

# Howard Marklein: Meaningful work on mental health

Posted on Tuesday, Aug 1, 2023

*The column below reflects the views of the author, and these opinions are neither endorsed nor supported by WisOpinion.com.*

Rural Wisconsin is unique in many ways. We have beautiful scenery, small communities and strong connections. We also have challenges that are difficult to answer because of our smaller populations, larger distances between things and proximity to resources.

One major challenge I have been working on is how to provide emergency mental health or drug-related crisis services for individuals in our communities. Under current law, if a law enforcement officer believes that a person experiencing a mental health or drug-related crisis is a danger to themselves or others, they can be involuntarily detained in Emergency Detention under Chapter 51 of state law.

If a person does not voluntarily agree to mental health treatment and services, current emergency detention procedure is for law enforcement to take a person to a local hospital for medical clearance. Then, if cleared, they are transported to a mental health facility for additional assessment and services. Unfortunately, the closest mental health facility for involuntary emergency detention is the Winnebago Mental Health Institute in Oshkosh. As you can imagine, for most of the 17th Senate District, this is a three-hour ride in the back of a squad car each way.

**>> WisPolitics is now on the State Affairs network. Get custom keyword notifications, bill tracking and all WisPolitics content. [Get the app or access via desktop.](#)**

I have been working with the Department of Health Services (DHS) and stakeholders on our options to address these issues for several years. Our mutual goals have been to find a solution that provides thorough mental health crisis services quickly and closer to home. Nobody wants people in crisis to sit in a squad

car for hours on the way to the Winnebago Mental Health Institute in Oshkosh. We do not want to send local law enforcement outside of our communities for hours of overtime. We do not want people in crisis to be far from home.

The Crisis Now model is the ideal solution to this problem. The Crisis Now model incorporates regional or statewide crisis call centers, 24/7 mobile crisis support services that can be deployed when needed and short-term regional residential crisis stabilization facilities. These three options will provide services and support for people in crisis closer to their own communities and will, hopefully, relieve the burden on law enforcement. People in crisis need services and support, not three hours in the back of a squad car.

Through our work with DHS, we discovered that in order for Wisconsin to adopt the Crisis Now model and create short-term regional residential facilities, we need to change state law. The legislation to make this change is in drafting and is nearly completed. We have actively been working on the statutory structure necessary to adopt a solution.

Funding of \$10 million was re-allocated in the state budget to support a regional crisis model. As we work the bill through the legislative process, we have asked DHS to begin identifying partners and locations for Crisis Now facilities so that we can allocate the funds as soon as the bill passes.

One of the underlying issues in this discussion is the reality that behavioral health is not profitable. Hospitals and other mental health providers have not expanded their services, especially in rural areas, as these services are not self-sustaining. The Crisis Now model and changes to statute address some of these concerns and we know that the state must play a financial role.

We are also exploring a Telemedicine Crisis Response that has been successful in South Dakota. In the most recent state budget, we re-allocated \$10 million for Crisis Now and set aside \$2 million for a pilot program like SD's Virtual Crisis Care program.

The Virtual Crisis Care program provides law enforcement with 24/7 access to behavioral health professionals through virtual, tablet technology. In other words, this program gives law enforcement the option of handing a person in crisis a tablet to talk, face-to-face, to a behavioral health professional right away to de-escalate, stabilize and assess safety to determine next steps without driving all of the way to

a mental health facility. We think it is worth exploring.

During the budget process we provided additional resources to address the underlying mental health challenges in our communities. Again, in addition to the \$10 million for Crisis Now and \$2 million to try a Telemedicine Crisis Response Pilot Program that has been very successful in South Dakota (read more [here](#)), we also increased Hospital Behavioral Health reimbursements by \$30,519,000, allocated another \$30 million to mental health services in K-12 education and expanded the Opening Avenues to Reentry Success (OARS) program in the Department of Corrections (DOC), which provides acute case management and mental health services.

I will continue to work on solutions to address the unique challenges for mental health services in our communities. I sincerely appreciate all of the individuals and organizations of volunteers in our communities who have reached out with advice, ideas and support for our work on these issues.

*-Marklein, R-Spring Green, is co-chair of the Joint Finance Committee and represents the 17th Senate District.*