

**1983 Assembly Bill 955**

Date of enactment: **May 9, 1984**  
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**1983 Wisconsin Act 441**

AN ACT *to amend* 51.01 (19) and 51.35 (1) (a); and *to create* 51.01 (3g) and (3s), 51.35 (4m) and 51.421 of the statutes, *relating to* the provision of services for persons with mental illness and granting rule-making authority.

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

SECTION 1. 51.01 (3g) and (3s) of the statutes are created to read:

51.01 (3g) “Chronic mental illness” means a mental illness which is severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration. “Chronic mental illness” includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include infirmities of aging or a primary diagnosis of mental retardation or of alcohol or drug dependence.

(3s) “Community support program” means a coordinated care and treatment system which provides a network of services through an identified treatment program and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for persons with chronic mental illness.

SECTION 2. 51.01 (19) of the statutes is amended to read:

51.01 (19) “Treatment facility” means any publicly or privately operated facility or unit thereof providing treatment of alcoholic, drug dependent, mentally ill or developmentally disabled persons, including but not limited to inpatient and outpatient treatment programs, community support programs and rehabilitation programs.

SECTION 3. 51.35 (1) (a) of the statutes is amended to read:

51.35 (1) (a) The department or the board established under s. 51.42 or 51.437 may transfer any patient or resident who is committed to it, or who is admitted to a facility under its supervision or operating under an agreement with it, between treatment facilities or from a facility into the community if such transfer is consistent with reasonable medical and clinical judgment and consistent with s. 51.22 (5). The transfer shall be made in accordance with par. (e). Terms and conditions which will benefit the patient or resident may be imposed as part of a transfer to a less restrictive treatment alternative. A patient or resident who is committed to the department or a board established under s. 51.42 or 51.437 may be required to take medications and receive treatment through a community support program as a term or condition of a transfer. The patient or resident shall be informed at the time of transfer of the consequences of violating such terms and conditions, including possible transfer back to a facility which imposes a greater restriction on personal freedom of the patient or resident.

SECTION 4. 51.35 (4m) of the statutes is created to read:

51.35 (4m) TRANSFER OR DISCHARGE OF PERSONS WITH CHRONIC MENTAL ILLNESS. The department or board established under s. 51.42 or any person authorized to discharge or transfer patients pursuant to this section shall, prior to the discharge of a patient with chronic mental illness from an inpatient facility, or prior to the transfer of a patient with chronic mental illness from inpatient to outpatient status, with the patient’s permission if the patient is a voluntary patient, refer the patient to the board established under s. 51.42 which is responsible for the patient’s care for referral to a community support program in the county to which the patient will be discharged or transferred for evaluation of the need for and feasibility of the provision of community-based services and of the need for and feasibility of the provision of aftercare services.

SECTION 5. 51.421 of the statutes is created to read:

**51.421 Community support programs.** (1) **PURPOSE.** In order to provide the least restrictive and most appropriate care and treatment for persons with chronic mental illness, community support programs should be available in all parts of the state. In order to integrate community support programs with other long-term care programs, community support programs shall be coordinated, to the greatest extent possible, with the community options program under s. 46.27, with the protective services system in a county, with the medical assistance program under ss. 49.43 to 49.47 and with other care and treatment programs for persons with chronic mental illness.

(2) SERVICES. If funds are provided, and within the limits of the availability of funds provided under s. 51.42 (8) (b), each board established under s. 51.42 shall establish a community support program. Each community support program shall use a coordinated case management system and shall provide or assure access to services for persons with chronic mental illness who reside within the community. Services provided or coordinated through a community support program shall include assessment, diagnosis, identification of persons in need of services, case management, crisis intervention, psychiatric treatment including medication supervision, counseling and psychotherapy, activities of daily living, psychosocial rehabilitation which may include services provided by day treatment programs, client advocacy, residential services and recreational activities. Services shall be provided to an individual based upon his or her treatment needs.

(3) DEPARTMENTAL DUTIES. The department shall:

(a) Promulgate rules establishing standards for the provision of community support programs by boards established under s. 51.42. The department shall develop the standards in consultation with representatives of boards established under s. 51.42, elected county officials and consumer advocates.

(b) Ensure the development of a community support program in each county through the provision of technical assistance, consultation and funding.

(c) Monitor the establishment and the continuing operation of community support programs and ensure that community support programs comply with the standards promulgated by rule. The department shall ensure that the persons monitoring community support programs to determine compliance with the standards are persons who are knowledgeable about treatment programs for persons with chronic mental illness.

(d) Pursuant to s. 46.031, review and approve the annual coordinated plan and budget of each board established under s. 51.42 based on the adequacy of the board's provision of community support programs and other community-based services for persons with chronic mental illness. The department may withhold approval of the part of the coordinated plan and budget that relates to these services until the county submits a modified plan and budget for provision of these services that is approved by the department.

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