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DISTRICT II

June 20, 2018

To:

Hon. Paul V. Malloy Circuit Court Judge Ozaukee County Circuit Court 1201 S. Spring St. Port Washington, WI 53074-0994

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M.L.G. 1036 N. Port Washington Rd. Mequon, WI 53092

You are hereby notified that the Court has entered the following opinion and order:

2018AP572-NM

In the matter of the mental commitment of M.L.G.: Ozaukee County v. M.L.G. (L.C. #2015ME65)

Before Reilly, P.J.¹

Summary disposition orders may not be cited in any court of this state as precedent or authority, except for the limited purposes specified in WIS. STAT. RULE 809.23(3).

M.L.G. appeals Wis. Stat. ch. 51 orders committing him to the custody of Ozaukee County for outpatient mental health care to include being involuntarily medicated, should he not consent to its administration. His appellate counsel has filed a no-merit report pursuant to Wis. Stat. Rule 809.32 and *Anders v. California*, 386 U.S. 738 (1967). M.L.G. was provided a

¹ This appeal is decided by one judge pursuant to WIS. STAT. § 752.31(d) (2015-16). All references to the Wisconsin Statutes are to the 2015-16 version unless otherwise noted.

copy of the report but has submitted no response. Upon consideration of the report and an independent review of the record, we are satisfied that the appeal has no merit. We summarily affirm the orders, *see* WIS. STAT. RULE 809.21, and grant counsel's motion to withdraw.

M.L.G. was the subject of an emergency detention in 2015, resulting in a succession of commitments and orders for involuntary medication and treatment. He has a long mental health and legal history that includes multiple incarcerations and treatments in various psychiatric facilities. He has a documented history of dangerous behavior when not committed and has been subject to hallucinations that command him to commit violent offenses and sexual assaults. He currently is committed with conditions as an outpatient under an order for involuntary medication and treatment. The County has applied for an extension of both.

M.L.G. was examined by a psychiatrist who also testified at the commitment-extension hearing. The doctor opined that he is "confident" M.L.G. suffers from schizophrenia, that he would be a proper subject for commitment if treatment were withdrawn, and that he is a proper subject for treatment with psychotropic medication. He advised M.L.G. of the advantages and disadvantages of his medications but noted that M.L.G. does not exhibit a meaningful understanding of either his current treatment or treatment options and that, when he does not take his psychotropic medications, he is dangerous to himself and/or to others. The psychiatrist observed that M.L.G. admits to anxiety and insomnia, but does not believe he is schizophrenic, and further believes that his medications cause his rage and aggression. The doctor recommended an extension of M.L.G.'s commitment and an involuntary medication order. M.L.G. testified that his psychotropic medication "doesn't do anything" and makes him "feel defeated," that the psychiatrist and his nurse practitioner do not listen to him, and that he wants his commitment to end because he has "had enough in [his] life."

Based on the psychiatrist's testimony about his personal examination of M.L.G. and his review of prior mental health professionals' records regarding M.L.G., the circuit court was satisfied that M.L.G. suffers from a treatable major mental illness, that M.L.G. is incapable of truly understanding the advantages, disadvantages, and alternatives to his psychotropic medication so as to intelligently accept or refuse it, and that without treatment, M.L.G. would decompensate to a point that he would pose a danger to himself or others. It ordered M.L.G. recommitted and that he be subject to involuntary medication and treatment.

The no-merit report considers whether there was clear and convincing evidence to support the order for an extension of the WIs. STAT. ch. 51 commitment and the involuntary medication order and whether there were any procedural errors that deprived the court of competency to proceed. We agree with appellate counsel that these issues do not have arguable merit for appeal. The circuit court followed the applicable statutory procedures and the time limits set forth in WIs. STAT. ch. 51. *See generally* WIs. STAT. §§ 51.15 and 51.20. The psychiatrist's testimony established by clear and convincing evidence that, to a substantial probability, M.L.G. continues to exhibit behavior indicating that he is mentally ill and, without treatment, poses a danger to himself or others, that his illness likely can be controlled by medication administered on an outpatient basis, and that he is not competent to refuse medication or treatment. *See* § 51.20(1)(a)2., (13)(a), (e). The court's findings are not clearly erroneous and must be upheld. *See Milwaukee Cty. Combined Cmty. Servs. Bd. v. Athans*, 107 Wis. 2d 331, 336, 320 N.W.2d 30 (Ct. App. 1982).

Our review of the record discloses no other potential issues for appeal. Accordingly, this court accepts the no-merit report, affirms the orders, and discharges appellate counsel of the obligation to represent M.L.G. further in this appeal.

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Upon the foregoing reasons,

IT IS ORDERED that the orders for outpatient commitment and for involuntary medication are summarily affirmed. *See* WIS. STAT. RULE 809.21.

IT IS FURTHER ORDERED that Attorney Leonard D. Kachinsky is relieved from further representing M.L.G. in this appeal. *See* WIS. STAT. RULE 809.32(3).

IT IS FURTHER ORDERED that this summary disposition order will not be published.

Sheila T. Reiff Clerk of Court of Appeals