

Differences in Crisis Services and Psychiatric Hospitalizations across Race and Ethnicity



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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Introduction

Health disparities across race and ethnicity in Wisconsin are unacceptable. As the state agency charged with protecting the health and well-being of all state residents, the Department of Health Services is committed to creating change to address and eliminate these disparities. This includes efforts, like this report, that contribute to more fully understanding the disparities.

This report is part of an ongoing effort to better explain how race and ethnicity may factor into a person's likelihood to receive acute mental health care from Wisconsin's public mental health system. Acute mental health care refers to services provided by emergency mental health service programs or crisis services (hereafter, crisis services)¹ and psychiatric hospital admissions (hereafter hospitalizations). Ultimately, our goal is to ensure that all state residents in need of mental health services are receiving the right care at the right time in the least restrictive setting required for their safety and well-being.

State law, Wis. Stat. §51.42 (1) (b), requires every county to provide crisis services to people within the county in need of those services. Counties may serve members of tribal nations. Visit the websites of the [Wisconsin State-Tribal Relations Initiative](#) and the [Great Lakes Inter-Tribal Council, Inc.](#), for more information on the tribal nations in Wisconsin.

Crisis services are provided by public and private agencies.

All quantitative data in this report are from the same data sources featured in a previous report on acute mental health care in Wisconsin, *Wisconsin Crisis Services and Emergency Detentions Statewide, 2013-2017*.² Accordingly, data on crisis services are from Medicaid claims and the Program Participation System (PPS) mental health and substance use modules. These data are combined to provide a comprehensive resource for data on crisis services. Data on hospitalizations also are from the PPS mental health and substance use modules and Insight, the data system used by the mental health institutes managed by the Wisconsin Department of Health Services. Population estimates used to calculate rates are from the U.S. Census.

Definitions and groupings of racial and ethnic categories are based on state data systems that do not allow for further disaggregation. Accordingly, several racial, ethnic, and/or refugee groups are not individually represented in this aggregated data. These subgroups may have outcomes different from their respective broader racial or ethnic group shown in this data. One example is the Hmong population. This population falls within the Asian racial category and has different health outcomes from some of the other Asian racial and ethnic groups.³ This perspective is important to keep in mind when examining the results of this analysis.

¹ Wis. Admin. Code ch. DHS 34, subch. III: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf

² <https://www.dhs.wisconsin.gov/library/p-00997.htm>

³ Xiong, Y.S. and Wisconsin United Coalition of Mutual Assistance Association. (2016). *Wisconsin Hmong Mental Health and Alcohol and Other Drug Abuse: An Analysis of Focus Group Findings*. Onalaska, WI: Wisconsin United Coalition of Mutual Assistance Association, Inc

Executive Summary

- People of color were more likely to receive crisis services. This includes Hispanic or Latinx ethnicity.
- Most racial minorities were more likely to experience a psychiatric hospitalization. This was not the case for Hispanic or Latinx ethnicity.
- Blacks or African Americans and American Indian or Alaska Natives were especially more likely to receive crisis services over other community-based, non-acute mental health services. The same was true for those identifying as Hispanic or Latinx ethnicity or who identified as nonwhite. Black, Indigenous, and people of color experience several barriers to accessing mental health and substance use care in Wisconsin according to qualitative data from the *2019 Wisconsin Behavioral Health System Gaps Report*.⁴ This may explain some of these findings. These barriers are:
 - A lack of provider racial and ethnic diversity.
 - A lack of culturally appropriate services.
 - A lack of adequate translation services.
 - Stigma and prejudice.
 - Fear of governmental authority.
- Blacks or African Americans, people of two or more races, and Asians were more likely to experience multiple months of crisis services.
- People who identified as nonwhite were more likely to experience multiple months of crisis services.
- Of all people receiving crisis services in 2017, 59% billed at least one instance of those services to Medicaid. There were large differences across racial groups in the percentage of people with crisis services that were billed to Medicaid. For instance, 80% of Black or African Americans receiving crisis services billed those services to Medicaid, whereas this was 56% of whites.

⁴ Vigna, A.J., Connor, T. University of Wisconsin Population Health Institute. (2020). *The 2019 Behavioral Health Gaps Report for the State of Wisconsin*. Retrieved from: <https://uwphi.pophealth.wisc.edu/publications-2/evaluation-reports-2/>

⁴ A crisis event was defined as a unique month when an individual began crisis services.

Unique Individuals Receiving Crisis Services

This section presents data on the number of unique people who received crisis services by racial or ethnic group in Wisconsin in calendar year 2017. It also features other qualitative data on potential barriers to non-acute care experienced by Black, Indigenous, and people of color. Population estimates used to calculate rates are from 2017 U.S Census data.

Race

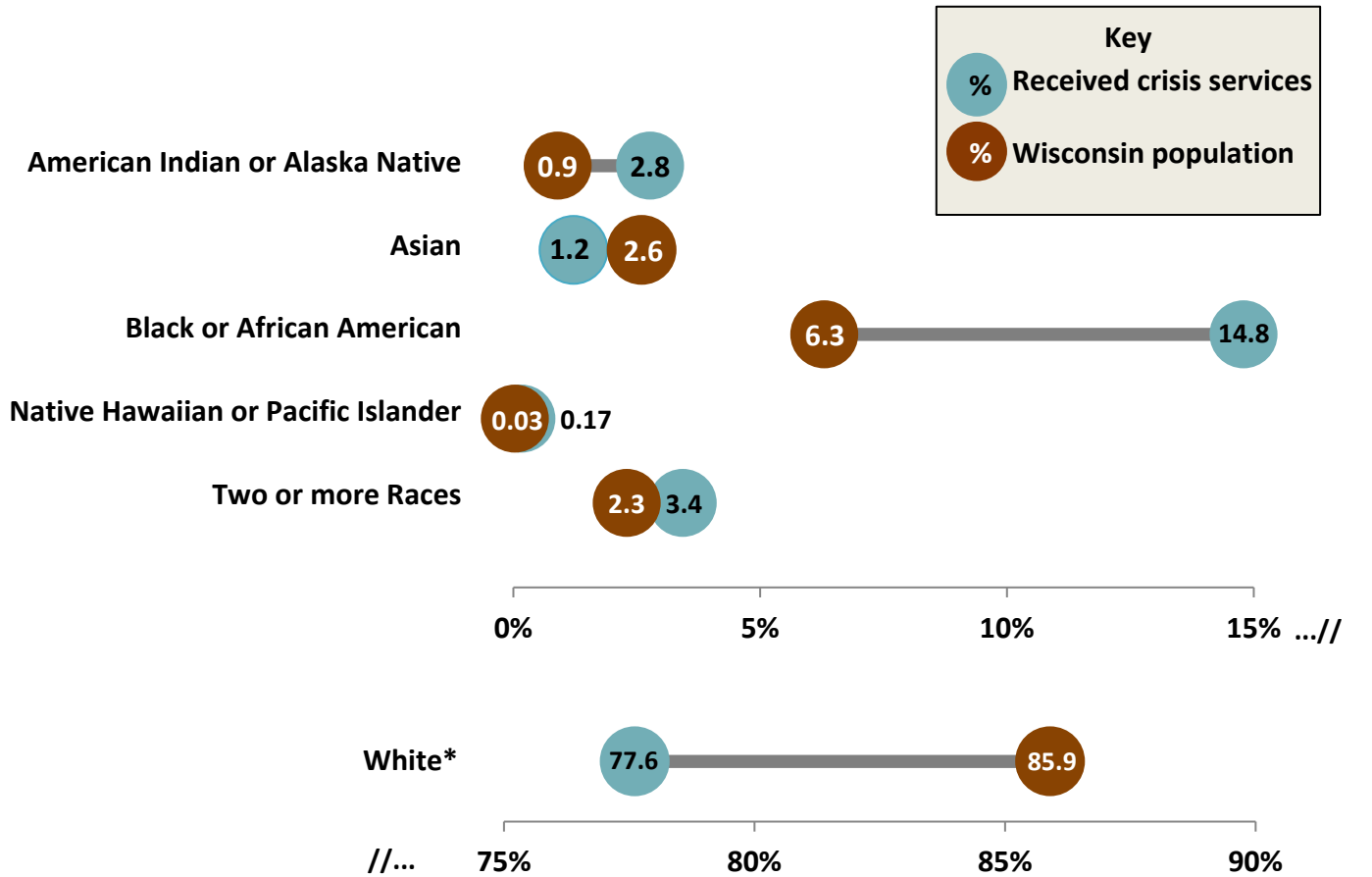
Of those receiving crisis services in 2017, 59% billed at least one instance of those services to Medicaid. There were large differences across racial groups in the percentage of people with services that were billed to Medicaid. For instance, 80% of Black or African Americans receiving crisis services billed those services to Medicaid, whereas this was 56% of whites.

How many unique individuals received crisis services across racial groups?

Racial group	Count people
American Indian or Alaska Native	1,063
Asian	469
Black or African American	5,675
Native Hawaiian or Pacific Islander	64
Two or more races	1,317
White	29,769
State total	43,177*

*Includes 4,820 (11%) people missing data on race

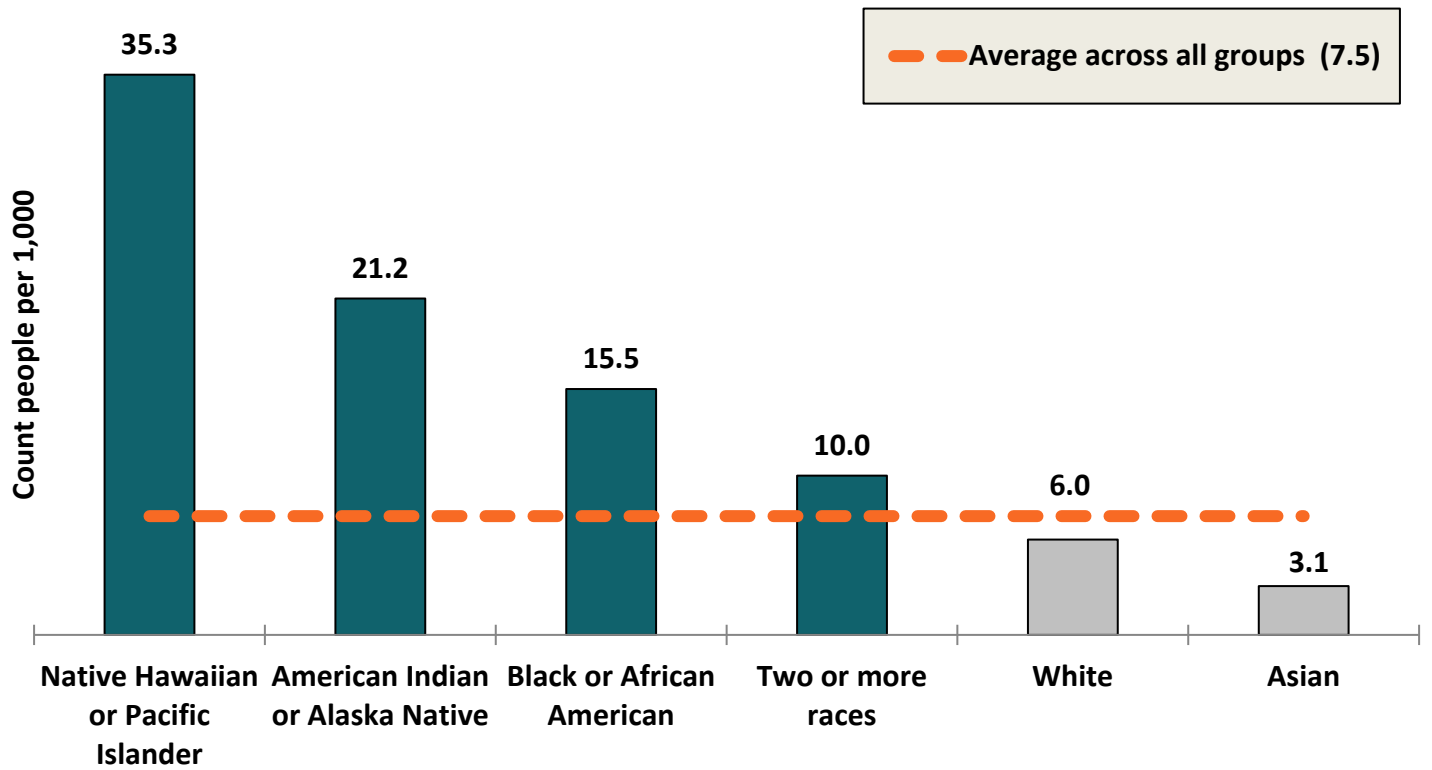
Was the percent of people in each racial group who received crisis services different from the percent of people in each racial group in the Wisconsin population?



*Presented separately due to large scale difference from other groups.

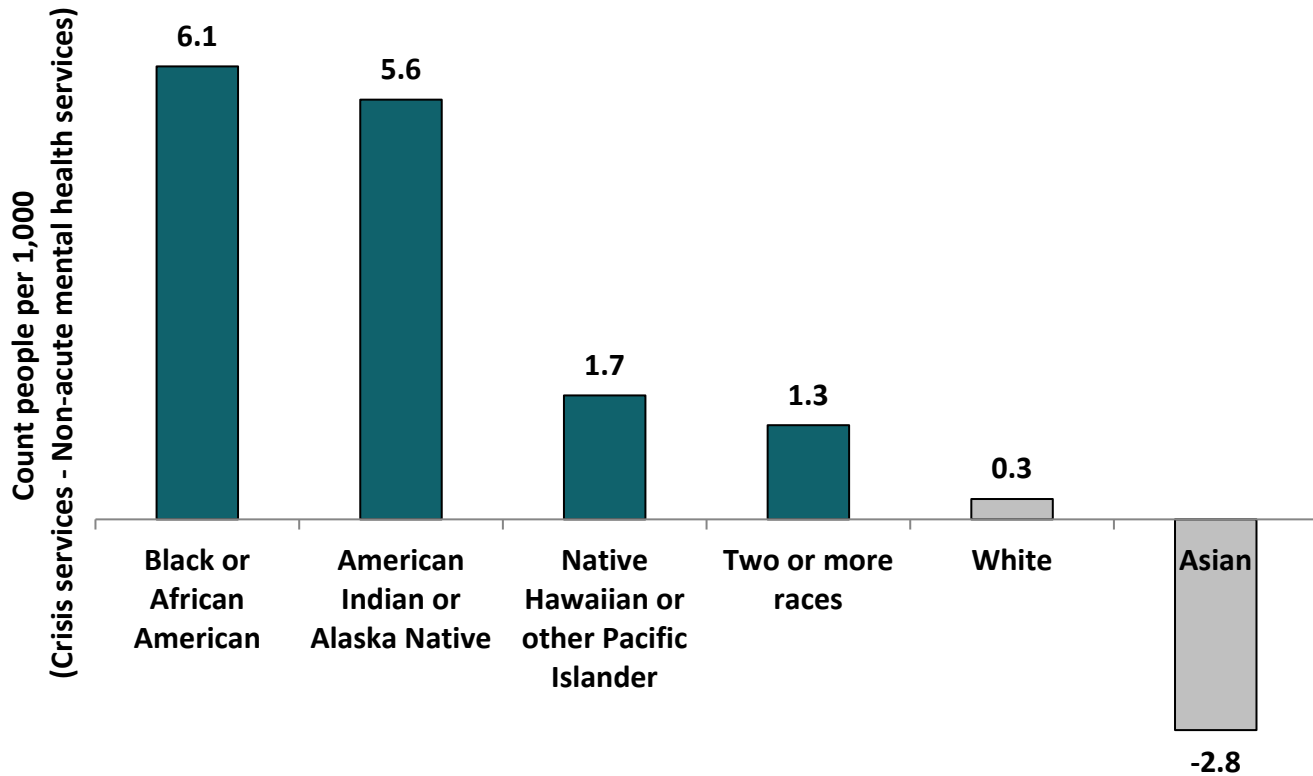
Yes, the percent of people in each racial group who received crisis services looked different from the percent of people in each racial group who received crisis services in the Wisconsin population. Several groups were more likely to receive crisis services than expected. For example: people who identified as Black or African American were 14.8 % of the people who received crisis services, but made up 6.3% of the Wisconsin's population.

Did the rate of unique individuals receiving crisis services differ across racial groups?



Yes, the rate of individuals receiving crisis services was different across racial groups. Several Black, Indigenous, and people of color groups received crisis services at rates higher than other groups.

Were some racial groups more likely to receive crisis services than they were to receive other non-acute, community-based mental health services? ^{5,6}



Yes, people who identified as Black or African American and American Indian or Alaska Native had a substantially higher positive number than people in other groups. This means they were more likely to receive crisis services than they were to receive other non-acute, community-based mental health services; services intended to prevent people from needing more acute levels of care such as crisis services or psychiatric hospitalizations.

⁵ “Crisis services - Non-acute mental health services:” Values were calculated by subtracting the non-acute mental health service per capita (per 1,000) rate from the crisis service per capita rate.

⁶ Non-acute mental health services includes Community Support Programs, Comprehensive Community Services, Community Recovery Services, residential services, partial day services, court services, medication management, intake assessment, case management, outpatient services, supportive services, and some other mental health services not listed above. Non-acute mental health services exclude crisis intervention or emergency outpatient, emergency detention, and inpatient services.

Ethnicity

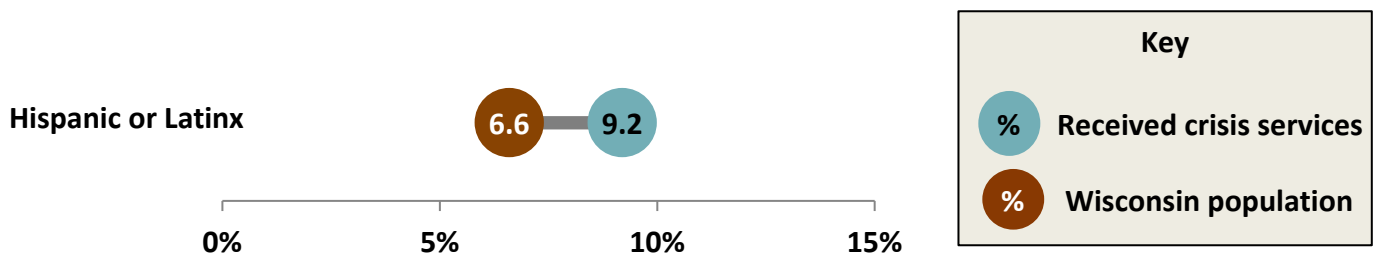
These data distinguish whether a participant identified as a Hispanic or Latinx ethnicity. There was a large percent of missing data on Hispanic or Latinx ethnicity (28%).

How many unique individuals received crisis services across Hispanic or Latinx Ethnicity?

Hispanic or Latinx ethnicity	Count people
Hispanic or Latinx	2,852
Not Hispanic or Latinx	28,158
State total	43,177*

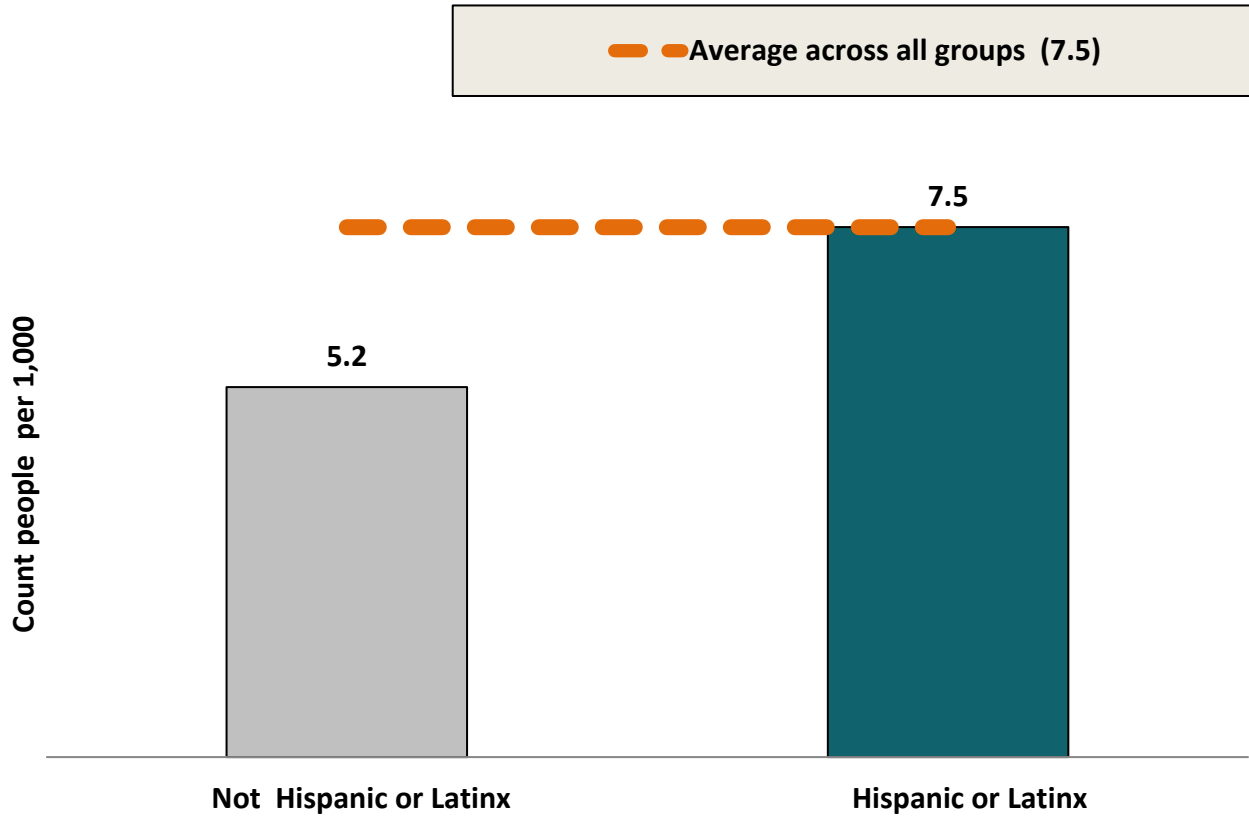
*Includes 12,167 (28%) people missing data on Hispanic or Latinx ethnicity

Was the percent of people who identified as Hispanic or Latinx ethnicity and received crisis services different from the percent of people who identified as Hispanic or Latinx in the Wisconsin population?



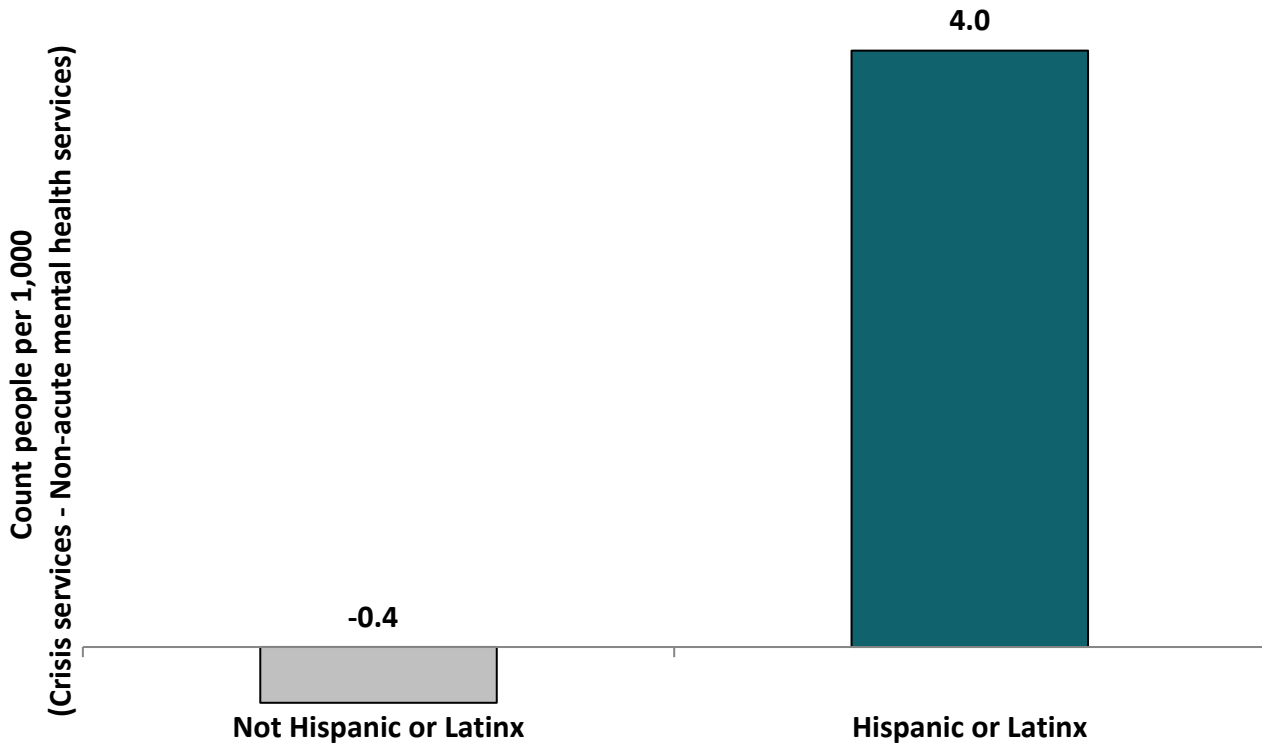
Yes, the percent of people who identified as Hispanic or Latinx ethnicity and received crisis services was different from the percent of people who identified as Hispanic or Latinx in the Wisconsin population. People who identified as Hispanic or Latinx were 9.2% of the people who received crisis services, but made up 6.6% of Wisconsin's population.

Did the rate of unique individuals receiving crisis services differ across Hispanic or Latinx ethnicity?



Yes, the rate of individuals receiving crisis services was different across Hispanic or Latinx ethnicity. People identifying as Hispanic or Latinx ethnicity experienced crisis services at a rate higher than people who did not identify as Hispanic or Latinx ethnicity.

Were people in the Hispanic and Latinx ethnic group more likely to receive crisis services than they were to receive other non-acute, community-based mental health services? ^{7,8}



Yes, people who identified as Hispanic or Latinx had a substantially higher positive number than people who did not identify as Hispanic or Latinx ethnicity. This means they were more likely to receive crisis services than they were to receive other non-acute, community-based mental health services; services intended to prevent people from needing more acute levels of care such as crisis services or psychiatric hospitalizations.

⁷ "Crisis services - Non-acute mental health services:" Values were calculated by subtracting the non-acute mental health service per capita (per 1,000) rate from the crisis service per capita rate.

⁸ Non-acute mental health services includes Community Support Programs, Comprehensive Community Services, Community Recovery Services, residential services, partial day services, court services, medication management, intake assessment, case management, outpatient services, supportive services, and some other mental health services not listed above. Non-acute mental health services exclude crisis intervention or emergency outpatient, emergency detention, and inpatient services.

Race and ethnicity

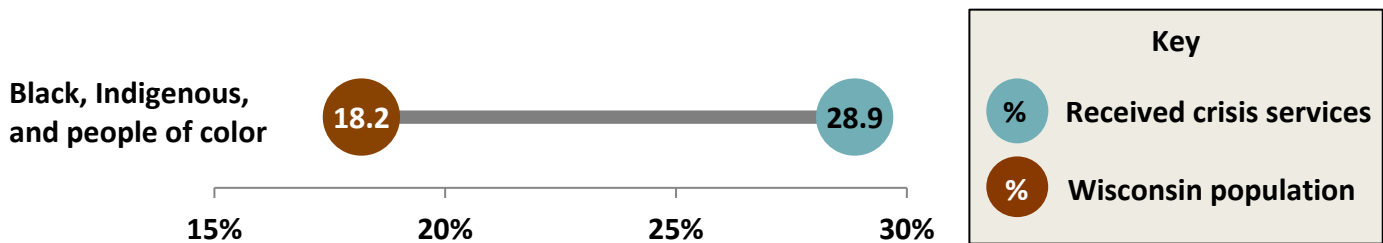
This section examines people experiencing crisis services who qualify as a member of the Black, Indigenous, and people of color group. To fall within the Black, Indigenous, and people of color group an individual must have identified as either a nonwhite race (Black or African American, American Indian or Alaska Native, two or more races, Native Hawaiian or Pacific Islander, or Asian) or Hispanic or Latinx ethnicity.

How many unique individuals received crisis services across Black, Indigenous, and people of color⁹ and non- Black, Indigenous, and people of color groups?

Race and ethnicity group	Count people
Black, Indigenous, and people of color	11,458
Non-Black, Indigenous, and people of color	28,227
State total	43,177*

*Includes 3,492 (8%) events missing data on race and Hispanic or Latinx ethnicity

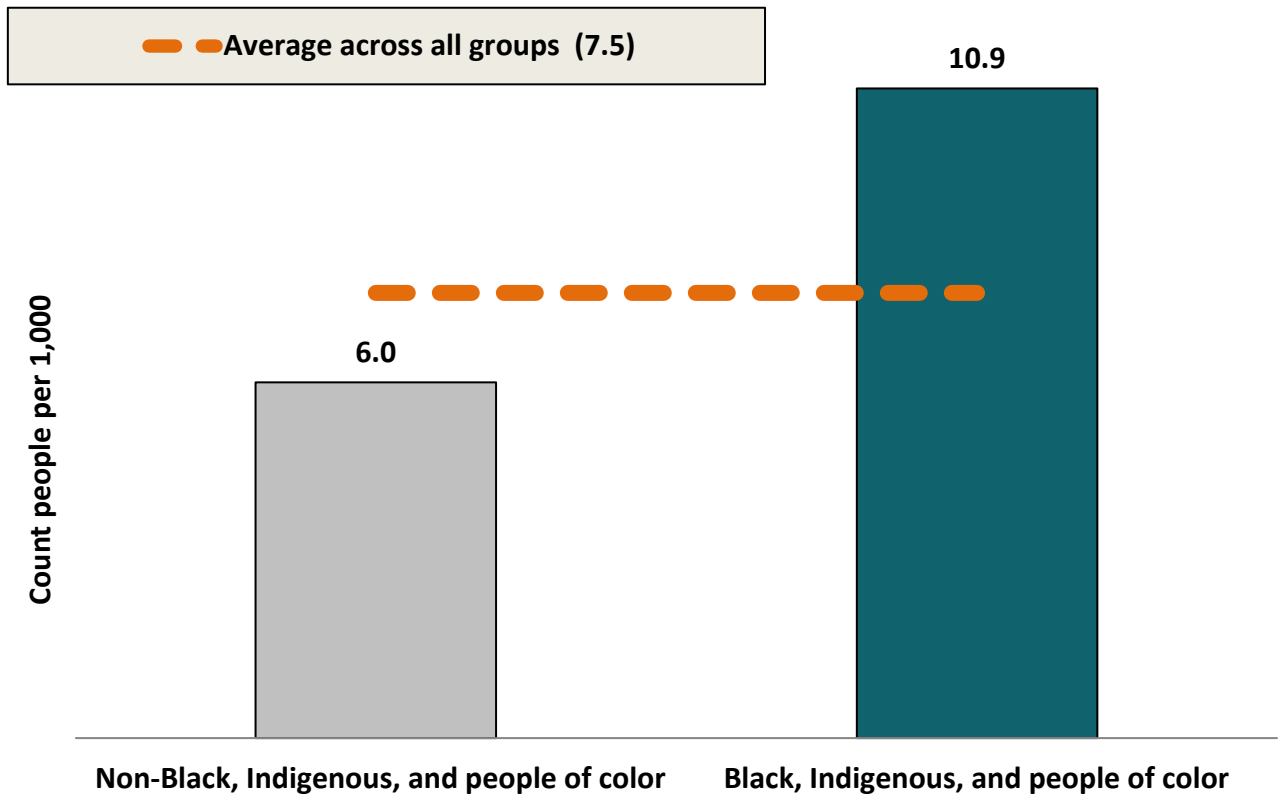
Was the percent of people in the Black, Indigenous, and people of color¹³ group and received crisis services different from the percent of people in the Black, Indigenous, and people of color group in the Wisconsin population?



Yes, the percent of people who identified as Black, Indigenous, and people of color and received crisis services was different from the percent of people who identified as Black, Indigenous, and people of color in the Wisconsin population. People who identified as Black, Indigenous, and people of color were 28.9% of the people who received crisis services, but made up 18.2% of the Wisconsin population.

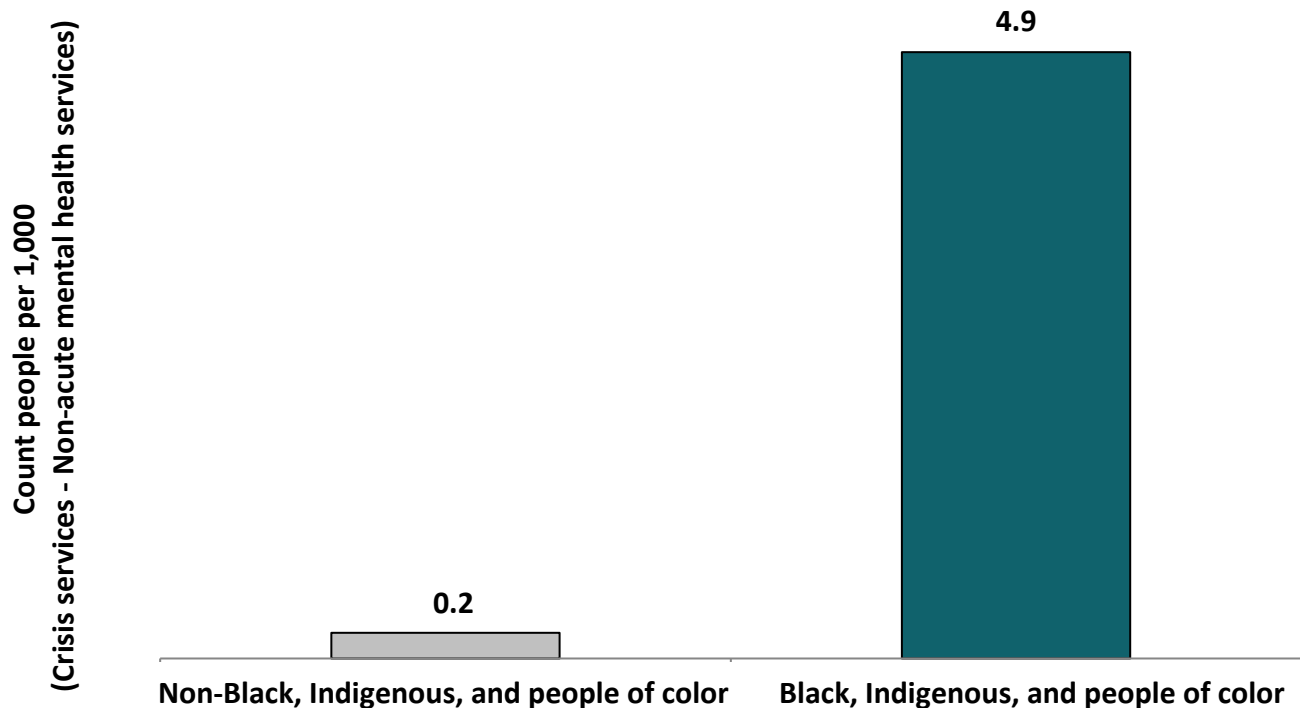
⁹ To fall within the Black, Indigenous, and people of color category an individual must have identified as either a nonwhite race (Black or African American, American Indian or Alaska Native, two or more races, Native Hawaiian or Pacific Islander, or Asian) or Hispanic or Latinx ethnicity.

Did the rate of unique individuals receiving crisis services differ across Black, Indigenous, and people of color¹³ and non-Black, Indigenous, and people of color groups?



Yes, the rate of individuals receiving crisis services was different across Black, Indigenous, and people of color and non-Black, Indigenous, and people of color groups. People who identified as Black, Indigenous, and people of color received crisis services at a rate higher than people who did not identify as Black, Indigenous, and people of color.

Were people in the Black, Indigenous, and people of color¹³ group more likely to receive crisis services than they were to receive other non-acute, community-based mental health services? ^{10,11}



Yes, people who identified as Black, Indigenous, and people of color had a substantially higher positive number than people who did not identify as Black, Indigenous, and people of color. This means they were more likely to receive crisis services than they were to receive other non-acute, community-based mental health services; services intended to prevent people from needing more acute levels of care such as crisis services or psychiatric hospitalizations.

¹⁰ "Crisis services - Non-acute mental health services:" Values were calculated by subtracting the non-acute mental health service per capita (per 1,000) rate from the crisis service per capita rate.

¹¹ Non-acute mental health services includes Community Support Programs, Comprehensive Community Services, Community Recovery Services, residential services, partial day services, court services, medication management, intake assessment, case management, outpatient services, supportive services, and some other mental health services not listed above. Non-acute mental health services exclude crisis intervention or emergency outpatient, emergency detention, and inpatient services.

Potential barriers to non-acute care experienced by Black, Indigenous, and people of color

Wisconsin’s behavioral health care system may deter Black, Indigenous, and people of color from accessing non-acute mental health and substance use care. Several barriers were identified in the *2019 Wisconsin Behavioral Health System Gaps Report*,¹² a report based on interviews, surveys, and focus groups with consumers and service providers. It was completed by the UW Population Health Institute at the request of the Wisconsin Department of Health Services. This qualitative data may explain why people who identified as Black, Indigenous, and people of color were more likely to receive crisis services over other community-based, non-acute mental health services.

The data analysis revealed these barriers:

1. The lack of racial and ethnic diversity among providers or, in other words, the “predominantly white professional system.”
2. The lack of culturally appropriate treatment and programs.
3. The inadequacy of translation services.
4. Stigma and prejudice in general and among specific cultural groups.
5. Fear of governmental authority among specific cultural groups. For instance, the higher likelihood of police involvement in crisis services fosters distrust of the mental health care system. People fear that if they reach out they will be incarcerated. Given racial disparities in the criminal justice system this a larger concern among people of color.

One consequence of these barriers is that people of color may forego seeking help until it escalates to a crisis. Below are quotations from people who participated in the *2019 Wisconsin Behavioral Health System Gaps Report study* that further explain these barriers.

“Lack of diversity in service provision field makes historically marginalized folks less apt to access services, which can increase stigma for folks that do access services.” – **Survey respondent**

“Mental health treatment is hard for people to seek out, due to the stigma, previous bad experiences and the ‘whiteness’ of our healthcare system” – **Focus group participant**

“[Our] workforce does not reflect the population we serve. ... [The] most in demand...are African American male therapists. And we can't even come close to meeting the demand for that, there's a very small number in the network, and they are all booked solid.”
– **Administrator working in both rural and urban areas of the state**

¹² Vigna, A.J., Connor, T. University of Wisconsin Population Health Institute. (2020). *The 2019 Behavioral Health Gaps Report for the State of Wisconsin*. Retrieved from: <https://uwphi.pophealth.wisc.edu/publications-2/evaluation-reports-2/>

¹² A crisis event was defined as a unique month when an individual began crisis services.

“Sometimes the most critical piece is the trust. So even if you spend lots of money to get me there and I get there and the people there don't look like me, don't speak my language, can't understand my terminology, I would disappear, and I don't come back because I don't trust that you can help me.” – **Interviewee**

“Distrust of emergency crisis line providers due to historical trauma and history of racism is a barrier that keeps American Indian people in this area from using county-run crisis lines. Conventional models of care don't meet [the] needs of cultural minorities.” – **Respondent**

“Systemic/institutionalized racism and cultural ignorance is a huge issue. Those who need inpatient mental health treatment are feared or seen as threatening and end up routed to incarceration instead.”
– **Respondent**

Unique Crisis Services Events¹³

This section examines data on the number of unique crisis services events experienced by racial or ethnic group in Wisconsin in calendar year 2017. A crisis event was counted each time a crisis service started in each month of the calendar year. Accordingly, individuals may have up to 12 crisis events. Most people who received crisis services experienced them in at least two months of 2017.

Race

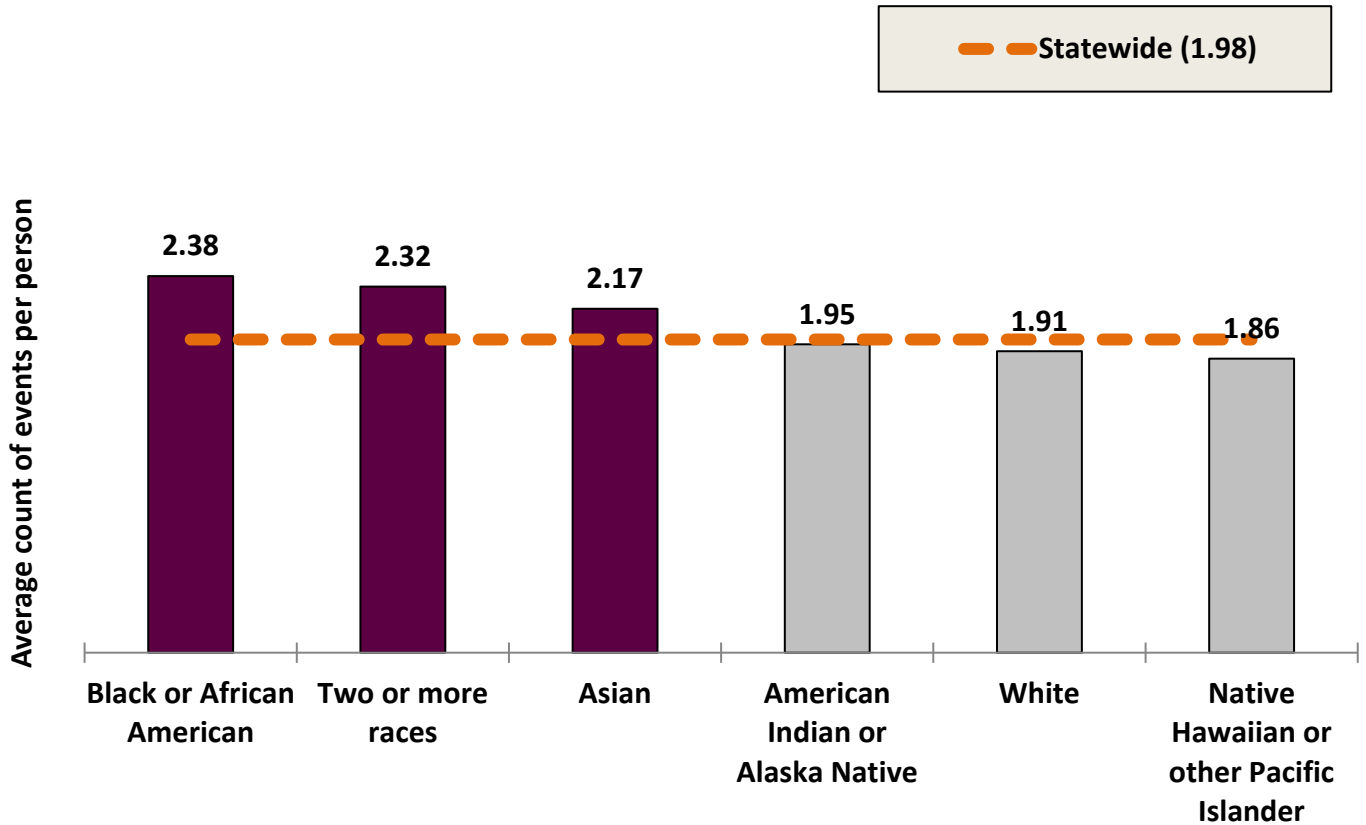
How many crisis events occurred across racial groups?

Racial group	Count events
American Indian or Alaska Native	2,073
Asian	1,020
Black or African American	13,515
Native Hawaiian or Pacific Islander	119
Two or more races	3,049
White	56,750
State total	85,517*

*Includes 8,991 (11%) events missing data on race

¹³ A crisis event was defined as a unique month when an individual began crisis services.

Does the average count of crisis events experienced among people who received crisis services differ across racial groups?



Yes, the average count of crisis events experienced among people who received crisis services was different across racial groups. Some Black and people of color groups experienced more crisis events than other groups.

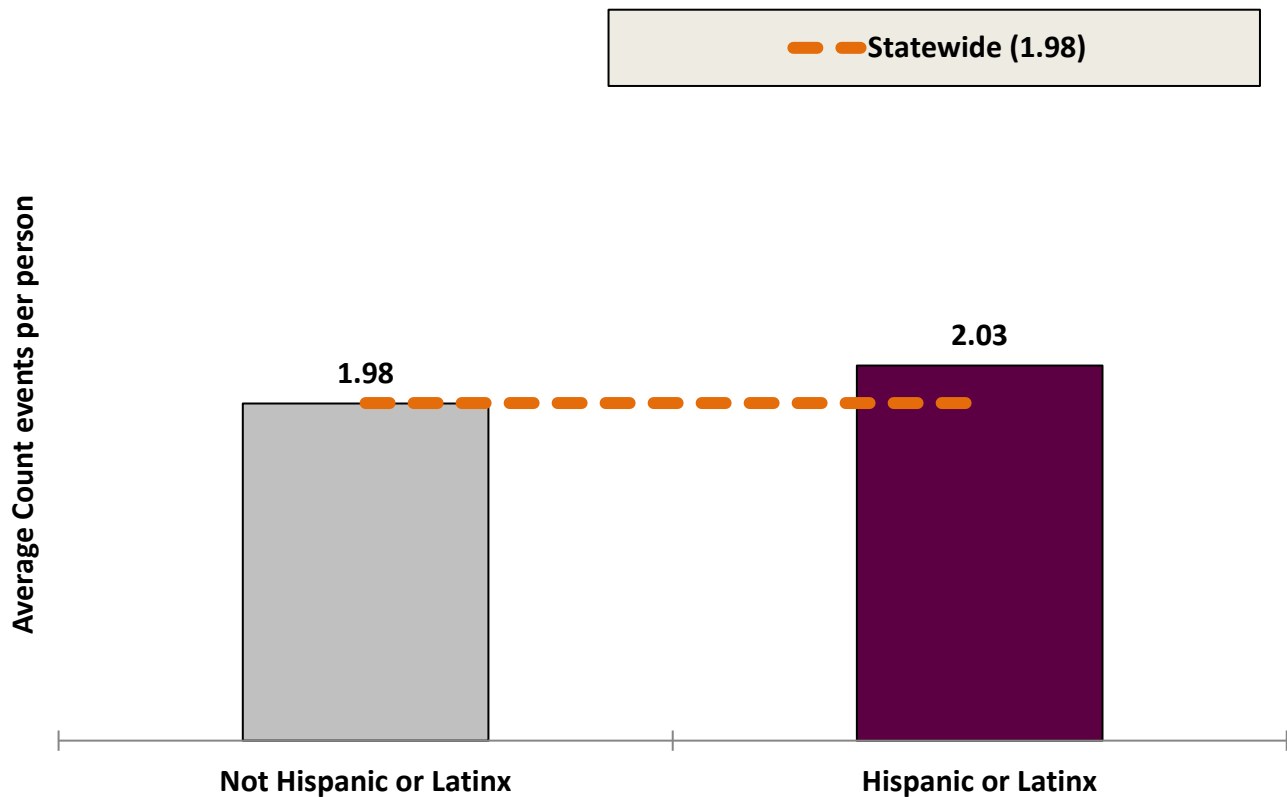
Ethnicity

How many crisis events occurred across Hispanic or Latinx Ethnicity?

Race	Count events
Hispanic or Latino	5,801
Not Hispanic or Latino	55,752
State total	85,517*

*Includes 23,964 (28%) events missing data on Hispanic or Latinx Ethnicity

Does the average count of crisis events experienced among people who received crisis services differ across Hispanic or Latinx ethnicity?



Yes, the average count of crisis events experienced among people who received crisis services was different across Hispanic or Latinx ethnicity. People identifying as Hispanic or Latinx experienced slightly more crisis events than people not identifying as Hispanic or Latinx.

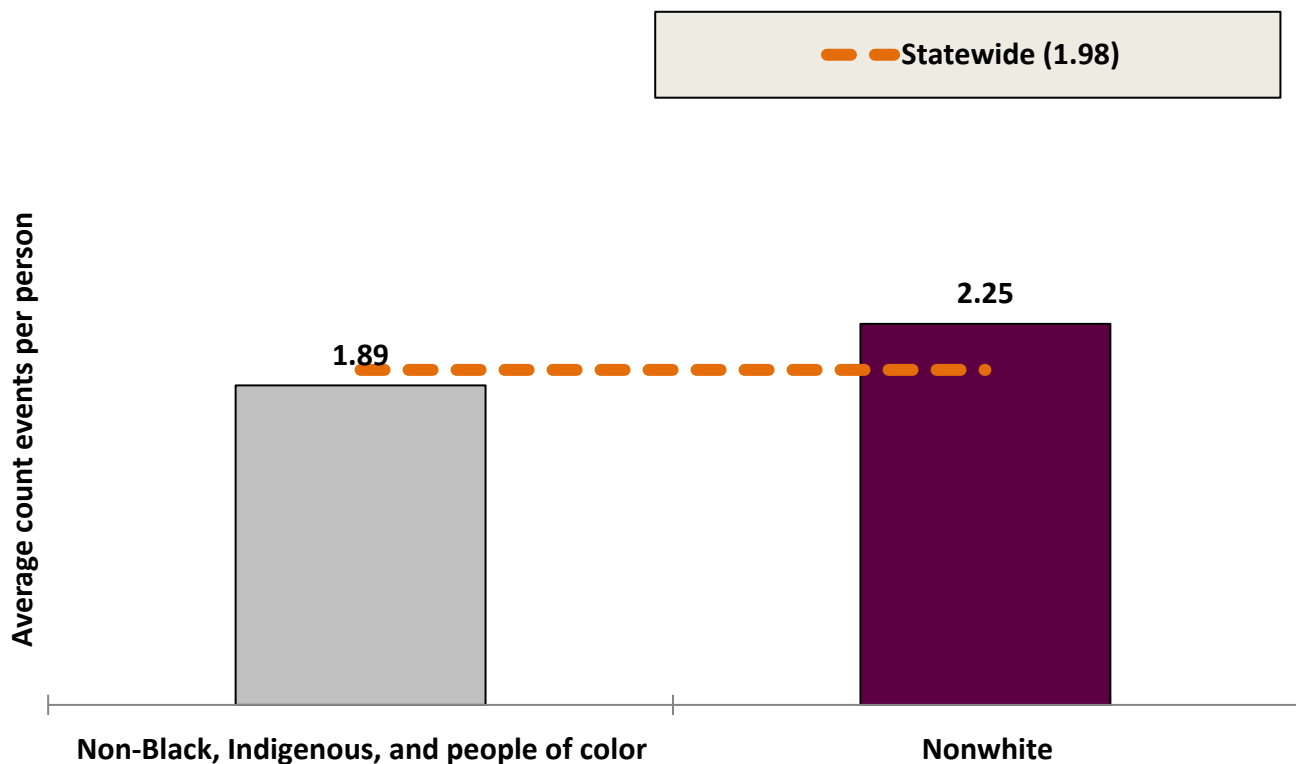
Race and ethnicity

How many crisis events occurred across Black, Indigenous, and people of color¹⁴ and non-Black, Indigenous, and people of color groups?

Race and ethnicity group	Count events
Black, Indigenous, and people of color	25,812
Non-Black, Indigenous, and people of color	53,318
State total	85,517*

*Includes 8,991 (11%) events missing data on race and 23,964 (28%) events missing data on Hispanic or Latinx Ethnicity

Did the average count of crisis events experienced among people who received crisis services differ across Black, Indigenous, and people of color¹⁷ and non-Black, Indigenous, and people of color groups?



Yes, the average count of crisis events experienced among people who received crisis services was different across Black, Indigenous, and people of color and non-Black, Indigenous, and people of color groups. People identifying as Black, Indigenous, and people of color experienced more crisis events than people not identifying as Black, Indigenous, and people of color.

¹⁴ To fall within the Black, Indigenous, and people of color category an individual must have identified as either a nonwhite race (Black or African American, American Indian or Alaska Native, two or more races, Native Hawaiian or Pacific Islander, or Asian) or Hispanic or Latinx ethnicity.

Psychiatric Hospital Admissions

This section examines data on the number of admissions for a psychiatric hospitalization (hereafter hospitalizations) by racial or ethnic group in Wisconsin for state fiscal year 2019: July 1, 2018, through June 30, 2019. These civil (non-forensic) hospitalizations include all emergency detentions, involuntary commitments (example: returns to or admission to a hospital based on a previous emergency detention), a voluntary hospitalization, or an emergency protective placement. The latter two types of hospitalization are infrequent. Population estimates used to calculate rates are from 2018 U.S Census data.

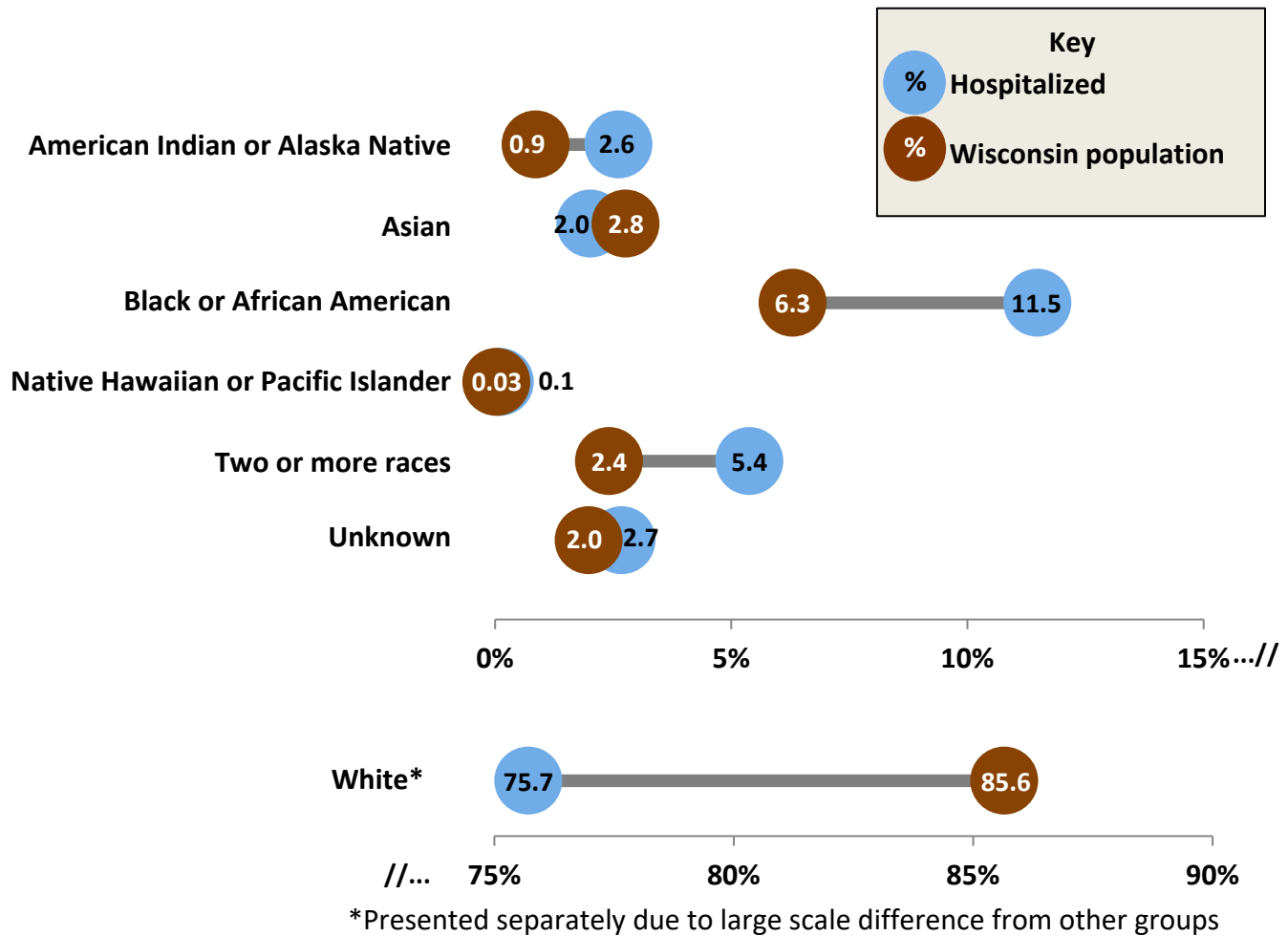
Race

How many psychiatric hospitalizations occurred across racial groups?

Racial group	Count hospitalizations
American Indian or Alaska Native	202
Asian	156
Black or African American	887
Multiracial	416
Native Hawaiian or Other Pacific Islander	8
White	5,848
State total	7,724*

*Includes 207 (3%) people missing data on race

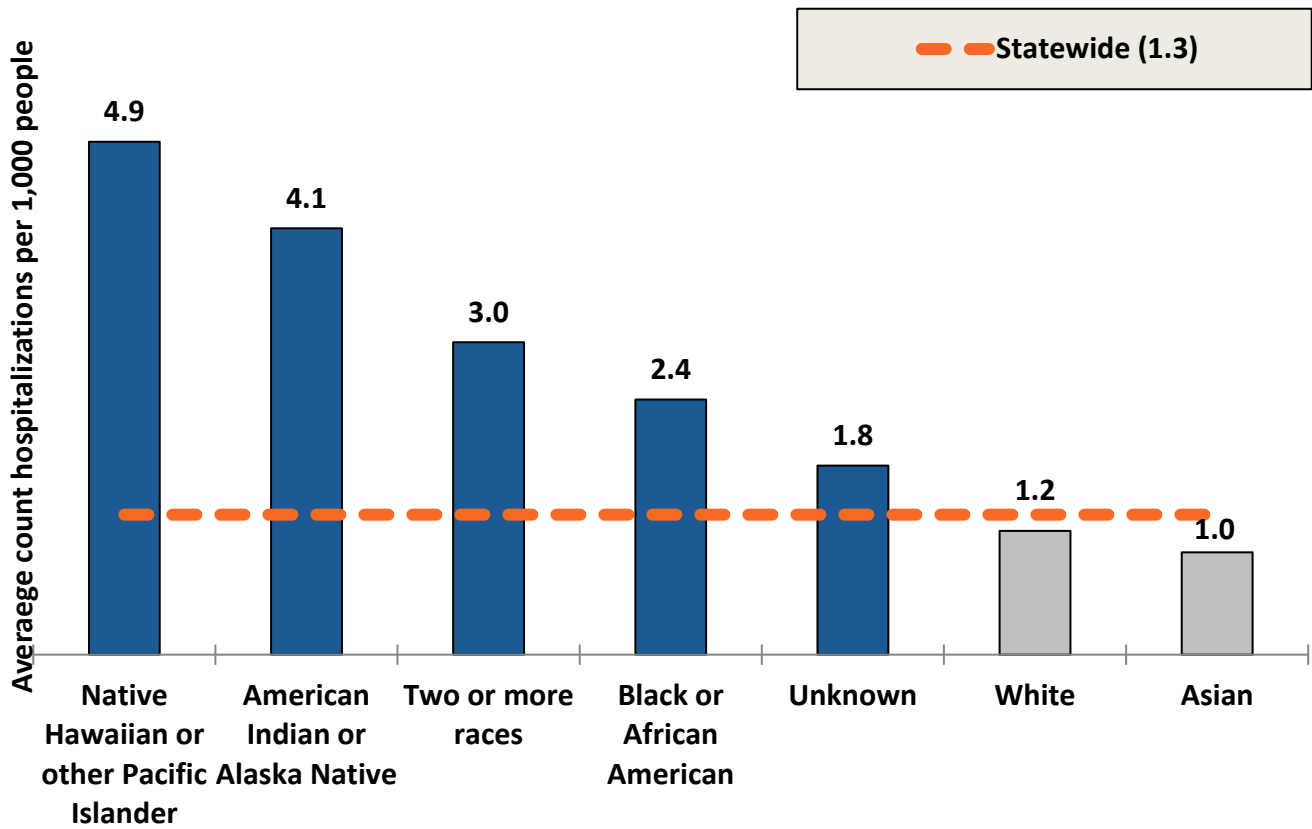
Was the percent of people in each racial group who experienced a psychiatric hospitalization different from the percent of people in each racial group in the Wisconsin population?¹⁵



Yes, the percent of people in each racial group who experienced a hospitalization looked different from the percent of people in each racial group in the Wisconsin population. Several groups were more likely to be hospitalized than expected. For example: people who identified as two or more races were 5.4% of the people who experienced a psychiatric hospitalization, but made up 2.4% of the Wisconsin population.

¹⁵ Population represents unique people and hospitalization represents a unique event that may occur multiple times for a unique person.

Did rates of hospitalizations differ across racial groups?



Yes, rates of hospitalization were different across racial groups. Several Black, Indigenous, and people of color groups were hospitalized at rates higher than other groups.

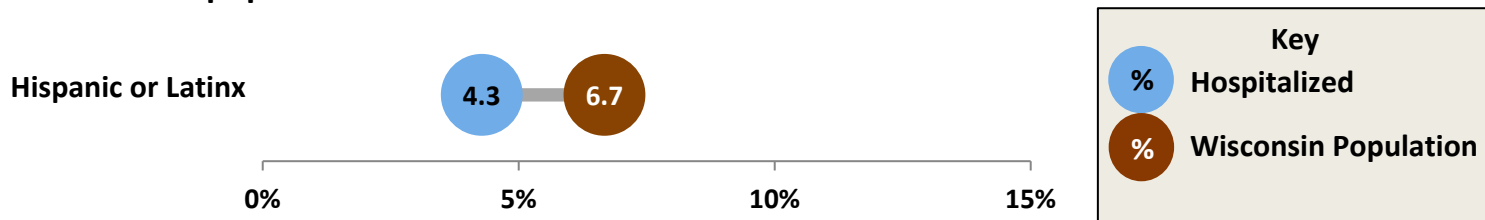
Ethnicity

How many hospitalizations occurred across Hispanic or Latinx Ethnicity?

Hispanic or Latinx ethnicity	Count hospitalizations
Hispanic or Latinx	309
Not Hispanic or Latinx	6,912
State total	7,724*

*Includes 503 (7%) people missing data on Hispanic or Latinx ethnicity

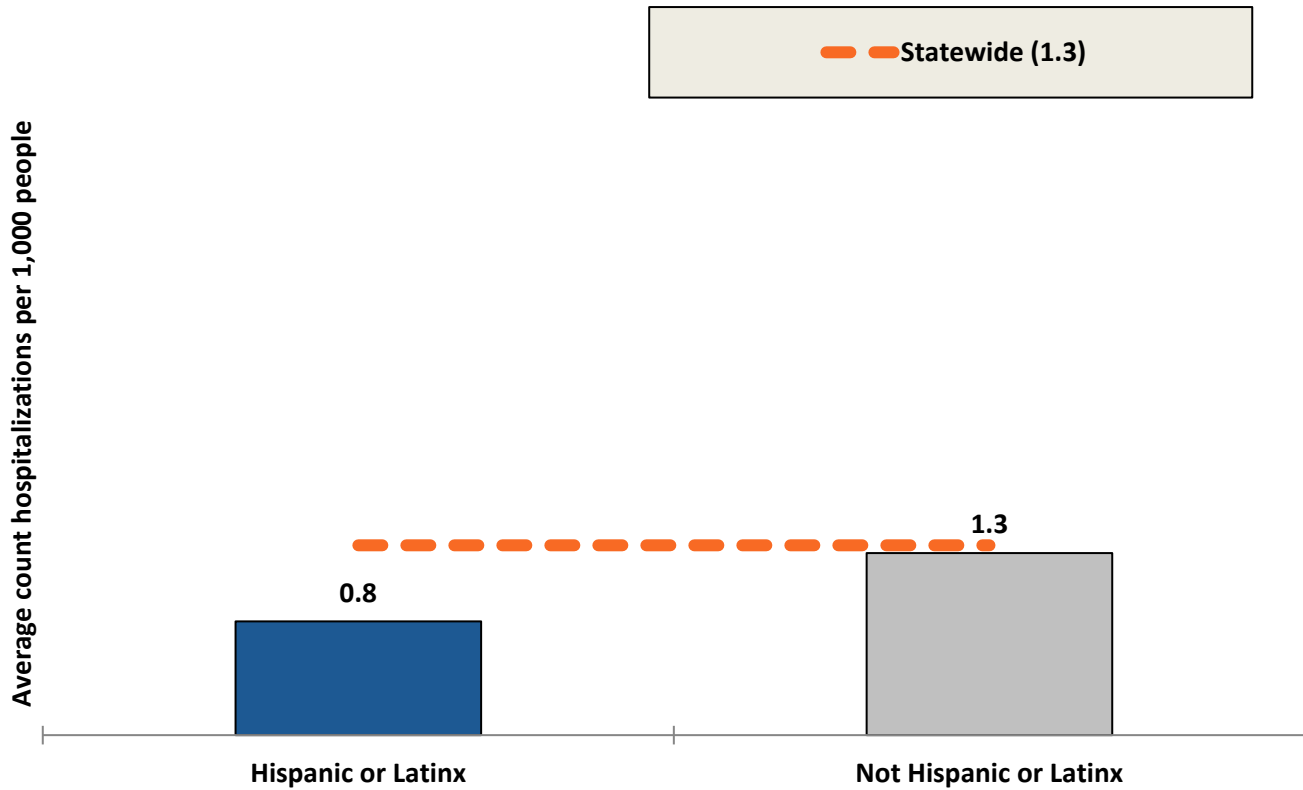
Was the percent of people who identified as Hispanic or Latinx ethnicity and experienced a hospitalization different from the percent of people who identified as Hispanic or Latinx in the Wisconsin population?¹⁶



Yes, the percent of people who identified as Hispanic or Latinx and experienced a hospitalization looked different from the percent of people who identified as Hispanic or Latinx in the Wisconsin population. People who identified as Hispanic or Latinx were 4.3% of the people who experienced a psychiatric hospitalization, but made up 6.7% of the Wisconsin population.

¹⁶ Population represents unique people and hospitalization represents a unique event that may occur multiple times for a unique person.

Did the rate of hospitalization differ across Hispanic or Latinx ethnicity?



Yes, the rate of hospitalization was different across Hispanic or Latinx ethnicity. People who identified as Hispanic or Latinx were hospitalized at a rate lower than people who did not identify as Hispanic or Latinx.