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WISCONSIN STATE SENATOR
6TH SENATE DISTRICT

Testimony before the
Senate Committee on Health and Human Services
February 4, 2014
Senate Bill 477

Thank you, Chairwoman Vukmir for holding a hearing today on Senate Bill 477

I would also like to thank everyone on the Speaker's Task Force on Mental Health for their discussion and deliberations on this and the other mental health initiatives they addressed and found agreement on in the form of legislation. I am pleased that so many of these bills have already been signed into law.

Senate Bill 477 will work to develop a pilot program in Milwaukee County to expand the authority to initiate emergency detentions to qualified mental health professionals. Currently, law enforcement officials are the only people authorized to initiate such an emergency detention. Wisconsin is one of the last remaining states to continue with this policy, and it's important that we work towards the goal of changing it state-wide, by starting in Milwaukee County.

By exclusively allowing the police to detain individuals requiring emergency psychiatric treatment, it criminalizes the emergency detention process and needlessly adds to the stigmatization of people living with mental illness. Creating a process where someone can gain access to psychiatric care through a clinical evaluation becomes a much more therapeutic and much less criminal intervention.

The authority would be expanded to treatment directors and treatment director designees, who include physicians and psychologists who are employees of, or on contract with, the Milwaukee County Behavioral Health Division and who actively assume clinical responsibility for providing emergency service care. These individuals are professionals trained to recognize mental health warning signs. They are educated in deescalating crisis situations and are aware of alternatives to emergency detentions, such as respite facilities, peer support services, and crisis resource centers. In addition, individuals can avoid unnecessary transports to the psychiatric crisis service for an evaluation, as the mobile team will be able to facilitate hospitalizations directly to a private facility.

The current process of police involvement in the emergency detention process is traumatic, stigmatizing, humiliating, and frequently results in inappropriate dispositions – unnecessary emergency detentions, and, tragically, incarceration. Our jails and prisons house too many individuals living with mental illness. My hope is that this legislation will help not only reduce this trend, but also reduce the stigma and trauma associated with criminalizing crisis situations that can be deescalated with evidence-based medical practices.

Thank you again for allowing me to testify on this legislation. I am happy to answer any questions you may have.

Date: February 4, 2014

Re: SB477 Relating to emergency detention pilot program in Milwaukee County

To: Chairman Vukmir and members of the Senate Health and Human Services Committee

From: Barbara Beckert, Disability Rights Wisconsin Milwaukee Office Director

Thank you for the opportunity to comment on SB477 which would create a pilot program in Milwaukee County relating to emergency detentions. Disability Rights Wisconsin is the protection and advocacy agency for Wisconsinites with disabilities. Our Milwaukee Office has been actively involved in investigating abuse and neglect at the Milwaukee County Mental Health Complex, addressing systemic problems with the mental health system in Milwaukee County, and working collaboratively for positive change. Disability Rights Wisconsin's analysis illustrates significant concerns about SB 477's impact on people with mental illness.

SB477 proposes a pilot program which would grant authority to designated clinicians employed by the Milwaukee County Behavioral Health Division to take an individual into custody under the same standards as a law enforcement officer. These clinicians would be members of the Milwaukee County Mobile Crisis Team. Although we commend the intent of SB477 – to decrease the number of emergency detentions (EDs) and reduce related stigma and trauma - we are concerned the proposed changes to the law are not the right strategy to achieve this goal and are likely to have minimal impact. A change to the law will not increase the very limited availability of the Milwaukee County Mobile Crisis Team or add community resources to enable law enforcement or the Mobile Team to provide diversion from the County emergency room.

We believe the key strategies for reducing emergency detentions and related trauma, are to significantly expand crisis mobile team resources and provide comprehensive 24/7 coverage, as well as promote diversion by expanding community services and supports that can provide an alternative to costly and traumatizing emergency and inpatient services. The current availability of the Mobile Crisis Team in Milwaukee County is extremely limited and SB477 will not change that. We continue to hear from law enforcement in Milwaukee County that when a mental health crisis occurs, the Mobile Crisis Team is often not called because their availability is so limited and the response is too slow. The work of the Mobile Crisis Team is well regarded and effective, but their availability is far too limited. Given the nearly 13,000 people who come to the Milwaukee County Psychiatric emergency room annually – the majority brought by police- there is clearly a need for many mobile crisis teams located throughout the County to ensure timely response. Current hours for the Milwaukee County Mobile Crisis Team are limited – Monday through Friday from 9 a.m. to midnight and on Saturday, Sunday and holidays from 11:30 a.m. to 8 p.m. Evenings, weekends, and holidays are in fact the time when many mental health crises occur and full mobile team coverage should be a priority. The County has taken a small first step to address the concerns raised by advocates about the lack of weekend and evening coverage by allocating \$250,000 annually to have a third party on call during evenings and weekend but this still does not provide true 24/7 mobile team coverage during evenings and weekends when a high percentage of mental health crises occur.

In addition, changes to the law will not address a key contributor to Milwaukee's high rate of emergency detentions: the lack of community based mental health resources. County funded community mental health services such as case management, psycho-social rehab, outpatient psychiatric care and therapy, Crisis Resource Center capacity, and supported housing have yet to significantly expand and the need far exceeds the available supply. We consistently hear from Law Enforcement that they see an urgent need for community resources, such as the Crisis Resource Center, to provide diversion and an

alternative to taking people to the Mental Health Complex and County emergency room. County leadership has committed to plans to transition from an institutional and crisis based system to a community based system and we strongly support this direction. **However, very little community capacity has been added to date.** The Southside Crisis Resource Center (CRC) was opened in 2007 to provide diversion and a community based alternative for people experiencing a mental health crisis – it is a proven model. When it opened in 2007, it had 8 beds, and six years later, those remain the only CRC beds in Milwaukee. In 2013 and 2014, the county did not increase the number of slots budgeted for case management; based on data provided by Milwaukee County, more people were served in 2011 and 2012 respectively than the county plans to serve in 2014. The County has taken positive steps to expand services at their Access Clinic; however the Clinic is located at the Mental Health Complex far away from the people in the community in need of services and from local law enforcement seeking to direct people with mental illness to community resources.

Everyone agrees that an emergency detention (ED) is something that should only be used as a last resort. Therefore, a substantial increase in mobile crisis team involvement in the decisions police officers currently must make regarding potential EDs is likely to be helpful in creating alternatives to the involuntary detention. However, the capability of mobile crisis teams to participate in these situations already exists under current law and any increase in this activity is largely a resource issue for the county and does not require changes to the law. Under Section 51.15(2) the police decision to transfer to a facility for an emergency detention is contingent: *"...if the county department of community programs in the county in which the individual was taken into custody approves of the need for detention, and for evaluation, diagnosis or treatment..."* then the transfer is permissible. This gateway power currently allows clinicians to participate in detention decisions. As a consequence the proposed statutory changes do not significantly change the role of role of clinicians or add much that already does not exist.

In addition, should the proposed changes to the law advance, they may not have the intended effect of reducing involvement of law enforcement. If the mobile team assesses an individual in crisis and makes the decision to detain, and the individual is not in agreement with the decision, it's highly likely that law enforcement would still need to be involved.

While decriminalization of mental illness and the emergency detention process is needed everywhere in Wisconsin, including Milwaukee County, close scrutiny still needs to be given to any proposed change in who has the power to detain. If this power is expanded to include certain designated clinicians in a manner that would avoid unnecessary trips to the county's emergency room (Psychiatric Crisis Services aka PCS), it could be a big step forward. However, there are competing concerns that must also be considered before making any such change.

For example, this authority to detain could be misused by some treating clinicians as a coercive measure thus hindering an individual's engagement in their own treatment and recovery. In addition, if clinicians have the primary legal responsibility of making the decision of whether to detain, this may change the relationship with the consumer in a detrimental way and erode the consumer's trust and willingness to speak openly to the clinician. Finally, it is imperative that there are adequate assurances that people in psychiatric crisis who are deflected away from inpatient care actually receive an adequate level of sustained community diversion services and follow-up beyond the crisis situation or the effect could be fewer emergency detentions but many more community issues of equal concern. At this time, we have yet to see a significant expansion of such community diversion services in Milwaukee County – we believe such an expansion will ultimately be the most effective way to reduce emergency detentions rather than the proposed change to the law.

For these reasons, Disability Rights Wisconsin does not support SB477 and instead supports a significant expansion of mobile crisis team resources, including the addition of multiple teams deployed through the county with 24/7 coverage, as well as major expansion of community mental health services and supports as the most effective ways to reduce emergency detentions, address stigma, and promote voluntary treatment. Thank you for your consideration of our analysis



STATE REPRESENTATIVE
SANDY PASCH

ASSISTANT DEMOCRATIC LEADER
WISCONSIN STATE ASSEMBLY

2013 SENATE BILL 477
TESTIMONY OF STATE REPRESENTATIVE SANDY PASCH
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
FEBRUARY 4, 2014

I would like to thank Chairwoman Vukmir and the rest of the committee for the opportunity to provide written testimony in support of Senate Bill 477 and for taking time to consider this important proposal today.

As a mental health nurse and a long-time advocate for improved mental health services, I have spent years fighting to address the critical issues facing individuals living with mental illness, as well as their families and our communities. This is one of the reasons why I first ran for office, and fighting to address these issues continues to be a top priority of mine.

Senate Bill 477 – which I am the lead Assembly author of – will work to develop a pilot program in Milwaukee County to expand the authority to initiate emergency detentions to qualified mental health professionals. Currently, law enforcement officials are the only people authorized to initiate such an emergency detention. Wisconsin is one of the last remaining states to continue with this policy, and it is important that we work towards the goal of changing it state-wide, by starting in Milwaukee County.

By exclusively allowing the police to detain individuals requiring emergency psychiatric treatment, it criminalizes the emergency detention process and needlessly adds to the stigmatization of people living with mental illness. Creating a process where someone can gain access to psychiatric care through a clinical evaluation becomes a much more therapeutic and much less criminal intervention.

The authority would be expanded to treatment directors and treatment director designees, who include physicians and psychologists who are employees of, or on contract with, the Milwaukee County Behavioral Health Division and who actively assume clinical responsibility for providing emergency service care. These individuals are professionals trained to recognize mental health warning signs. They are educated in deescalating crisis situations and are aware of alternatives to emergency detentions, such as respite facilities, peer support services, and crisis resource centers. In addition, individuals can avoid unnecessary transports to the psychiatric crisis service for an evaluation, as the mobile team will be able to facilitate hospitalizations directly to a private facility.

I have spoken to individuals living with mental illness and advocates about the current process of police involvement in the emergency detention process. It is traumatic, stigmatizing, humiliating, and frequently results in inappropriate dispositions – unnecessary emergency detentions, and, tragically, incarceration. Our jails and prisons house too many individuals living with mental illness. My hope is that this legislation will help not only reduce this trend, but also reduce the stigma and trauma associated with criminalizing crisis situations that can be deescalated with evidence-based medical practices.

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