



TO: Honorable Chairs Senator Jesse James and Representative Paul Tittl
Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children & Families and the Assembly Committee on Mental Health and Substance Abuse Prevention

FROM: Kathy Markeland, Executive Director

DATE: May 27, 2025

RE: Support and Comments on Legislation to Improve Youth Mental Health Treatment and Access

On behalf of the members of the Wisconsin Association of Family & Children's Agencies (WAFCA), thank you for the opportunity to appear before you today to share our support for legislation emerging from the Legislative Council Study Committee on Emergency Detention and Civil Commitment of Minors. We are grateful for the diligent and thoughtful efforts of the Study Committee participants who devoted their time and expertise to this critical policy discussion. After decades of treating children in need of mental health care as adults, and more than a decade of sending children out of their home state to receive psychiatric mental health care, this legislation reflects the sincere efforts of those closest to the policies, procedures, practices, and service array to craft solutions that respect the lived realities of the children, families, and workforce who move through our care systems daily.

WAFCA is a statewide association that represents private providers delivering essential services, often in partnership with government, and advocates for the more than 200,000 individuals, children, and families that they impact each year. Our members' services include family preservation services; community-based outpatient and day treatment therapies; crisis services; and residential care for both children and adults, among others.

As an integral part of the human services ecosystem, we actively partner with counties, health care, schools, family advocates and others throughout the state to ensure individuals, children and families have the services and supports they need, when and where they need them. Over the past decade, we have been at many tables discussing the challenges associated with our continuum of care and its inability to respond to the changing needs of Wisconsin residents – particularly children with complex needs. It is from this vantage point that we offer the following reflections on the legislation before the committees today.

WAFCA's overarching policy priorities for these proposals include the following key objectives:

- To improve timely, appropriate access to care and address capacity constraints.
- To prevent children from placement out of state.
- To move our system point of access from "placement" to "treatment"
- To deliver better outcomes for children and families by evolving Wisconsin's mental health and substance use systems into a more effective, coordinated system of care that responds to needs in a way that is more therapeutic, holistic, equitable and less punitive.

Support for SB 106/AB 111: Establishing psychiatric residential treatment facilities

SB 106/AB 111 creates a pathway for implementing psychiatric residential treatment facilities (PRTFs) in Wisconsin while empowering the state to plan for regional and statewide capacity needs. In addition, the bill

incorporates the option for facilities to adopt important safety measures, such as video recording and locked options that will support safer environments.

On any given day, more than twenty Wisconsin children are receiving mental health treatment in an out-of-state facility. We know that most children leaving the state to receive psychiatric care are being served in a PRTF. Under this bill, Wisconsin would be able to establish PRTFs which are a unique setting capable of meeting the needs of children presenting with high acuity. The advantages include:

Mental health service covered by health insurance. Under the bill a child could access the intensive services of a PRTF without having to rely on their local county human services department or a protective services or emergency detention order.

Higher security and safety. PRTFs provide a locked setting, if needed, to ensure the safety of a child who may be a danger to themselves, their family, and/or the community due to their untreated or acute mental health condition. Other 24/7 care settings in Wisconsin are unable to provide these secure options due to current regulations and the populations they serve.

Longer periods of care to stabilize and treat mental health conditions. Other resources, such as short-term hospitalizations and/or crisis stabilization facilities, focus on stabilizing and then returning a child to the community for treatment – treatment which may or may not be accessible.

Medicaid reimbursement. As referenced in the bill, psychiatric residential treatment facilities can bill Medicaid and should be included in commercial health insurance plans as well. Other 24/7 care settings providing treatment for children, such as residential care centers, are paid for solely by county dollars.

PRTFs will fill an important gap in Wisconsin's continuum of care and it is imperative that the state move forward with this legislation to move us toward implementation. DHS should receive the necessary staffing and funding resources to certify and support the development of this capacity as expeditiously as possible.

SB 107/AB 112: Revising minor/parent consent for mental health treatment

This proposal would modify current statutes to allow for either a minor age 14 or older, or a parent or guardian, to consent to outpatient or inpatient mental health treatment. WAFCA member agencies provide outpatient mental health and substance use treatment in communities across the state of Wisconsin and appreciate the challenge that SB 107/AB 112 is seeking to address. It is noteworthy that SB 107/AB 112 would not change the expectation that consent be sought from both a minor and a guardian for mental health treatment. The bill establishes that initiation of treatment is permitted if either parent or child consents and then provides appeal options for non-consenting parties. We note that there continue to be questions and practical considerations regarding the implementation of this bill that are worthy of further discussion. For example, in the event of parental non-consent, it is unclear how payment might be secured for the treatment services. In addition, there are questions regarding the efficacy of compelling a minor to access outpatient treatment in the absence of consent.

WAFCA fully appreciates the intention informing SB 107/AB 112 and notes that other key stakeholders, who share the goal of timely access to care, are also raising reasonable questions that should be more fully explored before this legislation advances.

SB 108/AB 113: Sharing minor safety plans

This proposal would require DHS to develop a portal and a statewide mechanism to support sharing minor safety plans to be accessed in the event of a crisis. The proposal builds on the CATCH Safety Plan process whose founders in northern Wisconsin provided compelling testimony regarding the efficacy of sharing safety plans within a network of key partners to better support individuals facing mental health crisis. WAFCA endorses the concept and believes that there is value in the proposed investment in further exploration. We defer to those with greater responsibility for current health care information sharing systems regarding the best options for moving the CATCH model from a pilot into a system with broader reach.

SB 109/AB 114: Clinician initiation of emergency detention of a minor

This proposal creates a process for certain medical and mental health clinicians to initiate the emergency detention of a minor in counties that allow for this to occur. The bill would further require that counties opting to permit clinician initiated holds, must train and certify clinicians who seek to participate in the initiation process. WAFCA supports the intent of this legislation to establish non-law enforcement based options for initiating an emergency hold on a minor. As community-based mental health providers, WAFCA member agencies currently participate in mobile response teams and participate in crisis services/response under contract with county partners. While we envision that some additional clinicians may opt to work with counties to support options in emergency hold procedures, we appreciate that there continue to be significant questions from other stakeholder partners regarding the need for further clarity and definition in order to move the system envisioned in the bill forward. In addition, we understand the bill's allowance for county discretion in adopting this alternative initiation process, however, we question whether this statutory alternative might further exacerbate some of the inconsistencies in practice across the state rather than moving toward a more cohesive mental health crisis response system.

The complexity of the emergency detention process across the state engages a broad range of stakeholders, and WAFCA commits to continuing to engage with counties, health care, advocates, law enforcement, peers, the courts and the Legislature to seek system improvements that reduce the trauma and inequities of our current emergency response and care continuum for all those experiencing a mental health crisis.

Improving the Continuum of Care for Wisconsin's Youth in Crisis and with Complex Mental Health Needs

As noted previously, WAFCA members have long served children and families facing mental health crisis. Our member providers stand at the intersection of our child welfare, youth justice, educational and mental health systems. Too frequently our continuum of care fails to engage with the right response at the right time. We would be remiss in our testimony today if we did not note our support for the initiative represented in SB 110/AB 115 which is not before the committees today, but that we hope will receive serious consideration by this body in the near future. WAFCA endorses SB 110/AB 115 as a proposal to compliment the development of PRTF in the state by simultaneously advancing a statewide youth behavioral health initiative under the Medical Assistance program to provide more comprehensive, community-based, consistent assessment and services to youth with complex needs. We know that there are stakeholder questions about SB 110/AB 115 and we hope that the Legislature will authorize DHS to begin a convening a conversation toward a comprehensive Medicaid waiver for our youth with complex needs. One of the fundamental charges of the Study Committee was to find better solutions for families who are not well supported or served by our current systems, and we believe that the proposal represented in SB 110/AB 115 is a critical building block for the future system we need.

Finally, as the Legislature continues to make progress on the biennial budget, we ask for the Committees' ongoing support for the array of services within our continuum of care to better serve youth with complex needs. Specifically, we call attention to budget proposals to increase Medicaid reimbursement for mental health treatment, adolescent day treatment, school-based mental health and stable funding for specialized residential treatment services. All of these supports help prevent the use of out-of-state treatment facilities and keep Wisconsin children here in our communities for care.

WAFCA would again like to express appreciation to the legislators, legislative staff and community members who devoted their time and expertise through the Study Committee to formulating improvements to our mental health systems of care for Wisconsin children and youth. We look forward to continuing to contribute to the advancement and refinement of all of these important proposals and welcome the questions and insights of the of this body as you continue to deliberate and move these proposals forward.