

# Wisconsin Crisis Services and Emergency Detentions Statewide, 2013-2017

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**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

## Introduction

This report features an exploratory analysis of data on emergency mental health service programs or crisis services (hereafter, crisis services)<sup>1</sup> and involuntary emergency civil detention psychiatric hospitalizations (hereafter, emergency detention)<sup>2</sup> in Wisconsin from 2013 to 2017. In general, crisis services are a form of community-based care for people experiencing distress or anxiety that results from a mental health or substance use disorder. Crisis services may serve as a resource to prevent people from needing a more restrictive level of care that is not available in the community such as an emergency detention. In addition, due to a change in state statute that took effect in July 2016, crisis services are required as a pre-cursor to all emergency detentions. Specifically, each time an emergency detention is initiated for an individual, often by law enforcement, the county or public mental health system must have a qualified mental health professional complete a crisis assessment for that individual before they may be transferred to an approved psychiatric treatment facility under that detention.

General findings of this report:

- The number of people receiving crisis services has increased each year, while the number of people receiving emergency detentions has remained steady across the years.
- Youth receive a higher rate of crisis services and emergency detentions when compared to adults.
- A greater proportion of youth psychiatric hospitalizations are emergency detentions when compared to adults.
- Rates of crisis services and emergency detention admissions vary widely across the state, suggesting that more information is needed to better understand both the relationship between these services and the possible limitations of the data.<sup>3</sup> This variation:
  - Occasionally shows patterns of higher or lower rates across groups of counties.
  - Often changes when rates are examined across adult and youth age groups. For instance, there are several counties in Wisconsin where youth are receiving substantially more crisis services than adults.
- The overall use of crisis services relative to emergency detentions have increased over recent years suggesting that crisis services are being used more frequently to address acute situations, possibly preventing emergency detention admissions.

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<sup>1</sup> Wis. Admin. Code ch. DHS 34, subch. III: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/34.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf)

<sup>2</sup> Wis. Stat. § 51.15(2): <http://docs.legis.wisconsin.gov/statutes/statutes/51/15/2>

<sup>3</sup> Data does not distinguish Wisconsin tribes

## Unique Individuals Receiving Crisis Services, 2013-2017

This section features data on the rate of people receiving crisis services for every 1,000 people in Wisconsin by year, and by county. This measure was calculated by dividing the count of unique individuals receiving crisis services by the count of the estimated population. The majority services reported are part of certified crisis programs, which are minimally required to provide a 24/7 emergency phone line, a walk-in service eight hours per day and five days per week,<sup>1</sup> and a mobile crisis service eight hours per day and seven days per week. These programs also can optionally provide community and residential stabilization crisis services. Data examined do not distinguish the sub-categories of crisis services covered by Medicaid or provided as part of Wisconsin's public mental health and substance service system, which are defined as:

- Initial assessment and planning
- Crisis linkage and follow-up
- Optional crisis stabilization

Data from Medicaid claims and the Program Participation System mental health and substance use modules were compared and combined to provide a comprehensive resource for data on crisis services. Population estimates used to calculate per capita rates came from either the U.S. Census or the Wisconsin Interactive Statistics on Health data query system, Population Module.<sup>4</sup>

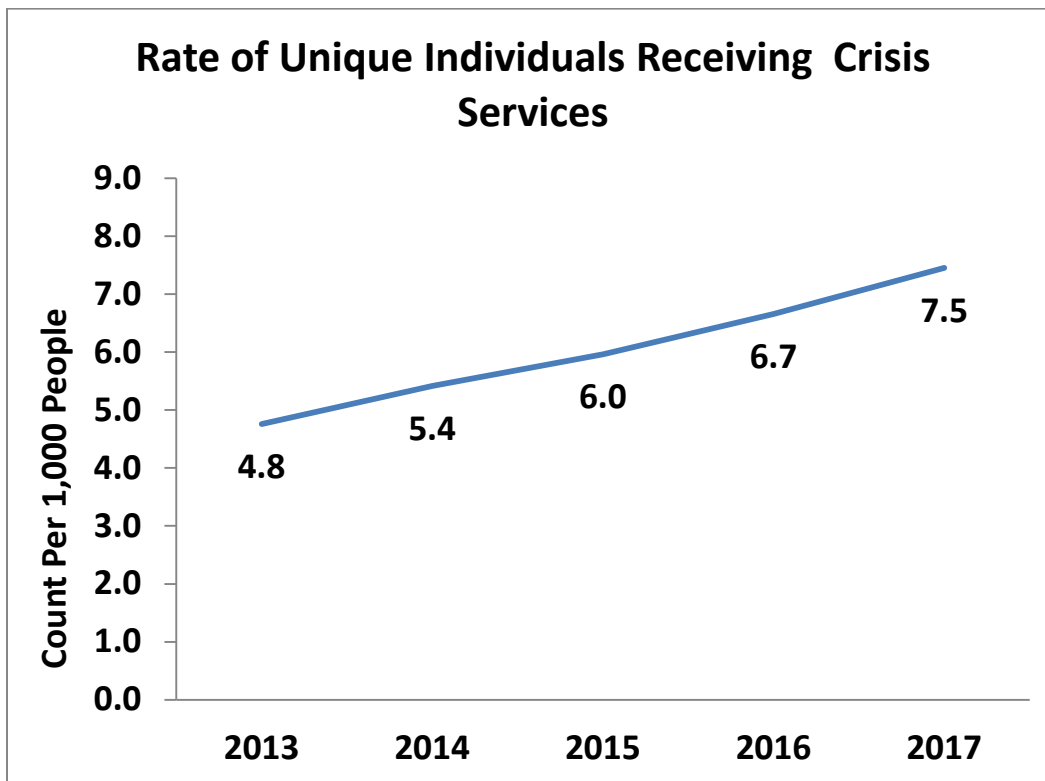
## Results

### *Overall*

- A preliminary examination of the frequency of crisis services over time suggests that there are generally two distinct groups of people; those who receive only one or very few crisis services and another who receive many crisis services over years. These proportions don't fluctuate much across years.
- There has been a steady increase in the overall count and per capita rate of individuals receiving crisis services.
- Individuals received crisis services at some of the highest per capita rates in the northwestern and south central areas of the state.
- Other counties with some of the highest per capita rates include Kenosha, Walworth, Menominee, Shawano, and La Crosse.

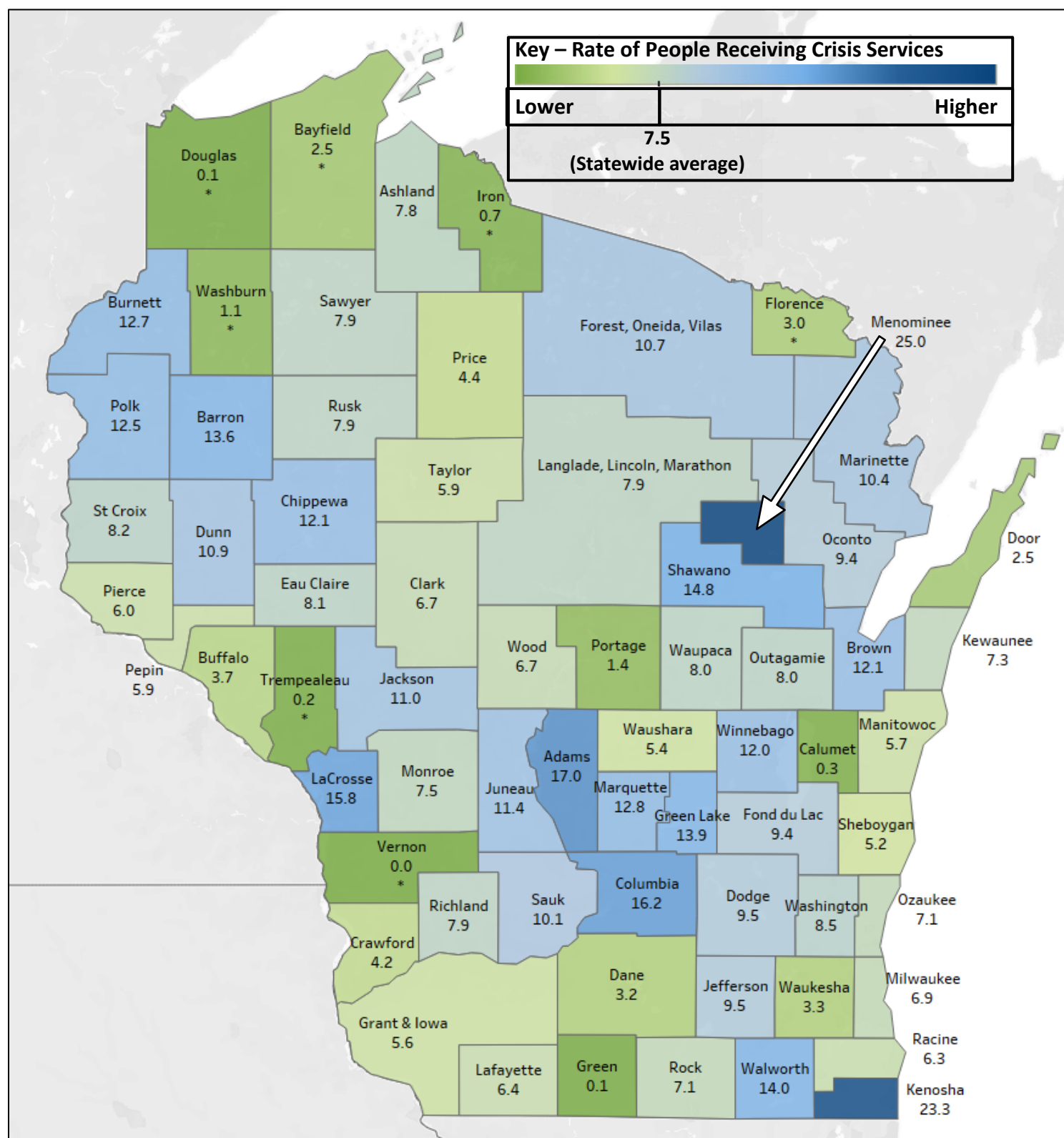
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<sup>4</sup> <https://www.dhs.wisconsin.gov/wish/index.htm>, queried on 6/27/2019



Sources: Program Participation System mental health and substance use modules, Medicaid claims, and U.S. Census

## Rate of Unique Individuals Receiving Crisis Services (Per 1,000), 2017



Sources: Program Participation System mental health and substance use modules, Medicaid claims, U.S. Census.

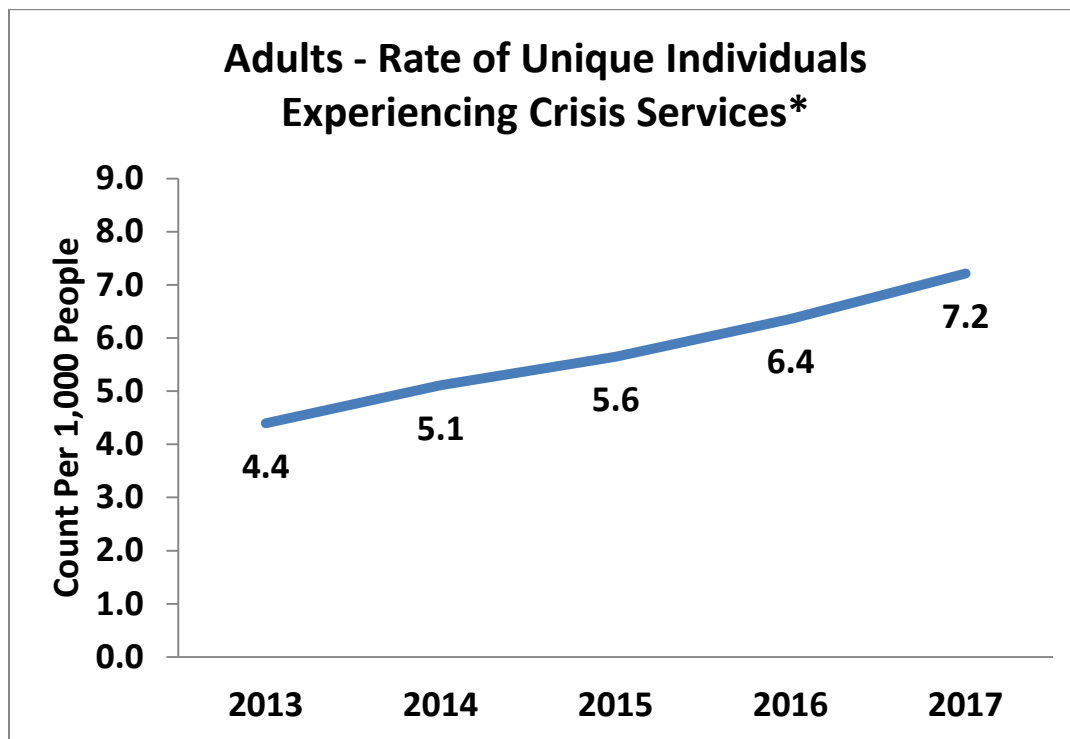
Notes: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities

## Adults

When compared to youth (age 0 to 17) across 2013 to 2017, adults (age 18 and above) have:

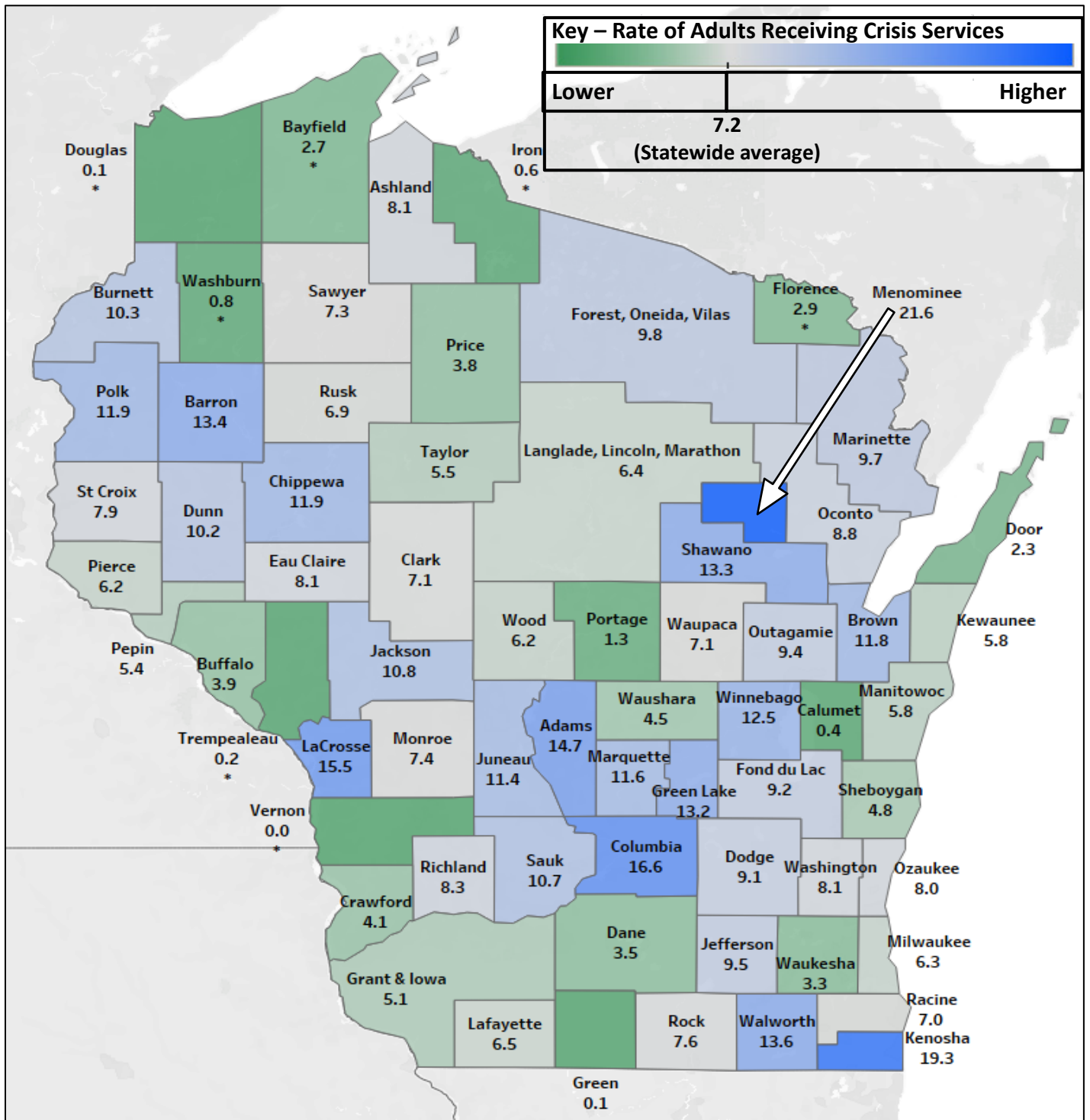
- Lower rates of individuals receiving crisis services.
- A similar upward trend in the count and per capita rate of individuals receiving crisis services.
- A higher rate of increase in the per capita rate of individuals receiving crisis services (64% versus 39% for youth).
- A similar distribution of the per capita rates across counties.



Sources: Program Participation System mental health and substance use modules, Medicaid claims, and the Wisconsin Interactive Statistics on Health data query system.

\*Data broken down across adults and youth may count some individuals (<1%) twice if they transitioned from youth to adults across 2013-2017 and received services before and after than transition.

Adults - Rate Unique Individuals Receiving Crisis Services (Per 1,000), 2017



Sources: Program Participation System mental health and substance use modules, Insight, and Wisconsin Interactive Statistics on Health data query system

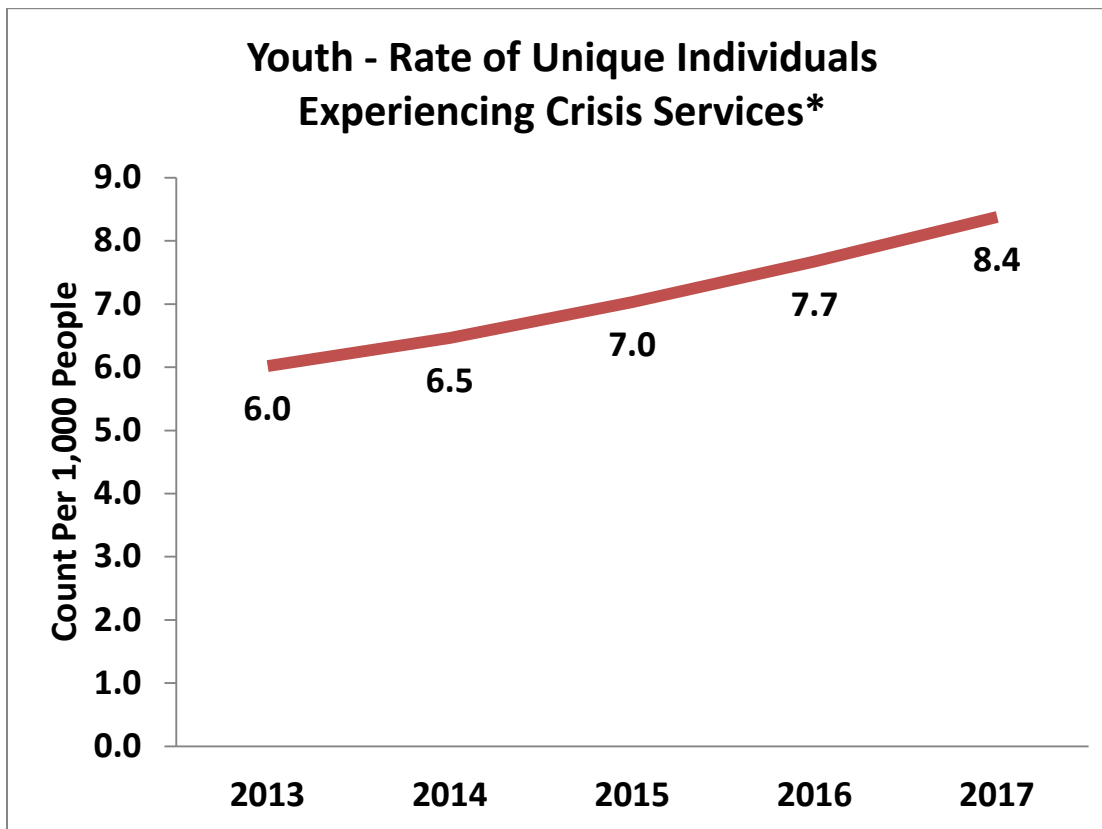
Notes: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities

## Youth

When compared to adults across 2013 to 2017, youth have a:

- Similar upward trend in the count and per capita rate of individuals receiving crisis services.
- Higher overall rates of individuals receiving crisis services.
- Lower rate of increase in the per capita rate individuals receiving crisis services (39% versus 64% for youth).
- Noticeably higher per capita rate of individuals receiving crisis services in Menominee, Kenosha, Adams, Burnett, Marquette, Forest-Oneida-Vilas (Human Services Center), and Kewaunee counties. Ozaukee County had a lower rate.

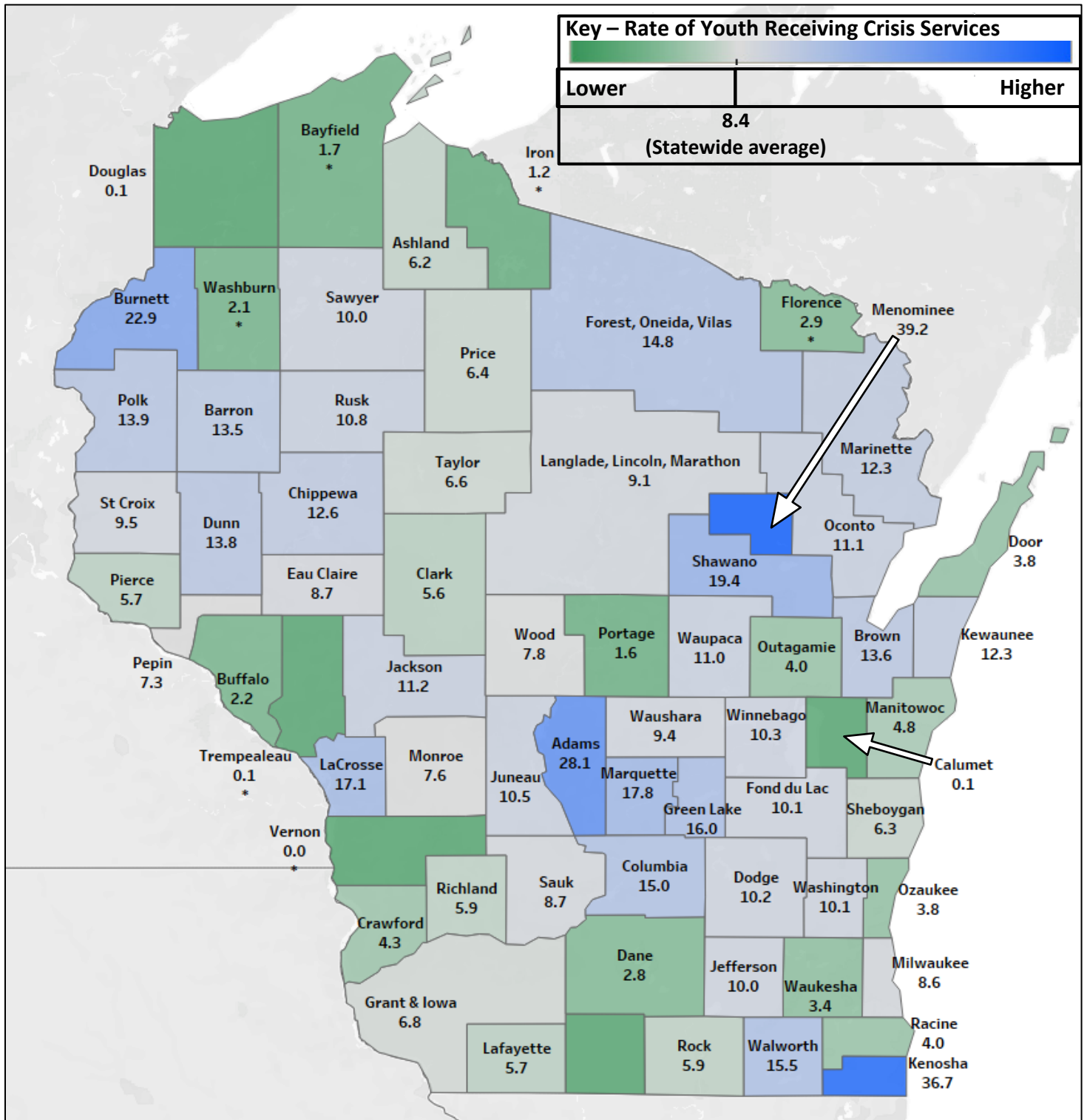


Source: Program Participation System mental health and substance use modules, Medicaid claims, and the Wisconsin Interactive Statistics on Health data query system.

\*Data broken down across adults and youth may count some individuals (<1%) twice if they transitioned from youth to adults across 2013-2017 and received services before and after than transition.



# Youth - Rate Unique Individuals Receiving Crisis Services (Per 1,000), 2017



Source: Program Participation System mental health and substance use modules, Insight, and Wisconsin Interactive Statistics on Health data query system

Notes: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities

## **Emergency Detention Admissions, 2013-2017**

This section presents data on publicly authorized<sup>5</sup> emergency detention admissions for every 10,000 people in Wisconsin, by year, and by county. Emergency detentions are involuntary and are the most restrictive type of psychiatric hospitalization. They may occur at a state mental health institute, private hospital, or an approved public hospital. These data capture the multiple emergency detention admissions an individual may receive within a year and location. This measure was calculated by dividing the count of emergency detention admissions by the estimated population and then multiplying this number by 10,000.

Data on emergency detention admissions are from the Program Participation System Mental Health Module and Insight, the data system for the state mental health institutes. Population statistics are from both the U.S. Census and Wisconsin Interactive Statistics on Health data query system, Population Module.<sup>4</sup>

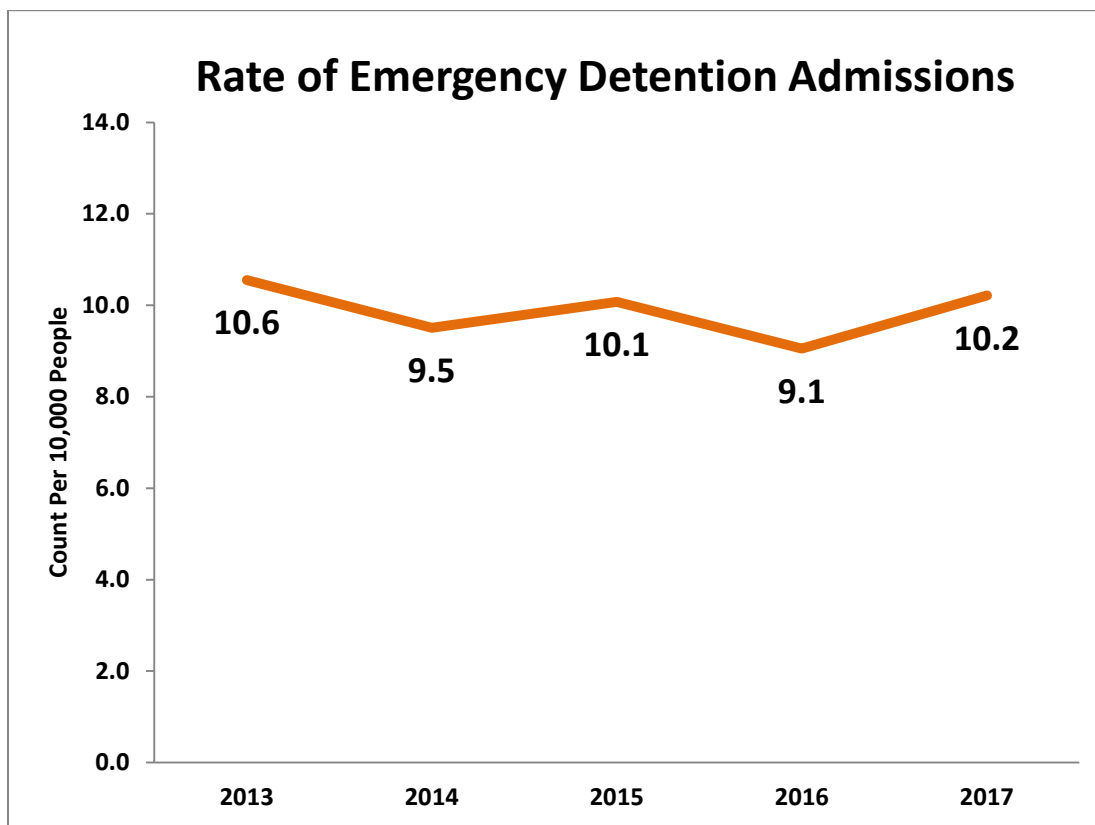
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<sup>5</sup> Authorized by the county or public mental health system

## Results

### Overall

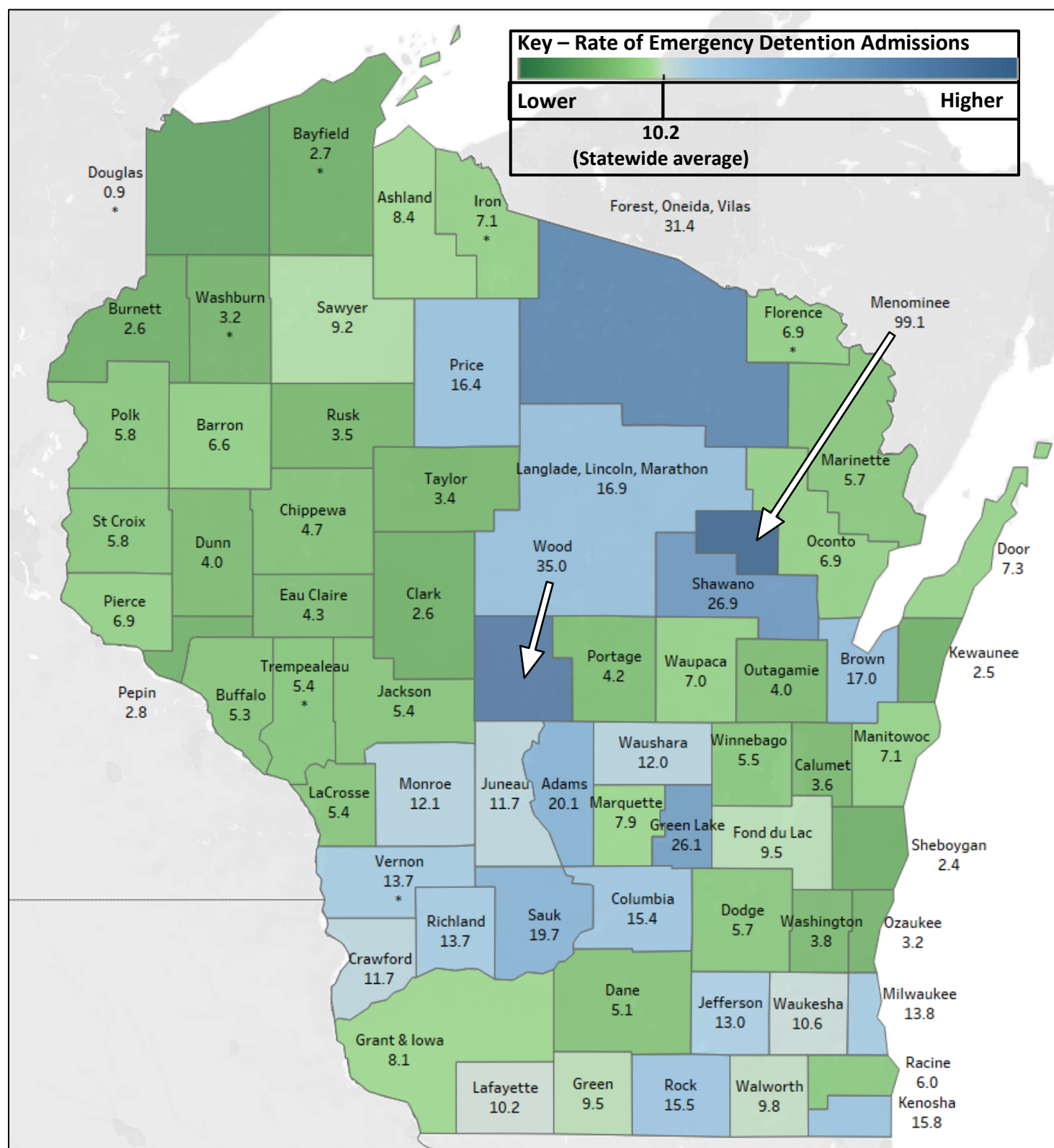
- Emergency detention admissions comprise approximately 70% of all publicly authorized psychiatric hospital admissions<sup>6</sup>.
- The overall count *and* per capita rate of individuals admitted for an emergency detention has remained relatively flat over recent years, in contrast to steady increases in the count and per capita rate of people receiving crisis services.
- Some of the highest rates of emergency detention admissions are in northcentral, northeastern, west central, and southeastern areas of the state, as shown in the map on the following page.



Sources: Program Participation System Mental Health Module, Insight, and U.S. Census

<sup>6</sup> Other publicly authorized psychiatric hospitalization admissions are either voluntary hospitalizations or involuntary commitments ordered through a previous emergency detention.

## Rate of Emergency Detention Admissions (Per 10,000), 2017



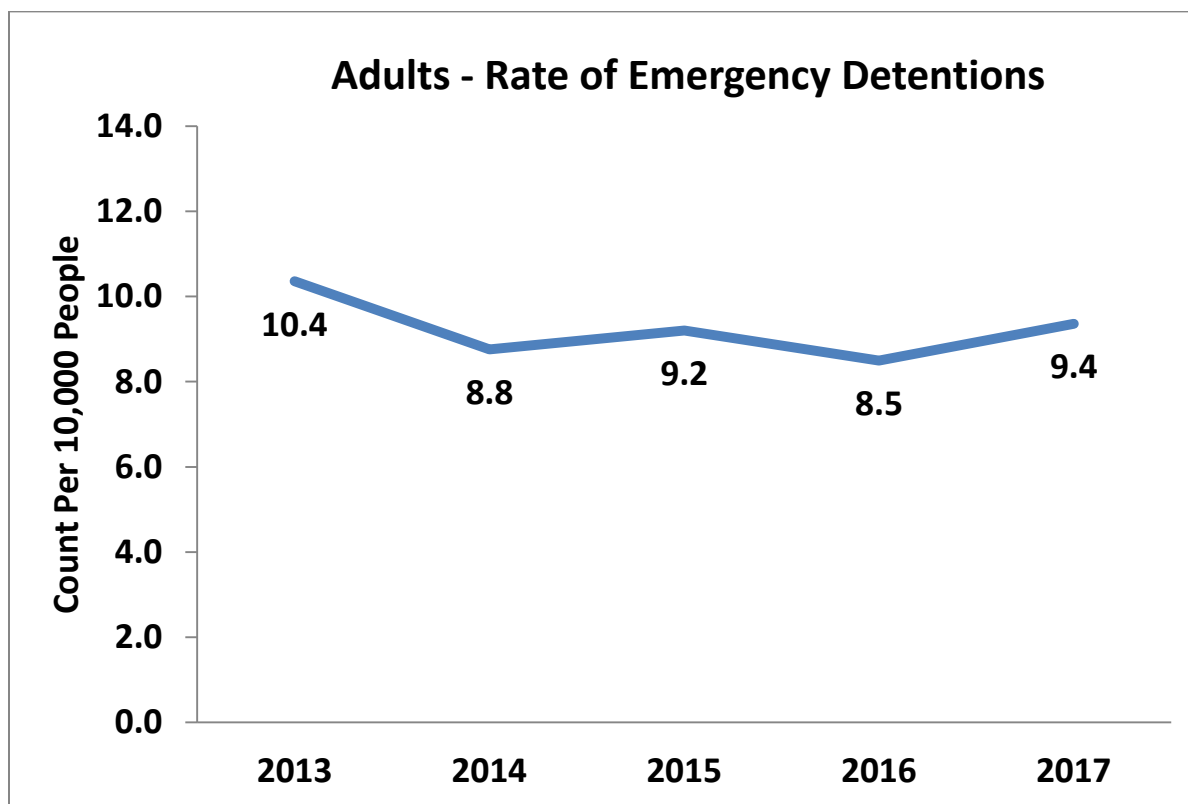
Sources: Program Participation System mental health and substance use modules, Insight, and U.S. Census

Notes: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities

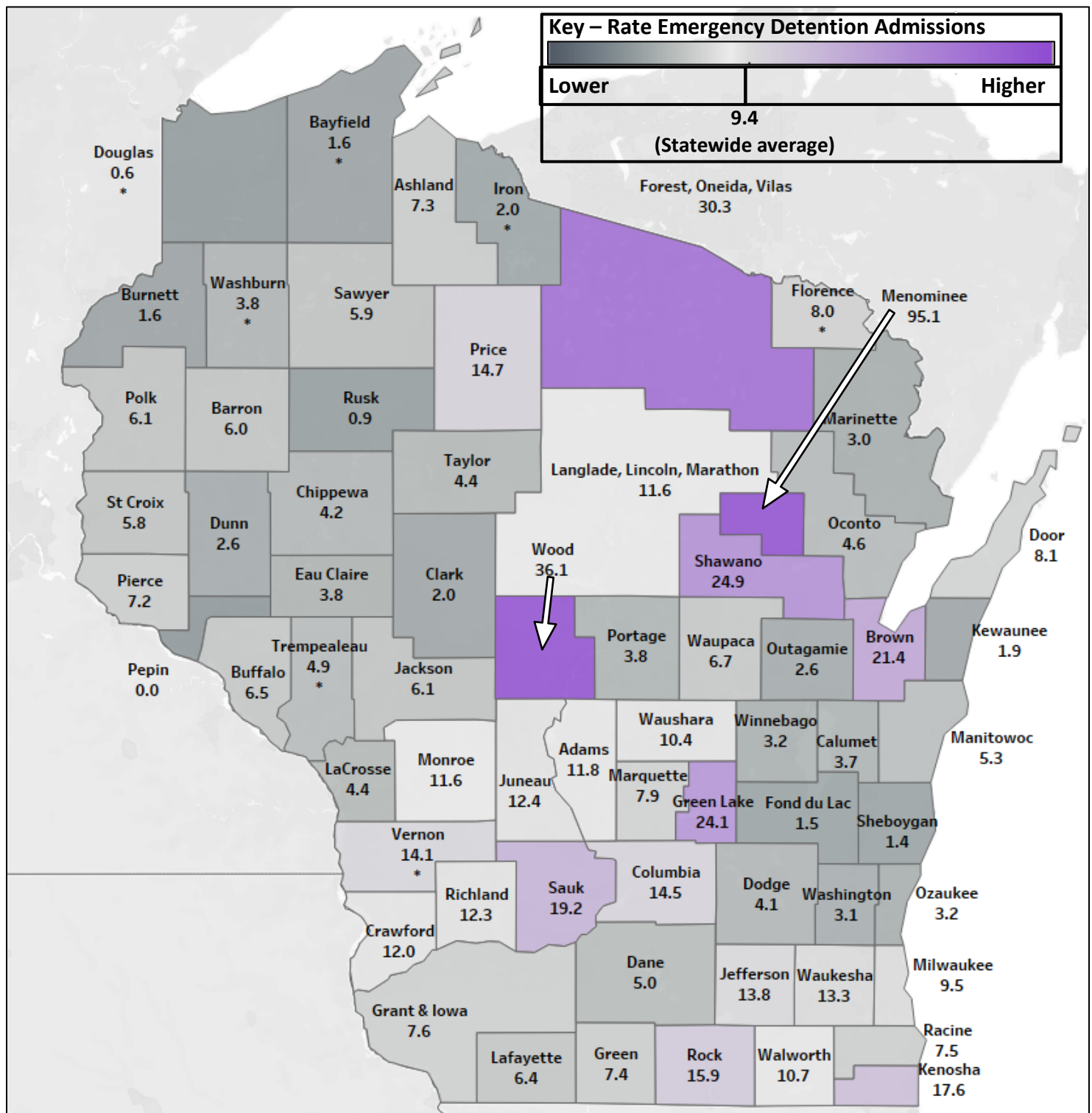
## Adults

A majority (65%) of adult psychiatric hospitalizations are emergency detentions.



Sources: Program Participation System mental health and substance use modules, Insight, and Wisconsin Interactive Statistics on Health data query system

## Adults - Rate of Emergency Detention Admissions (Per 10,000), 2017



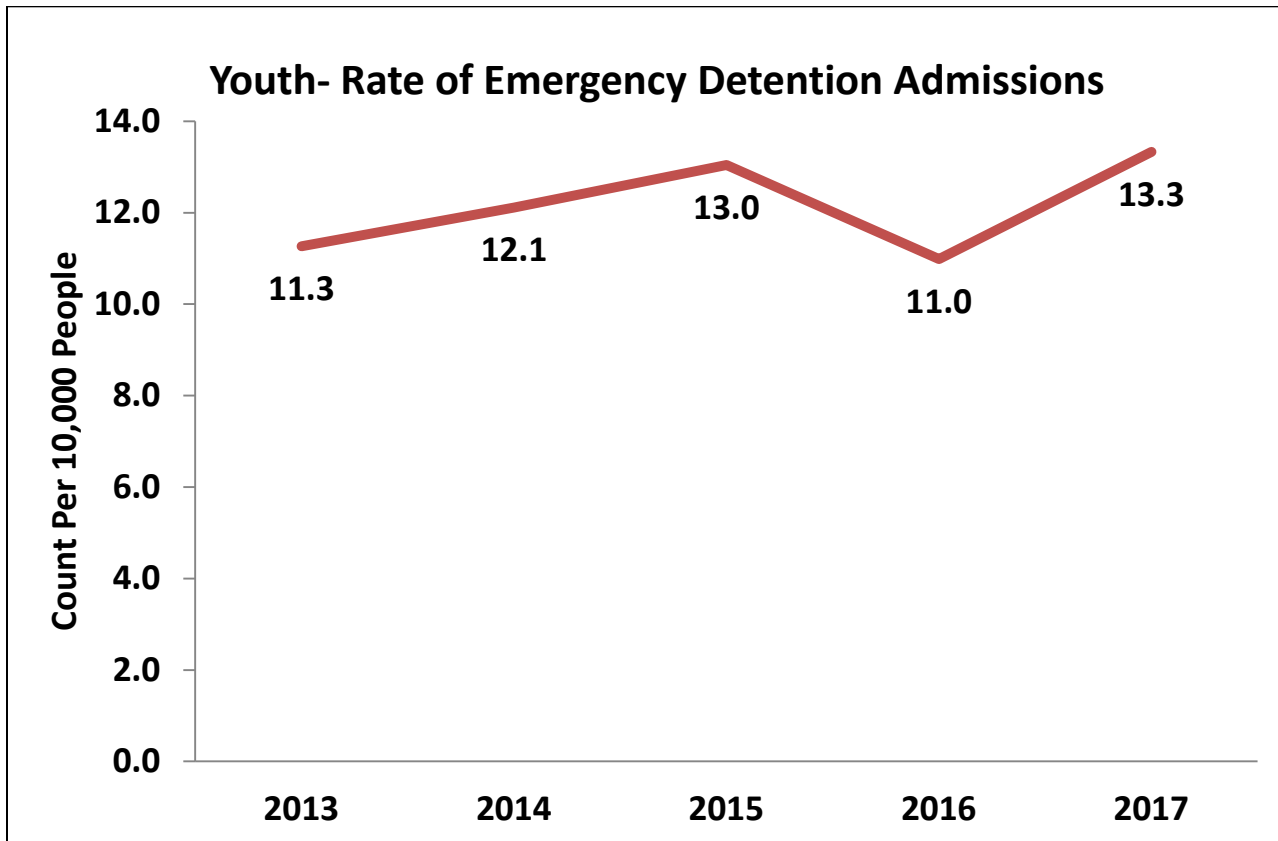
Sources: Program Participation System mental health and substance use modules, Insight, and Wisconsin Interactive Statistics on Health data query system

Notes: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish Wisconsin tribes

## Youth

- Youth have been receiving emergency detention admissions at a higher rate than adults across all years.
- A greater proportion of youth psychiatric hospitalizations are emergency detentions (87%) when compared to adults.
- When compared to adults across 2013 to 2017, youth have noticeably higher per capita rate of emergency detention admissions in the northwestern and central regions of the state as well as Sawyer, Milwaukee, Green, and Lafayette counties. Walworth, Waukesha, Jefferson, Brown, Kenosha, and Crawford counties had noticeably lower rates.



Sources: Program Participation System mental health and substance use modules, Insight, and Wisconsin Interactive Statistics on Health data query system

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## Rate of Crisis Services Received per Emergency Detention Admission, 2013-2017

This section presents data on the rate of crisis services received per emergency detention admission statewide, by year, and by county. This rate may serve as a proxy indicator of the capacity of crisis services to divert people from receiving the most restrictive form of mental health care: emergency detentions. This measure was calculated by dividing the count of crisis services received by the count of emergency detentions received.

Because data comes from multiple sources including the Program Participation System, Insight, and Medicaid claims, the crisis services and emergency detention data was converted to the same, service-level format. To do this, individual-level crisis services data presented in the first section of this brief was transformed to the most conservative estimate of service-level data.<sup>7</sup>

Emergency detention admissions may occur at a state mental health institute, approved private hospital, or public hospital. Data on emergency detentions are from the Program Participation Mental Health Module and Insight. Population statistics are from the U.S. Census and Wisconsin Interactive Statistics on Health data query system, Population Module.<sup>4</sup>

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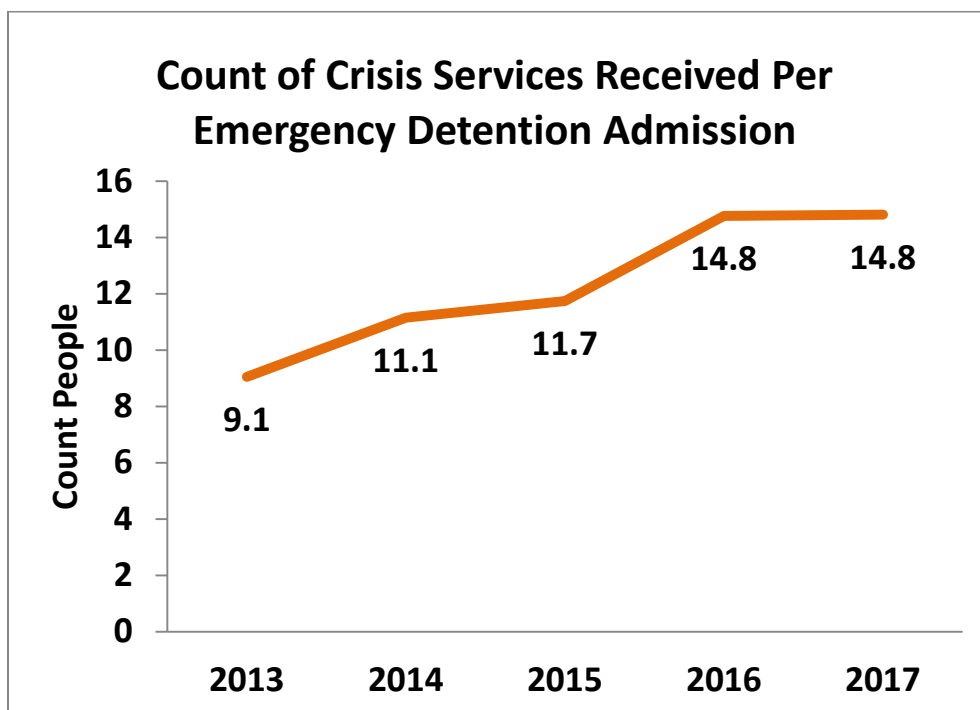
<sup>7</sup> Methods and notes on crisis services data:

- 1) The count of crisis services was calculated using the start date of service within each month of each year for each unique individual. This means that individuals may receive up to 12 services within a year.
- 2) When examining county-level data some individuals may be duplicated within months, if they had received a crisis service in more than one county within that month. These individuals may have more than 12 counts of services within a year. This circumstance occurs in less than 1% of individuals served by crisis services in the same time period.
- 3) Medicaid claims data are structured by combining consecutive billings dates less than seven days apart. Seven days was determined to be a reasonable gap between billing dates after examining the average duration between billing dates and consulting crisis services program staff. The start date of the first billing in these combined periods was then used to signify the occurrence of a crisis service. This methodology was not applied to Program Participation System crisis services data, which already had pre-defined service start dates to signify the occurrence of a crisis service. For these reasons, there may be some inconsistencies in reporting patterns within this combined Program Participation System and Medicaid data. Medicaid's billing instructions for hourly and per diem crisis services can be found in [Wisconsin Medicaid and BadgerCare Update 2006-55](#). Program Participation System data reporting for hourly and per-diem crisis services can be found in the [PPS Mental Health Module Handbook](#).
- 4) As a reminder, crisis services data from both data sources may contain a range of services that may be delivered within the same day or across several days. Some reporting and billing practices may vary across locations and are not necessarily aligned across data sources.

## Results

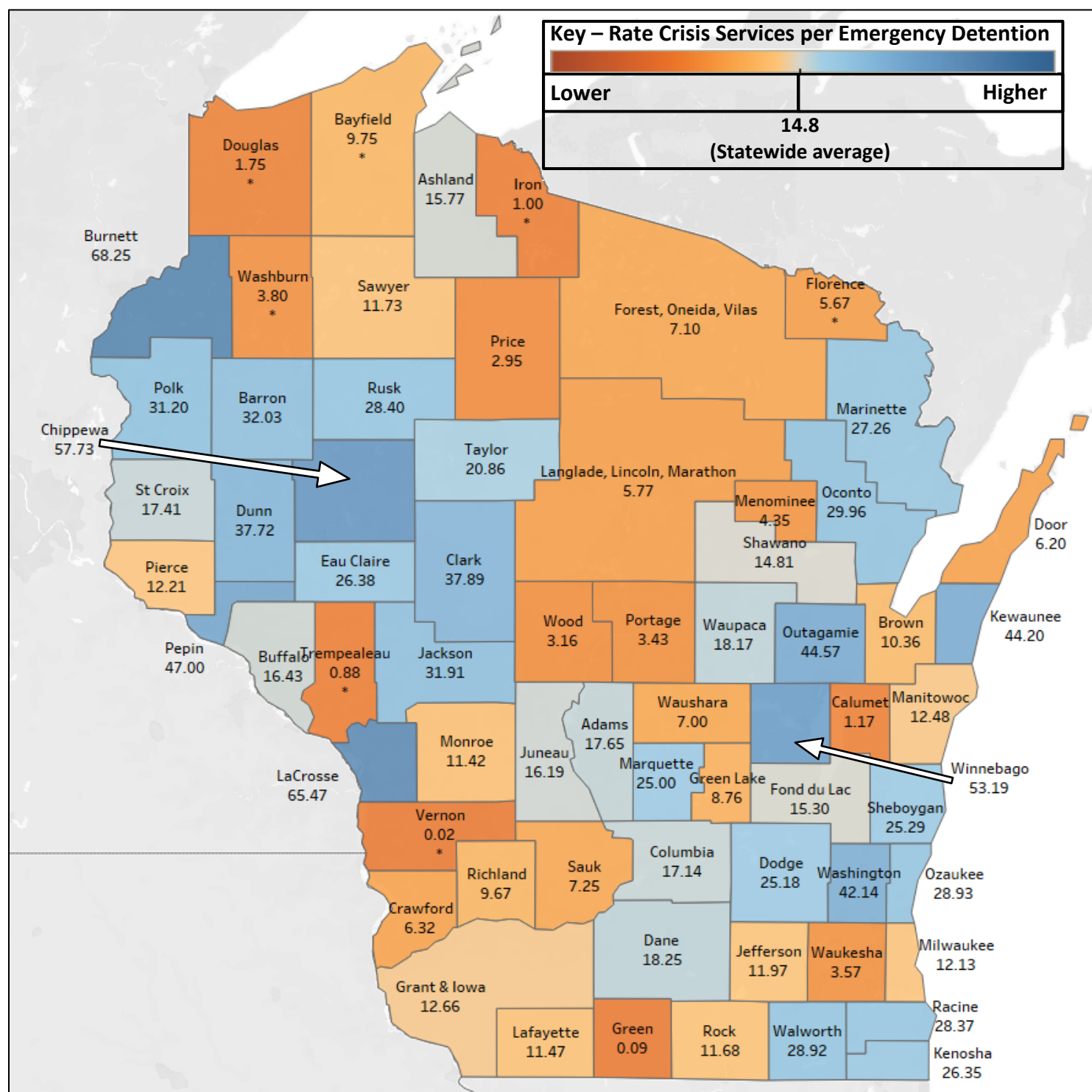
### Overall

- The overall use of crisis services relative to emergency detentions have increased over recent years suggesting that crisis services are being used more frequently to address acute situations, possibly preventing emergency detention admissions.
- The wide range of variation in these rates across the state suggests:
  - There are variable approaches in meeting acute needs using crisis services and emergency detentions.
  - More information is needed in order to better understand the relationship between crisis services and emergency detentions.
- Areas with some of the highest rates are in the northwest, west central, east central, and southeastern parts of the state as well as Marquette County.
- Areas with some of the lowest rates are in the northeast, north central, east central, parts of the state as well as Buffalo, Trempealeau, and Green counties.



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and U.S. Census

### Rate Crisis Services Received per Emergency Detention Admission, 2017



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and U.S. Census

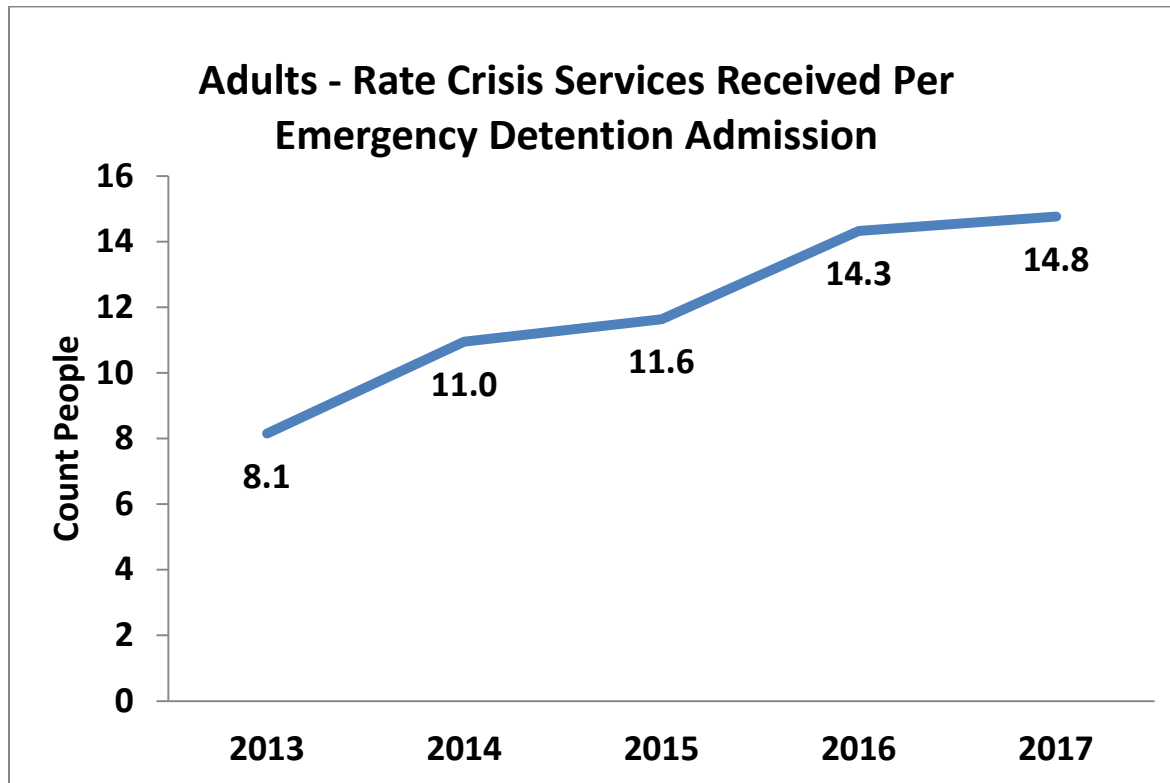
Note: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities

## Adults

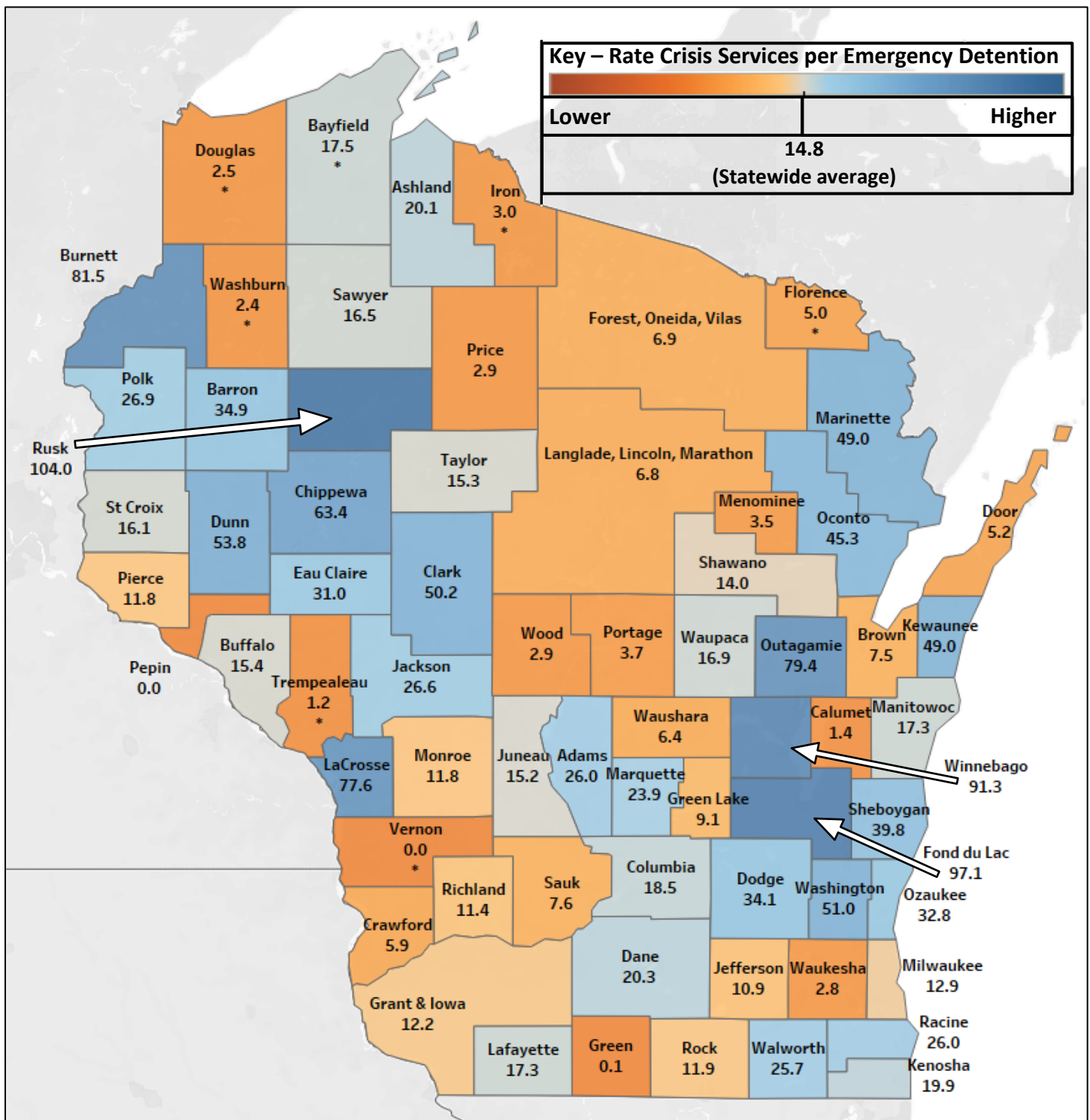
When compared to youth across 2013-2017, the adult count of crisis services received per emergency detention admission was:

- A similar overall trend, but more steady.
- Noticeably higher in the northeast, northwest, and eastern parts of the state as well as Adams County.
- Noticeably lower in Door, Brown, and Waukesha counties.



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and Wisconsin Interactive Statistics on Health data query system

## Adults - Rate Crisis Events per Emergency Detention\*, 2017



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and U.S. Census

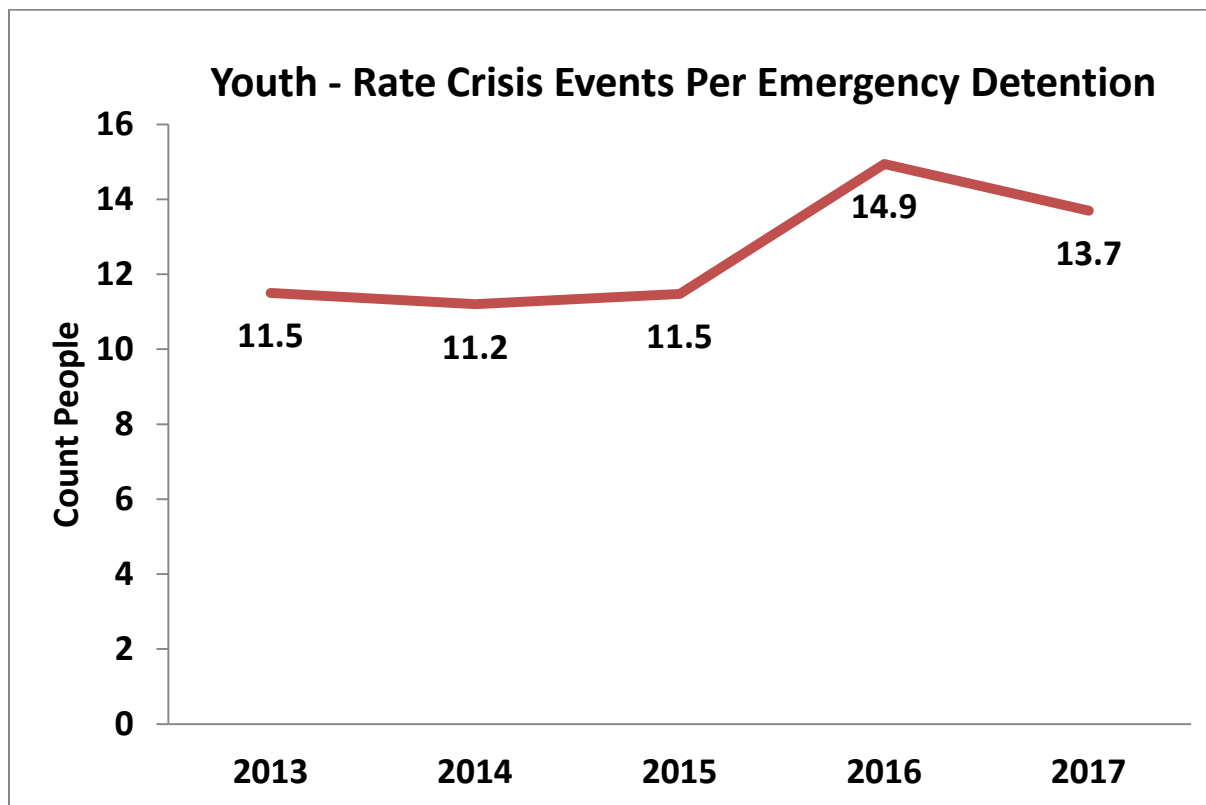
Note: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

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## Youth

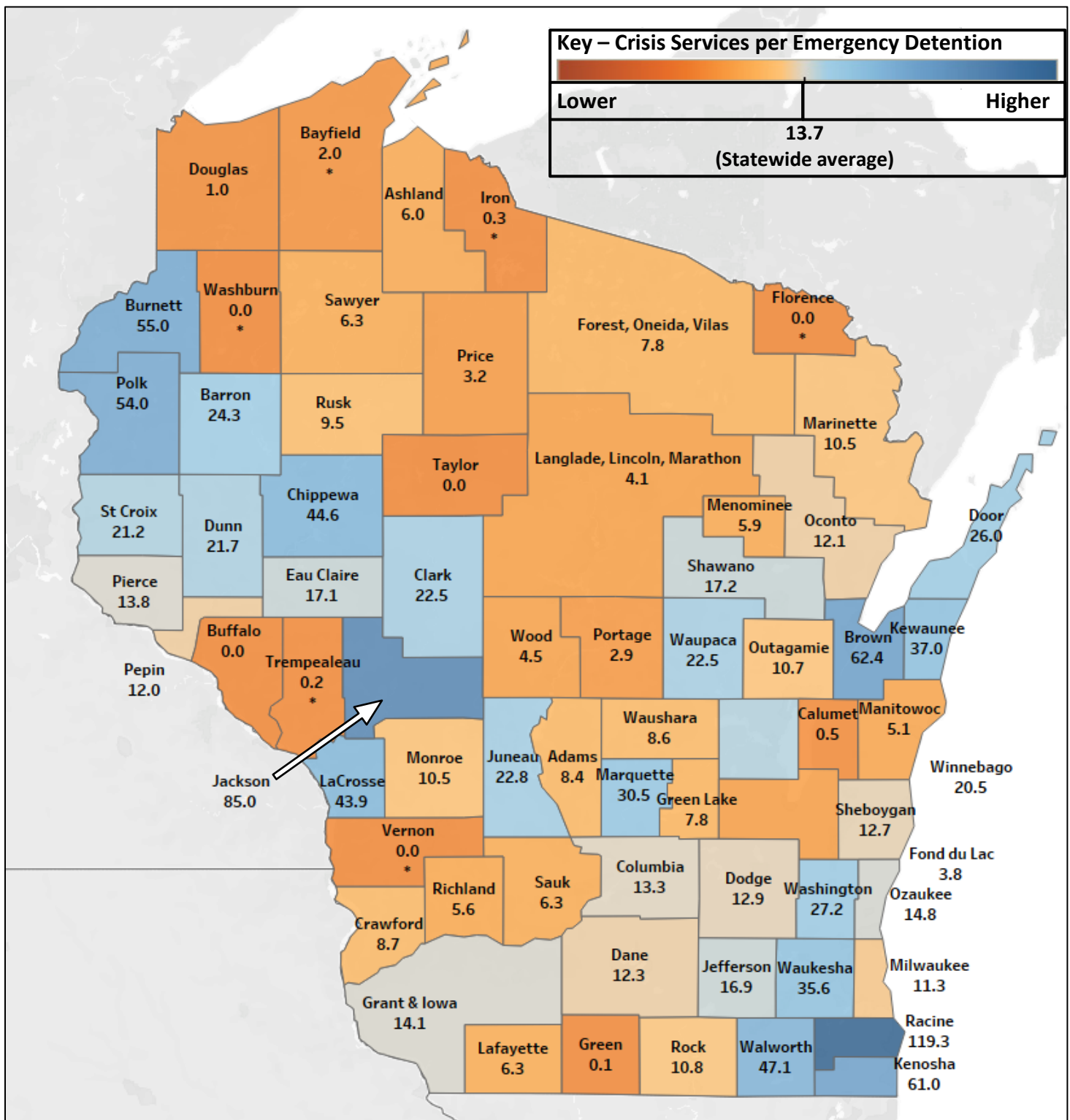
When compared to adults across 2013-2017, the youth count of crisis services received per emergency detention admission were:

- Noticeably higher in Door, Brown, and Waukesha counties.
- Noticeably lower in the northeast, east central, and northwest parts of the state as well as Outagamie County.



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and Wisconsin Interactive Statistics on Health data query system

## Youth - Rate Crisis Events per Emergency Detention\*, 2017



Sources: Program Participation System mental health and substance use modules, Medicaid claims, Insight, and U.S. Census

Note: 1) \*Counties without certified crisis programs (Wis. Admin. Code ch. DHS 34, subch. III)

2) Data does not distinguish tribal communities