

Civil Commitment and Voluntary Treatment

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Introduction

Focus on short term treatment

Civil commitment refers to the court process which can be utilized to require individuals to undergo treatment for a mental disability, either on an inpatient or outpatient basis. Civil commitment in Wisconsin generally is for the purpose of treating an acute mental disability. This means that treatment is expected to be for a relatively short term. Court ordered care for people with mental disabilities may be provided for through civil commitment or protective placement. *(See Chapter 55: Protective Services and Placement chapter, pg. 342.)*

Treatment and protection from harm

There are two purposes which the commitment process is intended to serve. One purpose is to provide care and treatment for a mental disability when an individual in need of such care either is unable or unwilling to agree to receive it. The second purpose is to offer protection from harm which the individual is likely to cause either to self or to others. It is very important to remember that **both** of these factors must be present before an individual can be civilly committed in Wisconsin: the individual must be in need of treatment which is likely to improve the effects of a mental disability and must be presenting a danger either to self or to others.

Consequences to the individual

It should be recognized immediately that there are three direct and closely related consequences of court ordered civil commitment. First and most obvious, an individual who has been civilly committed will have lost some freedom to move about. As will be suggested below, the amount of freedom of movement which is lost can vary greatly, but some freedom of movement will be lost by each individual. Secondly, freedom to choose among treatment options, or to completely forego treatment, may be greatly reduced. Third, the person will be labeled as someone who is mentally ill and dangerous. In recognition of the importance of these potential losses to an individual, Wisconsin by statute has limited the use of civil commitment to providing treatment and protection for individuals most in need.



Commitment should be a last resort. Make sure the person has been offered treatment options and a chance to participate voluntarily.

Voluntary Treatment

Outpatient Treatment of Adults

Sec. 51.61(6) & (8), Wis. Stats.

Adults who are competent may give informed consent to participate in outpatient treatment. This can include a wide variety of treatment

options such as outpatient therapy, day treatment, community support programs, case management, medications, etc. If the person has a guardian, the guardian may consent on his/her behalf.

Inpatient Treatment of Adults

Admission to private psychiatric hospitals or units when there is no involvement of or funding from the county Department of Human Services (also called the Department of Community Programs or Unified Services) is generally a straightforward hospital admission. The issue is whether the person has given voluntary consent. Payment is generally made by private insurance or HMO or by the patient.

General procedures Sec. 51.10(1) & (4), Wis. Stats.

If the person is admitted through a county department and/or if county funding is involved, then the director of the treatment facility or his/her designee and the director of the county department must approve the admission. The person must be mentally ill and have the potential to benefit from inpatient care, treatment, or therapy, and must sign a voluntary admission form. S/he does not have to meet a dangerousness standard.

Non-protesting voluntary admission Sec. 51.10(4m), Wis. Stats.

It is also possible to voluntarily admit a person to a publicly funded psychiatric hospital or unit in Wisconsin without the person actually signing the admission form. Usually this involves a catatonic or paranoid person who is unwilling to sign an admission form but who does not object to the admission. This procedure may also be used with an elderly confused person with mental illness who needs to be transferred from a nursing home to a psychiatric unit. In order for a non-protesting voluntary admission to occur, a physician of the inpatient facility must submit a signed request for admission of the person and certify before two witnesses that s/he advised the person of the benefits and risks of treatment, the discharge procedure, the right to treatment in the least restrictive environment, and the responsibility of the hospital to provide the person treatment. The person may then be admitted as a voluntary patient for up to seven days as long as s/he does not indicate a desire to leave.

On the next weekday following the admission, the facility must notify the local probate court of the admission. The court must then appoint a guardian ad litem to visit the person, inform him/her of his/her rights, and ascertain whether the person wishes to receive treatment in a non-hospital setting. If the person does, then the guardian ad litem must assist him/her in securing alternative treatment. If, after seven days have elapsed, the person still has not signed a voluntary admission form, the patient, guardian ad litem, and doctor who signed the original request for admission must appear before the court

to determine whether the person should remain as a voluntary patient. As long as the person does not indicate a desire to leave the facility, s/he is permitted to remain.

**Person believed incompetent
or has a guardian**

Secs. 51.10(7) & (8), Wis. Stats.

If a person is believed by admitting hospital staff to be incompetent, the treatment director may nevertheless admit the person and then apply to the court within 48 hours for the appointment of a guardian. The person can stay at the hospital pending the appointment of the guardian. If the person already has a guardian, both the individual and the guardian must consent to the admission. This may create a difficult situation if the person is unable to understand what is happening and is unable to give consent. One may need to assess the situation to determine whether a psychiatric hospitalization is actually needed, whether civil commitment is required or a non-protesting admission is possible.

Discharge process

Sec. 51.10(5), Wis. Stats.

When a person wants to be discharged from a psychiatric hospital or unit, s/he must submit a written request. If the staff determines that the person is not dangerous, then s/he must be discharged. However, staff may evaluate whether s/he meets the dangerousness standards for commitment. If they feel that the person does meet one of the standards, then the treatment director or designee may file a petition for emergency detention.

**Discharge planning and
community services**

Secs. 51.35(4m) & (5), Wis. Stats.

Whenever a voluntary inpatient is discharged from an inpatient psychiatric facility, the facility, or the county department (if the county department is involved in the person's treatment) must "ensure that a proper residential living arrangement and the necessary transitional services are available and provided for the patient." The law specifically says that a person may not be discharged to a homeless shelter unless it is on an emergency basis not to exceed ten days. In addition, if the person has a chronic mental illness, s/he must be referred to the county Department of Human Services for an evaluation of his or her need for community-based services and aftercare services. Prior to discharge, the person must be helped to apply for any public assistance, such as SSI or Medicaid, for which s/he may qualify.

Outpatient Treatment of Children

Consent of parent and child

Secs. 51.14 and 51.61(6), Wis. Stats.

In order for a child to receive outpatient mental health treatment, the child's parent or guardian must provide written informed consent. If the child is aged 14 or older, then s/he must also give written informed consent. However, if either the parent or guardian or child aged 14 or older refuses to give consent, then the matter may be reviewed by a mental health review officer appointed by the juvenile court. The review procedure may only be used for outpatient treatment and may not be used for consent to psychotropic medication.

Inpatient Treatment of Children

Voluntary admission of children to inpatient psychiatric facilities is much more complex than the admission of adults, since young children cannot consent to treatment. Traditionally, parents have provided the consent for them. However, it has also been recognized that the interests of the parent and the interests of the child may not always be in agreement. Therefore, certain procedures have been set up to safeguard the rights of the children involved and to monitor the appropriateness of psychiatric inpatient admissions.

Consent of the child

Sec. 51.13(1), Wis. Stats.

For a child under age 14, the parent or guardian executes the voluntary admission to a psychiatric hospital. For a child 14 years and older, both the parent or guardian and the child must consent to the admission. (Note: In order for a parent to give a valid consent, s/he must have legal custody of the child.) If the child wishes admission but the parent refuses or is unavailable, a petition may be filed with the court for a hearing to determine whether the child should be admitted.

Court review

Secs. 51.13(4), Wis. Stats.

If the child's psychiatric care is funded or authorized through a county Department of Human Services, then the director of the county department as well as the treatment director of the facility must approve the admission. Within three days of the admission, the treatment director of the facility must file a petition with the local juvenile court so that the court can review the appropriateness of the admission. The court is to review whether the admission is voluntary if the child is 14 or older, whether the child needs psychiatric treatment, whether the hospital can offer appropriate treatment, and whether the admission is the least restrictive form of treatment which is consistent with the child's needs. If the court is unable to make these determinations, it may request additional information or hold a hearing. The court may approve the admission, may order the child transferred to a more appropriate or less restrictive facility, or may disallow the admission.

Discharge process

Sec. 51.13(7), Wis. Stats.

A minor who is 14 years or older may request discharge within 48 hours unless a petition for emergency detention is filed with the court. His/her parents must be notified at the time the discharge request is made. A child who is under 14 may request the court to review the appropriateness of his/her being in the hospital. If the staff determines that a child under 14 wants to leave, they are to request the court to review the continued appropriateness of the child being in the hospital.

Admission to private facility

Sec. 51.13(2), Wis. Stats.

If a child is admitted to a psychiatric facility and public funds are not involved, i.e., the admission is covered by the family's insurance, then court review of the admission is not required. However, the child over 14 must consent along with his/her parents and children have the same discharge rights as described above.

Civil Commitment

Individuals Who Can Be Committed

Sec. 51.20(1), Wis. Stats. In order to be civilly committed an individual must be:

Three required criteria

1. mentally ill, drug or alcohol dependent or developmentally disabled; and
2. “a proper subject for treatment”; and
3. dangerous.

Each part of this legal requirement is defined in the statute. The requirement of treatability has been clarified by court decision, as well. The definition and process described here do not necessarily cover commitments for alcoholism. These are regulated by a different statutory section.

Sec. 51.45, Wis. Stats.

Disability

Mental illness

Sec. 51.01(13)(b), Wis. Stats.

For the purpose of civil commitment, “mental illness” is defined to mean “a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.” In order to meet this part of the test for commitment, an individual must have a substantial disorder which directly and grossly impairs the thought processes listed.

Developmental disability

Sec. 51.01(5)(a) & (b), Wis. Stats.

For the purposes of civil commitment, “developmental disability” is defined to mean “a disability attributable to brain injury, autism, Prader-Willi Syndrome, mental retardation, or another neurological condition closely related to mental retardation or requiring treatment similar to that for mental retardation, which is expected to continue indefinitely and which is a substantial handicap to the person.”

Drug dependent

Sec. 51.01(8), Wis. Stats.

“Drug dependent” is defined as “a person who uses one or more drugs to the extent that the person’s health is substantially impaired or his/her social or economic functioning is substantially disrupted.”

Treatability

Sec. 51.01(17), Wis. Stats.

Under Wisconsin law, before commitment can be ordered an individual must be proven to be treatable. Treatment is defined to include “psychological, educational, social, chemical, medical or somatic techniques designed to bring about rehabilitation....” The key word in this definition - rehabilitation - was not defined by the legislature when the commitment law passed. Two court decisions, however, have interpreted this word. Under these cases¹ a court may order commitment only if it concludes that the treatment techniques listed above are likely to improve or control the symptoms of the mental disability. If there is little likelihood of improvement or control, the care which could be provided would be custodial, instead of active treatment.

Dangerousness

This final part of the test which must be met before commitment can be ordered is very important and also very complex. The description which follows is only an outline of what the law requires and should be treated accordingly. **There are five different tests of dangerousness under Wisconsin law. Only one must be satisfied before commitment can take place.** These standards were enacted as the result of a federal court case which required that only individuals who pose a danger to themselves or others may be committed.²

Dangerousness to self

Sec. 51.20(1)(a)2.a., Wis. Stats.

The first criterion for a dangerousness determination permits commitment of an individual who demonstrates a “substantial probability of physical harm to him/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.” Either threats or attempts will support a finding of dangerousness so long as the court also finds a substantial probability that physical harm will result.

Dangerousness to others

Sec. 51.20(1)(a)2.b., Wis. Stats.

The second criterion applies when an individual demonstrates a “substantial probability of physical harm to other individuals as manifested by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm.” Thus, proof of recent violent or homicidal behavior against others, or acts, attempts or threats of serious physical harm which reasonably put others in fear for their safety can support a commitment order. The word “reasonable” is important and the question of whether someone can be committed will vary with the facts.

Impaired judgment

Sec. 51.20(1)(a)2.c., Wis. Stats.
Sec. 51.20(1m), Wis. Stats.

The third criterion applies to an individual who demonstrates “such impaired judgment, manifested by evidence of a pattern of recent acts or omissions, that there is a substantial probability of physical impairment or injury to him/herself.” It should be noted that an isolated incident or a potentially harmful omission would not satisfy this test. There must be a pattern of such behavior. However, under an alternative provision a single act may be sufficient to support emergency detentions.

Unable to satisfy basic needs

Sec. 51.20(1)(a)2.d., Wis. Stats.

The fourth dangerousness standard permits commitment of an individual who demonstrates “by recent acts or omissions that, due to mental illness, s/he is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue” unless treatment for the mental illness is provided. This standard differs from the third standard because a finding of impaired judgment is not required. The focus of this criterion instead is on behavior and the imminence of the predicted harm.

Fifth standard

Sec. 51.20(1)(a)2.e., Wis. Stats.

There is a newer fifth standard which is quite complex. It states that a person with mental illness may be committed if: “after the advantages and disadvantages of and alternatives to accepting a particular medication or treatment have been explained to him/her and because of mental illness, (the person) evidences either incapability of expressing an understanding of the advantages and disadvantages of accepting medication or treatment and the alternatives, or substantial incapability of applying an understanding of the advantages, disadvantages, and alternatives to his/her mental illness in order to make an informed choice as to whether to accept or refuse medication or treatment; and evidences a substantial probability, as demonstrated by both the individual’s treatment history and his/her recent acts or omissions, that the individual needs care or treatment to prevent further disability or deterioration and a substantial probability that s/he will, if left untreated, lack services necessary for his/her health or safety and suffer severe mental, emotional, or physical harm that will result in the loss of the individual’s ability to function independently in the community or the loss of cognitive or volitional control over his/her thoughts or actions.”

The third, fourth and fifth standards may not be used if reasonable provision for the individual’s protection is available in the community and there is a reasonable probability that the person will use these services or if s/he is appropriate for protective placement or, if a minor, is appropriate for services or placement under the Children’s Code. However, if the food, shelter, or other care is being provided to the individual by someone who is not part of a psychiatric treatment facility, this does not constitute “reasonable provision for the individual’s protection in the community.”

Starting a Civil Commitment**Emergency detention**

Sec. 51.15(1), Wis. Stats.

The issue of whether an individual ought to be committed can be brought before a court in one of three ways. First a law enforcement officer can detain an individual who the officer believes will meet the commitment criteria. This belief must be based on an observation of the officer or information which is reliably reported to him/her. If an officer takes an individual into custody, the individual can be detained for up to 72 hours in a hospital, center for the developmentally disabled or other approved facility. Weekends and holidays are not included in determining the 72 hour limit so in some cases detention could last for up to six days. Further detention can only be authorized by a court once the limit has expired.

Petitioning court

Sec. 51.20(1), Wis. Stats.

Secondly, a petition may be used to start the commitment process. It must be signed by three adults, at least one of whom has personal knowledge of the facts which support a need for commitment. The corporation counsel for the county must be involved in writing and filing the petition. A clear and concise statement of the facts which support commitment must be included in the petition. The petition is

Detention
Sec. 51.20(2), Wis. Stats.

filed with the probate branch of the circuit court for the county where the subject of the commitment actually is located or for the individual's county of residence. A judge then either can order detention for up to 72 hours if it appears from the petition that the individual may be committable, or the court may set the matter for a hearing with notice of the petition and hearing given orally and in writing to the individual.

Treatment director's hold
Sec. 51.10(5)(c), Wis. Stats.

The third way to start a commitment applies only to persons who are already in a psychiatric hospital. At time of discharge, a patient may be detained by the treatment director or his/her designee if s/he believes that the person meets the standards for commitment. This detention may last only until the end of the next business day of the court. During this time the treatment director or designee must file a statement of emergency detention with the court, which then starts the commitment proceeding.

Court Ordered Commitment

Probable Cause Hearing

Only a small percentage of the cases which are started actually go through the full commitment process. In most cases either the individual improves enough before the trial and is released or the individual voluntarily agrees to receive treatment and signs a settlement agreement. However, a detailed process is set forth in state law for those cases which do go all the way through the trial stage.

Timing
Sec. 51.20(7)(a) & (b), Wis. Stats.

The next stage after detention or notice as described above is the "probable cause" hearing. For detained persons the hearing must occur within 72 hours of detention, exclusive of Saturdays, Sundays, and legal holidays. The individual or his/her attorney can request to postpone the hearing for up to seven days. In cases where the individual has not been detained the hearing must take place within a reasonable time. The purpose of the hearing is to determine whether there is probable cause to believe the individual meets the standard for commitment which means it is more likely than not that the individual meets the standard.

Possible outcomes
Sec. 51.20(7)(c)-(d), Wis. Stats.
Sec. 51.20(8), Wis. Stats.

If the judge or court commissioner finds probable cause, either detention can be ordered or the court can permit the individual to remain in the community. If the person is detained, the final commitment hearing must occur within 14 days of the initial detention (21 days if the individual requested a seven day postponement). If the court does not detain the person, then the final hearing must take place within 30 days of the probable cause hearing. If the court does not find probable cause, the petition is dismissed and the individual is free to go. There is a middle ground, also. The court may find that while the individual is not committable, s/he may meet the test for guardianship and provision of protective placement or services. The court can then appoint a temporary guardian, order emergency protective placement or

services and proceed as if a request for such services had been sought.
(See pg. 346.)

Settlement agreement

Sec. 51.20(8)(bg), Wis. Stats.

A settlement agreement in a commitment case may be obtained at any time after the proceedings have started. In such an agreement the subject of the commitment agrees to waive the time period for the probable cause or final commitment hearing and to receive treatment for up to 90 days. A settlement agreement, which includes a treatment plan, must be drawn up and agreed to by the individual and the corporation counsel and approved by the court. The treatment can be on an inpatient or outpatient basis. Any time during the treatment period either party may request a change in the treatment plan. The court designates the county department to monitor the individual's treatment under the plan.

If the individual fails to comply with the treatment which s/he agreed to, the county department staff is required to notify the county corporation counsel and the individual's attorney. The corporation counsel may then file with the court a statement of the facts which underline the belief that the person is not in compliance.

Sec. 51.20(8)(bm) & (br), Wis. Stats.

Upon receipt of the statement, the court may issue an order to detain the individual. A probable cause or final commitment hearing must then be held. The facts which were the grounds for the original proceedings can be used in these proceedings. Thus, the original claims of mental illness and dangerous behavior can be used; new acts, attempts, threats, or omissions are not needed.

Treatment Prior to Commitment

Secs. 51.20(8)(c) and
51.61(1)(g), Wis. Stats.

Prior to the probable cause hearing, treatment only can be provided if the individual agrees to accept it or if it is necessary to prevent harm to the individual or to others. During or after the probable cause hearing the court can decide whether to order that medication be provided to the individual even over an objection. Before such a decision can be reached a hearing must be held where evidence is presented which leads the court to conclude that: the individual is not competent, because of mental illness, to decide whether to accept or reject treatment, and that the medication will have therapeutic value and will not interfere with the individual's preparation for the commitment hearing.

Psychiatric Examination

Examiners
Sec. 51.20(9), Wis. Stats.

In all cases where the court finds probable cause, the court will order that two experts must examine the individual. The experts can be physicians, psychiatrists or psychologists. The person who is the subject of the commitment process may select one of the examiners. The court may reject the individual's choice if the proposed expert is unavailable or not qualified. The individual also may request the court's permission for examination by a third expert. If the court approves examination by a third expert, the individual who is the subject of the commitment

proceeding will be required to pay for the examination, if financially able. If the court finds that the individual cannot afford full or partial payment, the county where the individual lives will be required to pay. Each expert must file a report with the court which describes the expert's findings on dangerousness, treatability and the existence of a disability. The appropriateness of different kinds of treatment and treatment facilities also must be discussed.

The Commitment Hearing

If a case goes all the way to the commitment hearing, the judge must decide whether all requirements for commitment have been met.

These requirements, as discussed above, are:

1. whether there is a mental illness, a developmental disability or drug dependency;
2. which is treatable; and
3. whether the individual is dangerous.

Burden of proof

Sec. 51.20(13)(e), Wis. Stats.

The facts which are used by the court to reach these conclusions must be proven by clear and convincing evidence by the persons seeking commitment.

Hearing rights

Sec. 51.20(5), (10),(11), (12) & (15), Wis. Stats.

The individual is given specific rights during the commitment and probable cause hearings including the right:

1. to receive adequate and timely notice;
2. to have the hearing open, unless the individual requests a closed hearing;
3. to have the hearing recorded;
4. to be represented by an attorney;
5. to present evidence and cross-examine witnesses;
6. to a six person jury;
7. to remain silent; and/or
8. to appeal.

Possible outcomes

Sec. 51.20(13)(a)1.,2. and 3., Wis. Stats.

At the end of the hearing the court has three options:

1. to dismiss the petition;
2. to convert the case to one involving protective services or placement or guardianship; or
3. to order commitment.

Treatment and commitment

Secs. 51.20(13)(a)3.,(c),(dm) & (g) 2d. and Sec. 51.22, Wis. Stats.

If commitment is ordered it will be to the care and custody of a county department of community programs or human services. Commitment for either inpatient or community based treatment is permissible, and if inpatient care is not proven to be needed then commitment should be for outpatient treatment. Treatment must be provided in the least restrictive setting necessary. If the court order includes inpatient care,

Payment for treatment

Sec. 46.10(2), Wis. Stats.

the court also must designate the maximum level of inpatient treatment facility to be used by the county department. A person committed under the fifth standard may be in a hospital for only 30 days at a time. The cost of court ordered treatment may be paid for by the county department, although the individual may be charged to the extent of his/her ability to pay.



A person under commitment has the right to receive prompt, adequate and appropriate treatment through a county Department of Human Services or Community Programs.

Involuntary Medication and Treatment Orders

Sec. 51.61(1)(g), Wis. Stats.

Once a final commitment order has been made a person retains the right to refuse medication and treatment unless the commitment is under the fifth standard. All persons under the fifth standard are subject to involuntary treatment. For others the right to refuse may be overridden in an emergency or if the court has made a finding that the person is not competent to refuse medication and treatment. The court can make such a finding only after it has held a hearing on the issue. This hearing can be held immediately following the commitment hearing or at a later time. If the treatment staff believes that the person is not competent to make treatment decisions, they should make the appropriate motion for a hearing to be held on this issue and be prepared to provide testimony.



Delays in starting treatment can be avoided if the hearing on the individual's competency to refuse medications and treatment is held at the same time as the commitment hearing.

Incompetent to refuse medication or treatment

Sec. 51.61(1)(g)4., Wis. Stats.

The standard for “not competent to refuse medication and treatment” has two alternatives: (1) a person is incompetent to refuse if, because of mental illness, developmental disability, alcoholism or drug dependence, and after the advantages and disadvantages of and alternatives to accepting a particular medication or treatment have been explained to the individual, s/he is incapable of expressing an understanding of the advantages, disadvantages, and alternatives; or (2) s/he is substantially incapable of applying an understanding of the advantages, disadvantages, and alternatives to his/her mental disability in order to make an informed choice as to whether to accept or refuse medication or treatment.

Patients' Rights**Rights**

Sec. 51.61, Wis. Stats.

Once an individual is committed, state law provides specific rights, such as the right to prompt, adequate and appropriate treatment under the least restrictive conditions necessary to achieve the purpose of the commitment. (See pg. 238.) In addition, each individual is entitled to have treating personnel re-evaluate his/her need for care within 30 days of commitment, three months after the initial re-evaluation and then at least every six months. The committed individual, a guardian,

Re-evaluation

Sec. 51.20(17), Wis. Stats.

relative or friend also may request that a court order re-examination, or modify or cancel the commitment order.

Transfers and Discharges

Sec. 51.35(1), Wis. Stats.

Committed individuals may be transferred from one treatment facility to another as long as it is consistent with the principle of the least restrictive environment. The transfer can be made conditional as, for example, on the condition that the individual continues to take required medication while in a community program. Violation of the condition may lead to specific consequences, including transfer back to a more restrictive facility, so long as the individual was informed of the conditions before transfer and certain due process procedures are followed.

Duration of initial commitment order

Sec. 51.20(13)(g)1. & 2., Wis. Stats.

Discharge from commitment

Sec. 51.35(4), Wis. Stats.

Initial commitments are for a period of six months, unless the court in its commitment order sets a shorter time. Also, commitments made under the fourth dangerousness standard are for no longer than 45 days in any 365 day period. Once these periods expire discharge is to be automatic. Furthermore, discharge may be made by the county department before these periods elapse if it determines that the individual no longer meets the standards for an original commitment. The dangerousness standards are modified for the purposes of this determination: a showing only need be made that the individual would be likely to meet the dangerousness standard if treatment were withdrawn.

Sec. 51.35(4m) & (5), Wis. Stats.

Once an individual is discharged the county Department of Human Services must ensure that proper residential living arrangements and services necessary for a successful transition to community living are available and provided to the individual.

Recommitment

Procedure and standard

Sec. 51.20(13)(g)3., Wis. Stats.

Sec. 51.20(1)(am), Wis. Stats.

If a county Department of Human Services decides that an individual continues to require treatment beyond the initial commitment period, it must apply to the court for an order continuing commitment. The individual for whom recommitment is sought has all the rights described above. The only difference is that recommitment can be ordered if the court determines that the person would be likely to be dangerous if treatment were withdrawn. Recommitment is for a period not to exceed one year, as are any future recommitments.

Duration

Sec. 51.20(13)(g)1., Wis. Stats.

For more detailed information about civil commitment see Greenley, D., Chapter 51: The Wisconsin Mental Health Law, 4th Edition, Wisconsin Department of Health and Family Services, 1999.

1. Milwaukee County C.C.S.B. v. Athans, 107 Wis. 2d 331 (Ct. App. 1982); In the Matter of the Mental Condition of C.J. v. Wisconsin, 120 Wis. 2d. 355 (Ct. App. 1984)
2. Lessard v. Schmidt, 379 F. Supp. 1376 (E.D. Wis., 1974) (full citation omitted)