

REGISTRATION BEFORE COUNTY BOARD

DATE: 12/19/19

Name: Tom Gilbert

Item #/Petition/CUP # or Subject:

Municipality: Middleton

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Registering in Support

☐ Registering in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☐ YES ☒ NO

[If you checked "NO," STOP; you need not complete the rest of this form. If you checked "YES," go on to the next question.]

Name, address and telephone number of each person or organization you are representing:

Comments:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☐ NO

[If you checked "NO" to the question, STOP; you need not complete the rest of this form.

If you checked "YES," continue to the next question.]

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ YES ☐ NO

[If you checked "YES," to the question, STOP; you need not complete the rest of this form except that you must sign this form. If you checked "NO," to the question, go on to the next question.]

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO

(A reporting period is January to June or from July to December.)

5. Do you anticipate making more than 2 contacts with County Board supervisors other than at public hearings or meetings? ☐ YES ☐ NO

(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

[If you checked "NO," to questions 4 and 5 above, STOP; you need not complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. You must also sign this form. If you checked "YES" to either question at this time, go on to the next question.]

6. If "YES," do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the county clerk? ☐ YES ☐ NO

[If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at Room 106A of the City-County Building, Madison, for more information.]

Date: _____

Signature _____

Print Name _____

Improving Mental Health Treatment in Dane County and Keeping People Out of the Criminal Justice System

The criminal justice system is not designed to meet the needs of people needing mental health care. Yet, today, a large portion of people in the Dane County Jail have mental health issues (nearly 40% are receiving psychotropic medications) and there is a high racial disparity in this population. Many stakeholders in the county are now working to reduce the number of people with mental health issues who are incarcerated in the jail and are searching for effective approaches to achieve this objective. As a contribution to this effort, MOSES (Madison Organizing in Strength, Equality, and Solidarity) offers the following Desired Future Conditions to describe an improved criminal justice system, an improved mental health care delivery system, and the kind of community in which we desire to live.

DESIRED FUTURE CONDITIONS

Dane County Mental Health System

1. There is timely access to effective mental health care for everyone in Dane County through a coordinated system of providers, regardless of payer status. Trauma-informed care practices are an essential part of the system.
2. There is a coordinated approach among service providers, referring organizations, first responders, etc. to help people navigate the system and find the services that they need, including housing, transportation, employment, and other supportive services.
3. Case management (identification of needs and coordination of services) is available to all individuals who need it, bridging provider and agency boundaries. Peer support specialists are involved throughout the system.

Dane County Crisis/Restoration Center and Crisis Management

4. A Crisis/Restoration Center (providing mental health urgent care services 24 hours a day) is available to anyone in the community needing such services. The Crisis/Restoration Center provides immediate triage and stabilization followed by seamless/uninterrupted access to community services for longer-term treatment as needed. These services include treatment for co-occurring substance abuse disorders as needed.
5. First Responders (law enforcement officers, fire, EMS, 911 dispatchers), when responding to a call, have access to professional mental health consultation (in person on the scene, or through phone consultation) regarding background information and in making a decision on the appropriate next steps and/or facility placement for the individuals involved or needing assistance.
6. The Crisis/Restoration Center provides a viable treatment option in lieu of charging people with a crime and booking them into the Dane County Jail.

REGISTRATION BEFORE COUNTY BOARD

DATE: 10/19/19

Name: Jeanie Verschay

Item #/Petition/CUP # or Subject:

Municipality: Madison

<input checked="" type="checkbox"/> Wish to Speak in Support	<input type="checkbox"/> Wish to Speak in Opposition	<input type="checkbox"/> Available for Information Only
<input type="checkbox"/> Registering in Support	<input type="checkbox"/> Registering in Opposition	

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Name, address and telephone number of each person or organization you are representing:
MOSES (Madison Organizing in Strength, Solidarity
4011 Majd Ave. & Equality)
Madison

Comments:

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Date: _____

Signature _____

Print Name _____

REGISTRATION BEFORE COUNTY BOARD

DATE: 12/19/19
Item #/Petition/CUP # or Subject: F

Name: Heidi Weglester
Municipality: Madison

☒ Wish to Speak in Support
☐ Registering in Support

☐ Wish to Speak in Opposition
☐ Registering in Opposition

☐ Available for Information Only

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