



# CLINT P. MOSES

STATE REPRESENTATIVE • 29<sup>TH</sup> ASSEMBLY DISTRICT

Office: (608) 266-7683  
Toll Free: (888) 529-0029  
Rep.Moses@legis.wi.gov

P.O. Box 8953  
Madison, WI 53708-8953

November 1, 2023

Assembly Committee on Mental Health and Substance Abuse Prevention  
Testimony on Assembly Bill 467

Thank you Chairman Tittl and members of the Assembly Committee on Mental Health and Substance Abuse Prevention for considering Assembly Bill (AB) 467.

The bill idea has been in conversations since 2009 DHS Wisconsin Public Mental Health and Substance Abuse Infrastructure Study and the 2013 Speaker's Task Force on Mental Health. A major concern revolves around the distant location of Winnebago Mental Health Institute (WMHI). This legislation emerges from collaborative efforts across the mental health spectrum, involving law enforcement, the counties, former patients of mental health facilities, mental health advocates, and the Department of Health Services (DHS). Today, I am honored to present AB 467 which is the creation of the Crisis Urgent Care and Observation Centers, poised to significantly better the lives of our individuals with mental health crises.

The objective is to establish five regional facilities in the five DHS regions, ensuring individuals in mental health crises have nearby resources. The first facility is to be 100 miles from WMHI and in the western region of the state. Law enforcement officers have shared tales of 10-hour processes to safely transport individuals to WMHI, requiring hospital clearance before the journey, often with the individual handcuffed in a squad car's back seat. This scenario takes our officers away from their communities for an entire day.

AB 467 proposes the creation of Crisis Urgent Care and Observation Centers, designed to provide similar resources and care as WMHI, but closer to home. These regional facilities will address mental health or substance use disorders, allowing law enforcement to leave individuals in safe hands without staying throughout the process, thus easing the burden on our law enforcement. These centers are intended for short stays (5 days or fewer), bringing the individuals closer to their families during crises.

For licensure, a Crisis Urgent Care and Observation Center must:

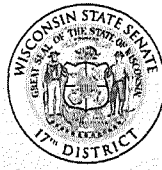
- Accept both involuntary and voluntary adult patients
  - may admit youth patients but not required
- Welcome walk-ins and individuals brought in by law enforcement, EMS, and county crisis workers
- Require no medical clearance before admission
- Conduct assessments for physical health, substance use disorder, and mental health
- Fulfill the basic needs of patients, including medication
- Ensure the safety and security of both staff and patients

- Operate 24/7 with adequate staffing at all times
- Coordinate with the hub-and-spoke health home pilot program or a similar follow-up care program for patients

The 2023-2025 state budget allocates \$10 million for DHS to grant funds for developing and supporting these facilities, which can be managed by a county, non-profit, or hospital, provided they meet the stipulated requirements. AB 467 empowers DHS to design and execute the grant program, and seek Medicaid reimbursement for these facilities.

Amendment 1 to AB 467 elaborates on the details DHS must report to the Joint Finance Committee and permits DHS to inspect the facilities.

With widespread support from stakeholders across the mental health continuum and Governor Evers designating 2023 as the "Year of Mental Health", I eagerly anticipate Governor Evers signing this bill into law. I extend my heartfelt gratitude to the committee for reviewing AB 467 and urge timely action on this pivotal legislation.



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# HOWARD MARKLEIN

STATE SENATOR • 17<sup>TH</sup> SENATE DISTRICT

**November 1, 2023**

## **Assembly Committee on Mental Health and Substance Abuse Prevention Testimony on Assembly Bill (AB) 467**

Thank you Chairman Tittl and committee members for hearing Assembly Bill (AB) 467, which creates the framework and certification process for Crisis Urgent Care and Observation Centers. These Centers will allow individuals experiencing a severe mental health crisis to receive mental health care close to home. Thank you Vice-Chair Dittrich, Rep. Gundrum, and Rep. Magnafici for co-sponsoring this important bipartisan legislation.

This legislation is the result of collaborative work from individuals across the mental health continuum including mental health patients and advocates, law enforcement, counties, and the Department of Health Services (DHS).

When an individual is having a severe mental health crisis, they often spend hours in the hospital emergency department before being sent to Winnebago Mental Health Institute (WMHI). For many, the ride to WMHI is hours long leaving the individual in crisis in an even more traumatic situation. Many of the rides to WMHI are provided by law enforcement where the individual is handcuffed in the back seat of a squad car. The individual in crisis is transported far away from their support system while receiving care. The officer is spending the full day driving to and from WMHI losing valuable time in the community they serve.

AB 467 creates a new facility type – Crisis Urgent Care and Observation Centers. These regional “one-stop shop” facilities are specifically designed for individuals experiencing a severe mental health crisis to receive appropriate care close to home. After working on a bipartisan basis with DHS, we discovered that Wisconsin needed a new facility type to achieve this goal.

Wisconsin is in the process of implementing the “Crisis Now” model to provide help and assistance to individuals experiencing a mental health crisis. The model is built off of recommendations provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and other mental health advocacy organizations.

The “Crisis Now” model is built on three levels of care:

1. “Someone to talk to” – 988 or County Crisis Lines
2. “Someone to respond” – Mobile Crisis Response Teams; and
3. “A safe place to go” – Crisis Urgent Care and Observation Centers

Each level provides increasing levels of care to individuals experiencing a mental health crisis. The goal of the “Crisis Now” system is to provide services to individuals at the lowest level of care that is needed.

AB 467 focuses on the highest level of care – “A safe place to go” – by creating the framework for Crisis Urgent Care and Observation Centers. Instead of individuals from all across the state being sent to WMHI, these facilities will provide the highest level of care in smaller, more effective regional facilities. These new facilities will provide individuals experiencing a crisis a chance to recover in a safe, calming space closer to home.

Crisis Urgent Care and Observation Centers will also reduce the burden on law enforcement when they are called to a mental health crisis. Currently, when an individual is involuntarily detained under a Chapter 51 emergency detention, law enforcement must be present with the individual throughout the entire process – a hospital emergency department to WMHI. Instead, these new facilities will accept law enforcement drop-offs, allowing law enforcement to leave and return to serving their communities.

In order to be licensed as a Crisis Urgent Care and Observation Center, the facility must:

- Accept adult involuntary and voluntary adult patients.
  - A facility may accept youth patients, but it is not a requirement.
- Abstain from having a requirement for medical clearance prior to admission, which allows law enforcement to leave.
- Provide for the basic needs of patients – including medications.
- Be able to operate 24/7 with sufficient staffing at all times.

Crisis Urgent Care and Observation Centers are designed for short-term stays (5 days or less) and will coordinate with local follow-up services to ensure a continuum of care for individuals post-discharge.

The 2023-2025 state budget set aside \$10 million for DHS to provide grants to operate these facilities. AB 467 provides DHS with the authority to create and implement the grant program. DHS will also be given the authority to apply for Medicaid reimbursement for Medicaid eligible expenses from the federal government.

Assembly Amendment 1 to AB 467 is largely technical in nature. The amendment ensures that other facilities already operating in this space can continue to operate without additional certification, allows DHS to inspect Crisis Urgent Care and Observation Centers, and includes additional technical clarifications.

AB 467 has support from stakeholders across the mental health continuum including mental health patient advocates and law enforcement.

Thank you again to the committee for hearing AB 467 and your timely action on the bill.



To: Assembly Committee on Mental Health & Substance Abuse Prevention  
From: Badger State Sheriffs' Association (BSSA)  
Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA)  
Date: November 1, 2023  
**RE: Support for Assembly Bill 467**

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Good morning, Chairman James and members of the committee. I am Sheriff Calvin Barrett from Dane County. I am here today speaking on behalf of the Badger State Sheriffs' Association (BSSA) and the Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA). BSSA is a statewide organization representing Wisconsin's 72 elected county sheriffs. WS&DSA is a statewide organization representing over 1,000 members, including sheriffs, deputies, and jail officers. Currently, I serve on the BSSA legislative committee.

I am here today to speak in support of Assembly Bill 467. For many years, our organizations have been working with policymakers and stakeholders to establish a regulatory framework for regional crisis services. One area where there is overwhelming consensus on this issue is that the current "system" is broken, and we need to fix it. This legislation is a step towards that goal.

In Wisconsin, law enforcement is typically the first point of contact to help people experiencing a mental health crisis that poses a risk to themselves or others. While law enforcement plays a vital role in maintaining the safety of an individual in crisis and those around them, the lack of nearby treatment options requires law enforcement to remain with the person for long periods of time. Unfortunately, most individuals in crisis do not get the immediate help that they deserve, nor do they receive the follow-up care needed to prevent a future crisis.

Typically, when we detain individuals in crisis, a deputy or police officer will transport them to an emergency room to receive medical clearance before they can be admitted to a behavioral health facility. Because of a lack of available behavioral health beds in many parts of the state, we are often forced to transport people hundreds of miles across the state to the Winnebago Mental Health Institute in Oshkosh. This process of waiting hours for medical clearance and then spending hours more in the back of a caged squad car is traumatic for people in crisis and often makes them feel they are in trouble with law enforcement even when they are not.

According to a 2019 Wisconsin Department of Justice survey, the average officer time per crisis incident across the state is approximately 9 hours. This includes the time for an officer to take an individual to the local emergency room, wait for medical clearance, wait for an available behavioral health bed, transport the person to Winnebago or another facility, and then return to their community.

The critical missing piece in this equation is an investment in localized behavioral health support, known as regional crisis urgent care and observation facilities. Developing this model,

as outlined under Assembly Bill 467, will require resources from the state (which have already been set aside in the 2023-25 state budget). It is a proven system based on best practices that will result in better care and more time-efficient transfers of patients by law enforcement to mental health professionals.

Establishing these facilities is a positive solution for everybody involved. For law enforcement, it will allow us to keep officers on duty in their communities while taking overtime and transportation cost pressures off our budgets. For people in crisis, this model is a more humane and effective form of treatment that allows them to remain closer to home and their family support structure.

Thank you to Senator Marklein and Rep. Moses for your work on this legislation. Our organizations continue to be committed to improving the emergency detention process so that individuals in crisis can get the care they deserve closer to home. At the same time, our officers can return to serving their communities more quickly. I am happy to answer any questions you might have.



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

**TO:** Members of the Assembly Committee on Mental Health and Substance Abuse Prevention

**FROM:** HJ Waukau, Legislative Director

**DATE:** November 1, 2023

**RE:** AB 467 relating to: crisis urgent care and observation facilities and granting rule-making authority

The Department of Health Services (DHS) would like to submit testimony for information only on Assembly Bill 46 (AB 467). Under AB 467 DHS would be required to establish a certification process for “crisis urgent care and observation facilities” (Centers), define the services a Center must provide, the manner in which they must be provided, the populations a Center must serve, and provides rule-making authority for DHS to implement and regulate the Centers. DHS would also be required to obtain approval from the Joint Committee on Finance (JCF) for any Center that would be certified by DHS, as well as be required to seek any federal approval necessary to create and implement the Centers. Additionally, AB 467 stipulates a preference for the location of the first certified Center which would be 100 miles from the Winnebago Mental Health Institute (WMHI) and located in the western region of Wisconsin as defined by DHS (see Appendix A). Further, \$10 million GPR in funding for the Centers was signed into law by Governor Evers under 2023 Act 19 and is a commitment to carrying out one of Governor Evers’ principal initiatives in the “Year of Mental Health.” DHS has worked with multiple stakeholder groups and the Legislature to craft the provisions contained within AB 467.

The Centers as specified under AB 467 are intended to address a significant treatment and access issue in Wisconsin’s mental health system. Under the current processes for emergency detention, a person experiencing a mental health crisis either has to go to an emergency room to be evaluated and admitted or they are taken to WMHI. Neither setting is ideal, and each comes with its own sets of concerns.

In an emergency room setting patients may have limited access to psychiatrists and behavioral health practitioners and may have to deal with long wait times before they are seen. If their conditions merit admission, the hospital then has to find a bed for them to be treated. In certain situations, there may not be a bed available at that facility and the patient has to either be transferred to another private facility or taken to WMHI by law enforcement. This process can be lengthened if a person is awaiting medical clearance for a transfer. If a person is instead taken to jail during a mental health crisis they have to deal with the trauma of booking and being in a prison setting which is not conducive to stabilization. Putting a person in crisis in a jail setting not only places the individual in a dangerous situation, but it can also endanger other

detainees and law enforcement personnel. Similar to the emergency room scenario, often the only recourse is being transferred to WMHI.

Transfer by law enforcement can exacerbate a person's mental health crisis as they are handcuffed and placed in the back of police vehicle for what can be a long and arduous trip. This process is harmful and dangerous for both the individual in crisis and law enforcement personnel and does not adhere to best practices for crisis intervention. Additionally, it is incredibly expensive for counties and removes a law enforcement officer from their vital public safety duties, inefficiently utilizing scare time and resources.

As mentioned above if a patient can't be transferred to a private facility they are transferred to WMHI. WMHI is unique as it serves as the state's safety net provider and as such must accept all emergency detention clients. Staff at WMHI are highly trained and dedicated to providing the best quality care to the patients they serve. However, recent trends for admissions to WMHI are providing unique challenges for both patients and staff. WMHI has seen an average 10.5 percent year-over-year increase in emergency detentions from 2019-2022, and 2022 emergency detentions are 30.3 percent higher than in 2019 (Appendix B). Emergency detentions at WMHI for 2023 are on pace to remain significantly above pre-pandemic levels for the third year in a row. Further, WMHI routinely has admissions that exceed its staffed bed capacity. To address these trends WMHI is leveraging existing authorities and resources to increase compensation rates for critical staff, hiring contracted staff, and piloting innovative new strategies to limit the use of overtime, including forced overtime, which is an option of last resort. While WMHI has been able to address the current needs of Wisconsin's patients, hospitals, counties, and law enforcement, the current situation is not sustainable long-term and requires innovative solutions.

The Centers that would be created under AB 467 are intended to improve the efficiencies and care provided in behavioral health crisis scenarios. Under AB 467 county crisis personnel would assess whether a person would need treatment and evaluation and then that person could then voluntarily seek treatment at a Center; or if law enforcement is involved, they can take the person to a Center for treatment and evaluation without needing medical clearance. This would allow people in crisis to seek treatment in a more appropriate setting, reduce the reliance on hospital emergency rooms for care, and reduce the amount of time law enforcement spends transferring individuals to WMHI.

The foundational principles for the Centers are based on the "Crisis Now" model created by the National Association of State Mental Health Program Directors.<sup>1</sup> The Crisis Now model has four core elements: 24/7 crisis call centers that provide crisis intervention capabilities and GPS enabled technology, statewide 24/7 mobile crisis teams, crisis stabilization and crisis receiving facilities with drop-off capabilities, and essential principles and practices integrated system-wide. In the Wisconsin context there are three levels of care: someone to talk to, someone to respond, and a safe place to be. The Centers as defined under AB 467 build off the crisis stabilization and crisis receiving facilities with drop-off capabilities and provide people in crisis with a safe place to be. Other states that have implemented similar models include Michigan, Arizona, and Oklahoma.

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<sup>1</sup> "Crisis Now: Transforming Crisis Services," National Association of State Mental Health Program Directors, last accessed October 22, 2023, <https://crisisnow.com/about-crisis-now/>.



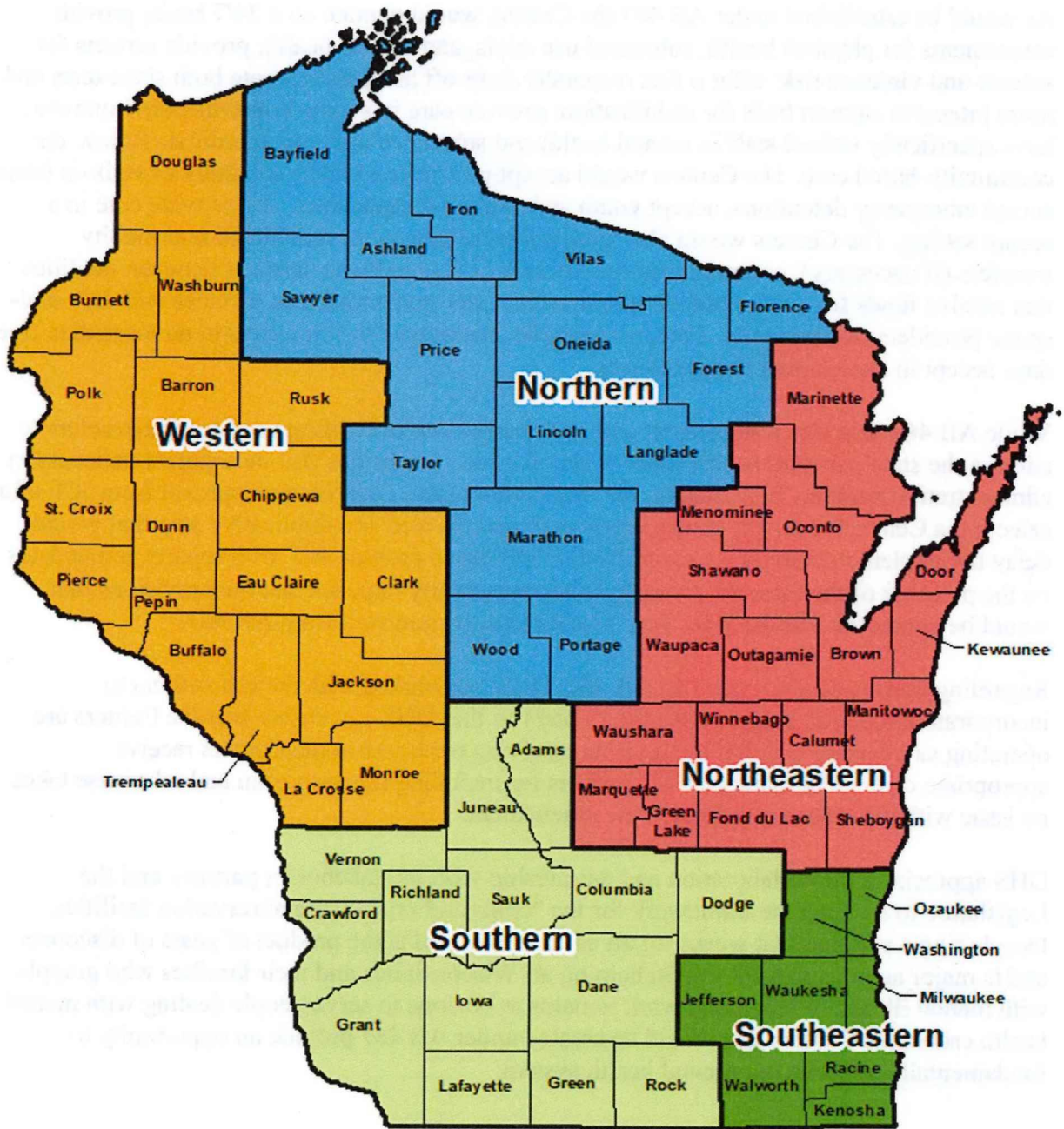
As would be established under AB 467 the Centers would operate on a 24/7 basis; provide assessments for physical health, substance use crisis, and mental health; provide screens for suicide and violence risk; offer a first responder drop-off area; incorporate both short-term and more intensive support beds for stabilization; provide care in a calm home-like environment; have specifically trained staff in mental health and substance use; and coordinate follow-up community-based care. The Centers would accept patients on both a voluntary or walk-in basis, accept emergency detentions, accept youth and adults (if applicable), and provide care in a secure setting. The Centers would also have policies intended to coordinate interfacility transfers (if necessary), communicate facility capacity, coordinate services between facilities that receive funds from the national opioid settlements, and coordinate services with hub-and-spoke providers. Additionally, Centers would be encouraged to limit stays to no more than five days except in exceptional circumstances.

While AB 467 provides a significant and meaningful step in creating needed infrastructure to address the state's mental health needs it also contains provisions that incorporate unnecessary administrative burdens. Specifically, the requirements that DHS obtain approval from JCF after selecting a Center for certification creates an unprecedented and duplicative step that would delay the implementation of a Center. DHS is willing to provide JCF with reports and updates on the progress of the Centers. As such, DHS respectfully requests that the provisions that would be enumerated under Wis. Stat. 51.036(2)(d) be removed from AB 467.

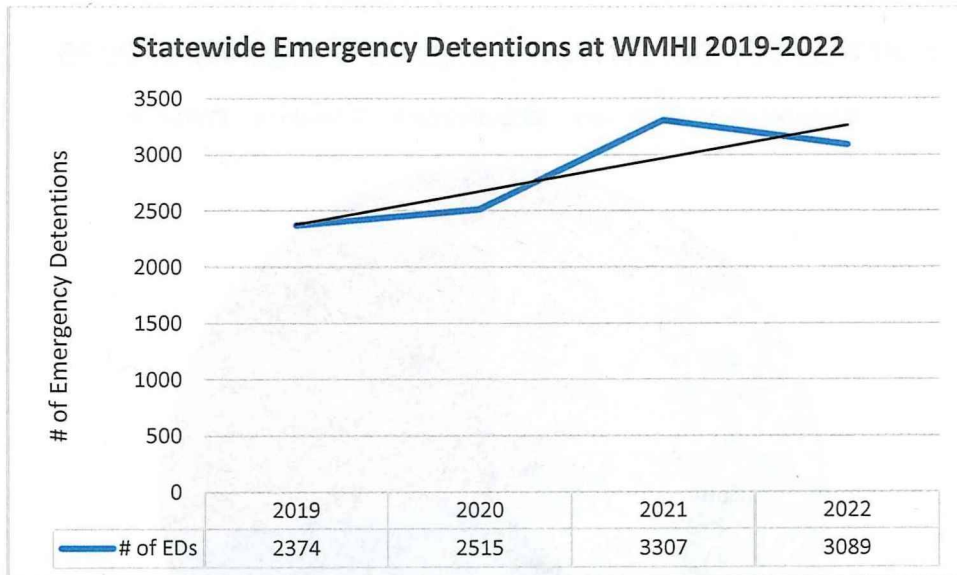
Regarding Senate Amendment 1 to AB 467, DHS has worked with the bill authors to incorporate inspection language for the Centers so that DHS can ensure that the Centers are operating as intended and that the patients receiving treatment at the Centers receive appropriate care. DHS thanks the bill authors for including this provision and otherwise takes no issue with the other provisions of the amendment.

DHS appreciates the collaboration and partnership with its stakeholder partners and the Legislature to develop the framework for the "crisis and urgent care observation facilities." Developing a solution that works for all entities involved is the product of years of discourse and is a major and meaningful step in helping all Wisconsinites and their families who grapple with mental illness. While much work remains to be done to serve people dealing with mental health crises, the Centers that would be created under AB 467 provide an opportunity to fundamentally improve our mental health system.

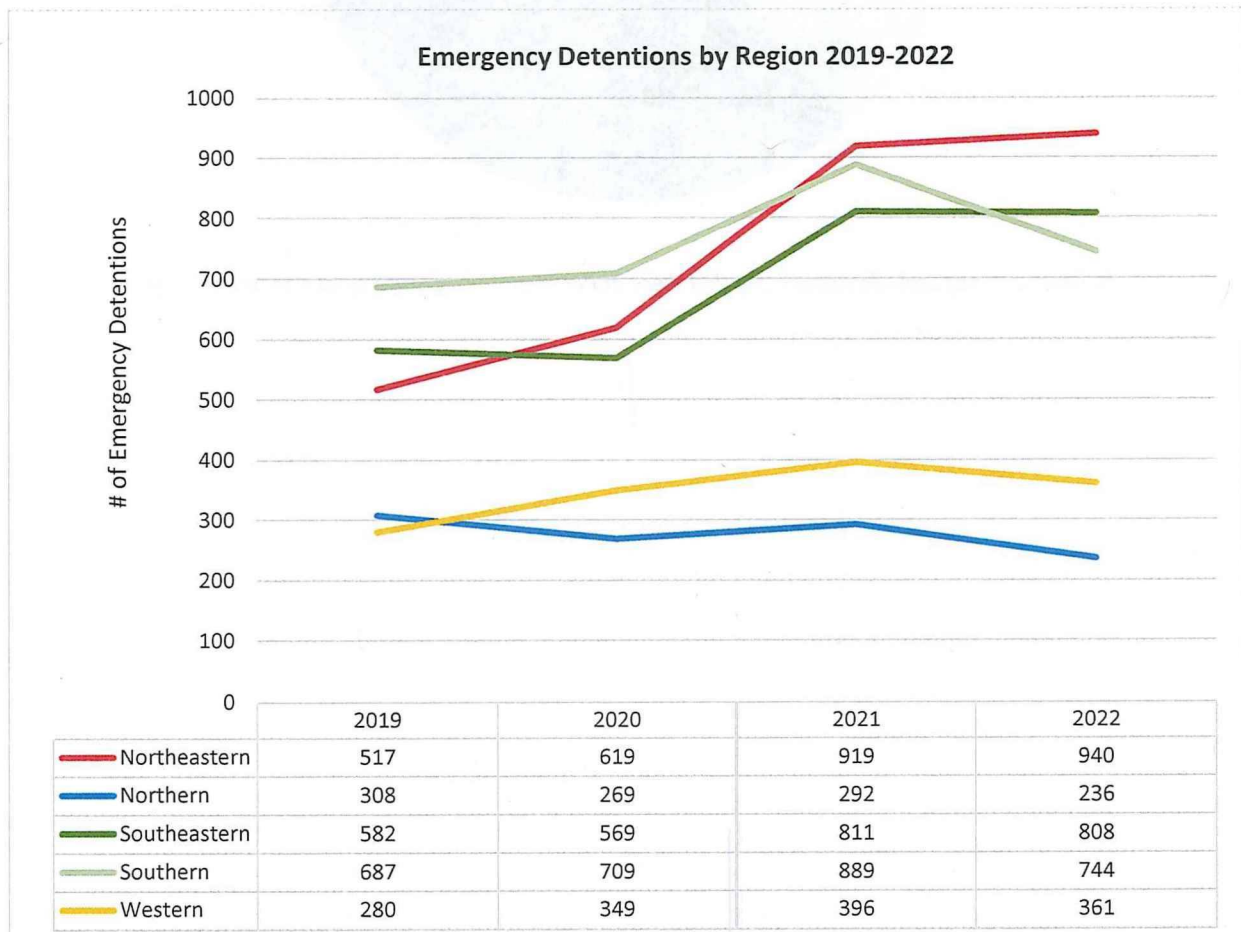
APPENDIX A: DHS Regions



## APPENDIX B: Winnebago Mental Health Institute Emergency Detention Admissions

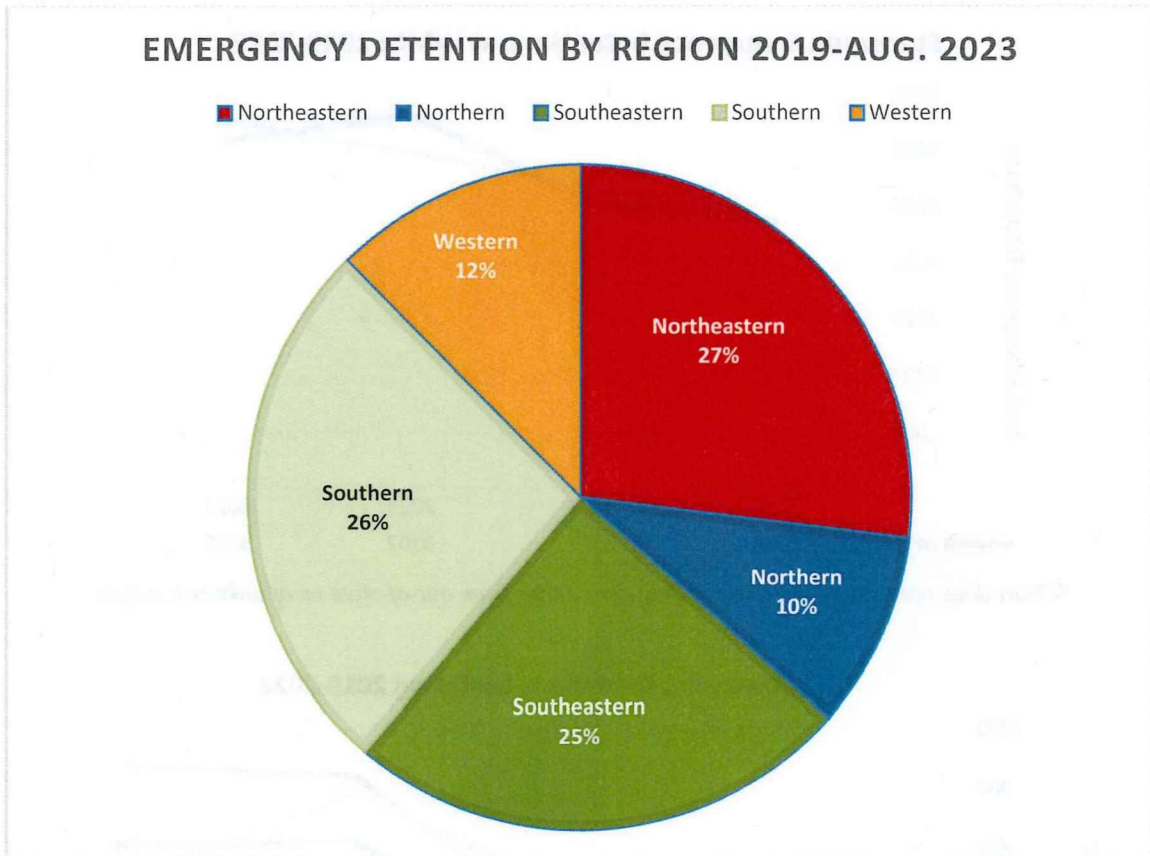


*\*Chart does not include admissions that were either from out-of-state or of unknown origin*



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**APPENDIX B: Winnebago Mental Health Institute Emergency Detention Admissions**



*\*Chart does not include admissions that were either from out-of-state or of unknown origin*

**APPENDIX B: Winnebago Mental Health Institute Emergency Detention Admissions**

<b>Northeastern Region</b>	<b># of EDs 2019-8/2023</b>
BROWN	721
CALUMET	66
DOOR	135
FOND DU LAC	311
GREEN LAKE	83
KEWAUNEE	64
MANITOWOC	219
MARINETTE	181
MARQUETTE	50
MENOMINEE	95
OCONTO	192
OUTAGAMIE	416
SHAWANO	225
SHEBOYGAN	227
WAUPACA	160
WAUSHARA	68
WINNEBAGO	361
<b>TOTAL</b>	<b>3,574</b>

<b>Northern Region</b>	<b># of EDs 2019-8/2023</b>
ASHLAND	97
BAYFIELD	27
FLORENCE	23
FOREST	30
IRON	17
LANGLADE	75
LINCOLN	40
MARATHON	282
ONEIDA	111
PORTAGE	140
PRICE	27
SAWYER	31
TAYLOR	41
VILAS	89
WOOD	236
<b>TOTAL</b>	<b>1,266</b>

<b>Western Region</b>	<b># of EDs 2019-8/2023</b>
BARRON	129
BUFFALO	25
BURNETT	36
CHIPPEWA	173
CLARK	90
DOUGLAS	16
DUNN	63
EAU CLAIRE	274
JACKSON	30
LA CROSSE	211
MONROE	93
PEPIN	8
PIERCE	64
POLK	109
RUSK	33
ST. CROIX	185
TREMPEALEAU	76
WASHBURN	24
<b>TOTAL</b>	<b>1,639</b>

<b>Southeastern Region</b>	<b># of EDs 2019-8/2023</b>
JEFFERSON	173
KENOSHA	820
MILWAUKEE	228
OZAUKEE	183
RACINE	728
WALWORTH	217
WASHINGTON	324
WAUKESHA	598
<b>TOTAL</b>	<b>3,271</b>

<b>Southern Region</b>	<b># of EDs 2019-8/23</b>
ADAMS	101
COLUMBIA	260
CRAWFORD	36
DANE	1,229
DODGE	210
GRANT	131
GREEN	94
IOWA	65
JUNEAU	79
LAFAYETTE	49
RICHLAND	91
ROCK	834
SAUK	270
VERNON	50
<b>TOTAL</b>	<b>3,499</b>

## MEMORANDUM

**TO:** Honorable Members of the Assembly Committee on Mental Health Substance Abuse Prevention

**FROM:** Marcie Rainbolt, Government Affairs Associate

**DATE:** November 1, 2023

**SUBJECT:** Support of Assembly Bill 467

State law designates counties with the primary responsibility for the well-being, treatment, and care of persons with mental illness. If persons are diagnosed with mental health conditions that require treatment, counties are responsible for serving persons that do not have private insurance coverage. Counties must directly provide or contract with providers to deliver mental health services in the least restrictive environment appropriate for an individual's needs.

Medical Assistance (MA) covers an array of mental health services, ranging from office-based therapy to inpatient hospitalization, and many of these services are delivered by counties. The financing of county-based services differs from most other MA services where the provider receives a reimbursement payment and the cost of the payment is split between a federal and state share. For county-based mental health services, the county finances the cost of the services up front and receives a reimbursement payment from the MA program equal to the federal share for that service, meaning that the county is responsible for the nonfederal share (as well as any cost that exceeds the reimbursement payment).

The county provides emergency mental health services program to serve persons in crisis situations. At a minimum, emergency programs must offer 24-hour crisis telephone service (988) and 24-hour in-person response on an on-call basis (mobile crisis response team).

The one piece of mental health provided by the counties that is lacking is a safe place to send individuals in crisis. Currently, most individuals in crisis are sent to Winnebago Mental Health Institute. Unless the person is from there, most people are removed from their familiar surroundings and transported by the Sheriff's Department. During a crisis, individuals suffering from a mental illness do not need to be further traumatized by sitting in the back seat of a sheriff's car, handcuffed, and traveling potentially hours to Winnebago. AB 467 would provide a safe place for individuals in crisis, in a regional approach, with the hope of keeping them closer to home.

Support of AB 467

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November 1, 2023

There are several requirements to be a licensed Crisis Urgent Care and Observation Center. First, the facility must accept adult involuntary and voluntary patient; two, the facility may not have a requirement for medical clearance prior to admission thus allowing law enforcement to leave and save time; three, provide the patient with basic needs including medications; and four, be able to always operate 24/7 with proper staffing. These facilities are not intended for long term stays instead, they are designed for short-term stays of 5 days or less.

These Crisis Urgent Care and Observation Centers are necessary part of the mental health services provided across the state. WCA respectfully requests your support of AB 467.