

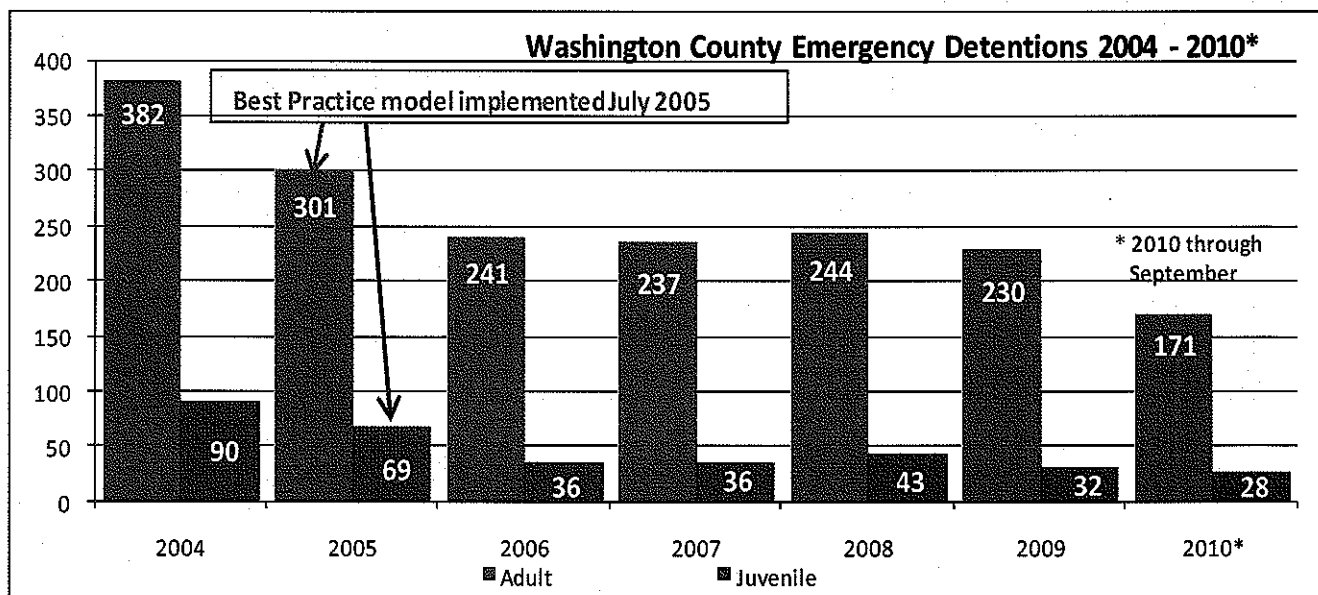
October 4, 2010

Good Afternoon and thank you for this opportunity to speak. My name is Deb DuFour and I am here as a representative of the Washington County Human Services Department. It is my intent to provide a brief statement regarding the evolution of Chapter 51 emergency mental health services in Washington County and to ask for support in maintaining the current Best Practice model as it pertains to Ch. 51.15, Emergency Detentions.

For more than 30 years, Washington County's 51.42 Board operated an inpatient behavioral health unit. Admissions were both voluntary and involuntary as well as for medical detoxification. The unit was located in West Bend and very convenient for consumers and law enforcement. On occasion, consumers were referred to the Winnebago or Mendota Mental Health Institutes due to bed availability or acuity. As you know, inpatient care is very costly and for most counties, a major portion of their community mental health budget.

The Emergency Detention process under WI Statute Ch 51 allows involuntary hospitalization and mental health services for those believed to pose a danger to themselves or others. This process can be very traumatic for the individual experiencing an exacerbation of mental illness; requiring handcuffs and shackles, transportation in a police squad car and treatment against his or her will. This can be an effective life-saving measure when necessary, but in most situations can be avoided by providing collaborative crisis intervention up front.

In 2005, the Washington County 51.42 Board implemented a community-based, *Best Practice* model of emergency mental health and crisis intervention service. The *Best Practice Model* incorporates collaboration between law enforcement and county mental health crisis intervention staff in serving individuals and families in the least restrictive, most appropriate manner while ensuring proper mental health evaluation and safety planning. The county closed its local behavioral health unit, expanded mobile crisis services from 98 hours per week to 24/7 availability and opened an 8-bed crisis stabilization program. As you can see by this chart, between 2004 and 2009, Washington County experienced 60% reduction in adult emergency detentions and a 35% reduction for children/juveniles.



To be successful in this endeavor, Washington County worked diligently with nine jurisdictions of law enforcement and have achieved success in reducing Emergency Detentions, increasing voluntary services, and serving our community in the least restrictive most appropriate manner. Consumers can now receive crisis stabilization services in their home, at the crisis center or at stabilization home. Voluntary participation in mental health services results in better outcomes. Consumers have a voice in the type of care they receive, can be close to their families, case managers/therapists, and psychiatrists. This practice reduces involuntary and unnecessary hospital admissions that restrict individual's liberty and are often a financial burden to families, health care systems, law enforcement departments, and county human services programs. Law enforcement trusts in the crisis intervention process and find confidence in the shared responsibility of serving our consumers. As the manager of Washington County's Acute Care 24/7 Crisis Intervention program, I believe that our law enforcement and consumers would agree that this process provides the opportunity for collaborative responsibility, addresses the safety needs of the individual, law enforcement and the community and is less traumatic for the consumers.

In 2009, the WI Statute Ch 51 changed requiring County approval of all Emergency Detentions. For Washington County, this process had been successfully occurring for four years allowing the continued practice of collaboration on all emergency mental health situations. County Human Services departments are mandated in Wisconsin to provide mental health services. Law Enforcement agencies are mandated to respond to all emergency calls. The common interest in this collaboration is to maintain individual and community safety while serving those in need. Individuals and families are best served by this collaboration because it focuses on the most important issue, that being the BEST INTEREST of the individual consumer of mental health services.

There is talk of again revising Ch 51 to allow emergency department doctors and hospital personnel the authority to place individuals under an Emergency Detention. This is of concern for human service programs for a number of reasons. Most significantly, it will dilute the decision-making process and divert focus from the individual consumer's best interest to concern about personal and organizational best interest. Decisions will not be made in the collaborative manner described above that has successfully reduced involuntary mental health services. Of great concern in Washington County, is that our demonstrated success will reverse and behavioral health inpatient admissions and emergency detentions will increase. Not only will this be traumatic for individuals and consumers, it will increase the burden on law enforcement requiring more person-hours and transportation. Health insurance providers will experience an increase in costs adding to an already burdened healthcare system. Human service will lose the ability to provide consumer-centered care in the least restrictive, most appropriate and cost-effective manner.