

CLERK: Nothing further pending, Mr. President.

SPEAKER BAACK: Senator Wesely, to open on the bill.

SENATOR WESELY: All right. Mr. Speaker and members, I would like to address Senator Robak's previous question and outline the bill for you at this point. What we're trying to do is, again, improve the system that we have for mental health commitment and we found a number of difficulties. One of those was how we committed people and the standard we used but we have deleted that part of the bill which was really the only controversial part that I'm aware of. Again, a task force was formed with various interested parties and consensus had been reached, as far as I know, on the previous...on the other elements of the bill. One of those elements is the question of outpatient treatment. We now provide for outpatient treatment but it's not clear what that means. And so this bill would provide a definition of outpatient treatment and make it clear as to what we have intended, as a Legislature, in that regard. This would make it easier and facilitate the greater use of outpatient treatment. Again, it somewhat ties back into Senator Pirsch's question. You have an individual come into the regional center under the Mental Health Commitment Act. It's deemed time to release that person but there is some concern about their ability to cope outside of the institution. With a clear definition of outpatient treatment, there would be less concern about the use of that mechanism to release that individual and have oversight with them to see that they carry out their treatment program in the community and I think would again protect the public by having that. So that definition is clarified and will facilitate more outpatient release of individuals to the benefit of all involved. The question that Senator Robak raised was about training and this bill would provide that starting later on this year Mental Health Board members would have to have training. Currently, the Department of Public Institutions, which has oversight in the area of mental health, is mandated to provide the training to mental health commitment boards but they're not...the board members are not required to attend and we have found poor attendance in the training exercises. As a result, we have had some variances in how mental health commitment boards have interpreted the law, where in one area they will determine that the right approach is this way, another area will determine a different way, and we have had inconsistencies that have caused some serious problems around the state. So though it is an ability to have training