

# Mary Lazich

Wisconsin State Senator • Senate District 28



Assembly Committee on Health  
October 22, 2013  
Assembly Bill 436 and Senate Bill 128

Good afternoon committee members. I had the pleasure as serving as Chair of the Joint Legislative Council Special Study Committee on Review of Emergency Detention and Admission of Minors under Chapter 51. The Study Committee met eight times between August 31, 2010, and October 30, 2012. Four bills were approved with a unanimous 16-0 vote, with three committee members not voting. Assembly Bill 436 (AB 436) and Senate Bill 128 (SB 128) improve the County Community Program Boards used as governing and policy-making boards to oversee Chapter 51 procedures.

Under current law, County Community Program Boards are required to have members comprised of a mix of county supervisors and citizens. The membership number is dependent on whether the department is single-county or multi-county. AB 436 and SB 128 add a requirement to include board members with backgrounds offering insight into the 51 process.

AB 436 and SB 128 creates the requirement the board include a person that received mental health, substance abuse, or developmental disability treatment, a family member of a person that received the same kinds of treatment, a law enforcement officer, and a hospital representative or employee. This bill's requirement to include persons with specific interests from the entire spectrum of people affected by Chapter 51 treatment ensures County Community Program Boards will have the insight necessary to make informed policies.

I ask the committee approve AB 436 and SB 128. Thank you for your attention to AB 436 and SB 128.



# WISCONSIN HOSPITAL ASSOCIATION, INC.



October 22, 2013

**To:** Members of the Assembly Health Committee

**From:** Matthew Stanford, WHA VP Policy & Regulatory Affairs, Associate General Counsel  
Kyle O'Brien, VP Government Relations

**Re:** WHA Supports Assembly Bill 436 – Consumer, family, law enforcement and hospital representation on county mental health 51.42 Boards

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**The Wisconsin Hospital Association (WHA) supports Assembly Bill 436 which will help facilitate better collaboration and coordination at the county level by ensuring that county s. 51.42 County Community Programs Boards have some representation from consumers, law enforcement, and hospitals.**

This bill originated from a Joint Legislative Council Special Committee on Review of emergency Detention and Admissions of Minors Under Chapter 51 (the "Study Committee") that concluded its work in late 2012, and was first recommended by the Joint Legislative Council in early 2013 and again recommended by the Speaker's Mental Health Task Force in October 2013.

Under Wisconsin's current mental health act – Chapter 51 - each county must have a s. 51.42 County Community Programs Board with responsibility for guiding policies for the county's community mental health, developmental disabilities, alcoholism and drug abuse programs, including emergency detention policies and services. Under current law, at least one member of the county's 51.42 board must be an individual that has received mental health services or a family member of such an individual. This bill requires that at least one member must be an individual that has received mental health services, at least one member represents law enforcement, and at least one member represents a hospital.

**The Study Committee recognized that collaboration and coordination between county agencies, law enforcement, hospitals, and consumers is necessary to best ensure consistent, appropriate emergency detention and mental health services, but also found that Wisconsin law currently does not reinforce this concept in its membership requirements for the s. 51.42 County Community Programs Boards.** To better ensure such collaboration and coordination and thus increase the likelihood of more appropriate utilization of emergency detention services, the Study Committee proposed to include hospital and law enforcement representation on all s. 51.42 County Community Programs Boards. The Speaker's Task Force concurred in this approach and has further recommended this bill.

WHA supports this collaborative, no-cost approach to help provide a better framework for identifying local solutions to address and improve mental health care, including emergency detention services, throughout Wisconsin.


We ask to you to vote in support of Assembly Bill 436. If you have any questions, please feel free to contact Kyle O'Brien ([kobrien@wha.org](mailto:kobrien@wha.org)) or Matthew Stanford ([mstanford@wha.org](mailto:mstanford@wha.org)) at 608-274-1820.



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## MEMORANDUM

**TO:** Honorable Members of the Assembly Committee on Health

**FROM:** Sarah Diedrick-Kasdorf, Senior Legislative Associate 

**DATE:** October 22, 2013

**SUBJECT:** Opposition to Assembly Bill 436 – Placing Law Enforcement Personnel and Hospital Employees or Representatives on County Community Programs Boards

The Wisconsin Counties Association (WCA) respectfully requests your consideration and support for an amendment to Assembly Bill 436 relating to requiring county community programs board appointees to include consumers, law enforcement personnel and hospital employees or representatives and increasing the size of county community programs boards.

Specifically, WCA requests deleting the inserted language on Page 2, Line 14 and Page 3, Lines 1 and 2, as well as the inserted language on Page 3, Lines 17-19 (requiring the addition of law enforcement officers and hospital employees / representatives on community programs boards). Our rationale for the requested amendment follows:

### Improper Forum for Intended Purpose

The report to the Joint Legislative Council from the Special Committee on Review of Emergency Detention and Admission of Minors Under Chapter 51 indicates that the proposed expansion of county human services boards / community programs boards is designed to “foster intra-county collaboration between county agencies, law enforcement, and hospitals...” County human services / community programs boards are not statutorily tasked with fostering intra-county collaboration. Instead, county human services / community services boards are tasked with recommending program priorities, preparing budgets, etc. The addition of committee members representing law enforcement and hospitals to county human services / community programs boards is not the proper forum to promote intra-county collaboration on emergency detention procedures within the county. Rather, if the law enforcement community or hospitals have concerns with Chapter 51 (emergency detention) implementation issues within a particular county, it is preferable that the hospital or law enforcement agency reach out directly to the human services / community programs director and other appropriate staff to resolve any issues. Current practice also suggests counties have and do include law enforcement and hospital

representatives in an advisory capacity within their counties as needed to discuss narrowly focused issues such as emergency detention procedures.

Additionally, most counties have combined human services boards, not separate community programs boards. As a result, the boards have broad oversight over a number of human services issues, including juvenile justice, aging services, intellectual disability services, etc. If county human services board membership was expanded every time a single-issue interest group raised a concern, the board would become unwieldy and lose focus of its primary purpose of setting long-term goals for the human services department.

#### Creates a Conflict of Interest

Counties have also raised conflict of interest concerns with the addition of hospital representatives on county human services / community programs boards. Many counties have entered into contracts with their local hospitals for the provision of services. We believe it sets poor precedent for service providers to serve on a board tasked with not only deciding if services will be contracted out or provided internally within a human services / community programs department, but then also deciding which local entity, including hospitals, will be awarded service contracts.

Given the concerns stated above, WCA respectfully requests that the language requiring law enforcement and hospital representation on county community programs boards be deleted from Assembly Bill 436.

Thank you for your consideration. Please do not hesitate to contact the WCA office if you have any questions.