



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-3297/1
TJD:kjf&emw

2017 BILL

1 **AN ACT to amend** 51.05 (1), 51.15 (2) and 51.20 (2) (d) of the statutes; **relating**
2 **to:** allowed detention facilities for emergency detention and involuntary
3 commitment.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services to allow law enforcement to transport individuals to be detained for emergency detention or involuntary commitment to the most convenient mental health institute, either Mendota Mental Health Institute or Winnebago Mental Health Institute, if the individual is intended to be detained at a mental health institute. Under current law, a law enforcement officer or certain other persons may take an individual into custody for purposes of emergency detention if the officer or other person has cause to believe that the individual is mentally ill, drug dependent, or developmentally disabled, and that the individual shows certain behaviors. The county department of community programs must approve the need for detention and may not do so unless a psychiatrist, psychologist, or other mental health professional has performed a crisis assessment on the individual and agrees with the need for detention and the county department believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment. Under current law, an individual may be detained for possible involuntary commitment upon a three-person petition, which must allege that the individual is mentally ill, drug dependent, or developmentally disabled, is a proper subject for treatment, and is dangerous because the individual evidences certain behaviors. If an individual is to be detained for emergency detention or before an

BILL

involuntary commitment proceeding, the law enforcement officer or other person must transport the person for detention to a treatment facility approved by DHS or the county department, if the facility agrees to detain, or to a state treatment facility, which includes Mendota Mental Health Institute and Winnebago Mental Health Institute. In 2014, DHS implemented a policy that Mendota Mental Health Institute serves forensic male patients and only elderly adult civil patients while Winnebago Mental Health Institute serves all other civil patients, including those detained under emergency detention and involuntary commitment proceedings, and forensic female patients.

The bill also requires DHS to collaborate with hospitals to develop a grant program to establish regional mental health crisis centers to accept individuals for emergency detention and to include a proposal for the grant program in its 2019-21 biennial budget request.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

1 **SECTION 1.** 51.05 (1) of the statutes is amended to read:

2 51.05 (1) DESIGNATION. The mental health institute located at Mendota is
3 known as the “Mendota Mental Health Institute” and the mental health institute
4 located at Winnebago is known as the “Winnebago Mental Health Institute”.
5 Goodland Hall West, a facility located at Mendota Mental Health Institute, is
6 designated as the “Maximum Security Facility at Mendota Mental Health Institute”.
7 The department shall divide the state by counties into 2 districts, and may change
8 the boundaries of these districts, arranging them with reference to the number of
9 patients residing in them at a given time, the capacity of the institutes and the
10 convenience of access to them. The department may not prohibit law enforcement
11 from transporting an individual for detention under s. 51.15 or 51.20 to the most
12 convenient mental health institute, if the individual is intended to be detained at a
13 mental health institute.

14 **SECTION 2.** 51.15 (2) of the statutes is amended to read:

BILL

1 51.15 (2) FACILITIES FOR DETENTION. The law enforcement officer or other person
2 authorized to take a child into custody under ch. 48 or to take a juvenile into custody
3 under ch. 938 shall transport the individual, or cause him or her to be transported,
4 for detention, if the county department of community programs in the county in
5 which the individual was taken into custody approves the need for detention, and for
6 evaluation, diagnosis, and treatment if permitted under sub. (8). The county
7 department may approve the detention only if a physician who has completed a
8 residency in psychiatry, a psychologist licensed under ch. 455, or a mental health
9 professional, as determined by the department, has performed a crisis assessment
10 on the individual and agrees with the need for detention and the county department
11 reasonably believes the individual will not voluntarily consent to evaluation,
12 diagnosis, and treatment necessary to stabilize the individual and remove the
13 substantial probability of physical harm, impairment, or injury to himself, herself,
14 or others. For purposes of this subsection, a crisis assessment may be conducted in
15 person, by telephone, or by telemedicine or video conferencing technology. Detention
16 may only be in a treatment facility approved by the department or the county
17 department, if the facility agrees to detain the individual, or a state treatment
18 facility. If the individual is intended to be detained in a mental health institute, the
19 department shall allow law enforcement to transport an individual for detention to
20 the mental health institute that is most convenient for that law enforcement agency.

21 **SECTION 3.** 51.20 (2) (d) of the statutes is amended to read:

22 51.20 (2) (d) Placement shall only be made in a treatment facility approved by
23 the department or the county department, if the facility agrees to detain the subject
24 individual, or in a state treatment facility. If the individual is intended to be detained
25 in a mental health institute, the department shall allow law enforcement to

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1 transport an individual for detention to the mental health institute that is most
2 convenient for that law enforcement agency. Upon arrival at the facility, the
3 individual is considered to be in the custody of the facility.

4 **SECTION 4. Nonstatutory provisions.**

5 (1) REGIONAL MENTAL HEALTH CRISIS CENTERS. The department of health services
6 shall, in collaboration with hospitals, develop a grant program to establish regional
7 mental health crisis centers for the purpose of accepting emergency detentions under
8 section 51.15 of the statutes. The grant program shall require a regional mental
9 health crisis center that receives a grant to accept individuals for emergency
10 detention at the center. The department of health services shall include in its
11 2019-21 biennial budget request a proposal for the establishment of the grant
12 program under this subsection for the emergency detention of individuals at regional
13 mental health crisis centers.

14 (END)