



JESSE JAMES

State Representative • 68th Assembly District

There was \$2.7 million dollars spent in 2018, by 29 counties impacted by emergency detention transports to Winnebago. There will be a return on investment in 5-6 years as our local governments, and law enforcement agencies save with the additional beds added to Sacred Heart and St. Joseph's Hospitals. These 29 counties accounted for 774, or roughly 20 percent of the individual admissions received at Winnebago in 2018. By being able to serve individuals closer to home, where their support system is, will not only help their well-being, but also take strain off our Winnebago staff and open more beds for mental health patients from that side of the state.

Both Sacred Heart and St. Joseph's Hospitals additional psychiatric beds are needed to help those in crisis in northern and western Wisconsin by keeping these patients closer to home, not making them sit hand-cuffed in the back of a squad car for two, four, or six hours.

With approximately 18 years of law enforcement experience, I know firsthand how traumatic Chapter 51 emergency detentions are for everyone involved. The process of transporting patients from Altoona is a lengthy process that does more harm to the individual who needs help now. It is a long drive to the Winnebago Mental Health Institute in Oshkosh from Western Wisconsin, anywhere from 6-10 hours round trip of just driving time. This doesn't include the time from initial call of service, to contacting Northwest Connections, waiting for the chapter approval, transporting to a local hospital for evaluation and sign-off from the emergency room doctor, to the time the officer must take once they get the individual to Winnebago. This time spent could be cut in half if there was a facility with a higher bed capacity closer to home. As a policer officer, you take an oath to protect and serve, and we do this when we have to transport individuals to the other side of our state, but we have to remember these individuals need help NOW. Law enforcement officers take this task on regardless of not being medically trained and qualified should something go wrong while en-route to Winnebago.

With our additional beds at home we should see a decrease in transports of patients away from their support system. If we don't invest in health facilities who have the vision and foresight of our state's mental health crisis, and focus on what we already have, nothing will change. I applaud HSHS for taking on this challenge and partnering with our state. They see what is on the forefront and know mental health issues are on the rise. This is an opportunity and a proactive approach to our state's current mental health crisis. Can we take advantage of what is sitting in front of us? Assembly Bill 443.

Thank you and I will take any questions you may have.



JESSE JAMES

State Representative • 68th Assembly District

Chairman Swearingen and Members of the Assembly Committee on State Affairs, thank you for the opportunity to testify in support of Assembly Bill 443, which benefits all of Wisconsin.

Please take note, I said this bill benefits all of Wisconsin. This bill benefits adults and children who suffer from mental health issues, the families impacted by emergency detentions, law enforcement across the state, and budgets of our agencies and local government.

Many of you know the Joint Finance Committee included \$15 million dollars for this project as a budget motion in the biennial budget. This was passed by both the Assembly and Senate, but the Governor vetoed this provision in our State Budget.

I was shocked and frustrated the Governor did not see the need for a crisis center in northern Wisconsin. Instead he plans to bring a motion to the building commission having the \$15M go to the expansion of the Mendota Juvenile Treatment Center, helping Madison.

They say the definition of insanity is doing the same thing over and over again and expecting to see different results. Our state has been looking at emergency detentions for the past 15 years, and nothing like this has been proposed. We are thinking outside of the box, this is a new idea, and it will work, if we want it to. I want to help connect the dots regarding this bill.

The problem is the need for additional psychiatric mental health beds for our chaptered patients regardless of where you live in the state.

The solution is a unique, one time, pilot program, which partners with a private entity. The best part is, this solution benefits our state NOW. We are not building anything new, some remodeling will take place with both Sacred Heart Hospital in Eau Claire, and St. Joseph's Hospital in Chippewa Falls. Both facilities are willing to modernize and accept more chapter 51 patients. Instead of 21 beds at Sacred Heart Hospital, the bed count will increase to 33, which will house adult only patients. St. Joseph's Hospital will transition the current 8 juvenile Sacred Heart beds into an 18 bed, juvenile only facility. This is 8 beds less of the 26 total beds Winnebago Mental Health Institute has currently.

The additional beds for these two existing facilities help create a solution today to a problem we have seen occurring since I have been in law enforcement. I am here today to say this is a step in the right direction. This won't solve our states increasing mental health problem but it will help, and can be used as a model for other regions across the state to think about. I have seen firsthand how the transports impact our law enforcement officers when they take someone to Winnebago. It is usually a 10-12 hour incident our officers have to deal with all while someone is in crisis.



ROB SUMMERFIELD

STATE REPRESENTATIVE • 67th ASSEMBLY DISTRICT

September 25, 2019

Representative Swearingen, Chair
Representative Tauchen, Vice-Chair
Members of the Assembly Committee on State Affairs

Testimony on 2019 Assembly Bill 443

Relating to grant to a hospital for expanding psychiatric bed capacity.

Dear Chairman Swearingen, Vice-Chairman Tauchen, and Committee Members:

Thank you for providing me with the opportunity to testify at today's Public Hearing on Assembly Bill 443. I appreciate your time and consideration of this important legislation.

Under the emergency detention process, individuals may be involuntarily detained if they are believed to be a danger to themselves or others because of mental illness, drugs, or disability. The first step of the process begins when law enforcement officers take an individual into custody for emergency detention. If a mental health professional determines this individual must be held in a treatment facility, the officers must then start an approximately 4 hour-long trek with the individual across the state to Winnebago and back. This is 8 hours round-trip. Let me repeat that: Eight. Hours. And that's not even including traffic, paperwork, or any other hiccups along the way. So, for at least 8 hours, the Chippewa Valley loses valuable law enforcement officers.

For those of you unfamiliar with the urgency of the situation in Northwestern Wisconsin, a few facts from my area, the 67th Assembly District:

- In 2018 in Chippewa County alone, there were a total of 859 felony cases. 255 cases involved meth; 198 of which affected children. This is a 31% increase in felonies since 2016, and triple the number of meth cases seen in 2014.
- In September of this year, Dunn County authorities had their largest meth bust in the county's history: 1 ½ pounds, or \$20,000.
- Due to the severity of this epidemic, groups like the Chippewa Falls Meth Task Force and Eau Claire County Meth Response Committee, among others, have been formed to help combat this epidemic.

This list is not exhaustive, but the point is there are better ways for counties to be allocating their precious time and resources than forcing our local law enforcement to traverse across the state. The wait times and distance from home not only do a disservice to the individual(s) in crisis at that moment, but to every other individual in crisis who does not and cannot receive an adequate law enforcement response.

While our need for a local emergency detention is exacerbated by the ongoing meth epidemic, these kinds of situations are not necessarily unique to the Chippewa Valley. There are individuals in crisis and law enforcement statewide who would stand to benefit from a regional crisis center. Every hour lost in travel, is an hour lost for the betterment of our entire state. That is why it is of the utmost importance that AB 443 is passed so the Chippewa Valley can act as an example for other regions statewide.

In closing, I would like to re-emphasize the points Rep. James made in his prior testimony, while also thanking him for having served as one of these valuable law enforcement officials. I also appreciate all of your time and attention to this legislation today. Thank you.

STATE SENATOR KATHY BERNIER
TWENTY-THIRD SENATE DISTRICT



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From: Senator Kathy Bernier

To: Assembly Committee on Committee on State Affairs

Re: Testimony on Assembly Bill 443
Relating to: grant to a hospital for expanding psychiatric bed capacity.

Date: September 25, 2019

Thank you Chairman Swearingen and committee members for allowing me to submit testimony on Assembly Bill 443 today. I am grateful for the opportunity to work with Rep. James on this important piece of legislation.

A mental health crisis is traumatic under any circumstances, but when the situation escalates to the point where a Chapter 51 emergency detention becomes necessary, the situation is often made worse by the need to transport individuals many hours away while restrained in the back of a squad car. The goal of this legislation is to reduce the time and stress of transporting emergency detention patients great distances from northern and western Wisconsin to Winnebago Mental Health Institute in Oshkosh by instead increasing the number of beds available regionally.

This bill won't solve Wisconsin's mental health crisis alone, but it will help those in crisis by keeping them closer to supporting family and friends, save county and local government resources and potentially serve as a model for similar efforts elsewhere in the state. Initial savings are estimated at \$2.7 million annually and could be much higher.

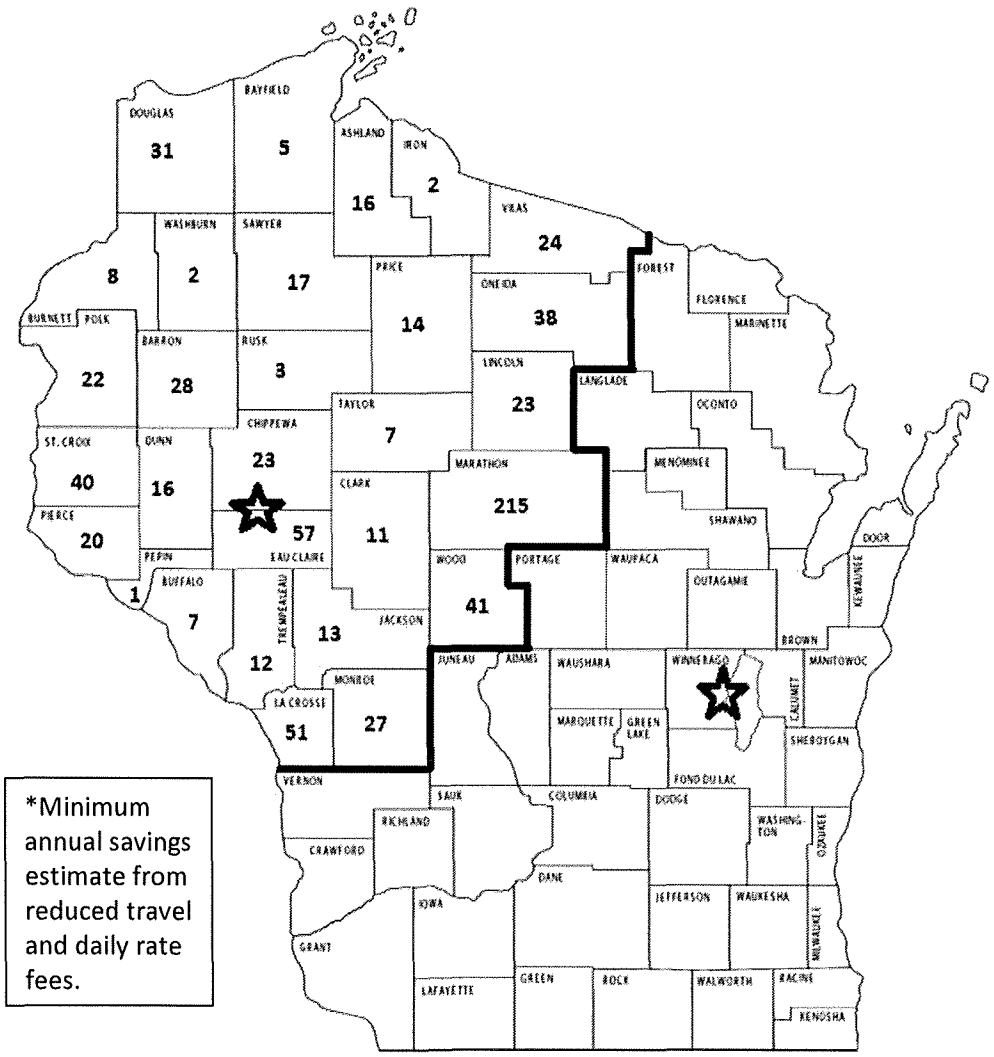
Assembly Bill 443 create a one-time \$15 million grant from the Building Commission for the startup costs of renovating existing facilities and training new staff to add 22 new mental health beds at an Eau Claire area hospital. Ongoing expenses would be absorbed by the hospital. The new and currently existing beds would be split between a 33 adult bed location and a dedicated 18 bed adolescent location nearby. That approaches the number of adolescent beds currently available at Winnebago MHI. This expansion would dramatically help with the difficulties of transporting individuals under Chapter 51 emergency detention to Winnebago MHI for 29 counties in northern and western Wisconsin. Traveling the 300 plus miles from northwest Wisconsin to Oshkosh can take over five hours each way.

In 2018, these 29 counties accounted for 774, or roughly twenty percent, of the individual admissions received at Winnebago MHI. By serving the vast majority of individuals from these counties closer to home and dramatically reducing this number, the current strain on Winnebago could be reduced as well.

I ask you to please consider the passage of Assembly Bill 443. Thank you again for allowing me to submit testimony today.



2018 Winnebago Chapter 51 Patients per County



*Minimum annual savings estimate from reduced travel and daily rate fees.

County	2018 Cases	Savings*
Ashland	16	\$ 59,282
Barron	28	\$ 134,318
Bayfield	5	\$ 18,947
Buffalo	7	\$ 31,817
Burnett	8	\$ 38,378
Chippewa	23	\$ 108,677
Clark	11	\$ 38,645
Douglas	31	\$ 148,709
Dunn	16	\$ 78,674
Eau Claire	57	\$ 284,375
Iron	2	\$ 6,644
Jackson	13	\$ 47,855
La Crosse	51	\$ 176,105
Lincoln	23	\$ 60,929
Marathon	215	\$ 569,537
Monroe	27	\$ 87,725
Oneida	38	\$ 100,664
Pepin	1	\$ 4,643
Pierce	20	\$ 94,022
Polk	22	\$ 105,536
Price	14	\$ 48,848
Rusk	3	\$ 13,169
Sawyer	17	\$ 75,023
St. Croix	40	\$ 196,682
Taylor	7	\$ 24,089
Trempealeau	12	\$ 50,222
Vilas	24	\$ 57,816
Washburn	2	\$ 9,620
Wood	41	\$ 101,393
Total	774	\$2,772,353

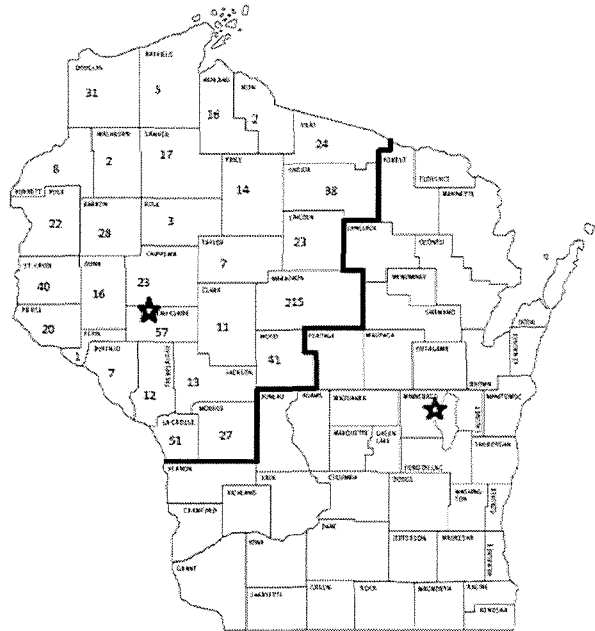
Alternate Location for Emergency Detentions

Northern Wisconsin Crisis Center Proposal

Background: After hearing again and again from law enforcement and counties concerned with the challenges of transporting individuals under Chapter 51 emergency detention from northern and western Wisconsin to Winnebago Mental Health Institute, Sen. Bernier began talking with local hospitals to see what could be done to increase available mental health beds in the region.

HSHS Sacred Heart Hospital in Eau Claire, is prepared to add 22 new mental health beds for both adolescents and adults.

- With these additional beds, this hospital would be prepared to take the vast majority of individuals from 29 counties spread across the northern and western parts of the state.
- In 2018, these 29 counties accounted for 774, or roughly twenty percent, of the individual admissions received at Winnebago. By dramatically reducing this number, the current strain on Winnebago could be reduced as well.
- Preference for admittance to the expanded Sacred Heart facilities would be given to the 29 counties named in the motion, but beds would be made available to all parts of the state depending on availability.
- We consider this a sort of pilot project and something that can be emulated elsewhere in the state in the future.

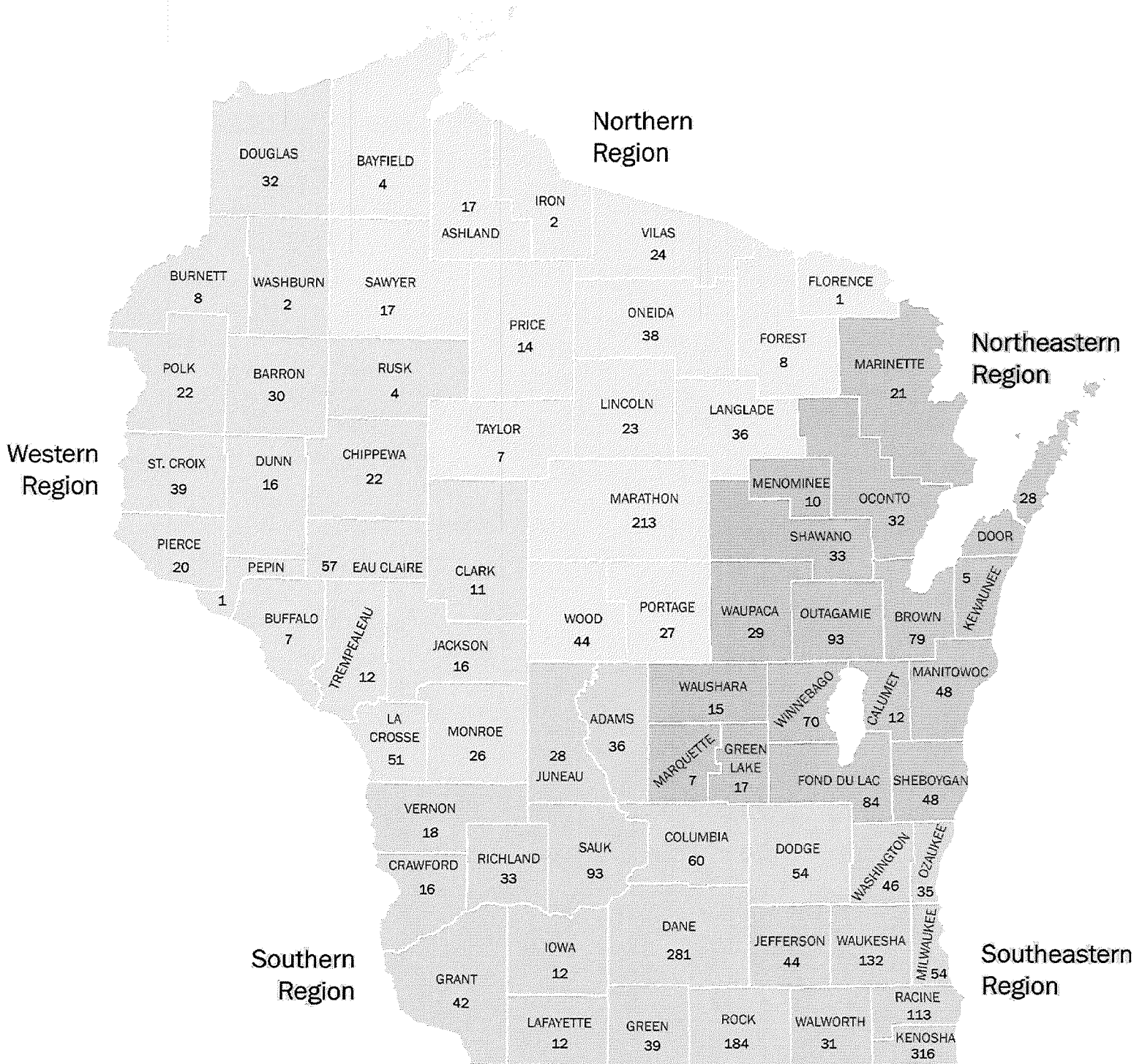


Project details: \$15 million via a one-time grant to HSHS Sacred Heart Hospital to add 22 mental health beds in the Chippewa Valley.

- This includes adding additional beds to their 21 adult beds floor at their Eau Claire location, bringing the total number of adult beds to 33.
- This also includes relocating their current 8 juvenile beds from Eau Claire to their Chippewa Falls location twenty minutes away, for a total of 18 beds at a dedicated adolescent facility.

Targeted counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Iron, Jackson, La Crosse, Lincoln, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Price, Rusk, Sawyer, St. Croix, Taylor, Trempealeau, Vilas, Washburn, and Wood

2018 Chapter 51 Emergency Detentions by County



Wisconsin Chiefs of Police Association, Inc.

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Sean M. Marschke
President
Sturtevant

Kenneth M. Pileggi
1st Vice President
Jefferson

Patrick S. Mitchell
2nd Vice President
West Allis

Steven G. Roux
3rd Vice President
Rice Lake

Donald L. Thaves
Executive Director
Shawano

Timothy J. Styka
Treasurer
Menasha



September 25, 2019

TO: Assembly State Affairs Committee and Chairman Rob Swearingen
From: Wisconsin Police Chief Kelly Bakken, Altoona Police Department
Re: Support AB 443 and SB 405

Thank you, Chairman Swearingen and members of the Assembly State Affairs Committee for the opportunity to testify today on behalf of the Wisconsin Chiefs of Police Association in support of AB 443. I am Altoona Police Chief Kelly Bakken and I serve on the Board of Directors of the Wisconsin Chiefs of Police Association representing more than 700 communities across our state. Men and women who wear a badge take an oath to protect and serve people in our community and this state. In this capacity, there is probably no other profession, outside of the medical community, who interacts daily with individuals who have a variety of mental health issues. We know that the current system doesn't work as well as it should, and we believe AB 443 is a path to remedy some of the current inefficiencies and inequities.

Law enforcement has always believed that someone in a mental health crisis needs to have the support system of those they are familiar with, their community and all of the people they know. Instead of helping them receive treatment in a familiar location, where they have a support system, we have no other option but to place them behind the cage in the uncomfortable backseat of our squad cars, handcuffed and shackled, like a criminal, and drive them hundreds of miles away to a strange environment.

Officers, in an attempt to show a more humanitarian side of law-enforcement, have made the mistake of not handcuffing an individual in duress, only to have the person in crisis – attack the law enforcement officers transporting them. Others have found ways to harm themselves in the back seat of the squad car. Even though handcuffing someone in a mental health crisis is not healthy for that person, law enforcement has no choice, we have to protect ourselves and those in crisis.

I had an experience early on in my career where I was transporting a mental health patient in crisis to Winnebago, hundreds of miles from their home, during the transport the patient stopped communicating with me. It was dark out, the light in my car was not bright enough to see what she was doing in my backseat. I pulled over to the side of the road and opened the back door, to find her with the seat belt wrapped around her neck. I jumped into action, again providing the same person in mental health crisis medical care to help save her life for the second time hours apart. This didn't have to happen and most likely wouldn't have if I didn't have to transport her hours from her home to seek mental health treatment.

The Wisconsin Chiefs of Police Association has always supported any legislation that removes the tremendous pressure on the Winnebago Mental Health Institute. We support a more regional approach to mental health services and chapter 51 commitments, specifically because it will increase access to facilities, reduce law enforcement costs and perhaps most important keep individuals closer to home.

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When we are the primary agency transporting these individuals for a crisis hold, we need to use our resources more efficiently.

A Chapter 51 transport from Altoona to Winnebago Mental Health is a six-hour drive for my officers, this does not account for the medical clearance they are required to obtain prior to transport. So, many times I have officers investing 12 hours or more into one Chapter 51. In other parts of the state one Chapter 51 can tie up two officers for more than 24 hours! Time invested is all dependent on drive time and how long the medical clearance takes.

The smaller an agency, the greater the sacrifice for that agency and their community. There are many agencies across the state and specifically in the northwest region who only have one officer on duty during a shift. If that officer has to do a mental health transport to Winnebago, that community is left without a law enforcement officer for many hours at a time. When that officer is on duty for well over their shift, the community is forced to pay the overtime bill. This overtime is not always budgeted and oftentimes creates budgetary predicaments for those agencies. Not to mention, when there is an emergency in this community, they have no officer and backup is often miles away, I can't put a price on someone's life.

Critics of this legislation have indicated that it will only benefit northern Wisconsin. The authors of the legislation have indicated that 29 counties would benefit. This is almost 40.3 % of our state's geography. Having additional mental health services in northwest Wisconsin would take the pressure off Winnebago Mental Health Institute, freeing up more services for those mental health patients on the east side of the state. Northwest Wisconsin is in dire need of services, this legislation provides a now solution to an ongoing problem.

Last year alone, if this legislation would have been in place, we would have eliminated pressure on the Winnebago Mental Health system by 756 individuals from our 29 counties. By taking the pressure off the rest of the mental health system by diverting patients in 29 counties, Winnebago would be able to better serve the rest of the state. Thousands of hours and dollars that law-enforcement currently use inefficiently could be better spent with greater benefit for those in crisis.

We applaud the efforts of Senator Bernier and Representative James to bring this bill forward. We also support other legislators in both parties who are fully committed to improving a vastly fractured and inefficient mental health care delivery system. We know these challenges are not going to go away. Law-enforcement is always the first to step up to try to help an individual in a mental health crisis, please consider helping those individuals as well.

Thank you in advance for your consideration. I am open to any questions you may have.



Sparta Police Department



David Kuderer
Chief of Police

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Chairman Swearingen and other members of the Committee, thank you for allowing me the floor to testify in support of Bill 443. My name is Emilee Nottestad and I am the Deputy Chief of Police in Sparta Wisconsin.

I truly understand the financial, cost-saving impact this bill would have on my own agency and my County. I understand the burden this bill would ease from my officers. These things are both extremely important to me, but you are already hearing about these impacts from my Chief and other law enforcement personnel. I appeal to your sense of what is right as human beings; how we should take care of people at the worst times of their lives; how we want mental health care to start looking in our state and country.

I could give you numerous examples of how the current state of available mental health treatment facilities has affected me, personally, throughout my 20 years of work as a law enforcement officer. I could give you countless examples of how it has affected my agency and my officers. But I give you just one, from just this week.

Two days ago I had a detective conducting a sexual assault victim interview. His sexual assault victims were 4 years old and 13 years old. During the course of the interview and recounting the trauma, the 13 year old became extremely distressed and unyieldingly suicidal. My detective called for resources and was eventually left with a suicidal 13 year old child that no one "had a bed for." What does everyone expect us to do in these situations? We're cops. If we could simply take home every child we wanted to pull from their terrible situation in order to rescue and protect them, every law enforcement officer would be living in homes overflowing with these kids.

This is unacceptable. We owe our children better than this. We owe our victims better than this. We owe all humans better than this at the time in their lives when they are the greatest danger to themselves and/or society.

Our nation has been riddled with tragic events that permeate our news headlines and social media. Often, after the tragedy, people speak of the initiator and his or her mental illness. We all ask, "What could we have done differently?" "What will we do to prevent similar disasters from happening in the future?" We point fingers and we cast blame. This bill is not a cure-all. It will not fix all of the problems. But it is a step in the right direction. It gives us the ability to offer more help to people when they need it most.

Thank you for your time and consideration.



Monroe County Sheriff's Office
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Sparta, Wisconsin 54656
Phone (608) 269-2117
Fax (608) 269-8889

Wesley D. Revels, Sheriff

Robert J. Conroy, Chief Deputy

September 25, 2019

Testimony of Monroe County Sheriff's Office Captain Christopher Weaver

Wisconsin Assembly – Committee on State Affairs

Representative Swearingen and members of the Committee on State Affairs, thank you for allowing me the floor to testify in support of Assembly Bill 443, which will help address a serious lack of psychiatric beds for persons suffering mental health crisis. .

The emergency mental health system in our State is in need of additional capacity. Due to a reduction in hospital beds for people in need of emergency mental health services in west-central Wisconsin the time spent on each case, primarily due to increased travel to available beds, has increased and has strained law enforcement resources. The additional travel time not only effects law enforcement but also has a negative impact on the person in crisis and their family.

My department is presently conducting a review of emergency detentions for the past three years in accordance with a request from the Wisconsin Department of Justice. This review is in its initial stages but the information gathered so far shows that we spend an average of seven hours on each emergency detention case. This seven hours is only representative of the time of incident from start to finish not the total number of officer hours involved in the situation, which would be much higher since many of these incidents require a multiple officer response. Many of our Emergency Detention detainees are initially hospitalized at Winnebago Mental Health Institute in Oshkosh and since Winnebago is not a medical facility we are seeing increased requests for medical screening tests at local hospitals prior to transport of the person in crisis to the facility.

As a representative of a sheriff's office I also would like to comment on the process after initial hospitalization. Those detainees who are deemed to be in need of treatment beyond the initial 72 hour emergency detention period are entitled to a court hearing and transport of that person from the mental health facility to court and back to the facility is the responsibility of the sheriff's office. Many times these transports are divided between two transport teams due to the length of the process, which can take up to 17 hours to complete when the person is being detained at Winnebago Mental Health Institute.

So far I have only mentioned some of the impacts on law enforcement. I also wanted to mention the impact on the person in mental health crisis and their families due to lack of psychiatric beds in our community. As mentioned earlier many of our Emergency Detention detainees are transported to Winnebago Mental Health Institute in Oshkosh due to a lack of beds closer to our community. This lack of closer facilities results in the detainee being taken literally to the opposite side of the state, away from his or her support network, which includes family and mental health professionals that are already working with the person. This travel distance can also limit the potential for family visits during treatment and can make for difficulty in securing transportation home at conclusion of treatment.

In closing I would like to again thank the committee members for their time today and would ask for your support of AB 443 to allow for more access to psychiatric hospital beds in our community and more timely access to important treatment that our fellow citizens in mental health crisis urgently need.

Thank you for your time and consideration.



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Thank you for your time and consideration.



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Chairman Swearingen and other members of the committee thank you for allowing me to testify in support of Bill 443 today."

My name is Tim Strobusch. I am the Police Chief for the Village of Clear Lake. Let me tell you about my community. Clear Lake is a little farm town in Northwest Wisconsin. 1100 residents make the Village home. Our business' build crop pickers, make nacho cheese in a can and real civil war cannons.

We can also be called an outer ring city of Minneapolis Metro. But we have our issues as well.

Mental health goes hand in hand with addiction, developmentally disabled and our aging population.

My small agency addresses mental health calls on some level weekly. These events can range from directing people to resources to someone making overt acts towards self-harm by use of vehicles, drug or firearms.

As part of the Chapter 51.15-Emergency Detention process, we take the patient into custody and transport to a local medical facility. There, they are medically evaluated and a mental health assessment is conducted by the county mental health provider. With their permission, the patient is then transported to a LOCKED mental health facility.

The transport to a mental health facility can be 5-6 hours away from their families, community support and familiar surroundings. These mental health PATIENTS are treated like criminals. This is not healthy and not a reasonable treatment for the patient.

A trip to Winnebago for my agency has a cost to it. The trip with mileage and officer time can be about \$200-300 per trip. Plus, our officer is out of the village for the duration of the transport.

The option of Winnebago Mental Hospital is a tax on my community and resources as well. The 12 hour round trip (on a good day) after several hours of medical clearance and evaluations is dangerous to my employees. Though we try to limit the length of time officers work, there are times the officers are working 14-16 or more hour shifts. Fatigue endangers the officers, patients and public. The trip with mileage and officer time can be about \$200-300 per trip. Plus, our officer is out of the village for the duration of the transport.

Then as part of the Chapter 51.15 process, the Sheriff's Department has to transport the subject back to Northwest Wisconsin for court and then potentially return them to Winnebago.

If a patient shows up at a medical provider claiming to be having a heart attack, they would receive the best care available. They would stabilize and if needed transported to advanced care facilities.

Currently, patient's arriving in hospitals and medical centers throughout the region are treated like "Hot Potatoes". The patients are seeking help, but they are bounced around from provider to provider. Do you think it is reasonable that a patient's treatment is based on their ability to pay? Generally, people in crisis do NOT have an ability to pay.

Services in NW Wisconsin have tried to minimize the need for placement of subjects in a facility. We have implemented better assessment practices, Tele-health systems and the use of safety planning. However, in the end, some patients need to be placed in a facility.

22 bed in Northwest Wisconsin would make a huge impact. Persons in Crisis can be treated in a relatively local facility where their family and community support has access to them. Many of these patients have some basic needs; sleep, nutrition, evaluation services and perhaps medication review.

This bill will not be the long term solution but it is a step in the right direction. Law Enforcement has been talking about his issue for years and now it the time to step forward. We are not talking about inanimate objects. We are talking about caring for people who want to take their lives. I, along with my colleagues, have had the unfortunate duty to tell mothers, and families that their loved one has taken their life.

\$15m is a splash in the pan when we look at the bigger picture, but it can make a huge impact in my town.

Thank you for your time and consideration.

Chief Tim Strohbusch, Clear Lake Police Department



Mark D. Nicholson
Chief of Police

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September 24, 2019

Representative Jesse James
Room 9 West
State Capitol
P.O. Box 8952
Madison, WI 53708

Sir:

I recently became aware that on September 25, 2019 there will be a meeting and testimony provided in reference to Assembly Bill 443. As you are aware AB443 is to provide funding for additional mental health resources and facilities in Eau Claire County while providing preference to admissions to those that live in Eau Claire County and to those that live in other counties including Monroe County.

I am unable to attend the meeting tomorrow to provide testimony therefore I am providing you with this document encouraging our legislatures to support and approve AB443.

I have been with the Tomah Police Department for 30 years, the last 6 years as the Chief of Police. The counties and communities as defined in AB443 are in a crisis as it relates to the issue that is being addressed in AB443; finding available locations/beds that are able to admit subjects which meet the criteria of a Chapter 51.

After a decision has been made that a person meets the criteria for a Chapter 51 and after the person has been medically cleared to be transported to a mental health facility we are often left with the most difficult challenge in the Chapter 51 process which is finding a mental health facility which has an available bed and is willing to accept our subject. This often results in transporting the subject to a mental health facility several

hours away. This process pulls officers from other mission critical responsibilities and results in a large financial impact to our overtime budgets.

Along with having less police officers on the street and impacting our overtime budgets, it also results in additional anxieties and concerns for the subject and the subjects families. They are now being taken from their communities and transported to the other side of the state, away from their family and friends who can support them during this difficult time.

The communities and counties in and around our area are in desperate need to find additional resources and facilities to effectively and efficiently handle the mental health calls for service in our area. Supporting and approving AB443 will begin to address this critical issue that we are facing.

Thank you.

TOMAH POLICE DEPARTMENT



Mark D. Nicholson
Chief of Police

CC: Representative Nancy VandeMeer



Palmyra Police
Office of the Public Safety Director
126 N. 1st STREET • P.O. BOX 380
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(262) 495-4200
Fax (262) 495-2519

September 24, 2019

Representative Rob Swearingen
Room 123 West
State Capitol
PO Box 8953
Madison, WI 53708

Dear Chairman Swearingen and members of the committee;

Thank you for allowing me to provide written testimony regarding Assembly Bill 443.

Lack of availability of appropriate initial placement of individuals subject to Emergency Detention has been a critical issue throughout much of my career. Lack of beds frequently leads to placements considerable distances from the initiating jurisdiction. This significantly increases transport times and takes law enforcement personnel from their assignment. This has been the case when I worked for Waushara Co Sheriff's Office, as Police Chief in the City of Altoona, and as Police Chief with the Village of Palmyra.

Currently, these long-distance transports place considerable strain on our resources as we use a public safety model where law enforcement personnel also provide Fire and EMS response. Long-distance transport takes a responder out of service for several hours. Increasing beds in the northern area of the state will lead to increased availability in the southern region and directly benefit agencies, like Palmyra, that are outside the northern region.

This legislation provides a unique approach to solving this long-standing issue. The investment requested is minimal compared to the collective costs we are all incurring. I strongly support this initiative.

Thank you for your attention to this critical issue,

A handwritten signature in black ink, appearing to be "J. Small", written in a cursive style. The signature is positioned above the printed name and title.

James Small
Chief of Police/Public Safety Director

**Dunn County Department
of Human Services
& ADRC**



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Menomonie, WI 54751-5569**

**(715) 232-1116; FAX: 232-5987
ADRC: (715) 232-4006**

September 25, 2019

RE: Mental Health Bed Space

The Western Region of Wisconsin is comprised of 18 counties spread out between Superior and LaCrosse. Over the past several years, the region has seen a decrease in the availability of emergency mental health beds in the area and a corresponding increase in the numbers of persons needing to be transported across the state to the Winnebago Mental Health Institute for emergency detention.

Wisconsin counties have invested significant time and resources into developing community-community based crisis mental health and diversion services and as a result, the number of emergency detentions in western region counties has not increased but remained steady for a number of years. Meanwhile, between 2013 and 2019, the number of persons detained annually at Winnebago from the western region increased by 200%, from 96 to 295. Significantly, so did the related costs paid by counties.

As county human services directors, we are very concerned about the diminished availability of mental health bed space in Western Wisconsin. Consider for a moment a person, or perhaps even your child, experiencing a mental health crisis and needing to be transported five hours in the back of a squad car in hand cuffs from Superior to Winnebago. Keep in mind that this occurs after the person has waited through an assessment and medical clearance taking several hours. Now consider law enforcement, which may already be understaffed, sending two officers to transport one person five hours one way plus processing time. The impact of lack of bed space on county operations is significant but the human toll is devastating.

About two years ago, the county human service directors began to gather data to quantify the issues resulting from lack of mental health bed space and to inform key decision makers on the need for change. Senator Kathy Bernier was successful in introducing legislation into the 2019-2021 biennial budget to provide \$15 million of funding the Hospital Sisters Health System develop 22 additional psychiatric beds in Eau Claire/Chippewa. Unfortunately, the funding did not make it through the budget process.

The Western Region Department of Human Services directors request that funding for the development of local inpatient psychiatric hospital beds be reconsidered by the Wisconsin Department of Health Services, the legislature and Governor Evers. We understand that increased bed capacity is not the only answer to the burgeoning mental health needs across our state. However, it is one means of treating persons in a mental health crisis more humanely by providing a shorter commute to an appropriate treatment facility. The development of local resources would also lessen the burden on an already taxed law enforcement system.

Respectfully,

Kristin Korpela, on behalf of the Western Region Human Services Directors



402 Technology Drive E
Menomonie, WI 54751

September 24, 2019

Good afternoon:

Please accept this letter as my written testimony in support of the 2019 Senate Bill 405 and 2019 Assembly Bill 443 to grant larger capacity for inpatient psychiatric hospital beds to serve residents of North, Northwestern, and Western Wisconsin.

Northwest Connections (NWC) is the largest emergency mental health crisis services provider in the state of Wisconsin in which we serve 27 counties. Of those, the following counties named in the bill are directly served by NWC, and certainly are negatively impacted by the lack of available psychiatric inpatient hospital beds: Barron, Buffalo, Chippewa, Clark, Dunn, Eau Claire, Jackson, Monroe, Pepin, Pierce, Polk, St. Croix, and Trempealeau.

While inpatient psychiatric care is not the only answer to serving those with mental health crisis needs, it certainly is a viable resource to save lives. The suicide rate per capita in Wisconsin is already higher than the national average and statistically more frequent in rural areas. Inpatient care is a part of vital continuum of crisis and mental health services that all residents of Wisconsin should have the opportunity to easily access, not just those located near urban centers.

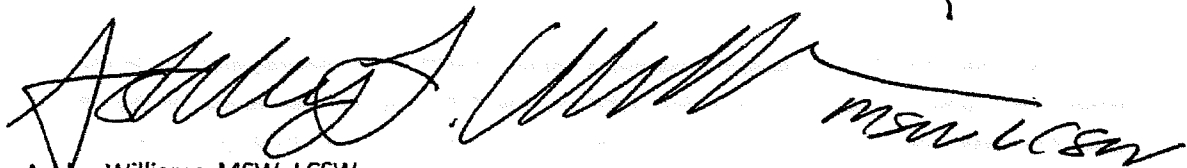
In our region, we have a geographic incentive to avoid utilization of Winnebago Mental Health Institute (WMHI) who is already overpopulated and at times at risk of underserving its numerous residents. If we were able to develop larger psychiatric bed capacity in our region of Wisconsin the positive outcomes would be tremendous. First, services would more localized offering not only familiarity and direct connection to service providers but person-centered planning and enhanced family involvement. We know that having a support system is the primary protective factor in crisis intervention work. Second, law enforcement would be able to protect and serve their communities with less time spent in transportation and medical clearance waiting times which pulls law enforcement from the street creating more opportunities for violent crime. Thirdly, this bill would reduce the negative impact on already strained county budgets allowing for greater allocation into community-based programming and

crisis diversion efforts. Fourthly, this initiative is beneficial for ALL communities in Wisconsin because it would create more bed availability in the Southern and Eastern parts of the state allowing for greater access to inpatient psychiatric care for ALL residents. Lastly, the advantages are mostly impactful for the individual in crisis who would be treated more effectively, efficiently, and with greater compassion allowing for more streamlined and quicker access to stabilization and treatment; ultimately reducing financial obligations for themselves and other community partners; while having deeper involvement from their natural supports and person-centered interventions.

Most importantly, having greater capacity to serve these primarily more rural communities, who already have a significant disparity in mental health services, would create opportunities to engage and intervene earlier on, developing better connection to mental health resources to save lives, time, and money. I certainly heard a wise man say, "We need to look for opportunities to say 'YES' versus citing our reasons to say 'no.'"

We are all in this together, so please ask yourselves, "Are you just working to stop people from dying? Or are you truly helping people to LIVE?"

Respectfully,

A large, stylized handwritten signature in black ink, appearing to read 'Ashley Williams'. To the right of the main signature, there is a smaller, more legible handwritten signature that reads 'MSW LCSW'.

Ashley Williams, MSW, LCSW
Emergency Services Director
AshleyWi@nwcgc.com
715.939.0436