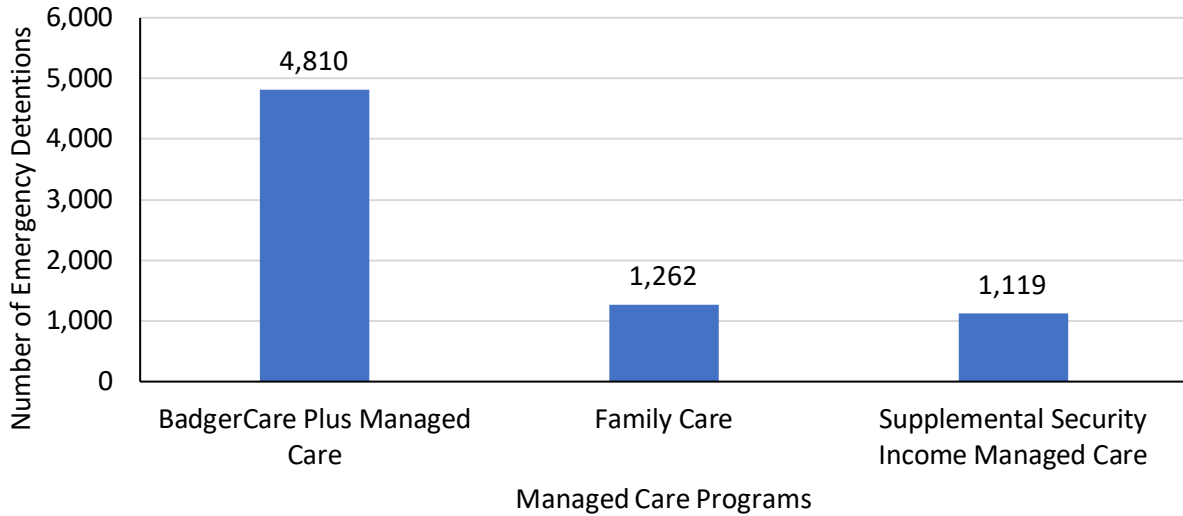
The mean lengths of stay for those enrolled in BadgerCare Plus managed care, Family Care, and Supplemental Security Income managed care are displayed in Figure 30. The individuals who were enrolled in Family Care had the longest mean length of stay at 13.84 calendar days, followed by Supplemental Security Income managed care with a mean 12.67 calendar days, and BadgerCare Plus Managed Care (8.43 calendar days).

Figure 30. Mean Length of Stay of Emergency Detention at WMHI for Specific Managed Care Programs (2013-21)

A bar chart titled "Figure 30. Mean Length of Stay of Emergency Detention at WMHI for Specific Managed Care Programs (2013-21)" with the y-axis labeled "Calendar Days" ranging from 0 to 16, and the x-axis labeled "Managed Care Programs". Bars: BadgerCare Plus Managed Care = 8.43; Family Care = 13.84; Supplemental Security Income managed care = 12.67.
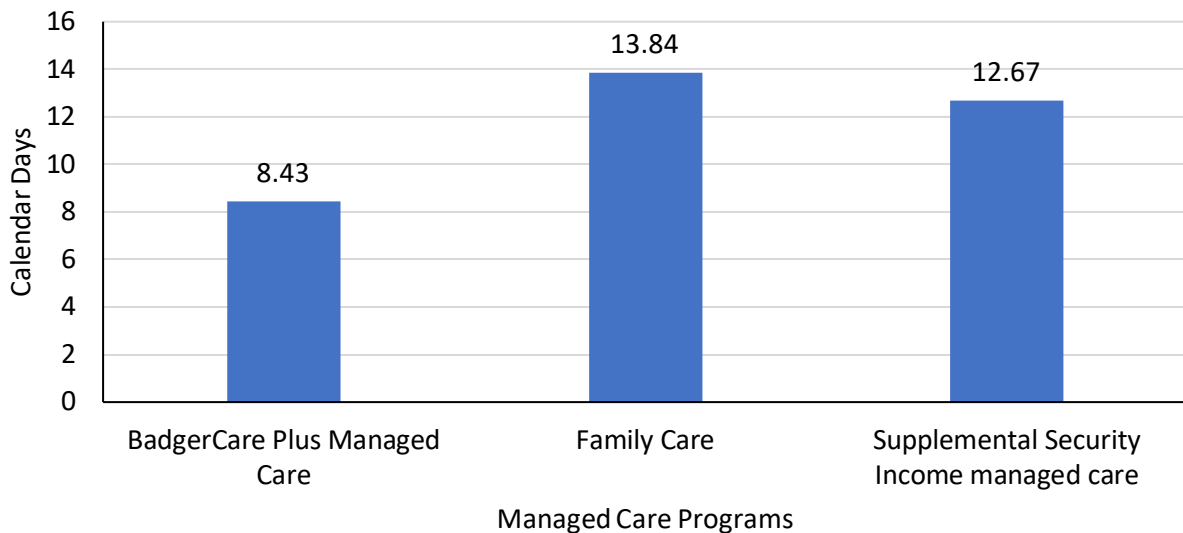
Figure 31 displays the percentage of individuals who received crisis services through Comprehensive Community Services and Community Support Programs in the 90 days prior to an emergency detention admission to Winnebago Mental Health Institute. Between 2013 and

2021, 9.62 percent of emergency detentions at Winnebago Mental Health Institute received crisis services within 90 days of the emergency detention. Of those who received services, the most recent service was received a mean of 10.33 days prior to the emergency detention.

Figure 31. Percentage of Emergency Detentions to WMHI who Received Crisis Services in the 90 days Preceeding an Admission
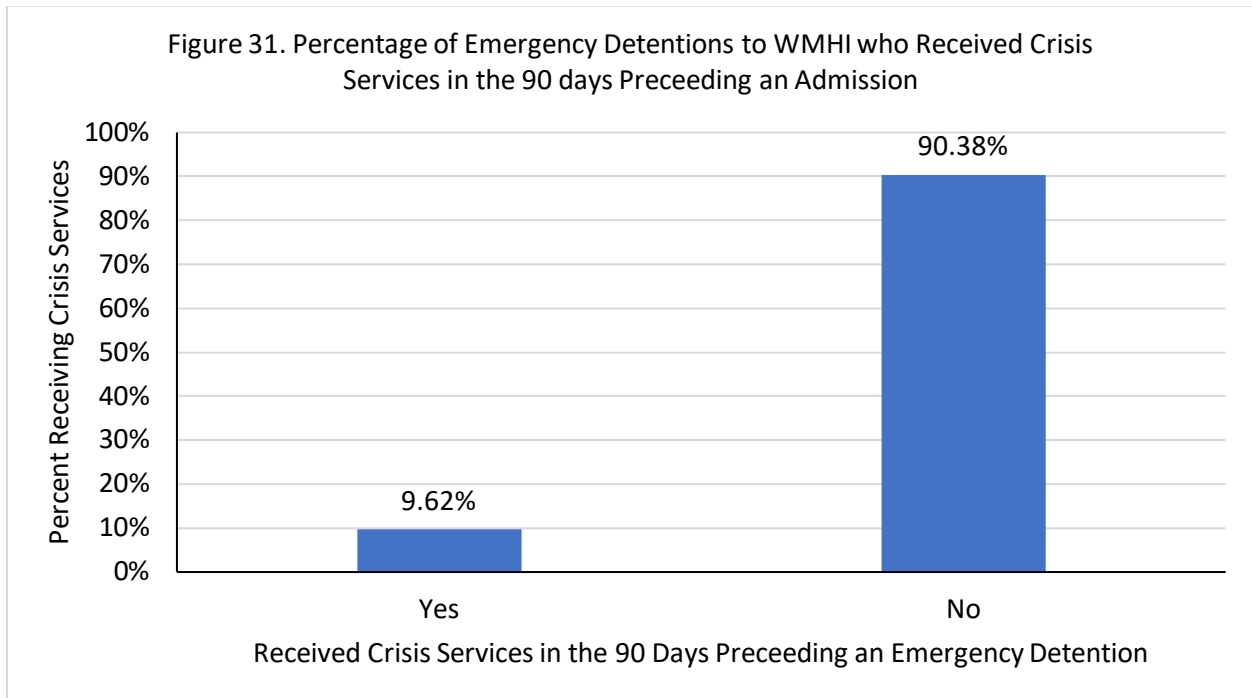
Overall, the results indicate that the majority of admissions to Winnebago Mental Health Institute are enrolled in Medicaid at the time and a significant proportion of admissions are enrolled in managed care programs. When focusing on the BadgerCare Plus Managed Care, Family Care, and Supplemental Security Income managed care programs, the results revealed that the most common managed care program for admissions to be enrolled in was BadgerCare Plus managed care. This was followed by Family Care and Supplemental Security Income managed care. There were also differences in the length of stay across those three groups.

It is important to note that some counties may not report all emergency detentions and crisis services through PPS. As a result, variation in crisis services and emergency detentions across counties may reflect differences in reporting practices rather than the actual use of crisis services and emergency detentions. While the use of Medicaid claims data should capture some of those services, and Insight data includes emergency detentions at WMHI and MMHI, not all unique individuals receiving crisis services are Medicaid members and emergency detentions also occur outside of state-run facilities. Likewise, if counties change their reporting practices over time, trends in the receipt of crisis services and use of emergency detention may be a function of these changes.

Appendices

Appendix A. Mean Annual Crisis Services Rate per 1,000, 2013-2021

Rank	County	Mean Crisis Services Rate	Rank	County	Mean Crisis Services Rate
1	Kenosha	20.10	35	Ashland	7.09
2	Menominee	19.51	36	Waushara	7.06
3	Green Lake	15.35	37	St. Croix	7.01
4	Shawano	14.91	38	Price	6.93
5	Barron	13.21	39	Milwaukee	6.80
6	Marquette	13.21	40	Clark	6.78
7	Adams	13.01	41	Manitowoc	6.70
8	Juneau	12.02	42	Outagamie	6.53
9	Columbia	11.95	43	Kewaunee	6.53
10	Burnett	11.89	44	Rusk	6.32
11	Walworth	11.74	45	Lafayette	6.20
12	Brown	11.70	46	Wood	5.90
13	La Crosse	11.65	47	Dunn	5.69
14	Winnebago	11.21	48	Pierce	5.67
15	Chippewa	11.14	49	Sheboygan	5.27
16	Marinette	10.28	50	Grant and Iowa	5.01
17	Polk	10.26	51	Taylor	4.99
18	Oneida, Vilas, and Forest	10.09	52	Sawyer	4.75
19	Richland	9.75	53	Dane	4.37
20	Eau Claire	9.53	54	Pepin	3.99
21	Dodge	9.42	55	Buffalo	3.27
22	Oconto	9.38	56	Door	3.05
23	Sauk	9.36	57	Florence	2.61
24	Jackson	9.16	58	Portage	1.77
25	Jefferson	8.99	59	Waukesha	1.76
26	Washington	8.77	60	Bayfield	1.63
27	Marathon, Lincoln, and Langlade	8.44	61	Vernon	0.64
28	Crawford	8.39	62	Iron	0.44
29	Fond du Lac	8.25	63	Calumet	0.43
30	Waupaca	8.25	64	Green	0.38
31	Monroe	7.89	65	Washburn	0.24
32	Racine	7.50	66	Trempealeau	0.08
33	Rock	7.24	67	Douglas	0.05
34	Ozaukee	7.10			

Appendix B. Total Individuals Receiving Crisis Services, 2013-2021

Rank	County	Individuals Receiving Crisis Services	Rank	County	Individuals Receiving Crisis Services
1	Milwaukee	58,228	35	Juneau	2,868
2	Kenosha	30,427	36	Green Lake	2,608
3	Brown	27,179	37	Adams	2,370
4	Dane	20,694	38	Dunn	2,287
5	Winnebago	17,107	39	Pierce	2,118
6	Marathon, Lincoln, and Langlade	13,892	40	Clark	2,109
7	Racine	13,197	41	Marquette	1,815
8	La Crosse	12,339	42	Jackson	1,697
9	Walworth	10,908	43	Burnett	1,650
10	Outagamie	10,774	44	Richland	1,545
11	Washington	10,553	45	Waushara	1,545
12	Rock	10,524	46	Crawford	1,233
13	Eau Claire	8,842	47	Kewaunee	1,201
14	Fond du Lac	7,617	48	Portage	1,123
15	Dodge	7,480	49	Ashland	1,009
16	Jefferson	6,840	50	Lafayette	936
17	Chippewa	6,382	51	Taylor	911
18	Waukesha	6,339	52	Price	855
19	Columbia	6,135	53	Rusk	812
20	Oneida, Vilas, and Forest	6,036	54	Menominee	784
21	Ozaukee	5,654	55	Door	769
22	St. Croix	5,574	56	Sawyer	710
23	Shawano	5,530	57	Buffalo	389
24	Sheboygan	5,481	58	Pepin	262
25	Barron	5,422	59	Bayfield	222
26	Sauk	5,364	60	Calumet	198
27	Manitowoc	4,829	61	Vernon	175
28	Polk	4,039	62	Green	127
29	Wood	3,899	63	Florence	103
30	Waupaca	3,839	64	Washburn	34
31	Marinette	3,782	65	Iron	23
32	Grant and Iowa	3,399	66	Trempealeau	22
33	Monroe	3,232	67	Douglas	19
34	Oconto	3,180			

Appendix C. Mean Adult Crisis Services Rate per 1,000, 2013-2021

Rank	County	Mean Adult Crisis Services Rate	Rank	County	Mean Adult Crisis Services Rate
1	Menominee	18.54	35	Outagamie	7.58
2	Kenosha	18.16	36	Ashland	7.28
3	Green Lake	14.87	37	Manitowoc	7.21
4	Shawano	13.73	38	Clark	7.16
5	Barron	13.40	39	St. Croix	6.73
6	Marquette	12.63	40	Waushara	6.63
7	Juneau	12.16	41	Price	6.56
8	Columbia	11.78	42	Milwaukee	6.28
9	Adams	11.76	43	Lafayette	6.20
10	Winnebago	11.59	44	Rusk	5.84
11	Walworth	11.46	45	Kewaunee	5.75
12	La Crosse	11.39	46	Wood	5.68
13	Brown	11.36	47	Taylor	5.31
14	Chippewa	11.28	48	Pierce	5.30
15	Burnett	10.77	49	Dunn	5.23
16	Marinette	9.81	50	Sheboygan	5.21
17	Richland	9.79	51	Grant and Iowa	4.78
18	Oneida, Vilas, and Forest	9.65	52	Dane	4.59
19	Eau Claire	9.63	53	Sawyer	4.39
20	Sauk	9.44	54	Pepin	3.68
21	Polk	9.35	55	Buffalo	3.26
22	Jackson	9.15	56	Door	2.80
23	Dodge	9.02	57	Florence	2.57
24	Oconto	9.00	58	Portage	1.70
25	Jefferson	8.79	59	Waukesha	1.69
26	Racine	8.48	60	Bayfield	1.48
27	Crawford	8.42	61	Vernon	0.62
28	Fond du Lac	8.37	62	Iron	0.45
29	Washington	8.33	63	Calumet	0.45
30	Marquette, Lincoln, and Langlade	8.22	64	Green	0.34
31	Monroe	8.20	65	Washburn	0.24
32	Waupaca	7.94	66	Trempealeau	0.09
33	Ozaukee	7.84	67	Douglas	0.05
34	Rock	7.71			

Appendix D. Mean Youth Crisis Services Rate per 1,000, 2013-2021

Rank	County	Mean Youth Crisis Services Rate	Rank	County	Mean Youth Crisis Services Rate
1	Kenosha	26.75	35	Dunn	8.39
2	Menominee	22.06	36	St. Croix	8.03
3	Adams	20.84	37	Fond du Lac	7.97
4	Shawano	19.54	38	Pierce	7.28
5	Burnett	17.53	39	Monroe	7.13
6	Green Lake	17.38	40	Wood	6.98
7	Marquette	15.99	41	Ashland	6.60
8	Polk	13.68	42	Lafayette	6.40
9	La Crosse	13.20	43	Sawyer	6.33
10	Brown	13.14	44	Clark	6.12
11	Walworth	12.97	45	Grant and Iowa	6.05
12	Columbia	12.97	46	Rock	5.96
13	Barron	12.70	47	Sheboygan	5.60
14	Marinette	12.55	48	Pepin	5.10
15	Oneida, Vilas, and Forest	12.55	49	Manitowoc	4.93
16	Juneau	11.91	50	Racine	4.63
17	Dodge	11.31	51	Ozaukee	4.60
18	Oconto	11.14	52	Door	4.40
19	Chippewa	11.07	53	Taylor	4.06
20	Washington	10.49	54	Dane	3.80
21	Winnebago	10.07	55	Outagamie	3.44
22	Richland	10.06	56	Buffalo	3.33
23	Jefferson	9.98	57	Florence	2.87
24	Jackson	9.77	58	Bayfield	2.37
25	Waupaca	9.66	59	Portage	2.10
26	Eau Claire	9.64	60	Waukesha	2.06
27	Kewaunee	9.44	61	Vernon	0.73
28	Price	9.40	62	Green	0.54
29	Sauk	9.39	63	Iron	0.41
30	Marquette, Lincoln, and Langlade	9.38	64	Calumet	0.38
31	Waushara	9.34	65	Washburn	0.26
32	Milwaukee	8.85	66	Trempealeau	0.05
33	Crawford	8.47	67	Douglas	0.02
34	Rusk	8.45			

Appendix E. Total Youth Receiving Crisis Services, 2013-2021

Rank	County	Youth Receiving Crisis Services	Rank	County	Youth Receiving Crisis Services
1	Milwaukee	18,476	35	Dunn	669
2	Kenosha	9,647	36	Green Lake	666
3	Brown	7,394	37	Juneau	577
4	Dane	3,746	38	Pierce	573
5	Marathon, Lincoln, and Langlade	3,435	39	Adams	562
6	Winnebago	3,208	40	Clark	561
7	Washington	2,899	41	Burnett	441
8	La Crosse	2,825	42	Marquette	432
9	Walworth	2,640	43	Jackson	399
10	Rock	2,062	44	Waushara	382
11	Racine	1,931	45	Kewaunee	378
12	Dodge	1,835	46	Richland	350
13	Eau Claire	1,828	47	Menominee	286
14	Jefferson	1,664	48	Portage	262
15	St. Croix	1,629	49	Crawford	258
16	Waukesha	1,623	50	Lafayette	238
17	Fond du Lac	1,597	51	Rusk	226
18	Shawano	1,580	52	Ashland	209
19	Columbia	1,467	53	Price	203
20	Chippewa	1,437	54	Door	185
21	Outagamie	1,366	55	Sawyer	185
22	Oneida, Vilas, and Forest	1,326	56	Taylor	176
23	Sheboygan	1,312	57	Buffalo	82
24	Sauk	1,240	58	Pepin	72
25	Polk	1,155	59	Bayfield	56
26	Barron	1,130	60	Vernon	52
27	Wood	1,004	61	Calumet	42
28	Waupaca	946	62	Green	40
29	Marinette	893	63	Florence	18
30	Grant and Iowa	880	64	Washburn	7
31	Ozaukee	799	65	Iron	3
32	Oconto	778	66	Trempealeau	3
33	Manitowoc	746	67	Douglas	2
34	Monroe	746			

Appendix F. Mean County Emergency Rate per 10,000, 2013-2021

Rank	County	Mean Emergency Detention Rate	Rank	County	Mean Emergency Detention Rate
1	Menominee	77.69	35	Door	7.63
2	Wood	43.07	36	Iron	7.23
3	Oneida, Vilas, and Forest	32.18	37	Crawford	7.00
4	Shawano	30.22	38	Barron	6.75
5	Marathon, Lincoln, and Langlade	30.10	39	Jackson	6.51
6	Monroe	21.48	40	Walworth	6.46
7	Adams	19.85	41	La Crosse	6.34
8	Green Lake	17.39	42	Racine	6.03
9	Jefferson	16.46	43	Winnebago	6.01
10	Rock	16.22	44	Trempealeau	5.30
11	Fond du Lac	16.06	45	Pierce	5.28
12	Sauk	15.52	46	Manitowoc	5.13
13	Columbia	14.19	47	Bayfield	5.01
14	Florence	14.05	48	Chippewa	4.86
15	Brown	13.35	49	Taylor	4.85
16	Kenosha	13.04	50	Dane	4.76
17	Waupaca	12.93	51	St. Croix	4.75
18	Richland	12.90	52	Buffalo	4.68
19	Price	12.55	53	Portage	4.34
20	Ashland	10.94	54	Clark	4.27
21	Juneau	10.90	55	Eau Claire	4.08
22	Milwaukee	10.83	56	Ozaukee	3.73
23	Vernon	10.41	57	Outagamie	3.65
24	Waushara	10.25	58	Pepin	3.63
25	Marinette	10.16	59	Washington	3.45
26	Green	9.38	60	Burnett	3.43
27	Polk	9.26	61	Kewaunee	3.20
28	Marquette	9.16	62	Dunn	3.20
29	Oconto	8.84	63	Rusk	3.05
30	Sawyer	8.67	64	Sheboygan	2.54
31	Dodge	8.30	65	Calumet	2.49
32	Iowa and Grant	8.09	66	Washburn	2.10
33	Lafayette	8.01	67	Douglas	0.26
34	Waukesha	7.79			

Appendix G. Total Emergency Detentions, 2013-2021

Rank	County	Emergency Detentions	Rank	County	Emergency Detentions
1	Milwaukee	9,279	35	Green Lake	295
2	Marathon, Lincoln, and Langlade	4,953	36	Vernon	286
3	Brown	3,092	37	Chippewa	280
4	Wood	2,861	38	Barron	277
5	Waukesha	2,802	39	Portage	275
6	Rock	2,357	40	Sheboygan	264
7	Dane	2,250	41	Juneau	260
8	Kenosha	1,973	42	Waushara	224
9	Oneida, Vilas, and Forest	1,925	43	Richland	204
10	Fond du Lac	1,475	44	Pierce	197
11	Jefferson	1,252	45	Door	192
12	Shawano	1,122	46	Ashland	156
13	Racine	1,062	47	Price	155
14	Winnebago	916	48	Trempealeau	141
15	Sauk	886	49	Clark	133
16	Monroe	879	50	Sawyer	129
17	Columbia	728	51	Dunn	128
18	La Crosse	670	52	Marquette	126
19	Dodge	660	53	Jackson	121
20	Outagamie	604	54	Lafayette	121
21	Waupaca	604	55	Calumet	112
22	Walworth	601	56	Crawford	103
23	Grant and Iowa	548	57	Taylor	89
24	Washington	417	58	Bayfield	68
25	Eau Claire	378	59	Kewaunee	59
26	Marinette	375	60	Buffalo	56
27	St. Croix	375	61	Florence	56
28	Manitowoc	370	62	Burnett	48
29	Polk	365	63	Rusk	39
30	Adams	364	64	Iron	38
31	Green	312	65	Washburn	30
32	Menominee	312	66	Pepin	24
33	Oconto	300	67	Douglas	10
34	Ozaukee	297			

Appendix H. Mean Annual Youth Emergency Detention Rate per 10,000, 2013-2021

Rank	County	Mean Youth Emergency Detention Rate	Rank	County	Mean Youth Emergency Detention Rate
1	Menominee	83.28	35	Florence	7.78
2	Adams	37.42	36	Outagamie	7.33
3	Shawano	37.25	37	Marquette	7.00
4	Oneida, Vilas, and Forest	34.70	38	Burnett	6.80
5	Fond du Lac	33.70	39	Bayfield	6.71
6	Marathon, Lincoln, and Langlade	29.98	40	La Crosse	6.54
7	Wood	28.87	41	Pepin	6.36
8	Milwaukee	19.84	42	Door	5.91
9	Green Lake	19.17	43	Washington	5.79
10	Sauk	17.36	44	Portage	5.70
11	Waupaca	17.26	45	Trempealeau	5.39
12	Monroe	17.05	46	Pierce	5.34
13	Rock	16.32	47	Walworth	5.16
14	Columbia	15.70	48	Eau Claire	4.91
15	Ashland	14.32	49	Brown	4.89
16	Waushara	13.18	50	Dane	4.85
17	Dodge	12.64	51	Dunn	4.76
18	Marinette	12.42	52	Kewaunee	4.76
19	Lafayette	12.33	53	Crawford	4.56
20	Green	11.73	54	St. Croix	4.39
21	Iron	11.60	55	Calumet	3.82
22	Polk	11.57	56	Ozaukee	3.72
23	Manitowoc	11.44	57	Chippewa	3.70
24	Jefferson	11.13	58	Clark	3.48
25	Price	11.06	59	Rusk	3.40
26	Winnebago	10.94	60	Waukesha	3.20
27	Kenosha	10.40	61	Washburn	2.91
28	Vernon	10.30	62	Racine	2.70
29	Sawyer	10.21	63	Sheboygan	2.60
30	Iowa	9.87	64	Jackson	2.44
31	Juneau	9.59	65	Buffalo	2.36
32	Richland	8.59	66	Taylor	1.83
33	Oconto	8.23	67	Douglas	0.38
34	Barron	8.11			

Appendix I. Total Youth Emergency Detentions, 2013-2021

Rank	County	Youth Emergency Detentions	Rank	County	Youth Emergency Detentions
1	Milwaukee	4,164	35	Barron	72
2	Marathon, Lincoln, and Langlade	1,111	36	Portage	71
3	Fond du Lac	680	37	Ozaukee	65
4	Rock	564	38	Sheboygan	61
5	Dane	479	39	Oconto	57
6	Wood	423	40	Waushara	54
7	Kenosha	378	41	Chippewa	48
8	Oneida, Vilas, and Forest	368	42	Juneau	47
9	Winnebago	349	43	Lafayette	46
10	Shawano	302	44	Ashland	45
11	Outagamie	291	45	Calumet	43
12	Brown	277	46	Pierce	42
13	Waukesha	256	47	Dunn	38
14	Sauk	229	48	Trempealeau	35
15	Dodge	211	49	Clark	32
16	Jefferson	187	50	Richland	30
17	Monroe	178	51	Sawyer	30
18	Columbia	177	52	Door	25
19	Manitowoc	174	53	Price	24
20	Waupaca	171	54	Kewaunee	19
21	Washington	159	55	Marquette	19
22	Grant and Iowa	144	56	Burnett	17
23	La Crosse	140	57	Bayfield	16
24	Racine	113	58	Crawford	14
25	Menominee	109	59	Jackson	10
26	Walworth	105	60	Iron	9
27	Adams	103	61	Pepin	9
28	Polk	98	62	Rusk	9
29	Eau Claire	93	63	Taylor	8
30	Green	90	64	Washburn	8
31	St. Croix	89	65	Buffalo	6
32	Marinette	88	66	Florence	5
33	Vernon	74	67	Douglas	3
34	Green Lake	73			

Appendix J. Mean Annual Adult Emergency Detention Rate per 10,000, 2013-2021

Rank	County	Mean Adult Emergency Detention Rate	Rank	County	Mean Adult Emergency Detention Rate
1	Menominee	74.72	35	Grant and Iowa	7.61
2	Wood	47.05	36	Dodge	7.15
3	Oneida, Vilas, and Forest	31.63	37	Racine	7.06
4	Marathon, Lincoln, and Langlade	30.08	38	Walworth	6.82
5	Shawano	28.26	39	Lafayette	6.60
6	Monroe	23.01	40	Iron	6.50
7	Jefferson	17.94	41	Barron	6.38
8	Green Lake	16.88	42	La Crosse	6.30
9	Adams	16.76	43	Taylor	5.79
10	Rock	16.21	44	Buffalo	5.30
11	Brown	16.10	45	Trempealeau	5.29
12	Florence	15.38	46	Pierce	5.27
13	Sauk	14.97	47	Chippewa	5.21
14	Richland	14.12	48	St. Croix	4.88
15	Kenosha	13.85	49	Dane	4.74
16	Columbia	13.81	50	Winnebago	4.71
17	Price	12.86	51	Bayfield	4.67
18	Waupaca	11.79	52	Clark	4.61
19	Juneau	11.22	53	Portage	4.01
20	Fond du Lac	11.13	54	Eau Claire	3.87
21	Vernon	10.44	55	Ozaukee	3.73
22	Ashland	10.01	56	Manitowoc	3.45
23	Marquette	9.68	57	Rusk	2.96
24	Marinette	9.64	58	Pepin	2.90
25	Waushara	9.57	59	Dunn	2.81
26	Waukesha	9.06	60	Kewaunee	2.77
27	Oconto	9.01	61	Washington	2.75
28	Green	8.68	62	Burnett	2.71
29	Polk	8.63	63	Sheboygan	2.52
30	Sawyer	8.30	64	Outagamie	2.48
31	Door	7.96	65	Calumet	2.05
32	Milwaukee	7.90	66	Washburn	1.91
33	Jackson	7.67	67	Douglas	0.22
34	Crawford	7.64			

Appendix K. Total Adult Emergency Detentions, 2013-2021

Rank	County	Adult Emergency Detentions	Rank	County	Adult Emergency Detentions
1	Milwaukee	5,115	35	Juneau	213
2	Marathon, Lincoln, and Langlade	3,842	36	Vernon	212
3	Brown	2,815	37	Barron	205
4	Waukesha	2,546	38	Portage	204
5	Wood	2,438	39	Menominee	203
6	Rock	1,793	40	Sheboygan	203
7	Dane	1,771	41	Manitowoc	196
8	Kenosha	1,595	42	Richland	174
9	Oneida, Vilas, and Forest	1,557	43	Waushara	170
10	Jefferson	1,065	44	Door	167
11	Racine	949	45	Pierce	155
12	Shawano	820	46	Price	131
13	Fond du Lac	795	47	Ashland	111
14	Monroe	701	48	Jackson	111
15	Sauk	657	49	Marquette	107
16	Winnebago	567	50	Trempealeau	106
17	Columbia	551	51	Clark	101
18	La Crosse	530	52	Sawyer	99
19	Walworth	496	53	Dunn	90
20	Dodge	449	54	Crawford	89
21	Waupaca	433	55	Taylor	81
22	Grant and Iowa	404	56	Lafayette	75
23	Outagamie	313	57	Calumet	69
24	Marinette	287	58	Bayfield	52
25	St. Croix	286	59	Florence	51
26	Eau Claire	285	60	Buffalo	50
27	Polk	267	61	Kewaunee	40
28	Adams	261	62	Burnett	31
29	Washington	258	63	Rusk	30
30	Oconto	243	64	Iron	29
31	Chippewa	232	65	Washburn	22
32	Ozaukee	232	66	Pepin	15
33	Green	222	67	Douglas	7
34	Green Lake	222			