PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Friday, February 19, 2016 in the 1st Floor Conference Room, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Rebecca Lindner, Cheryl Weber, Phil Steffen, John Gossage, Ian Agar, Erik Pritzl, Erik Hoyer, Luke Schubert, David Lasee, Chad Weininger

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I. Call meeting to order.

The meeting was called to order by Supervisor Hoyer at 12:04 pm.

II. Approve/modify agenda.

Motion made by Cheryl Weber, seconded by John Gossage to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of December 3, 2015.

Motion made by Erik Pritzl, seconded by Phil Steffen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.

2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.

Both agenda items were discussed together. Supervisor Hoyer suggested the group start by discussing the action taken at the recent County Board meeting with regard to the mental health initiative. He noted that the Board approved the mobile crisis piece and he felt that it went very smoothly and noted that it was a near-unanimous decision. Human Services Director Erik Pritzl noted that there was a small amendment to increase the amount to cover some startup costs of Family Services. He provided a handout, a copy of which is attached, which breaks down the mobile crisis expansion initiative. He wanted this group to see this information so that they have the same information that was provided to the Human Services Committee and the Board and he noted that the other three initiatives will be presented in a similar format.

Hoyer asked Pritzl if he had an idea of what amount would need to be added to the next budget to ensure that there would be funding to continue the mobile crisis piece in 2017. Pritzl responded that staff-wise, three or four FTEs will be added to the Crisis Center for this so their staff will be permanently expanded. The Human Services Department, this committee, the Human Services Board and the Human Services Committee will all have to watch this to see that what is intended is being done, but also to make sure that this is a priority going forward. Pritzl said he will look at what he is given in the 2017 budget to work with and then decide how to make it work in the overall structure. The first and most desirable outcome would be to get this amount in the future and he noted that it was less than the $200,000 that was originally put out last year. Pritzl said the idea would be that next year it would be closer to $200,000 as it was prorated this year. Rebecca Lindner indicated that she had been advised by Director of Administration Chad Weininger that this would be part of the levy moving forward. Cheryl Weber asked if the $1.15 million dollars would have to be lobbied for every year. Pritzl responded that what would need to be lobbied for is that the overall levy increase made by the County Board be continued to be used for the purpose the levy was raised for.

Hoyer said what was unique this year is that the County Board lifted the levy, but they set aside and created a unique pool of money and he felt that in the future this should be incorporated into the budget. He is a fan of zero based budgeting

instead of waiting to see what was offered and then working with it, but he noted that the realities of this situation are different.

Dave Lasee arrived at 12:10 pm.

Hoyer asked if mobile crisis services would be available 24 hours a day. Pritzl said the idea is to have mobile crisis available 24 hours a day and noted that the Crisis Center does a good job of monitoring the high demand times and making sure they are appropriately staffed. He added that all employees are cross-trained to provide both in-house services as well as mobile crisis services.

Pritzl provided the group with another handout, a copy of which is attached, which is a draft of the mental health initiative timeline. He explained that the timeline breaks down each part of the initiative and shows milestone events for each part of the initiative such as review by the Human Services Board, approval by the Human Services Committee and County Board, and then contracting/purchasing requirements, planning, implementation and review. Pritzl noted that the review process has not been discussed too much but within the department they will put together numbers on a quarterly basis for things like mobile crisis and detoxification. The Human Services Board would then review these numbers. Pritzl outlined each part of the initiative and the associated timeframes. Hoyer thanked Pritzl for the work on the timeline and Pritzl reminded that this was a draft, but it at least gives an idea of what will be happening.

Weber said it looks like Pritzl will be bringing three things forward at the Human Services meeting in March. Pritzl responded that there will be two for sure, but he was not positive on the transitional residential piece. Lindner felt that three things going to the County Board may be too much for the Board. She thought it may be better to do two one month and one the following month. Hoyer agreed with Lindner and noted that there will be new supervisors on the Board for the April meeting and it may be somewhat overwhelming on their first meeting to have three items that they have to consider. Weber said there did not seem to be any questions on the mobile crisis part at the last Board meeting and Hoyer noted the Human Services Committee will probably have the most turnover. Pritzl said there is a part of him that wants to go full speed ahead, but more importantly he wants to be sure that these things are properly vetted and that any questions and concerns are addressed. He would like to see things hammered out at the Committee level before going on to the full Board. He appreciated Lindner's feedback about how much can be put before the Board at one time. Pritzl knew the day report center and detoxification pieces would be ready before transitional residential. He said the day report center will need a full RFP so he wants to get that one going as soon as possible. DA David Lasee added that the day report center will be a completely new entity that will take some time to implement because nobody is currently providing these services in the County. Pritzl asked if the group would be okay with the detoxification and day report center being presented before the transitional residential piece. Lindner felt it would be okay.

At this time Hoyer asked the leaders of each of the work groups to provide updates as to where they are at.

Behavioral Health Manager Ian Agar talked about the detoxification portion of the initiative. He stated that his work group has met every Friday in January and February and they have spent a lot of time discussing a flow chart, a copy of which is attached. The flow chart has one side that pertains to individuals who are intoxicated through use of alcohol and the other side pertains to people who are incapacitated by alcohol. The reason they focused on the alcohol piece of the process is that the majority of individuals presenting to St. John's Homeless Shelter, the Crisis Center and other places historically would have been treated at Nicolet Psychiatric Center. Agar continued that when the federal survey came in they gave direction that they could not continue to treat people in a psychiatric facility and they needed to come up with something else. A determination was made that since not every community has a psychiatric hospital, they default to the emergency room. Agar continued that detox efforts are intended to go back and fill the gap and utilize the funding available to meet the needs of those individuals who present primarily through intoxication or incapacitation through alcohol. Agar added that detox from alcohol will be the focus because alcohol is the most life threating condition of the majority of substances that people are exposed to.

Agar continued that typically it takes 2.5 days to detox from alcohol. There is $300,000 allocated to the initiative which should provide 105 treatment episodes. What is unknown is how many people will need treatment in one year. For this year, if the initiative starts in April and all of the money is utilized by the end of July, the data would show that the initiative is working well but there is not enough money to meet the needs of individuals presenting as incapacitated. On the other hand, if we get to December, the same good measures would be there to say that this is sufficient for what we need for the next year. Agar said the discussion gets complex because when the words detoxification are used, people tend to think treatment, but detox and treatment are two completely different things. Once an individual is detoxed from alcohol or another substance, the intention would be that once they are at a normal baseline functioning, they could have an alcohol and drug assessment and have uniform placement criteria which tell the level of care an individual needs in terms of treatment. Agar noted that treatment is a voluntary process and offers of treatment will then be made and a referral will be made to intensive outpatient services, a community provider or a Brown County Human Services provided treatment and at that point the person being offered the treatment can accept or decline. The intention would be post-detox to be assessed and referred for services and then the number of people that accept treatment and the number that do not will be tracked. Agar is hopeful that we can head off those individuals that present over and over again by giving those opportunities for treatment. History shows that people do not usually accept treatment on the first offer.

Agar continued that that is a summary of what has been done to date by his group and the majority of the discussion they have had is outlined on the flow chart. He said the reason they focused so much on defining and distinguishing between intoxication and incapacitation is because the officer in the field will need to make a determination as to incapacitation or intoxication. There are guidelines based on the circumstances they are presented with and they worked with the Green Bay Police Department and Brown County Sheriff's Department and emphasized that they can either make or break the initiative by how careful the officers are in guiding people down the incapacitation side of the flowchart or whether they utilize those people that are nearly intoxicated because in terms of comparison, they are not as impaired by alcohol as those people that are incapacitated. Whenever there is an alternative of leaving with a family member or friend, that is what they are hoping will occur.

Sheriff Gossage asked if a facility has been determined for detoxification and Pritzl responded that there are only two facilities able to do this in Brown County and they are Bellin Psychiatric Center and the CTC but Pritzl noted that he does not want to impair the ability to provide mental health commitments by using the CTC when Bellin has agreed to be a detox provider. He continued that he has confirmed with Bellin that they are willing to do alcohol holds and they do it for other counties. Gossage indicated that although he is concerned about everyone, he is more concerned about getting treatment for Brown County residents and asked if there was a way to ensure that Brown County residents are taken care of before out of county people. Pritzl said that those are good questions and from discussions he has had with the intended provider they are looking at the same residency issues they have with mental health. He said that people could be in Brown County from other counties and since they are here physically, the County is obligated to provide a service to them. He said that we would have to look at the overall capacity Bellin has and if another county is also using the facility, we would have to determine if they can take on Brown County along with the other counties they do work for. This will be determined during the contract process and Pritzl said they have not talked about bed holds or dedicated beds. Hoyer noted that the police do not go out of the County to pick up people to bring to Bellin but Phil Steffen said that things like Packers games really make a difference and need to be considered. Pritzl agreed and said the example issued time and time again is intoxication versus incapacitation and they are trying to get to the chronic population that needs treatment and are more of the incapacitation part. Typically the people who visit Green Bay and decide to go too far are the intoxication side, although, some of them could cross over to the incapacitation side.

Hospital Administrator Luke Schubert spoke next on the transitional residential treatment portion of the initiative. He stated this is a little bit more involved than some of the other initiatives because it is basically starting a new business operation as opposed to contracting with an outside organization. His group has been looking at the potential of the County undertaking the venture themselves or partnering with a provider. He said that they have had some deep

discussions with Mooring House who provides service in Outagamie County. Mooring House has shared a lot of good information on their programming models as well as the different reimbursement models using CCS funds versus other billable opportunities to recoup some of the costs for care. Mooring House has also had some discussions with their Board internally about willingness to partner from the standpoint of management or consulting-type services or more in depth such as running a program in Brown County's space. These discussions will continue and a tour with a couple of the Mooring House leaders will be held at the CTC soon to get more information.

Schubert continued that the County could get licensed to provide the treatment along with the crisis stabilization they currently do at the CBRF. Legally they could go forward, but the question is the economies of scale of the requirements of the different staffing licensures to bring in to serve a few people combined with the other criteria they have to staff and serve the other population. Schubert continued that as a business operator he struggles with small quantities and large fixed overhead to run programs. Hoyer asked if Mooring House would do a separate site. Schubert replied that there are a number of different options to be explored based on capacity of current diversion beds. Pritzl added that it is a very strategic discussion. Schubert said the census ebbs and flows and you never know what the day will bring. He continued that there is not a model out there like what Brown County is proposing of mixing the population so there is no place to go to get information; this is really building a program from the ground up. Pritzl felt that having Mooring House as a potential partner on a management consulting basis where they could provide services of program development and some of the oversight to help get a program started in Brown County is worth a look. Another option may be to enter into a partnership with Mooring House to bring in a contractor that could run a program partially privately funded and partially County funded in that space and lease space to Brown County.

Gossage asked if Outagamie County is the oversight of Mooring House. Schubert answered that Mooring House is run independently but about 60% of their business is county funded and the majority of that is Outagamie County. Pritzl added that Mooring House is starting to look at their regional capacity with Comprehensive Community Services and how they can serve that better. He said there have been some very solid side benefits to this conversation taking place around transitional residential and by reaching out to Mooring House Brown County has been able to learn so much more about the licensure and program operations as well as learning that there is somebody interested in doing different things in Outagamie County. Pritzl felt some really good conversations have been had regarding what we want to do and how we want to use the space. Schubert added that there is a lot more work to do, but it has been very interesting so far.

District Attorney Dave Lasee talked about the day report center and indicated that his group meets on Wednesdays. They have been working on the RFP and they have completed their work on the substance of it and it has been turned over to the County to fill in the standard language that needs to be included. Lasee said that his work group will meet again once they receive the completed RFP from the County. What they worked on was essentially identifying the target population. He noted that some of the counties they talked to about their programs were dealing with allocations in the area of $1 million dollars and many of those counties were using their day report centers for not only pretrial or treatment courts, but also sort of in lieu of probation in many instances. Lasee said he is very appreciative of the amount of funding given in Brown County and given that we are just getting started with this, they have decided to target the population of individuals who are in pretrial status and awaiting adjudication while on bond and also as a tool for the treatment courts. This is the target population. He said that they ran some numbers at the jail and looked at individuals who are sitting on relatively small cash bonds as well as relatively low risk security categories as this is the population that could relieve stress on the jail and those are the people who really do not need to be in there if there is an alternative for them where they could be monitored on a regular basis. At this time Lasee estimated that there are about 50 – 70 people in jail who would meet this criteria and could best be served through a day report center.

Lasee continued that the issue they have to work out is with regard to the large number of people who are receiving signature bonds but are not placed in custody pending their trial who would benefit from the services of a day report center. He does not want to be in a position to have to say that someone has not screwed up enough to have what would

be a cash bond. There is potential to grow and hopefully that population will have less needs and less risk and would take less of the resources from the day report center. Lasee said they will have to keep an eye on what the target population is and once the RFP is drafted he intends to meet with the public defender's office and the Judges and Court Commissioners to work on how to implement this going forward and who specifically is the target population and what specifically the court can order as conditions of bail to the day report center and talk about what services will be offered.

Lasee continued that the day report center would provide accountability because people would be required to report there several times a week. They would be able to do drug testing and provide medication monitoring to be sure that people are in compliance with prescription drug orders from their doctors. In addition, they would like the day report center to be a one-stop shop for those individuals to get some of the services they may need pretrial. Those types of things such as treatment and services would be voluntary as they cannot really be ordered as a condition of bond, but ordering them to appear at the day report center and be tested and take medications can be conditions of bond that could be enforced by the day report center.

Gossage said he applauds all of the work groups on this initiative, but specifically this one on the day report center because it will significantly reduce the probation holds and the amount of bed days that are spent at the jail. He noted that he was just in Madison testifying and that Brown County had the highest number of probation hold days, 12,000 in 2014. The day report center should really lessen the strain on the jail population. Lasee said the current model is that you have someone on jail pending trial and it could be six to nine months. People are not doing anything productive in that time period unless they choose to do it on their own. After the trial, these people are placed on probation. If we can be proactive on the front end and get people services immediately after their offense or immediately after being charged, it satisfies the State to say that the people do not need to be placed on probation because here is what they have done at the day report center over the last six months and this should cut down on the number of people on probation which will then reduce the number of jail bed days.

In terms of cost and projecting this out over the next several years, Hoyer asked if the cost is dependent on the types of services that will be offered or the number of people being served. Lasee stated that it will be a little bit of both, but the number of people being served will be the primary driver. He anticipated that what they will be asked to do is not necessarily pay for these services, but to provide space for the services to come in and be the one-stop shop. He does not know if whoever gets the contract for the day report center will necessarily pay for the counseling. Participants would also bear some of the costs themselves if there is insurance available.

Pritzl said the day report center is important because it will be helping the jail out but also helping the person out who does not need to be in jail and providing treatment if possible. If we are looking at bringing counseling in provided by the County, that is something that would have to be certified as an extension of the outpatient clinic. Agar said that options may also include getting a satellite clinic as well as contracting or if someone is in the Comprehensive Community Services program, services could be provided without physically being in the clinic. Pritzl felt it would be important to look at the RFP and the response to see how to offer services in a comprehensive approach.

Hoyer asked if it would be feasible that those seeking this RFP have counseling services or if the County would have to find someone else for these services. Agar responded that this is something that is case-specific. If someone has insurance and has a provider they can see outside of the system, that would be the preference, but the County may have to try to absorb those without insurance as well. Lasee thought that those who would bid on the RFP would provide the services because they could receive an economy of scale by referring people to themselves and they would not only receive funds from the day report center but then also potentially from those other resources.

Weber asked if Lasee was thinking that there is not enough funding set aside for the actual space plus the services. Lasee responded that he does not know yet and it depends on how we choose to grow this. He said that some of the counties that use day report centers have larger projects that they use as alternatives to probation. He said there are advantages and disadvantages to this. There are benefits to the County of not placing someone on probation, but, on the other hand, if you place someone on probation, the DOC often bears the costs for treatment and if we pull that back into the County, it would be asking the County to bear the costs which otherwise would be allocated for the State. He said for starters we should see how it works with the target population and if it looks like we are getting good results, we can look at expanding to a post-judgment population. Weber mentioned that the Micah Center will have about 2,400 feet of available space in June. Lasee said that the way the RFP will be written is that the burden of finding space will be on the provider.

Hoyer asked about the systems mapping grant. Pritzl said they had a planning call with the group that will be doing the mapping. It is a group that is subcontracted with the Federal Substance Abuse Mental Health Administration. May 17 and 18 are the tentative dates for the mapping to occur and it will be done at the Sheriff's Department. Pritzl said he has been provided with a great planning kit and he will get that moving once the dates are confirmed. He will work on the invite list and noted that everyone in this group will be invited. Weber encouraged those in attendance to think about anyone else who should be invited and she felt that they would easily fill the room. The attendance will be capped at about 40. Pritzl stated that the focus will be on the initial 911 response and the initial court appearance which should be timely with what is being worked on with this group. Weber said that she was impressed with how the group goes about this and they should have some targeted solutions. Pritzl added that the group really wants an elected official to do the kickoff to get the group energized and engaged.

Hoyer asked for an update on the liaison position. Pritzl stated that it is in the works and they have narrowed it down to a final candidate but they will set up a meeting with the candidate to go out to the jail to see what the working environment is all about. The next part of the liaison procedure is to figure out how the work will be accomplished and what they want the position to accomplish. Pritzl felt they should have someone in place for the position in the next couple of weeks. He continued that Economic Support is going to have a presence in the jail as well and that position will help people enroll in eligible benefits which include healthcare coverage like Badgercare which would pay for mental health services. There is still a lot that has to be worked out in terms of process, but it would be bringing the services to the person prior to them leaving the jail.

The next meeting date was discussed and it was decided that the next meeting will be held on April 15, 2016 at noon. In Room 365 at the CTC.

3. **Such other matters as authorized by law.** None.

Motion made by Phil Steffen, seconded by Dave Lasee to adjourn at 1:07 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Mobile Crisis Expansion

Introduction:

Counties are responsible for providing emergency mental health services to residents of their county. Counties are required to have a crisis program that responds to emergent mental health situations, including emergency detentions.

The general requirements for crisis services, per administrative code and agreements between the State and Brown County include:

- Provide immediate evaluation and mental health care to persons experiencing a mental health crisis.
- Make emergency services available within the county's mental health outpatient programs, or mental health inpatient program.
- Be organized with assigned responsibility, staff and resources so that it is a clearly identifiable program.
- Be available 24 hours/day and 7 days/week.
- Offer telephone services with a published number.
- Offer face-to-face services for crisis intervention through outpatient services during business hours, and on-call (minimum) during other hours. On-site intervention when clinically desirable.

Community and Consumer Needs:

Brown County has crisis services that currently provide limited mobile outreach in addition to a telephone response system. The majority of in-person contacts, about 73%, occur at the Crisis Center, which requires a transport to the crisis center by law enforcement, the person or other resources. During the time of the transport, the person needing crisis services is in distress. Having the crisis assessment take place outside of the Crisis Center reduces a consumer transport, provides an on-site view of the consumer, and provides better consumer care.

The overall goal of this proposal is to bring services to the person in crisis safely versus bringing the person to a different location. This would enable the crisis system to provide assessments to the person in their situation and avoid unnecessary transports of the consumer.

Assumptions:

There are a few assumptions being made specific to this proposal:

- The current provider can support additional staff with training and supervision.
- Cooperation between system partners including law enforcement, crisis staff, health care, human services is in place.
- There is an adequate pool of talent to recruit from.

- Safety for the crisis staff can be assured in responding.

Initiative Scope:

The expansion of mobile crisis is specific to those situations where a person is alleged to be a risk to themselves or others, and is not willing to voluntarily present for treatment. These are typically identified as "EM-1" situations, where contact has been initiated with law enforcement, often as a welfare check of the person. The Crisis Center and Human Services will explore the use of joint response in these situations.

Mobile crisis services are not to be used in response to all calls. The Crisis Center currently averages 2,000 calls per month.

Initiative "Deliverables" & Costs:

Brown County Human Services is proposing to add crisis counselors through the contracted provider in 2016. The focus of these positions is on direct consumer contact, and is intended to provide an additional 96 hours of mobile crisis services per week.

The current crisis provider has proposed improved and coordinated mobile crisis response with law enforcement in welfare check situations. This will be evaluated as part of the expansion, and will require additional data for evaluation, and the establishment of agreements.

It will take some time to recruit, hire and train staff. Since mobile crisis services are already being offered on a limited basis in Brown County, there is program experience to build on and to inform the expansion. The estimate is that it will take three months to complete the process of expanding staffing.

The estimated annual cost of $200,000 is related to adding crisis counselors to provide mobile services, including direct staff costs, supervision and program costs.

Resources:

The resources needed for effective expansion include:

- A pool of applicants that meets basic qualifications.
- Time for supervisors and managers to be involved in the screening and interviewing of applicants.
- Physical space for new staff.
- Resources for training new staff.
- Time for existing staff to provide job shadowing experiences.

The resources needed for expansion are available due to the current program operations.

Key Events and Tasks:

The key events and tasks associated with this include:

- The transfer of funds to accounts for expenditures.
- A signed contract in place.
- Posting position announcements.
- Screening applicants.
- Interviewing applicants and making offers.
- Completing training including web-based courses and job-shadowing.
- Evaluating procedure changes with law enforcement.

Risks:

There are some risks identified with this proposal, and these include:

- Safety issues with increased mobile crisis response.
- Resistance to change, which creates barriers to implementation.
- Restricted access to community settings, which could reduce availability to the person in crisis.

Strategies to address these risks include:

- Working closely with law enforcement to ensure safety.
- Presenting revised protocols to key system partners to get input from them.
- Evaluating protocols and agreements to gain access to most community settings.

Expected Benefits and Outcomes:

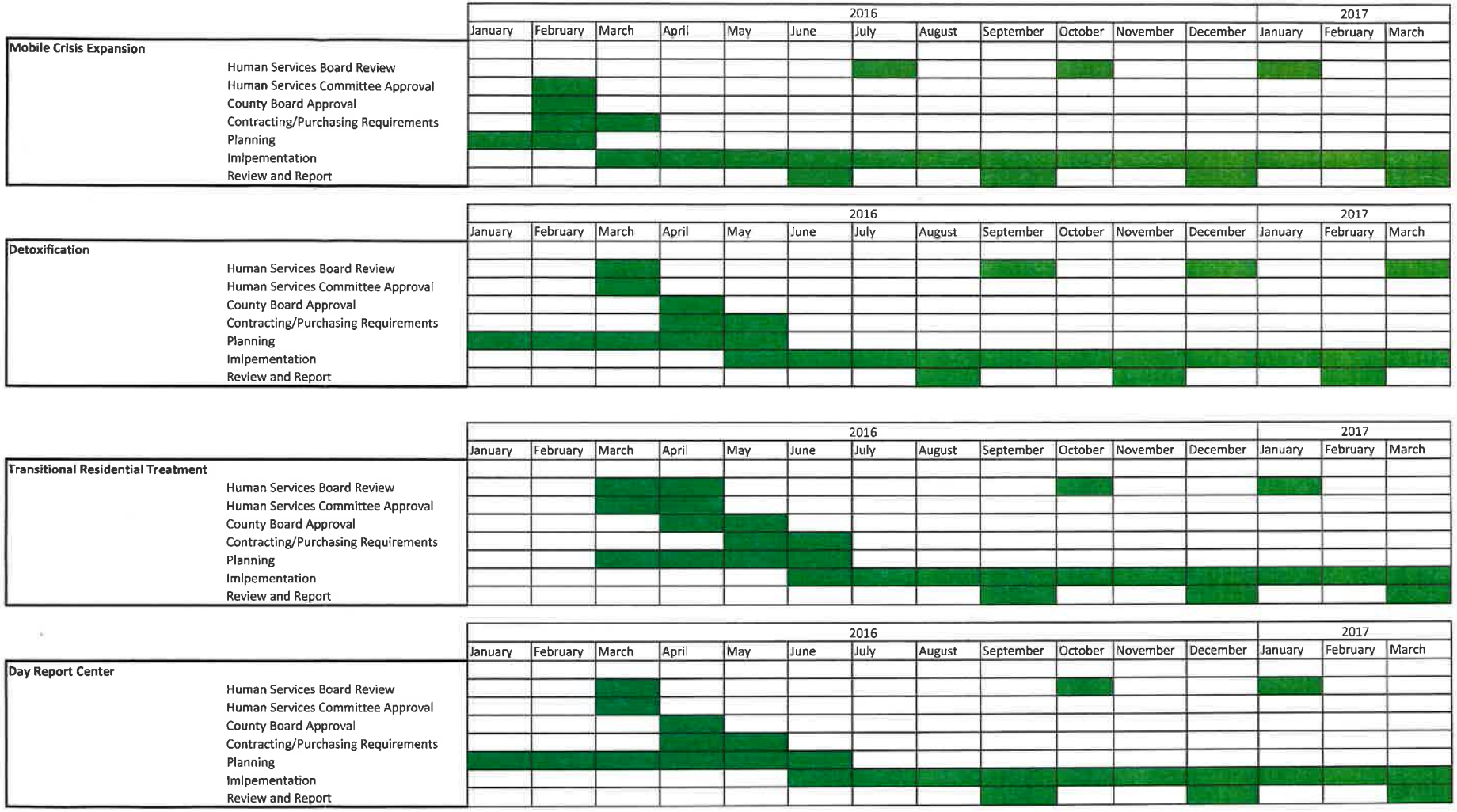
There are data elements that will be tracked before and during service implementation. These include:

- The number and duration (hours) of in-person mobile crisis contacts that occur outside of the Crisis Center.
- The number and duration of diversion stays (days) 12 months prior to mobile crisis expansion.
- The amount of law enforcement time (hours) per crisis contact pre and post mobile crisis expansion.
- The number and length (miles) of client transports post mobile crisis expansion.
- The average response time for mobile crisis calls. The 2016 target is within 30 minutes.

The expected benefits include:

- An increase in the number of mobile crisis contacts, and the hours of service provided to people outside of the Crisis Center.
- A reduction in the amount of law enforcement time per crisis contact due to improved coordination and response by crisis staff and law enforcement.
- A reduction in the transports associated with crisis calls.
- A decrease in the average response time for mobile crisis calls.

Draft Mental Health Initiative Timeline



Police present individual who is intoxicated by the use of alcohol

Intoxication: a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol

Determination is made by law enforcement as to no need for medical clearance

LOW RISK: Using substances, but is not currently under the influence or is not seriously impaired. Is alert and oriented x 3. Fully ambulatory. Clinically sober.

MODERATE RISK– Moderately impaired by substance use, but is alert and oriented. Is able to engage in reasonable conversation. Ambulatory without assistance.

HOME (with family, friends, bus token or cab voucher)

Has a competent responsible person to physically take responsibility for the person

Referral for residential treatment or outpatient services are offered

ALTERNATIVE OUTCOMES:

- Crisis Center
- Rims
- St. Johns / Shelter
- Jail if being arrested

Police present with individual who is incapacitated by the use of alcohol

Incapacitation: a person, as a result of the use of or withdrawal from alcohol, is unconscious or has his or her judgement so impaired that he or she is incapable of making a rational decision, as evidenced objectively by such indicators as extreme physical debilitation, physical harm or threats of harm to himself or herself or to any other person, or to property.

Medical Clearance exam completed by provider per facility protocol

HIGH RISK—The patient is clearly impaired and requires supervision in order to be in the community safely. Is unconscious or unable to ambulate without risk for falling.

REQUIRES MEDICAL ADMISSION DETERMINED BY MEDICAL STAFF

Police place under 51.45 (11) alcohol hold at Bellin Psychiatric Center

Placed in hospital bed under a 51.45 (11) alcohol hold

AODA ASSESMENT AND RECOMMENDATION BY COUNTY

Individual is detained for up to 72 hours and released when a determination is made that the individual is no longer incapacitated

Individual is detained for up to 72 hours and voluntarily receives medical detoxification treatment

Referral for residential treatment or outpatient services are offered

BROWN COUNTY HUMAN SERVICES DEPARTMENT
COMMUNITY TREATMENT CENTER
POLICE PROTECTIVE CUSTODY
TREATMENT AND SERVICE FOR INTOXICATED
PERSONS AND OTHERS INCAPACITATED BY ALCOHOL

According to Wisconsin Statute 51.45, Paragraph 11:

a. An intoxicated person may be brought voluntarily to a public treatment facility. He/She may also be assisted to his/her home, to a private facility, or other health facility.

b. A person who appears to be incapacitated by alcohol shall be taken into protective custody by a law enforcement officer and brought to a public treatment facility for emergency treatment.

1. Name: _____
   Last First Middle Initial

   Address: _____

   County of Residence: _____

   Date of Birth: _____ Telephone Number: _____

2. Location of Subject (including county): _____

   _____

3. Reason for Pickup and Condition: _____

   _____

   _____

4. Detention at: _____

   _____

5. Signature of Officer: _____

   Date & Time: _____ Badge #: _____

   County of Officer: _____

White: Medical Record
Yellow: Unit Chart
Pink: Client

Reviewed/Revised: 5/91; 5/01; 11/02; 9/10