2023 ASSEMBLY BILL 573

October 27, 2023 -Introduced by Representatives DONOVAN, BORN, ARMSTRONG, BEHNKE, BRANDTJEN, DITTRICH, DUCHOW, GREEN, KITCHENS, KRUG, MAGNAPICI, MAXEY, MELOTIK, MICHALSKI, MURSAU, NEDWESKI, ORTIZ-VELEZ, PLUMER, RETTINGER, SCHMIDT, WICHGERS and MURPHY, cosponsored by Senators JAMES and TOMCZYK. Referred to Committee on Mental Health and Substance Abuse Prevention.

AN ACT relating to: a law enforcement officer virtual behavioral health crisis care pilot program.

Analysis by the Legislative Reference Bureau

This bill directs the Department of Health Services to establish a pilot program to implement virtual behavioral health crisis care services for use by county or municipal law enforcement agencies in the field to connect law enforcement officers who encounter persons in crisis to behavioral healthcare services. Under the bill, DHS must contract with a private entity to provide virtual behavioral health crisis care services, including related equipment and training, that provide law enforcement officers with remote access via two-way audio/video communication to behavioral healthcare expertise and decision-making support. Then DHS must identify counties and municipalities to participate in the pilot program to use the contracted services.

Under the bill, to be eligible to participate in the pilot program a county or municipality must pay 30 percent of the cost for the equipment and services contracted for that county or municipality. No more than 50 percent of program resources may be allocated to counties or municipalities with a population of more than 50,000, and no more than 10 percent of program resources may be allocated to a single county or municipality.

No later than May 1, 2025, DHS must collect and report information to the Joint Committee on Finance on the program’s costs and effectiveness.
The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1. Nonstatutory provisions.**

(1) **Law Enforcement Officer Virtual Behavioral Health Crisis Care Pilot Program.**

(a) The department of health services shall establish a pilot program to implement virtual behavioral health crisis care services for use by county or municipal law enforcement agencies in the field to connect law enforcement officers who encounter persons in crisis to behavioral healthcare services.

(b) Within 90 days after the effective date of this paragraph, the department of health services shall obtain and review proposals using its request-for-proposals procedure to contract with one or more private entities to provide virtual behavioral health crisis care services, including related equipment and training, that provide law enforcement officers with remote access via two-way audio/video communication to behavioral healthcare expertise and decision-making support. The department shall enter a contract with a vendor as soon as is practicable after all proposals have been received.

(c) After the department of health services enters a contract under par. (b), the department shall identify counties and municipalities to participate in the program under par. (a) that will receive the services contracted for under par. (b). To be eligible to participate in the pilot program under par. (a), a county or municipality must pay 30 percent of the cost for the services contracted for under par. (b) for that county or municipality. No more than 50 percent of the program resources for the program
under par. (a) may be allocated to counties or municipalities with a population of
more than 50,000, and no more than 10 percent of the program resources may be
allocated to a single county or municipality.

(d) The department of health services shall collect all of the following
information as of March 31, 2025, for the pilot program under par. (a), and report it
to the joint committee on finance by May 1, 2025:

1. For each participating county or municipality, how much money was received
under the pilot program and how much money was contributed by the county or
municipality.

2. Which counties and municipalities participated in the program.

3. The number of law enforcement officers that were equipped with the services
provided under the program.

4. The number of incidents in which the services provided under the program
were utilized.

5. Of the incidents in which the services provided under the program were
utilized, the number that were predicted to otherwise have resulted in an
involuntary commitment.

6. Of the incidents in which the services provided under the program were
utilized, the number that ended with the person in crisis remaining in place rather
than requiring some kind of transport.

7. An estimate of how many working hours were saved by utilizing the services
provided under the program.

(END)