



HOWARD MARKLEIN

STATE SENATOR • 17TH SENATE DISTRICT

November 1, 2023

Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families Testimony on Senate Bill (SB) 462

Thank you Chairman James and committee members for hearing Senate Bill (SB) 462, 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 Chairman James, Sen. Cabral-Guevara, and Sen. Ballweg 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.

SB 462 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.

SB 462 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. SB 462 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.

Senate Amendment 1 to SB 462 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.

SB 462 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 SB 462 and your timely action on the bill.



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November 1, 2023

Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Testimony on Senate Bill 462

Thank you Chairman James and members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families for considering Senate Bill (SB) 462.

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 SB 462 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.

SB 462 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. SB 462 empowers DHS to design and execute the grant program, and seek Medicaid reimbursement for these facilities.

Amendment 1 to SB 462 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 SB 462 and urge timely action on this pivotal legislation.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: HJ Waukau, Legislative Director

DATE: November 1, 2023

RE: SB 462 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 Senate Bill 462 (SB 462). Under SB 462 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, SB 462 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 SB 462.

The Centers as specified under SB 462 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 scarce 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 SB 462 are intended to improve the efficiencies and care provided in behavioral health crisis scenarios. Under SB 462 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.¹ 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 SB 462 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.

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

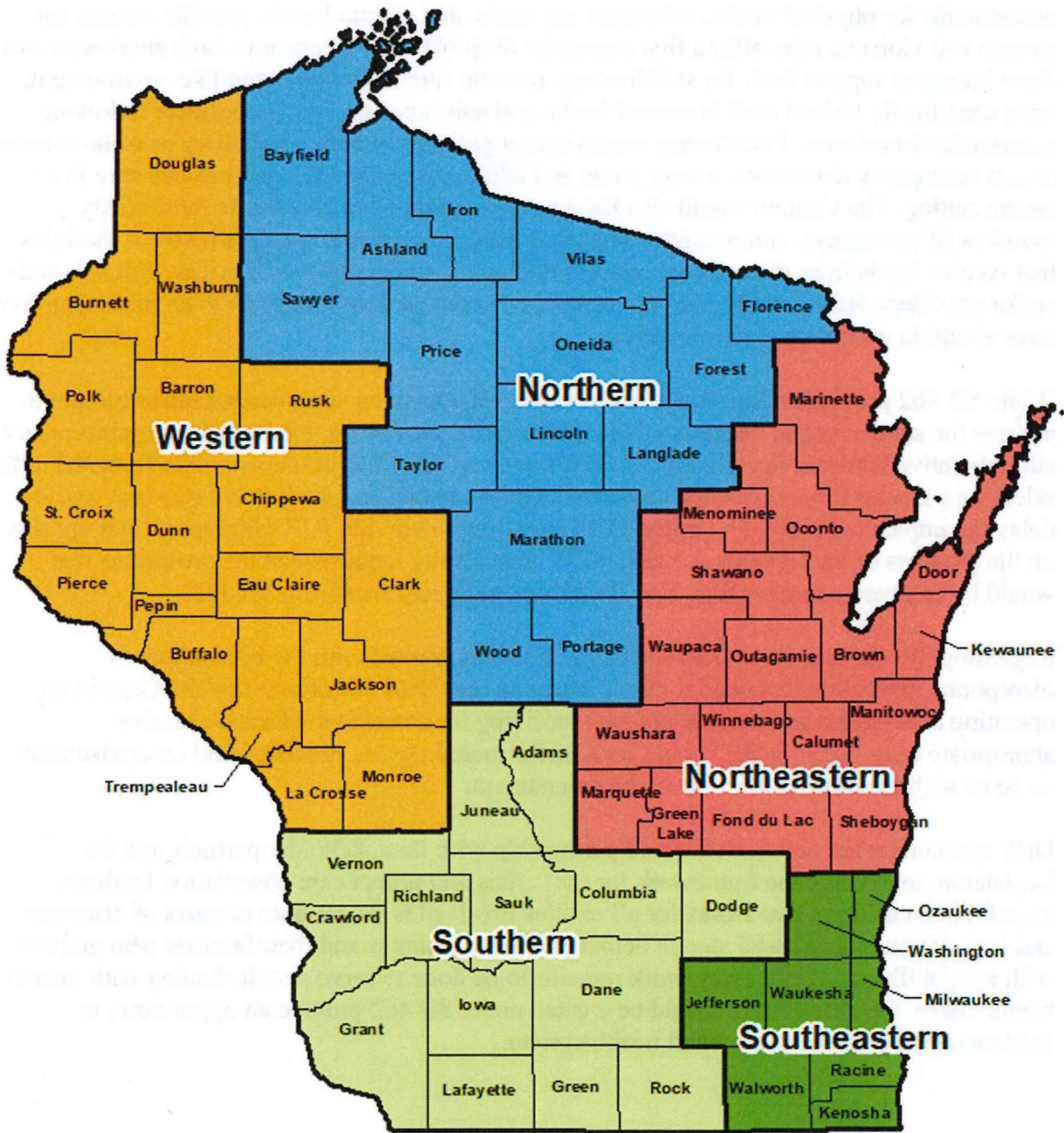
As would be established under SB 462 the Centers would operate on a 24/7 basis; provide assessments for physical health, substance use crisis, and mental health; provide screens for suicide and violence risk; offer a first responder drop-off area; incorporate both short-term and more intensive support 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 SB 462 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 SB 462.

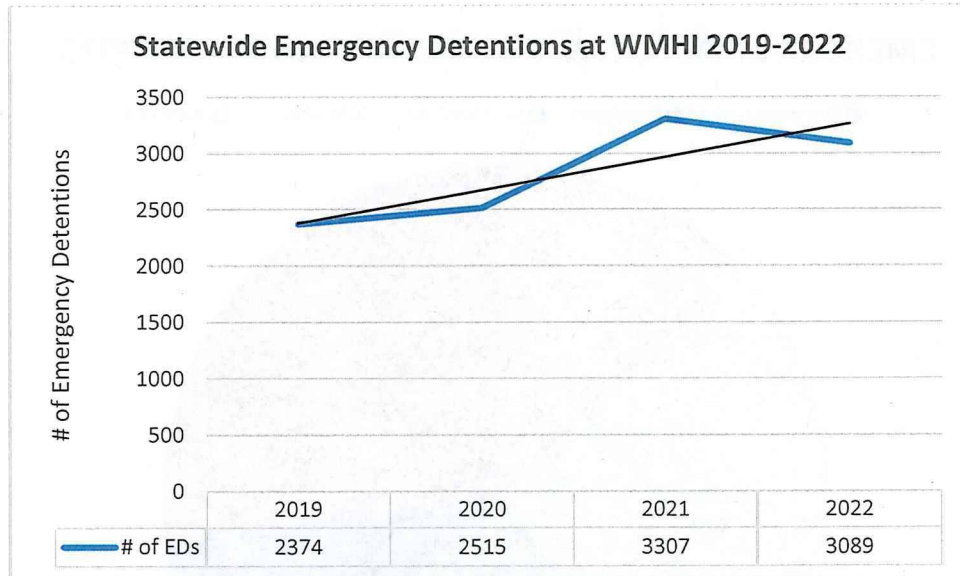
Regarding Senate Amendment 1 to SB 462, DHS has worked with the bill authors to incorporate inspection language for the Centers so that DHS can ensure that the Centers are operating as intended and that the patients receiving treatment at the Centers receive appropriate care. DHS thanks the bill authors 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 SB 462 provide an opportunity to fundamentally improve our mental health system.

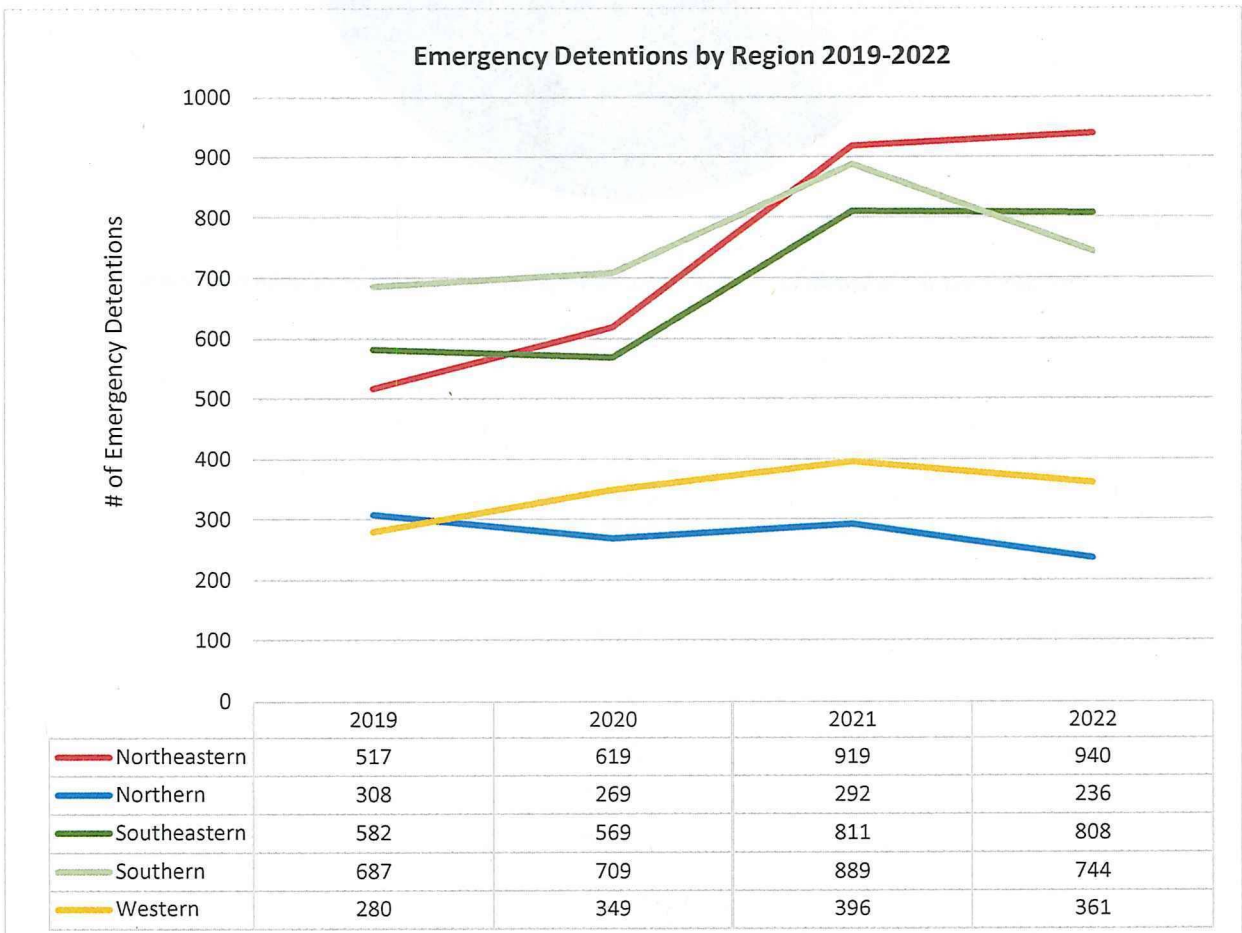
APPENDIX A: DHS Regions



APPENDIX B: Winnebago Mental Health Institute Emergency Detention Admissions

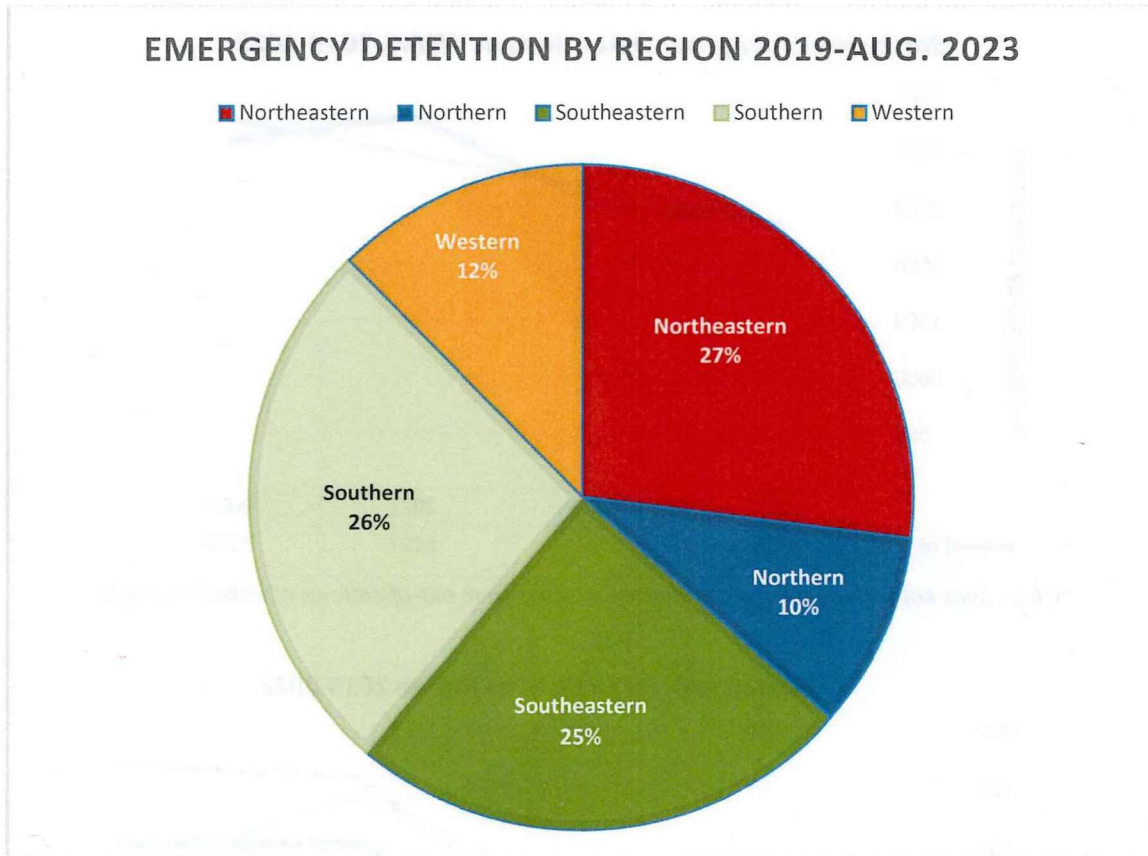


**Chart does not include admissions that were either from out-of-state or of unknown origin*



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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

Northeastern Region	# of EDs 2019-8/2023
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
TOTAL	3,574

Northern Region	# of EDs 2019-8/2023
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
TOTAL	1,266

Western Region	# of EDs 2019-8/2023
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
TOTAL	1,639

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

Southern Region	# of EDs 2019-8/23
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
TOTAL	3,499



November 1, 2023

To: Chairman James and Members of the Senate Committee on Mental Health,
Substance Abuse, Children and Families

From: Dan Hardman, Wisconsin Chiefs of Police Association

Re: Support Senate Bill 462, Crisis urgent care and observation facilities

Chairman James and committee members, thank you for your willingness to hold a hearing on this important bill. I also want to thank Senator Marklein and Representative Moses for introducing this bill and working with law enforcement to improve crisis care throughout the state.

On behalf of our members from across Wisconsin, the Wisconsin Chiefs of Police Association is proud to support Senate Bill 462.

Creating more geographic diversity in our crisis care facilities would be advantageous for departments and communities throughout the state. Depending on travel time and distance, officers often cannot transport a patient in crisis to Winnebago in one shift. This creates a drain on law enforcement resources and can make our communities less safe as officers are required to leave the field for these transports.

Moreover, individuals in crisis would no longer need to be transported, at times, across the state. They could access crisis care much closer to home should this proposal be implemented.

Regional crisis centers that can serve individuals in times of need have been needed for some time and we wholeheartedly support this effort to establish facilities that will provide better options for many departments across the state.

The Wisconsin Chiefs of Police Association supports all measures that help our agencies provide crisis care to our citizens in need.

We would be happy to answer any questions. Thank you.



To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
From: Badger State Sheriffs' Association (BSSA)
Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA)
Date: November 1, 2023
RE: Support for Senate Bill 462

Good morning, Chairman James and members of the committee. I am Sheriff Nate Dreckman from Grant 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. I am the past president of BSSA and an active member of the legislative committee.

I am here today to speak in support of Senate Bill 462. 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 Winnebago Institute is 3 hours away from Grant County, meaning that for my staff, a single transport requires 350 miles of driving and more than 8 hours of total work time.

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 Senate Bill 462, 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.

NAMI Wisconsin Testimony
Sita Diehl, Public Policy & Advocacy Director
Kjersta Lind, Neenah
Caryn Forrest, Green Bay

Wisconsin Senate
Committee on Mental Health, Substance Abuse Prevention, Children and Families
November 1, 2023

Chairman James and members of the committee, thank you for inviting us to testify today on behalf of NAMI Wisconsin, the state organization of the National Alliance on Mental Illness. I'm Sita Diehl and I serve as NAMI Wisconsin's Public Policy Director. NAMI is a national grassroots organization of and for individuals and families affected by mental illness.

We thank Senator Marklein and Representative Moses for introducing this important legislation, and legislators from both parties who are cosponsors. The Crisis Urgent Care and Observation Centers required by this bill will fill a critical gap in our crisis response system.

Wisconsin, like states across the country, is working toward the *Crisis Now!* model that aims to provide *someone to call, someone to come and a safe place to be for anyone in crisis, at anytime, anywhere*. We are ahead of the curve in some ways because Wisconsin's Chapter 51¹ already requires counties, within the limits of available funds, to provide 24/7 crisis lines and on-site emergency response for mental health and substance use crises.

Where we fall short is in offering a Safe Place to Be in a crisis. The Department of Health Services has partially addressed the need by contracting for five *regional* crisis stabilization facilities for adults. Many counties already have this type of facility for their residents, but these new facilities will serve *all* counties in the region. Crisis stabilization facilities are homelike environments that only accept *voluntary* admissions of people referred by county crisis services for short term assessment, counseling, and service planning, but they aren't equipped to admit people on an involuntary hold, *nor* to treat people with complex medical and psychiatric conditions.

As a result, people in crisis wait hours in emergency rooms for medical clearance, accompanied by law enforcement if there is a security risk. They are also likely to be referred to the *most* restrictive option, Winnebago Mental Health Institute at a cost to the counties of more than \$1,000 per day. Transportation in a secure vehicle to Winnebago must either be provided by law enforcement - typically two officers - or a third-party secure transport vender. Either way this is another cost to the county.

Most importantly, as you will hear from the courageous women who are here with me today, it is traumatizing to the person in crisis to be handcuffed in the back of a law enforcement vehicle and driven far from home. Many arrive terrified, and angry, which hinders the treatment process. It is common to stay at Winnebago for only a few days, then return home with no real therapeutic progress.

The remaining gap – the one needed to *address the trauma and the costs* of our current situation – will be filled by Crisis Urgent Care and Observation Centers,² psychiatric emergency centers that serve as an alternative to a hospital emergency department. The saying, "Crisis is an opportunity for growth," applies to

¹ January 2023, Legislative Fiscal Bureau Informational Paper #52, Services for Persons with Mental Illness and Substance Use Disorders, p. 8.

² June 2021, Legislative Fiscal Bureau Informational Paper #370 Regional Crisis Response System Grants, p.6.

The hospitals kept me safe but didn't do much else. There's nothing to do, so I would just sit there all day ruminating about how terrible I felt and brainstorm new ways to kill myself. We had a couple of groups each day where we did craft projects. There was no therapy.

If we had Crisis Urgent Care centers, this experience would have been a lot different for me. I would have been informed of what a Chapter 51 hold actually was, or I wouldn't have been put on one at all. I would have had immediate crisis counseling that would help keep me safe in the moment and support my emotional needs instead of just my physical ones. And they would be able to assess me and help me find the right type of treatment that would actually help me get better.

Right now, the hospitals are responsible for keeping you safe and putting you on medication that may or may not work, only for you to come back a month later with the same problem. These urgent care centers help with safety and medication, but also with treatment. The therapy, the referrals. They're not only aimed to help keep you safe, but also to make you better.

The day this all went down was the worst day of my life. Now we have an opportunity to make crisis situations better for everyone else, to help instead of hurt them. I urge you to move forward with this bill. To help instead of hurt.

Testimony: Caryn Forrest

My name is Caryn Forrest, I live in Green Bay, I am a mother of four children, and I have four beautiful grandchildren. I serve on the NAMI Brown Co. Board and am a member of the NAMI State Public Policy and Advocacy Committee. I also co-facilitate the monthly Family and Friends Support Group in Brown County.

Nine years ago, on a cold, snowy December Wednesday, I received the call that would forever change my life, my son's life, and our family. It was a nurse from Meriter Hospital in Madison who asked me to come pick up my son who was at the hospital, suicidal, and had a Security Guard by his side. My husband and I drove down, I hugged my son in a way I never had, and drove back to Green Bay, quietly crying the entire way, to admit him to Bellin Psychiatric Hospital - but not until the next day when they had a bed available. I slept on the floor of his room that night, to make sure he was alive the next morning. My son was a Senior at UW Madison at that time, one semester away from graduating with a degree in Economics. We had never seen any signs of his mental health diagnoses prior to this day.

My son was on the National Honors Society all through high school, played football and baseball, and excelled in everything he did, including making friends, working, and volunteering in our community. He has been hospitalized 1-3 times every year since that day, in Green Bay, Steven's Point, Oshkosh, and Whitehall, WI, depending on where there was a bed available for him. We have been in countless ERs and crisis centers throughout WI, dependent upon where he was when he was in crisis, as often, he takes off to another city or even another state, scared, no longer wanting to live with the diagnoses, and wanting to escape his life. He often stops taking his medications, as he does not like how they make him feel and does not always believe he has these diagnoses.

I ask you to pass Senate Bill 462 to establish Regional Crisis Urgent Care and Observation Centers. We need the right service, at the right time, locally, so that we do not need to drive a long distance to get help when in crisis. We need someone to call, someone to come, and a safe place to go in a crisis to receive expert care.

On August 26th of this year, my son and I went to the Crisis Center in Green Bay at 10:30 am as he was suicidal and homicidal, both symptoms of his diagnosis of Bi-Polar with Psychotic Episodes. My son was hearing voices that were telling him he needed to kill his mother to free the universe of bad things. We were at the Crisis Center for 2 ½ hours as he described to the one female Crisis Center staff who talked with us how he planned to kill himself. In detail. She then left the room to consult with peers, leaving us alone together in that room. My son then put his hands on my neck and squeezed tightly, with no one there to see or help. After a long period of time waiting for her to decide if this situation warranted psychiatric hospitalization, and to call around to the psychiatric facilities in the area to see who would accept my son, we were sent to the ER for medical clearance for admission to the Psychiatric Hospital. So.... I get into my vehicle with my son who just explained several times how he was planning to kill himself and then tried to kill me, and drive to the ER. We were at the ER for 9 hours as the Psychiatric Hospital could not admit my son until after 11pm. It was 11:40pm when he was transported from the ER to the Psychiatric Hospital by a Security Guard, and I followed him in my own vehicle. He was left alone in the waiting room at the hospital when I arrived. We then spent another 2 hours re-stating what happened all day before he was finally admitted there. I left to go home at 2:15am.

On October 3rd of this year, my son was transported to St. Mary's ER by the Green Bay police in handcuffs as he was psychotic and highly suicidal. I followed in my own vehicle. I went to the ER check-in desk in tears and asked to be allowed back by my son as I could most assuredly keep him calm. The receptionist dismissingly told me to sit down and wait to be called back. Thirty minutes later with me waiting in the lobby, frantically calling my son's case manager, supervisors and anyone I could think of who is supposed to be supporting him, I asked again at the ER desk and was told that my son was so anxious, he began struggling, trying to get the handcuffs off, and became aggressive with the hospital staff and officers, so the decision was made to take him to jail. He will not be given his anti-psychotic medications, would be put in isolation in a cell, and would not receive any mental health services in jail.

These are just two recent examples of our family's nine-year journey with a family member who has mental health diagnoses. I share these stories with you in the hope that you will empathize with a mother who works full time, cares for her family, advocates, and volunteers in her community, and loves her son with all her heart. Know that we are only one family of thousands who experience these situations in WI. Thank you for your service to our state. I ask you to pass Senate Bill 462 to establish Regional Crisis Urgent Care and Observation Centers so that my son can receive the care he needs and the services we both deserve. I thank you and appreciate your time and attention.



MEMORANDUM

TO: Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: Marcie Rainbolt, Government Affairs Associate

DATE: November 1, 2023

SUBJECT: Support of Senate Bill 462

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. Senate Bill 462 would provide a safe place for individuals in crisis, in a regional approach, with the hope of keeping them closer to home.

Support of SB 462

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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 SB 462.