



Wisconsin Medical Society



There is a growing urgency to strengthen Wisconsin’s county-based system for responding to individuals experiencing crisis episodes as a result of mental illness or other conditions. As the crisis system has faced rising demand, counties, law enforcement, lawmakers, tribal nations, the Department of Health Services, health care professionals, and others have focused considerable energy toward ensuring the system can meet the need. But holistic reform that alleviates the strain on this system and better serves individuals experiencing behavioral health issues is needed at the state level.

The Coalition believes there are two critical components to reform of emergency detention in Wisconsin. First, reform must aim to divert a larger share of cases away from emergency detention. In addition to the county-based crisis system, early access to crisis services through a patient’s insurer, access to services provided by diverse providers in accessible settings, and a focus on addressing social determinants of health will improve patient outcomes and decrease the need for emergency detentions. Second, when crisis episodes do necessitate inpatient treatment, the process and capacity for emergency detentions must be improved. Additional resources, including increased public awareness and technical assistance, will be necessary to make sure individuals are able to better navigate these complex processes.

The Coalition makes the following recommendations. Notably, while many of these recommendations require legislative action, with respect to some recommendations the Coalition believes that further stakeholder discussions should take place prior to legislative action, and no legislative action is necessary for other recommendations.

Investments that Promote Diversion and the Continuum of Crisis Care

Legislative Action Requested

For many individuals experiencing behavioral health issues, an inpatient stay in a psychiatric hospital can be excessive, costly, potentially counterproductive, and not necessary to protect public safety. Stays in inpatient facilities should be a last resort when an individual truly needs hospital-level care. However, there are many instances in which an individual may not need inpatient psychiatric care, but some additional support is needed. Crisis intervention must be based on a continuum of crisis care, not a binary choice between emergency detention and no intervention.

- **Regional Crisis Stabilization Facilities:** Crisis stabilization facilities are an evidence-based alternative to psychiatric inpatient care for individuals experiencing a mental health emergency. These facilities are described as “low-cost, short-term, sub-acute programs for individuals who need support and observation to avoid high-cost, hospital-based, acute care.”¹ Currently, several counties in Wisconsin operate crisis stabilization facilities, but, primarily due to cost, they are not available statewide. Through innovation and funding incentives (such as providing the resources necessary to increase the Medicaid rate paid for services provided by crisis stabilization facilities), the state should support the regional establishment of a continuum of voluntary and involuntary crisis stabilization options that includes both inpatient services for high and moderate acuity crisis stabilization and sub-acute crisis stabilization facilities for lower acuity needs. The establishment of additional regional facilities, including freestanding psychiatric emergency rooms, would reduce the demand on public and private inpatient psychiatric units, reduce demands on law enforcement, keep individuals closer to their communities, and promote a broader continuum of care option for individuals in psychiatric crisis.
- **Peer Support Respite Centers:** Respite facilities provide individuals living with behavioral health concerns with access to peers with lived experience who can provide support, teach coping skills, and encourage self-directed recovery. Peer-run respites offer a supportive, home-like environment during times of increased stress. Guests voluntarily schedule overnight stays, and most guests stay for no longer than one week. As a result of [2013 Wisconsin Act 129](#), Wisconsin already has four state-supported peer respite centers, but additional funding (funding is currently limited to \$1.2 million in each fiscal year) could be utilized to prevent psychiatric emergencies and thus avert crises and avoid hospitalizations.
- **Mental Health Mobile Crisis Teams:** [2013 Wisconsin Act 132](#) requires DHS to award \$250,000 in each fiscal biennium in matching grants to counties or regions comprised of multiple counties to create mobile mental health crisis response teams to respond to individuals experiencing a mental health crisis in rural areas. This concept, which aims to blend the social service response and the law enforcement response to mental health crises, has similarities with the successful CAHOOTS

¹ [Toolkit for Improving Crisis Intervention and Emergency Detention Services](#), Wisconsin Department of Health Services.

program in Eugene, Oregon. It is believed that there is sufficient demand to justify an expansion of this program, but the limited funding and matching requirement have prevented this program from reaching its full potential. The Coalition recommends additional investment in this program and reducing or eliminating the matching requirement.

- **Regional Crisis Assessment Services:** In many counties, Wisconsin's over 120 general hospital emergency departments are currently the primary point of psychiatric emergency assessment, leading to disparate levels of crisis assessment, triage, and transitions of care depending upon the level of dedicated psychiatric crisis assessment services available in the county and at the hospital. Dedicated regional hubs specializing in psychiatric emergency assessment and triage through in-person or telehealth services can improve the efficiency of psychiatric crisis assessment, triage, and transitions of care to the most appropriate setting for additional stabilization. Models for such regional services could include Milwaukee's dedicated psychiatric emergency department² and the western Wisconsin emergency department behavioral health tele-video program.³ The state should work to review and leverage existing psychiatric crisis funding mechanisms to encourage and support regional crisis assessment models.
- **Enhanced Community-Based Treatment for Suicidality:** Suicide is a serious public health problem in Wisconsin. Unfortunately, our suicide rate exceeds the national average.⁴ In order to address this issue, an investment must be made in highly effective community-based treatment for suicidality. To support increased access to these treatments, the Coalition recommends providing the resources necessary to increase Medicaid rates for services provided through the outpatient mental health and substance use treatment benefit and the child and adolescent day treatment benefit. Services provided through these benefits would encompass suicide prevention and treatment and Dialectical Behavior Therapy (DBT) services. DBT is a mindfulness-based, cognitive-behavioral therapy with research supporting⁵ its effectiveness in reducing inpatient hospitalization days, emergency department visits, and use of crisis services.

Emergency Detention Process Improvements

Legislative Action Requested

- **Crisis Intervention Team (CIT) Training:** CIT Training is designed to improve the outcomes of police interactions with individuals experiencing a mental health crisis by focusing on de-escalation techniques. These trainings are 40 hours in length and include law enforcement, behavioral health care providers, local chapters of the National Association on Mental Illness (NAMI), and other community partners. These team activities are designed not only to provide training for law enforcement, but to establish collaborative relationships at the local level to facilitate multi-disciplinary responses to behavioral health issues. Pursuant to [2013 Wisconsin Act 126](#), the Department of Health Services provides \$250,000 annually for grant funding for these trainings, but it is believed that there is currently sufficient demand for additional resources to be

²[Health systems and Behavioral Health Division form joint venture for new psychiatric emergency department in Milwaukee](#), Milwaukee Journal Sentinel, December 10, 2020.

³<https://wchsa.org/wp-content/uploads/2019/12/tele-video.pdf>.

⁴[Suicide in Wisconsin: Impact and Response](#), Wisconsin Department of Health Services, September 2020.

⁵[The Effects of Successful Completion of Dialectical Behavioral Therapy on Reduction of High Cost Emergency Service Utilization](#), The College at Brockport: State University of New York, Spring 2017.

allocated. The Coalition recommends that additional funding be provided for CIT Training, including funding to cover the costs of providing replacement officers during training as well as any associated transportation and lodging costs.

- **Additional Mental Health Bed Space:** There are currently not enough inpatient psychiatric beds distributed evenly across the state. While new inpatient hospitals in Milwaukee and Madison will help with demand, it is clear that there aren't enough beds or adequate staffing in every region of the state. The Winnebago Mental Health Institute (WMHI) was originally created in an era of mental health institutionalization and designed to serve as a central location for long-term commitments. However, as Wisconsin appropriately moved away from institutionalization to community services, the volume of long-term involuntary commitments significantly decreased while short-term involuntary stabilization significantly increased. Although state and local needs changed, the centralized state facility model did not and is no longer best suited to meet statewide needs for involuntary, high acuity, short-term psychiatric stabilization. An investment to better disperse a state safety net of short-term, high acuity inpatient psychiatric beds in focused areas of the state would allow individuals needing emergency detention to be placed closer to their communities and reduce travel times as well as the demand on WMHI. Incorporating additional inpatient beds into an evidence-based model where a coordinated set of crisis services, from triage and stabilization to inpatient, are delivered on-site is preferred. This approach will increase the capacity of communities to serve those in crisis and may reduce transportation costs in those communities.

Process Improvements for Which No Legislative Action Is Requested or for Further Discussion

- **Medical Clearance:** The medical clearance process is a critical component of providing proper care for an individual experiencing a mental health crisis. Before patients are admitted to a psychiatric hospital, health care professionals must be certain that any potential underlying medical issue is properly identified and addressed. Inconsistent medical clearance procedures can increase delays for both individuals in crisis and law enforcement and increase health care costs as well. A standardized form (the "SMART" form) for the medical clearance process was developed and is used by some inpatient psychiatric units to help expedite this process, when appropriate. The members of the Coalition agree that use of a template medical clearance form accepted by both emergency department physicians and admitting inpatient psychiatrists can help expedite the medical clearance process. The Coalition further agrees to promote the voluntary adoption of the SMART form in hospitals across Wisconsin as a baseline, and as medical best practices evolve, to promote updates to the SMART form to improve efficiencies in the medical clearance process.⁶
- **Bed Tracker:** Funded pursuant to [2015 Wisconsin Act 153](#), the Wisconsin Hospital Association maintains a tracking system designed to catalogue the availability of inpatient psychiatric beds for patient referrals. The Coalition recommends forming a working group to explore options to further utilize this tool to improve the efficiency of the emergency detention system. Issues the working group could explore include the number of entities reporting data, data reporting frequency, awareness of the availability of the tracking system, best practices relating to the use

⁶ The medical clearance process is complex and exists largely outside of statutory requirements. There are many additional facets of the medical clearance process that warrant further discussion but are beyond the scope of this document.

of this tool, and the use of data from the tracking system to inform policy regarding Wisconsin's mental health care infrastructure.

- **Expanding Telemedicine:** Wisconsin has a well-documented shortage of behavioral health providers,⁷ particularly in the northern part of the state. Expanding the use of telemedicine in connection with the emergency detention process could help address challenges presented by the shortage of behavioral health care providers and reduce travel time. The Coalition believes that policymakers and stakeholders should explore the ways in which the use of telemedicine, when medically appropriate, can be promoted.
- **Streamlining Court Proceedings:** Because it is a legal proceeding, emergency detention by its very nature includes court hearings. Traveling from a mental health facility to these court hearings and back, sometimes multiple times, takes time, interrupts treatment, and places an additional demand on law enforcement. The Coalition recommends that a multidisciplinary working group explore the potential for process improvements, including better leveraging real-time video for emergency detention-related court hearings and additional funding or staff support to expand the use of videoconferencing. It is important to note that any potential process improvements must respect the due process rights of the individual in crisis.
- **Transport Across State Lines:** In some parts of Wisconsin, a mental health care facility in a neighboring state may be the closest option. While it is not clear whether it would be viable for out-of-state facilities to provide inpatient psychiatric care in connection with Wisconsin's emergency detention system due to the complexities of dealing with laws in multiple states, continuity of care for patients, insurance coverage, and legal custody, further consideration of these issues is warranted.
- **Ongoing Discussions and Promotion of Regional Innovations:** Emergency detention is a complex process. Ongoing stakeholder discussions could produce additional proposals for improving the system. In addition, multidisciplinary groups have formed in different parts of the state to make regional improvements in the emergency detention process, and those groups should be encouraged to share their innovations with each other and others involved in the emergency detention process. State government can play a role in convening and facilitating regular (i.e., quarterly) discussions.

Coalition members in support of these recommendations are: Badger State Sheriffs Association • Emergency Psychiatric Taskforce • National Alliance on Mental Illness Wisconsin • Wisconsin Chapter of the American College of Emergency Physician • Wisconsin Chiefs of Police Association • Wisconsin Counties Association (WCA) • Wisconsin County Human Service Association • Wisconsin Department of Health Services • Wisconsin Department of Justice • Wisconsin Hospital Association • Wisconsin Sheriffs and Deputy Sheriffs Association • Wisconsin Medical Society • Wisconsin Professional Police Association • Wisconsin Psychiatric Association • Wisconsin State Public Defender's Office

⁷ [Superior Days Reminds Lawmakers About the Lack of Mental Health Care in Northern Wisconsin](#), Spectrum News 1, February 13, 2020.