2017 DRAFTING REQUEST

Bill

For:

Chris Taylor (608) 266-5342

Drafter:

tdodge

By:

Maggie

Secondary Drafters:

Date:

4/27/2017

May Contact:

Same as LRB:

Submit via email:

YES

Requester's email:

Rep.Taylor@legis.wisconsin.gov

Carbon copy (CC) to:

tamara.dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Allow local law enforcement to take individuals to the closest facility for commitment

Instructions:

See attached

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-		~~~			~ .7 '

Vers.	<u>Drafted</u>	Reviewed	Submitted	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 5/11/2017	kfollett 5/11/2017			
/P1	tdodge 8/2/2017	eweiss 8/3/2017	lparisi 5/11/2017		State S&L
/P2			mbarman 8/3/2017		State S&L
/1			lparisi 11/29/2017	lparisi 12/20/2017	State S&L

FE Sent For:

> At Intro.

<END>

Dodge, Tamara

From:

Gau, Maggie

Sent:

Thursday, April 27, 2017 8:37 AM

To:

Dodge, Tamara

Cc:

Walkenhorst Barber, Sarah

Subject:

MMHI

Attachments:

Letter to DHS RE Mendota Mental Health Commitments 0417 FINAL.pdf

Hi Tamara and Sarah,

Hope youre both well and staying DRY!:)

We would like to draft a bill that would prohibit local law enforcement from being forced to take commitments to Winnebago Mental Health Institution instead of Mendota Mental Health Institution. We want communities to have the flexibility to take their commitments to whichever facility is closest and more convenient for them. This has been a back and forth issue with DHS over the last several years since they began this practice back in 2014. I've attached a copy of the letter we recently sent to DHS on this issue.

Let me know if you have any questions! Maggie

Maggie Gau Office of Representative Chris Taylor 306 West - (608) 266-5342 PO Box 8953 Madison, WI 53708



April 19, 2017

P.O. BOX 8952 • MADISON, WI 53708

Secretary Linda Seemeyer Wisconsin Department of Health Services 1 West Wilson St Madison, WI 53703

Dear Secretary Seemeyer,

We are again writing to ask the Department of Health Services to revisit and reconsider its August 2014 decision to end services for adult male mental health commitments at Mendota Mental Health Institute.

In 2016, Madison Police Department (MPD) dealt with 142 emergency detention cases that cost our community money, time, and unnecessary additional trauma for individuals experiencing a mental health episode. As you may know, each emergency detention case involves two MPD officers driving to Winnebago Mental Health Institute (WMHI). The City of Madison spends \$163.58 per officer and \$100 in gas expenses for each visit. In 2016, these costs totaled over \$60,719. Furthermore, each visit to WMHI pulls these two law enforcement officers off our streets for at least 4 hours at a time.

The City of Madison isn't the only department affected by this policy decision. Law enforcement agencies across Wisconsin are also struggling with these costs for their commitments, which is why the Dane County Chiefs of Police and police chiefs across the state continue to oppose this policy. Furthermore, we are aware that this issue has been brought to Attorney General Schimel several times at his statewide round tables because of the forced costs on our local police departments. It is dangerous for our communities and a waste of our precious financial resources, when we have a state mental health facility right here in our own backyard.

We appreciate and applaud efforts by Governor Walker and the Department of Health Services to increase our financial investment in mental health services over the past several years. That being said, this current policy which bans adult male mental health commitments at MMHI, completely contradicts strides we have been taking to ensure Wisconsinites are able to receive the care they need which as you know, involves the love and support of their family and community. Forcing a restrictive two hour transport on an individual struggling with a mental health crisis is cruel and most likely detrimental to their immediate recovery. Furthermore, to physically remove these individuals from their community and their support systems during such a challenging time only compounds the problem.

Both MMHI and WMHI are experiencing overcrowding. Why cause mentally ill individuals across Wisconsin to further suffer by redirecting them to a facility two hours or more away? We can do better and we must do better for these Wisconsinites.

Your own biography on the Department of Health Services website contains the following language, "DHS ensures that the care provided to Wisconsin residents is high-quality and provided in accordance with state and federal law; ensures that Wisconsin taxpayer dollars are being utilized effectively and efficiently by preventing and detecting waste, fraud and abuse; and works to continue Wisconsin's long tradition of strong health outcomes and innovation." Based on the evidence presented above, it is clear this policy is not the most efficient and effective use of taxpayer dollars. It is time we revisit this policy and provide needed relief to both Wisconsin's law enforcement community and those in our community struggling with mental health crises.

Thank you for your time and attention to this matter. Please take immediate action to reverse this policy decision as soon as possible and allow law enforcement the opportunity to use the facility closest to their community for involuntary, non-forensic commitments of adult males.

We look forward to your response.

Sincerely,

Sen. Jon Erpenbach 27th Senate District Rep. Chris Taylor 76th Assembly District Rep. Dave Considine 81st Assembly District

Rep. Gary Hebl

46th Assembly District

Rep. Dianne Hesse

79th Assembly District

Rep. Sondy Pope

80th Assembly District

Sen, Janis Ringhand

15th Senate District

Sen. Mark Miller 16th Senate District Rep. Melissa Sargent

48th Assembly District

Melissa Sanot

Wason Subilch

Rep. Lisa Subeck 78th Assembly District



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State of Misconsin 2017 - 2018 LEGISLATURE

Due today if possible LRB-3297(?)
TJD:...

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Ger)

An Act ...; relating to: allowed facilities for emergency detention and

involuntary commitment.

, to be detained

detention

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services to allow law enforcement to transport individuals for detention for emergency detention or involuntary commitment to the most convenient mental health institute, either Mendota Mental Health Institute or Winnebago Mental Health Institute, if the individual is intended to be detained at a mental health institute. Under current law, a law enforcement officer or certain other persons may take an individual into custody for purposes of emergency detention if the officer or other person has cause to believe that the individual is mentally ill, drug dependent, or developmentally disabled, and that the individual shows certain behaviors. The county department of community programs must approve the need for detention and may not do so unless a psychiatrist, psychologist, or other mental health professional has performed a crisis assessment on the individual and agrees with the need for detention and the county department believes the individual will not voluntarily consent to evaluation, diagnosis, and Under current law, an individual may be detained for possible involuntary commitment upon a three-person petition, which must allege that the individual is mentally ill, drug dependent, or developmentally disabled, is a proper subject for treatment, and is dangerous because the individual evidences certain behaviors. If an individual is to be detained for emergency detention or before an involuntary commitment proceeding, the law enforcement officer or other person must transport the person for detention to a treatment facility approved by DHS or

the county department, if the facility agrees to detain, or to a state treatment facility, which includes Mendota Mental Health Institute and Winnebago Mental Health Institute. In 2014, DHS implemented a policy that Mendota Mental Health Institute serves forensic male patients and only elderly adult civil patients while Winnebago Mental Health Institute serves all other civil patients, including those detained under emergency detention and involuntary commitment proceedings, and forensic female patients.

- 2 -

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 51.05 (1) of the statutes is amended to read:

known as the "Mendota Mental Health Institute" and the mental health institute located at Winnebago is known as the "Winnebago Mental Health Institute". Goodland Hall West, a facility located at Mendota Mental Health Institute, is designated as the "Maximum Security Facility at Mendota Mental Health Institute". The department shall divide the state by counties into 2 districts, and may change the boundaries of these districts, arranging them with reference to the number of patients residing in them at a given time, the capacity of the institutes and the convenience of access to them. The department may not prohibit law enforcement from transporting an individual for detention under s. 51.15 or 51.20 to the most convenient mental health institute, if the individual is intended to be detained at a mental health institute.

History: 1975 c. 430; 1977 c. 428; 1979 c. 117; 1983 a. 293; 1985 a. 29 s. 3200 (56); 1985 a. 176; 1987 a. 27; 1989 a. 31, 359; 1991 a. 315; 1993 a. 437 ss. 103 and 266; 1993 a. 479; 1995 a. 27 ss. 9126 (19), 9145 (1); 1995 a. 77, 216; 1997 a. 27, 164; 1999 a. 9, 83; 2005 a. 25, 344, 387; 2007 a. 97.

SECTION 2. 51.15 (2) of the statutes is amended to read:

51.15 (2) Facilities for detention. The law enforcement officer or other person authorized to take a child into custody under ch. 48 or to take a juvenile into custody under ch. 938 shall transport the individual, or cause him or her to be transported,

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for detention, if the county department of community programs in the county in which the individual was taken into custody approves the need for detention, and for evaluation, diagnosis, and treatment if permitted under sub. (8). The county department may approve the detention only if a physician who has completed a residency in psychiatry, a psychologist licensed under ch. 455, or a mental health professional, as determined by the department, has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others. For purposes of this subsection, a crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology. Detention may only be in a treatment facility approved by the department or the county department, if the facility agrees to detain the individual, or a state treatment facility. If the individual is intended to be detained in a mental health institute, the department shall allow law enforcement to transport an individual for detention to the mental health institute that is most convenient for that law enforcement agency.

History: 1975 c. 430; 1977 c. 29, 428; 1979 c. 175, 300, 336, 355; 1985 a. 176; 1987 a. 366, 394; 1989 a. 56 s. 259; 1993 a. 451; 1995 a. 77, 175, 292; 1997 a. 35, 283; 2001 a. 16 ss. 1966d to 1966h, 4034zb to 4034zd, 4041d to 4041g; 2001 a 109; 2005 a. 264; 2007 a. 20; 2009 a. 28; 2013 a. 158, 235; 2015 a. 55; 2015 a. 195 ss. 11 to 13, 83.

Section 3. 51.20 (2) (d) of the statutes is amended to read:

51.20 (2) (d) Placement shall only be made in a treatment facility approved by the department or the county department, if the facility agrees to detain the subject individual, or in a state treatment facility. If the individual is intended to be detained in a mental health institute, the department shall allow law enforcement to transport an individual for detention to the mental health institute that is most

SECTION 3

- 1 <u>convenient for that law enforcement agency.</u> Upon arrival at the facility, the
- 2 individual is considered to be in the custody of the facility.

History: 1975 c. 430; 1977 c. 26, 29; 1977 c. 187 ss. 42, 43, 134, 135; 1977 c. 428 ss. 29 to 65, 115; 1977 c. 447, 449; Sup. Ct. Order, 83 Wis. 2d xiii; 1979 c. 32, 89; Sup. Ct. Order, eff. 1–1–80; 1979 c. 110 s. 60 (1); 1979 c. 175 s. 53; 1979 c. 300, 336, 356; 1981 c. 20, 367; 1981 c. 390 s. 252; 1983 a. 27, 219; 1983 a. 474 ss. 2 to 9m, 14; 1985 a. 29 ss. 1067 to 1071, 3200 (56), 3202 (56); 1985 a. 139, 176, 321, 332; 1987 a. 27; Sup. Ct. Order, 141 Wis. 2d xiii (1987); 1987 a. 366, 394, 403; 1989 a. 1334; 1993 a. 98, 196, 227, 316, 451, 474; 1995 a. 77, 201, 268, 292, 440; Sup. Ct. Order No. 96–08, 207 Wis. 2d xv (1997); 1997 a. 35, 130, 237, 283; 1999 a. 83, 89, 162; 2001 a. 16 ss. 1966i to 1966n, 4034ze to 4034zh; 2001 a 38, 61, 109; 2003 a. 33, 50, 326; 2005 a. 22, 264, 277, 387; 2007 a. 20, 45, 116; 2009 a. 137, 258, 260; 2013 a. 20, 158, 203, 223, 340, 362; 2015 a. 195.

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(END)

Dodge, Tamara

From:

Dodge, Tamara

Sent:

Friday, July 21, 2017 1:21 PM

To:

Gau, Maggie

Subject:

RE: Revision to LRB 3297

Sure, no problem.

Tamara J. Dodge

Senior Legislative Attorney Wisconsin Legislative Reference Bureau P.O. Box 2037 Madison, WI 53701-2037 (608) 267 - 7380 tamara.dodge@legis.wisconsin.gov

From: Gau, Maggie

Sent: Friday, July 21, 2017 11:51 AM

To: Dodge, Tamara < Tamara. Dodge@legis.wisconsin.gov>

Subject: RE: Revision to LRB 3297

If we can get it around the beginning of August - that'd be great.

Maggie Gau Office of Representative Chris Taylor 306 West – (608) 266-5342 PO Box 8953 Madison, WI 53708

From: Dodge, Tamara

Sent: Friday, July 21, 2017 11:47 AM

To: Gau, Maggie < Maggie.Gau@legis.wisconsin.gov >

Subject: RE: Revision to LRB 3297

Maggie,

Happy Friday to you too!

I can certainly make that addition for you. Let me know if you have a specific deadline.

Tami

Tamara J. Dodge

Senior Legislative Attorney Wisconsin Legislative Reference Bureau P.O. Box 2037 Madison, WI 53701-2037 (608) 267 - 7380 tamara.dodge@legis.wisconsin.gov From: Gau, Maggie

Sent: Friday, July 21, 2017 11:27 AM

To: Dodge, Tamara < To: Dodge, Tamara < Tamara.Dodge@legis.wisconsin.gov>

Subject: Revision to LRB 3297

Hi Tami,

Happy Friday!

We are going to have a revision to the P-draft of LRB 3297 that you did for us on emergency detentions.

We want to add a provision that requires DHS to work with hospitals to develop a grant program for regional mental health crisis centers which would be required to accept emergency detentions. This would have to be included in the Governor's recommendations in the next budget.

Let me know if you have any questions! Maggie

Maggie Gau Office of Representative Chris Taylor 306 West – (608) 266-5342 PO Box 8953 Madison, WI 53708



State of Misconsin 2017-2018 LEGISLATURE

Due Thurs 8/3 (A) LRB-3297/P1/CP2 TJD:kjf gemu

In:8/2

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION



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John 1

AN ACT to amend 51.05(1), 51.15(2) and 51.20(2)(d) of the statutes; relating

to: allowed detention facilities for emergency detention and involuntary commitment.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services to allow law enforcement to transport individuals to be detained for emergency detention or involuntary commitment to the most convenient mental health institute, either Mendota Mental Health Institute or Winnebago Mental Health Institute, if the individual is intended to be detained at a mental health institute. Under current law, a law enforcement officer or certain other persons may take an individual into custody for purposes of emergency detention if the officer or other person has cause to believe that the individual is mentally ill, drug dependent, or developmentally disabled, and that the individual shows certain behaviors. The county department of community programs must approve the need for detention and may not do so unless a psychiatrist, psychologist, or other mental health professional has performed a crisis assessment on the individual and agrees with the need for detention and the county department believes the individual will not voluntarily consent to evaluation, diagnosis, and Under current law, an individual may be detained for possible involuntary commitment upon a three-person petition, which must allege that the individual is mentally ill, drug dependent, or developmentally disabled, is a proper subject for treatment, and is dangerous because the individual evidences certain behaviors. If an individual is to be detained for emergency detention or before an involuntary commitment proceeding, the law enforcement officer or other person

must transport the person for detention to a treatment facility approved by DHS or the county department, if the facility agrees to detain, or to a state treatment facility, which includes Mendota Mental Health Institute and Winnebago Mental Health Institute. In 2014, DHS implemented a policy that Mendota Mental Health Institute serves forensic male patients and only elderly adult civil patients while Winnebago Mental Health Institute serves all other civil patients, including those detained under emergency detention and involuntary commitment proceedings, and forensic female patients.

For further information see the *state and local* fiscal estimate, which will be

printed as an appendix to this bill.

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Section 3. 51.20 (2) (d) of the statutes is amended to read:

51.20 (2) (d) Placement shall only be made in a treatment facility approved by the department or the county department, if the facility agrees to detain the subject individual, or in a state treatment facility. If the individual is intended to be detained in a mental health institute, the department shall allow law enforcement to transport an individual for detention to the mental health institute that is most

- 1 <u>convenient for that law enforcement agency.</u> Upon arrival at the facility, the
- 2 individual is considered to be in the custody of the facility.

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(END)

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2017-2018 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT ANALYSIS

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The bill also requires DHS to collaborate with hospitals to develop a grant program to establish regional mental health crisis centers to accept individuals emergency detentions and to include a proposal for the grant program in its 2019-21 biennial budget request.

END INSERT ANALYSIS

INSERT 4-3

Section 1. Nonstatutory provisions.

(1) Regional mental health crisis centers for the purpose of accepting emergency detentions under section 51.15 of the statutes. The grant program shall require a regional mental health crisis center that receives a grant to accept individuals for emergency detention at the center. The department of health services shall include in its 2019-21 biennial budget request a proposal for the establishment of the grant program under this subsection for the emergency detention of individuals at regional mental health crisis centers.

14 END INSERT 4-3

Dodge, Tamara

From:

Domina, Katherine

Sent:

Wednesday, November 29, 2017 9:20 AM

To:

Dodge, Tamara

Subject:

LRB 3297/P2

Hi Tami,

Could I please get a /1 of LRB 3297/P2?

Thanks very much!

Katie Domina

Office of Representative Chris Taylor PO Box 8953 Madison, WI 53708 (608) 266-5342 Twitter.com/christaylorwi Facebook.com/representative.taylor





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State of Misconsin 2017 - 2018 LEGISLATURE

LRB-3297/P2 TJD:kjf&emw

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Manges

AN ACT to amend 51.05 (1), 51.15 (2) and 51.20 (2) (d) of the statutes; relating

to: allowed detention facilities for emergency detention and involuntary commitment.

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transport an individual for detention to the mental health institute that is most convenient for that law enforcement agency. Upon arrival at the facility, the individual is considered to be in the custody of the facility.

SECTION 4. Nonstatutory provisions.

(1) Regional mental health crisis centers for the purpose of accepting emergency detentions under section 51.15 of the statutes. The grant program shall require a regional mental health crisis center that receives a grant to accept individuals for emergency detention at the center. The department of health services shall include in its 2019–21 biennial budget request a proposal for the establishment of the grant program under this subsection for the emergency detention of individuals at regional mental health crisis centers.

14 (END)

Walker, Dan

From:

Domina, Katherine

Sent:

Wednesday, December 20, 2017 9:07 AM

To:

LRB.Legal

Subject:

Draft Review: LRB -3297/1

Please Jacket LRB -3297/1 for the ASSEMBLY.