

**2003-04 SESSION  
COMMITTEE HEARING  
RECORDS**

Committee Name:

Senate Committee on  
Health, Children,  
Families, Aging and  
Long Term Care  
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR\_RCP\_pt01a
- 03hrAC-EdR\_RCP\_pt01b
- 03hrAC-EdR\_RCP\_pt02

➤ Appointments ... Appt

➤ \*\*

➤ Clearinghouse Rules ... CRule

➤ \*\*

➤ Committee Hearings ... CH

➤ \*\*

➤ Committee Reports ... CR

➤ \*\*

➤ Executive Sessions ... ES

➤ \*\*

➤ Hearing Records ... HR

➤ 03hr\_sb0387\_pt01

➤ Miscellaneous ... Misc

➤ \*\*

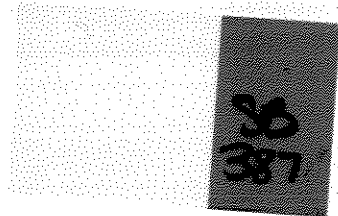
➤ Record of Comm. Proceedings ... RCP

➤ \*\*

# Senate Bill 387

**THIS BILL ELIMINATES THE DISTINCTION BETWEEN A MIONR UNDER 14 YEARS OF AGE AND A MINOR 14 YEARS OF AGE OR OLDER WITH REGARD TO INFORMED CONSENT FOR TREATMENT FOR MENTAL ILLNESS, TRANSFER, DISCHARGE AND ACCESS TO RECORDS.**

- *Shel Gross, WI. Council on mental Health, wants you to slow down with the bill.*



TO: All Legislators

FROM: Senator Carol Roessler

DATE: December 17, 2003

RE: Co-sponsorship of LRB-3619/1 relating to: eliminating the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to informed consent for treatment for mental illness, transfer, discharge and access to records.

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Prior to the passage of the 2003-05 state budget, both a minor age 14 or older, and his or her parent, had to file a petition for voluntary alcohol and other drug abuse (AODA) treatment. Due to changes made in the budget bill, a parent alone can now petition for his or her child age 14-18 years of age to participate in AODA treatment.

LRB 3619/1 makes the same change for mental health treatment that was made for AODA treatment in the 2003-05 state budget. It eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment of mental illness under the mental health laws. This change is needed because children are seldom able to make well-informed decisions regarding their mental health. Therefore, mental health treatment should not be based on the consent of minors.

This bill protects the well-being of children in need of treatment for mental illness from themselves. It will ensure that minors do not make mental health decisions out of fear or lack of understanding about their situation. For example, in the case of transferring a minor from a juvenile treatment facility to an inpatient facility for treatment, a minor may refuse to consent due to serious impairment, fear of stigma, or a belief that they do not require mental health inpatient treatment.

If you would like to co-sponsor LRB 3619/1, please contact me by **Monday January 7, 2004** at 266-5300.

***Analysis by the Legislative Reference Bureau***

Currently, the mental health laws distinguish between minors under 14 years of age and minors 14 years of age or older with regard to giving informed consent for outpatient treatment for mental illness or developmental disability; voluntary admission to and discharge from an inpatient facility for treatment and rehabilitation of mental illness or developmental disability; reexamination under, or modification or cancellation of, an involuntary commitment order for treatment for

mental illness or developmental disability; transfer from a juvenile secured correctional facility to an inpatient facility for treatment for mental illness or developmental disability; access and consent to the release of court records and treatment records; and informed consent for medication and treatment. No distinction exists between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment for alcoholism or drug abuse. This bill eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment for mental illness under the mental health laws.

Specifically, under current law, subject to certain exceptions, before a minor 14 years of age or older may receive outpatient treatment or general medication and treatment for mental illness or developmental disability, the written, informed consent of both the minor and the minor's parent or guardian is required. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, provide his or her written, informed consent, in addition to that of his or her parent or guardian, before he or she may receive outpatient treatment or general medication and treatment for mental illness.

Under current law, subject to certain exceptions, before a minor 14 years of age or older may be admitted voluntarily to an inpatient facility for treatment for mental illness or developmental disability, both the minor and the minor's parent who has legal custody of the minor or the minor's guardian must execute an application for voluntary admission to the facility. This bill eliminates the requirement that a minor 14 years of age or older execute the application for voluntary admission to an inpatient facility, along with his or her parent or guardian, before the minor may be admitted to the facility for treatment of mental illness.

Under current law, if a minor 14 years of age or older wishes to be admitted to an inpatient facility, but the minor's parent who has legal custody of the minor or the minor's guardian refuses to execute the application for admission or cannot be found, the minor may petition the court assigned to exercise jurisdiction under the children's code (juvenile court) for approval of the admission. This bill permits a minor under 14 years of age to petition the juvenile court for approval of his or her admission to an inpatient facility if the minor's parent or guardian refuses to execute the application for admission or cannot be found.

Under current law, a minor 14 years of age or older who is voluntarily admitted to an inpatient facility for treatment for mental illness or developmental disability may request that he or she be discharged from the facility and, subject to certain exceptions, must be discharged within 48 hours after submission of the request. A minor under 14 years of age, however, may be discharged on his or her request only after a hearing before the juvenile court to determine the continued appropriateness of the admission. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, who has been voluntarily admitted to an

inpatient facility for treatment of mental illness be discharged within 48 hours after his or her request and instead requires the juvenile court to hold a hearing on such a request to determine the continued appropriateness of the admission, as is the case for minors under 14 years of age under current law. The bill retains the requirement for discharge from an inpatient facility of a requesting minor 14 years of age or older who was voluntarily admitted for treatment of developmental disability.

Under current law, a minor 14 years of age or older who has been involuntarily committed for treatment for mental illness or developmental disability may, on his or her own petition or on the petition of a guardian, relative, friend, or person providing treatment under the commitment order, petition the juvenile court for an order that his or her mental condition be reexamined or for an order modifying or canceling his or her commitment. This bill eliminates the right of a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, to file his or her own petition for such a reexamination, modification, or cancellation of the minor's treatment for mental illness.

Under current law, a minor may be transferred from a juvenile secured correctional facility to an inpatient facility for treatment for mental illness or developmental disability if the juvenile court finds that the transfer is appropriate and consistent with the needs of the minor and, if the minor is 14 years of age or older, that the transfer is voluntary on the part of the minor. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the application for admission or cannot be found, consent to being transferred from a juvenile correctional facility to an inpatient facility for treatment for mental illness. Under the bill, only the minor's parent or guardian need consent, as is the case for minors under 14 years of age under current law.

Under current law, a minor 14 years of age or older may have access to his or her court records and treatment records for treatment for mental illness or developmental disability on the same basis as an adult, but a minor under 14 years of age may have access to his or her court records only in the presence of his or her parent, guardian, counsel, or guardian ad litem or a judge and may have access to his or her treatment records only in the presence of his or her parent, guardian, counsel, or guardian ad litem or a staff member of the treatment facility. This bill limits access by a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the application for admission or cannot be found and except for a voluntarily admitted developmentally disabled minor, to his or her court records or treatment records except in the presence of a person whose presence is required under current law for a minor under 14 years of age.

Under current law, subject to certain exceptions, confidential information in the court records or treatment records for treatment for mental illness or developmental disability of a minor 14 years of age or older may be released on the

consent of the minor without the consent of the minor's parent or guardian or a person in place of a parent. This bill eliminates the right of a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the application for admission or cannot be found, to consent to the release of confidential information in his or her court records or treatment records for treatment for mental illness without the consent of his or her parent or guardian or a person in place of a parent.

Release

TO: All Legislators

FROM: Senator Carol Roessler

DATE: December 16, 2003

RE: Co-sponsorship of LRB-3619/1 relating to: eliminating the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to informed consent for treatment for mental illness, transfer, discharge and access to records.

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Prior to the passage of the 2003-05 state budget, both a minor age 14 or older, and his or her parent, had to file a petition for voluntary alcohol and other drug abuse (AODA) treatment. Due to changes made in the budget bill, a parent alone can now petition for his or her child age 14-18 years of age to participate in AODA treatment.

LRB 3619/1 makes the same change for mental health treatment that was made for AODA treatment in the 2003-05 state budget. It eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment of mental illness under the mental health laws. This change is needed because children are seldom able to make well-informed decisions regarding their mental health. Therefore, ~~serious mental health~~ <sup>health treatment</sup> decisions should not be based on the consent of minors.

This bill protects the well-being of children in need of treatment for mental illness from themselves. It will ensure that minors do not make <sup>mental health</sup> decisions out of fear or lack of understanding about their situation. For example, in the case of transferring a minor from a juvenile treatment facility to an inpatient facility for treatment, a minor may refuse to consent due to serious impairment, fear of stigma, or a belief that they do not require mental health inpatient treatment.

If you would like to co-sponsor LRB 3619/1, please contact me by **Monday January 5, 2004** at 266-5300.

***Analysis by the Legislative Reference Bureau***

Currently, the mental health laws distinguish between minors under 14 years of age and minors 14 years of age or older with regard to giving informed consent for outpatient treatment for mental illness or developmental disability; voluntary admission to and discharge from an inpatient facility for treatment and rehabilitation of mental illness or developmental disability; reexamination under, or modification or cancellation of, an involuntary commitment order for treatment for mental illness or developmental disability; transfer from a juvenile secured

TO: All Legislators  
FROM: Senator Carol Roessler  
DATE: December 3, 2003  
RE: Co-sponsorship of LRB-3619/1 relating to: eliminating the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to informed consent for treatment for mental illness, transfer, discharge and access to records.

Prior to the passage of the 2003-05 state budget, both a minor age 14 or older, and his or her parent, had to file a petition for voluntary alcohol and other drug abuse (AODA) treatment. Due to changes made in the budget bill, a parent alone can now petition for his or her child to participate in AODA treatment.

*age 14 to 18 yr. of age*

LRB 3619/1 eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment of mental illness under the mental health laws. This change is needed because children are seldom able to make well-informed decisions. Therefore, serious health decisions should not be based on the consent of minors. *regarding their mental health*

*MRS  
The same  
change  
for MHI*

This bill protects the well-being of children in need of treatment for mental illness from themselves. It will ensure that minors do not make health decisions out of fear or lack of understanding about their situation. For example, in the case of transferring a minor from a juvenile treatment facility to an inpatient facility for treatment, a minor may refuse to consent due to serious impairment, fear of stigma, or a belief that they do not require mental health inpatient treatment. *serious health mental treatment*  
~~The majority considers inpatient preferable to corrections. Eliminating the need for consent might benefit those who would refuse to consent.~~

If you would like to co-sponsor LRB 3619/1, please contact me by **Monday December 15<sup>th</sup>** at 266-5300.

***Analysis by the Legislative Reference Bureau***

Currently, the mental health laws distinguish between minors under 14 years of age and minors 14 years of age or older with regard to giving informed consent for outpatient treatment for mental illness or developmental disability; voluntary admission to and discharge from an inpatient facility for treatment and rehabilitation of mental illness or developmental disability; reexamination under, or modification or cancellation of, an involuntary commitment order for treatment for mental illness or developmental disability; transfer from a juvenile secured



correctional facility to an inpatient facility for treatment for mental illness or developmental disability; access and consent to the release of court records and treatment records; and informed consent for medication and treatment. No distinction exists between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment for alcoholism or drug abuse. This bill eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment for mental illness under the mental health laws.

Specifically, under current law, subject to certain exceptions, before a minor 14 years of age or older may receive outpatient treatment or general medication and treatment for mental illness or developmental disability, the written, informed consent of both the minor and the minor's parent or guardian is required. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, provide his or her written, informed consent, in addition to that of his or her parent or guardian, before he or she may receive outpatient treatment or general medication and treatment for mental illness.

Under current law, subject to certain exceptions, before a minor 14 years of age or older may be admitted voluntarily to an inpatient facility for treatment for mental illness or developmental disability, both the minor and the minor's parent who has legal custody of the minor or the minor's guardian must execute an application for voluntary admission to the facility. This bill eliminates the requirement that a minor 14 years of age or older execute the application for voluntary admission to an inpatient facility, along with his or her parent or guardian, before the minor may be admitted to the facility for treatment of mental illness.

Under current law, if a minor 14 years of age or older wishes to be admitted to an inpatient facility, but the minor's parent who has legal custody of the minor or the minor's guardian refuses to execute the application for admission or cannot be found, the minor may petition the court assigned to exercise jurisdiction under the children's code (juvenile court) for approval of the admission. This bill permits a minor under 14 years of age to petition the juvenile court for approval of his or her admission to an inpatient facility if the minor's parent or guardian refuses to execute the application for admission or cannot be found.

Under current law, a minor 14 years of age or older who is voluntarily admitted to an inpatient facility for treatment for mental illness or developmental disability may request that he or she be discharged from the facility and, subject to certain exceptions, must be discharged within 48 hours after submission of the request. A minor under 14 years of age, however, may be discharged on his or her request only after a hearing before the juvenile court to determine the continued appropriateness of the admission. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, who has been voluntarily admitted to an inpatient facility for treatment of mental illness be discharged within 48 hours after

his or her request and instead requires the juvenile court to hold a hearing on such a request to determine the continued appropriateness of the admission, as is the case for minors under 14 years of age under current law. The bill retains the requirement for discharge from an inpatient facility of a requesting minor 14 years of age or older who was voluntarily admitted for treatment of developmental disability.

Under current law, a minor 14 years of age or older who has been involuntarily committed for treatment for mental illness or developmental disability may, on his or her own petition or on the petition of a guardian, relative, friend, or person providing treatment under the commitment order, petition the juvenile court for an order that his or her mental condition be reexamined or for an order modifying or canceling his or her commitment. This bill eliminates the right of a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the admission application or cannot be found, to file his or her own petition for such a reexamination, modification, or cancellation of the minor's treatment for mental illness.

Under current law, a minor may be transferred from a juvenile secured correctional facility to an inpatient facility for treatment for mental illness or developmental disability if the juvenile court finds that the transfer is appropriate and consistent with the needs of the minor and, if the minor is 14 years of age or older, that the transfer is voluntary on the part of the minor. This bill eliminates the requirement that a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the application for admission or cannot be found, consent to being transferred from a juvenile correctional facility to an inpatient facility for treatment for mental illness. Under the bill, only the minor's parent or guardian need consent, as is the case for minors under 14 years of age under current law.

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Under current law, subject to certain exceptions, confidential information in the court records or treatment records for treatment for mental illness or developmental disability of a minor 14 years of age or older may be released on the consent of the minor without the consent of the minor's parent or guardian or a

person in place of a parent. This bill eliminates the right of a minor 14 years of age or older, except for a minor whose parent or guardian refuses to execute the application for admission or cannot be found, to consent to the release of confidential information in his or her court records or treatment records for treatment for mental illness without the consent of his or her parent or guardian or a person in place of a parent.

Gov. 6-1212 Richard 7-4347

Exec Res 6-2554 (pager) 441-9228

Leg. Res 6-2516 (fax) 441-9228

CAucus fax 264-6957

LRB 3019/11  
CAPITOL POLICE DEPT.

Emergency 6-7700

Non-Emergency 6-8797

FIRE - AMBULANCE

Dial 9-911

SENATOR

(12) BRESKE, Roger	6-2509	310 S.	Susan Meinholz, Elizabeth Piliouras, Lisa Jagra
(31) BROWN, Ronald W.	6-8546	104 S.	Katie Mnuk, Hannah Vick, Nick Hennemann, Melissa Gilbert
(3) CARPENTER, Tim	6-8535	126 S.	Stuart Ewy, Albert Collins
(16) CHVALA, Charles	6-9170	130 S.	Maribeth Witzel-Behl, Paula McGuire
(6) COGGS, G. Spencer	6-2500	22 S.	David de Felice, Adam Plotkin
(2) COWLES, Robert	6-0484	122 S.	Roger Frings, Cynthia Boley, Jay Schulze, Todd Stuart
(8) DARLING, Alberta	6-5830	317 E.	Jessica Tormey, Thomas Petri, Rebecca Hogan, Chris Slinker Katherine Ford, David Volz
(29) DECKER, Russell	6-2502	323 S.	Barbara Worcester, Patrick Walsh, Linda Warren
(19) ELLIS, Michael	6-0718	118 S.	Lynn Nelson, Kurt Schultz, Kay Reetz, Michael Boerger
(27) ERPENBACH, Jon	6-6670	202 S.	Nancy Bills, Tryg Knutson, Julie Landrie, Carrie Templeton, Terry Tuschen
(13) FITZGERALD, Scott	6-5660	316 S.	Cindy Block, Thomas Rhatican, Judi Rhodes Engels, Ryan Smith
(30) HANSEN, Dave	6-5670	319 S.	Jay Wadd, Eric Genrich, Jessica Lundquist, John Wagnitz
(10) HARSDORF, Sheila	6-7745	131 S.	Jack Jablonski, Christian Schneider, Kimberly Tohm, Matt Woebke, Maya Ziv-el
(25) JAUCH, Robert	6-3510	19 S.	David Jahr, Linda Kleinschmidt, Daniel Kanninen
(33) KANAVAS, Ted	6-9174	20 S.	Bruce Pfaff, Marianne Foster, Michael Richards, Jeremy Shepherd
(11) KEDZIE, Neal	6-2635	313 S.	Dan Johnson, Matt Phillips, Heather Smith, Cory Bruce
(1) LASEE, Alan	6-3512	219 S.	Shari Lord, Kenlyn Harris, Allison Coakley
(24) LASSA, Julie	6-3123	3 S.	Jessica Kelly, Dan Kursevski, Robin Ryan
(28) LAZICH, Mary	6-5400	127 S.	Cathleen Connolly, Ann Marie Molitor, Thomas Van Ess, Wendi Zitske
(9) LEIBHAM, Joseph	6-2056	409 S.	Patrick Vander Sanden, Daniel Lindstedt, Brett Davis, Kathryn Prange
(32) MEYER, Mark	6-5490	109 S.	Grant Huber, Bryan Brooks, Ryan Natzke
(4) MOORE, Gwendolynne	6-5810	415 S.	Shirley Ellis, Leanne Bergstrom, Kelly Bablitch, Rachel Roller
(20) PANZER, Mary	6-7513	211 S.	Greg Hubbard, Tad Ottman, Rose Lemke, Lisa Davidson, Kelly Rindfleisch, Jennifer Esser
(7) PLALE, Jeff	6-7505	106 S.	Susie Schooff, Katy Venskus, Jeff Valenzuela
(5) REYNOLDS, Tom	6-2512	306 S.	Steve Krieser, Adam Peer, Les Wakefield, Nick Cekosh
(26) RISSER, Fred	6-1627	123 S.	Leslie Travis, Sarah Briganti, Dianne Cieslewicz
(15) ROBSON, Judith	6-2253	5 S.	Kathleen Soderbloom, Kelley Flury, Justin Sargent
(18) ROESSLER, Carol	6-5300	8 S.	Karen Asbjornson, Sara Seaquist, R. Hunter Kurtz, Jennifer Halbur
(17) SCHULTZ, Dale	6-0703	18 S.	Thomas Jackson, John O'Brien, Eileen O'Neill, Jonathan Klein
(21) STEPP, Cathy	6-1832	7 S.	Scott Manley, Pat Rasmussen, Jay Risch, Brian Pleva
(14) WELCH, Robert	6-0751	10 S.	Mary Ellen Boario, Bradley Boycks, Tricia Sieg, Amy Ferris, Jason Bauknecht
(22) WIRCH, Robert	7-8979	108 S.	Pat Erickson, Amber Meyer Smith, Kelly Johnson
(23) ZIEN, David	6-7511	15 S.	Robert Seitz, Peter Hanson, John Hogan, Susan Marcott

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Mental Health Bill

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Legislative Hotline	6-9960	121 (RJC)
(Toll-free Number)	1-800-362-WISC	(9472)
Hearing Impaired	1-800-228-2115	
Document Rm/Supplies	6-2400	121(RJC)
Tour Information	6-0382	(C)
Capitol Police (Emergency)	6-7700	B2N(C)
Police (non-emergency)	6-8799	
Legislative Council	6-1304	4th FI (E)
Legislative Fiscal Bureau	6-3847	3rd FI (E)
L R B (Drafting)	6-3561	5th FI (H)
L R B (Reference)	6-0341	2nd FI (H)
Leg. Audit Bureau	6-2818	22 E. Mifflin
Leg. Website:	www.legis.state.wi.us/	

TO: P. O. BOX 7882, MADISON, WI 53707-7882  
RJC) = Risser Justice Center Effective: 11/25/03

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REPRESENTATIVE	ROOM	PHONE	REPRESENTATIVE	ROOM	PHONE
AINSWORTH, John (R-6)	309-North	6-3097	MONTGOMERY, Phil (R-4)	129-West	6-5840
ALBERS, Sheryl (R-50)	3-North	6-8531	MORRIS, Johnnie (D-11)	118-North	6-3756
BALOW, Larry (D-68)	126-North	6-9172	MUSSER, Terry (R-92)	11-West	6-7461
BERCEAU, Terese (D-76)	208-North	6-3784	NASS, Stephen (R-31)	12-West	6-5715
BIES, Garey (R-1)	125-West	6-5350	NISCHKE, Ann (R-97)	8-North	6-8580
BLACK, Spencer (D-77)	214-North	6-7521	OLSEN, Luther (R-41)	9-West	6-8077
BOYLE, Frank (D-73)	221-North	6-0640	OTT, Alvin (R-3)	318-North	6-5831
COGGS, G. Spencer (D-17)	210-North	6-5580	OWENS, Carol (R-53)	315-North	7-7990
COLON, Pedro (D-8)	5-North	7-7669	PETROWSKI, Jerry (R-86)	4-West	6-1182
CULLEN, David (D-13)	216-North	7-9836	PETTIS, Mark (R-28)	20-North	7-2365
FITZGERALD, Jeff (R-39)	308-North	6-2540	PLALE, Jeffrey (D-21)	107-North	6-0610
FOTI, Steven (R-38)	215-West	6-2401	PLOUFF, Joe (D-29)	306-West	6-7683
FREESE, Stephen (R-51)	115-West	6-7502	POCAN, Mark ((D-78)	322-West	6-8570
FRISKE, Donald (R-35)	312-North	6-7694	POPE-ROBERTS, Sondy (D-79)	420-North	6-3520
GARD, John (R-89)	211-West	6-3387	POWERS, Michael (R-80)	310-North	6-1192
GIELOW, Curt (R-23)	316-North	6-0486	RHOADES, Kitty (R-30)	321-East	6-1526
GOTTLIEB, Mark (R-60)	304-North	7-2369	RICHARDS, Jon (D-19)	6-North	6-0650
GRONEMUS, Barbara (D-91)	114-North	6-7015	RILEY, Antonio (D-18)	209-North	6-0645
GROTHMAN, Glenn (R-58)	15-North	4-8486	SCHNEIDER, Marlin (D-72)	204-North	6-0215
GUNDERSON, Scott (R-83)	7-West	6-3363	SCHOOFF, Dan (D-45)	220-North	6-9967
GUNDRUM, Mark (R-84)	19-North	7-5158	SERATTI, Lorraine (R-36)	18-North	6-3780
HAHN, Eugene (R-47)	15-West	6-3404	SHERMAN, Gary (D-74)	320-West	6-7690
HEBL, Tom (D-46)	304-West	6-7678	SHILLING, Jennifer (D-95)	120-North	6-5780
HINES, J.A. (R-42)	10-West	6-7746	SINICKI, Christine (D-20)	321-West	6-8588
HUBER, Gregory (D-85)	218-North	6-0654	STASKUNAS, Tony (D-15)	124-North	6-0620
HUBLER, Mary (D-75)	119-North	6-2519	STEINBRINK, John (D-65)	307-West	6-0455
HUEBSCH, Michael (R-94)	304-East	6-0631	STONE, Jeff (R-82)	320-East	6-8590
HUNDERTMARK, Jean (R-40)	13-West	6-3794	SUDER, Scott (R-69)	21-North	7-0280
JENSEN, Scott (R-98)	123-West	4-6970	TOWNS, Debi (R-43)	302-North	6-9650
JESKEWITZ, Suzanne (R-24)	314-North	6-3796	TOWNSEND, John (R-52)	22-West	6-3156
JOHNSRUD, DuWayne (R-96)	323-North	6-3534	TRAVIS, David (D-81)	223-North	6-5340
KAUFERT, Dean (R-55)	308-East	6-5719	TURNER, Robert (D-61)	219-North	6-0731
KERKMAN, Samatha (R-66)	109-West	6-2530	UNDERHEIM, Gregg (R-54)	11-North	6-2254
KESTELL, Steve (R-27)	17-West	6-8530	VAN AKKEREN, Terry (D-26)	409-North	6-0656
KRAWCZYK, Judy (R-88)	9-North	6-0485	VAN ROY, Karl (R-90)	8-West	6-0616
KREIBICH, Robin (R-93)	107-West	6-0660	VRAKAS, Daniel (R-33)	119-West	6-3007
KREUSER, James (D-64)	201-West	6-5504	VRUWINK, Amy Sue (D-70)	412-North	6-8366
KRUG, Shirley (D-12)	212-North	6-5813	VUKMIR, Leah (R-14)	307-North	6-9180
KRUSICK, Margaret (D-7)	128-North	6-1733	WARD, David (R-37)	324-East	6-3790
LADWIG, Bonnie (R-63)	113-West	6-9171	WASSERMAN, Sheldon (D-22)	111-North	6-7671
LASEE, Frank (R-2)	105-West	6-9870	WEBER, Becky (R-5)	115-West	6-2418
LASSA, Julie (D-71)	122-North	7-9649	WIECKERT, Steve (R-57)	16-West	6-3070
LEHMAN, John (D-62)	303-West	6-0634	WILLIAMS, Annette (D-10)	113-North	6-0960
LEHMAN, Michael (R-99)	103-West	7-2367	WILLIAMS, Mary (R-87)	18-West	6-7506
LeMAHIEU, Daniel (R-59)	17-North	6-9175	WOOD, Jeffrey (R-67)	7-North	6-1194
LOEFFELHOLZ, Gabe (R-49)	317-North	6-1170	WOOD, Wayne (D-44)	104-North	6-7503
LOTHIAN, Thomas (R-32)	306-North	6-1190	YOUNG, Leon (D-16)	109-North	6-3786
McCORMICK, Terri (R-56)	127-West	6-7500	ZEPNICK, Josh (D-9)	418-North	6-1707
MEYER, Dan (R-34)	306-East	6-7141	ZIEGELBAUER, Bob (D-25)	207-North	6-0315
MILLER, Mark (D-48)	112-North	6-5342			

CHIEF CLERK, Patrick Fuller	208-RJC	6-5811
Asst. Chief Clerk, Vacant	208-RJC	7-4355
Adm. Asst/Maint.Request (Linda)	208-RJC	6-7674
General Info/Supplies (Laura)	208-RJC	6-1501
Records (Ken)	208-RJC	6-2406
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Chief Clerk Fax Number		6-5617
Legislative Human Resources	301-RJC	4-8471
Rick Skindrud, Sgt-at-Arms	411-West	7-9808
Sergeant's Staff	411-West	6-1503

Graphic Artist-Lee Riedesel	B-41-West	4-8395
Graphic Artist-DeAnna Williams	B-41-West	6-8603

Leg. Website: [www.legis.state.wi.us](http://www.legis.state.wi.us)

Mailing: PO Box 8952(Reps A-L) PO Box 8953(Reps M-Z) Madison, WI 53708 E-Mail: Rep.(insert last name)@legis.state.wi.us

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412 E 6-7632...415 NW 6-2411

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Capitol Buildings and Grounds	B20-SE	6-1485
CAPITOL POLICE DEPT.	B2-North	6-7700
Photographer-Brent Nicastro	B-7-West	1-9476
Photographer-Jay Salvo	B-14-West	7-0897

FOR IMMEDIATE RELEASE

January 12, 2004

Contact: State Senator Carol Roessler, 888-736-8720

### ROESSLER INTRODUCES MENTAL HEALTH BILL

MADISON: State Senator Carol Roessler (R- Oshkosh) introduced a bill that would remove a current law distinction between minors under 14 years of age and minors 14 years of age or older with regard to giving informed consent for mental health treatment. "This change is needed because children are seldom able to make well-informed decisions regarding their mental health, said Roessler.

Currently, before a minor 14 years of age or older can receive the treatment listed below, informed consent of both the minor and the minor's parent or guardian is required.

- Outpatient treatment for mental illness or developmental disability.
- Voluntary admission to and discharge from an inpatient facility for treatment of mental illness or developmental disability.
- Reexamination under, or modification or cancellation of, an involuntary commitment order for treatment for mental illness or developmental disability.
- Transfer from a juvenile secured correctional facility to an inpatient facility for treatment for mental illness or developmental disability.
- Access and consent to the release of court records and treatment records.
- Informed consent for medication and treatment.

"My proposal eliminates the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to treatment of mental illness under mental health laws," said Roessler. "This change is very much in line with recent revisions relating to alcohol and other drug abuse treatment."

"Prior to the passage of the 2003-05 state budget, both a minor age 14 or older, and his or her parent, had to file a petition for voluntary alcohol and other drug abuse treatment,

*The  
Change  
Page*

continued Roessler. "Due to changes made in the budget bill, a parent alone can now petition for his or her child age 14-18 years of age to participate in AODA treatment."

"The goal is to protect the well-being of children in need of treatment for mental illness from themselves. The bill, if passed, will help to ensure that minors do not make mental health decisions out of fear or lack of understanding about their situation."

###

**Halbur, Jennifer**

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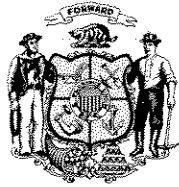
**From:** Seaquist, Sara  
**Sent:** Friday, January 23, 2004 9:39 AM  
**To:** Halbur, Jennifer  
**Subject:** phone call

Call Shel Gross: #250-4368

re: SB 387

1-23-04  
JH Ret.  
Call.  
Left U.M.





**Carol Roessler**  
STATE SENATOR

FOR IMMEDIATE RELEASE

January 26, 2004

Contact: State Senator Carol Roessler, 888-736-8720

**ROESSLER INTRODUCES MENTAL HEALTH BILL**

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health laws," said Roessler. "This change is very much in line with recent revisions relating to alcohol and other drug abuse treatment."

"Prior to the passage of the 2003-05 state budget, both a minor age 14 or older, and his or her parent, had to file a petition for voluntary alcohol and other drug abuse treatment, continued Roessler. "Due to changes made in the budget bill, a parent alone can now petition for his or her child age 14-18 years of age to participate in AODA treatment."

"The goal is to protect the well-being of children in need of treatment for mental illness. The bill, if passed, will help to ensure that minors do not make mental health decisions out of fear or lack of understanding about their situation."

###

# History of Senate Bill 387

## SENATE BILL 387

An Act to repeal 51.13 (1) (b) and 51.13 (1) (c) 2.; and to amend 51.13 (1) (a), 51.13 (1) (b), 51.13 (1) (c) 1., 51.13 (1) (c) 3., 51.13 (2) (a), 51.13 (2) (b), 51.13 (2) (d), 51.13 (3) (b), 51.13 (3) (c), 51.13 (4) (d), 51.13 (4) (g) (intro.), 51.13 (4) (g) 1., 51.13 (6) (a), 51.13 (7) (title), 51.13 (7) (a), 51.13 (7) (b), 51.13 (7) (c), 51.14 (3) (a), 51.20 (16) (a), 51.30 (5) (a), 51.30 (5) (b) 1., 51.30 (5) (b) 2., 51.35 (3) (a), 51.35 (3) (b), 51.35 (3) (g) and 51.61 (6) of the statutes; relating to: eliminating the distinction between a minor under 14 years of age and a minor 14 years of age or older with regard to informed consent for treatment for mental illness, transfer, discharge, and access to records. (FE)

2004

- 01-14. S. Introduced by Senators Roessler, A. Lasee and Cowles; cosponsored by Representatives Jensen, Hundertmark, Ladwig, Krawczyk, Hines, Gunderson, F. Lasee, Wasserman, Townsend, Seratti, Petrowski and Taylor.
- 01-14. S. Read first time and referred to committee on Health, Children, Families, Aging and Long Term Care ..... 536

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# Mental health changes

*Minors may need parental consent*

**BY JEFF BOLLIER**  
of The Northwestern

State Sen. Carol Roessler has proposed a bill that would put the decision of whether or not a minor 14 and older receives mental health treatment solely on the shoulders of the minor's parents.



ROESSLER

Roessler, R-Oshkosh,

 [www.legis.state.wi.us](http://www.legis.state.wi.us)

said the bill would treat minors age 14 and up the same as a minor under the age of 14 with regard to mental health treatment.

"Children between the ages of 14 and 18 seldom view the ramifications of not being on medication or treated," Roessler said. "It's all about really getting the services to children that need them and about delivering uninterrupted services."

Current state law requires minors 14 and up and their parents to give informed consent before mental health treatment can be given.

The new bill would only require the minor's parents to give informed consent in order for doctors and specialists to administer certain treatments.

"I think their parents know best," Roessler said.

Treatments include outpatient treatment for mental illness or developmental disability, voluntary admission and discharge from an inpatient facility, reexamination of an involuntary commitment order, the release of court records and treatment records and informed consent for medication and treatment.

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Oshkosh Northwestern February 7, 2004

JB  
387

# Mental health changes

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Jeff Bollier: (920) 426-6688 or [jbollier@thenorthwestern.com](mailto:jbollier@thenorthwestern.com).

Posted Feb. 07, 2004

## *Mental health changes*

### Minors may need parental consent

**By Jeff Bollier**

*of The Northwestern*

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**Halbur, Jennifer**

---

**From:** Kurtz, Hunter  
**Sent:** Tuesday, February 10, 2004 10:48 AM  
**To:** Halbur, Jennifer  
**Subject:** FW: Senate Bill 387 - 14 and older teens having to give informed consent for mental health treatment

**Importance:** High

CR inbox

-----Original Message-----

**From:** Jackie Baldwin [mailto:jackiebaldwin@newnorth.net]

**Sent:** Tuesday, February 10, 2004 9:58 AM

**To:** Sen.Roessler@legis.state.wi.us

**Cc:** Hugh Davis; Wendy Kilbey Warren; Shel Gross

**Subject:** Re: Senate Bill 387 - 14 and older teens having to give informed consent for mental health treatment

**Importance:** High

**Dear Senator Roessler,**

**I am writing to request that you please slow down the process relating to Senate Bill 387, so that families and consumers of mental health services have time to work on this complicated issue to come up with language that would be in the best interest of the child.**

**I understand that the Mental Health Legislative and Policy committee met last week to discuss this issue and were unable to come up with language that would protect kids but also respect the rights of parents and kids.**

**I have read some of the pro's and con's and will add a my personal experience.**

**Briefly, my opinion and understanding of current mental health information, is that early intervention and treatment can decrease the severity of symptoms.**

**When my son was 14 he started with some obsessive/compulsive symptoms. I was able to have a psychiatric evaluation (he did consent) after 2 months of waiting for an appointment. He was taken off the medication he was on, which was possibly making his symptoms worse and started on new medication.**

**For the next four years we continually went to psychiatric appointments. When I disagreed with either the diagnosis or medications, I got second and third opinions. My son would not have been able to make an informed decision and always let me decide what to do next and I always listened to his concerns.**

**My son is now 23 years old. He makes his own decisions regarding his mental health. Are they the right ones? I can't be sure but at this point I am not legally responsible for him or his actions. I do know, however, that my son would have preferred to not have ever been on any medication.**

**We have so much more information regarding the treatment of mental health disorders now than we had even four years ago.**

**I agree the current law should be changed but would like to have more time for more families, consumers and experts to have input on this issue.**

**Sincerely,**

**Jackie Baldwin, Parent of two children with emotional disorders, and Family Advocate  
for Wisconsin Family Ties  
Forest, Vilas & Oneida Counties  
(715) 542-3535**



**Halbur, Jennifer**

---

**From:** Seaquist, Sara  
**Sent:** Tuesday, February 10, 2004 11:08 AM  
**To:** Halbur, Jennifer  
**Subject:** phone call

*Dept. Human Serv.*

Tom Saari, Winnebago Co. called...

mental health issues...kids needing parental consent to access services...saw something in the NW- what's going on w/ this? Call Tom Saari (920-236-4814).

*2-10-04: JH left him a voicemail*

**Halbur, Jennifer**

---

**From:** Shel Gross [shelgross@tds.net]  
**Sent:** Tuesday, February 10, 2004 12:18 PM  
**To:** jennifer.halbur@legis.state.wi.us  
**Cc:** wendy@maqs.net  
**Subject:** SB 387

Per our telephone conversation yesterday afternoon I am sending a brief note about the position of the Wisconsin Council on Mental Health on SB 387. The Council will present its "official" response on Thursday, so this should be taken as a "heads up" on that and may not be exactly consistent with what will be presented at the hearing.

Last week the Children's Committee of the Council met to discuss the bill and later in the week the Legislative and Policy Committee met, along with representatives from the Children's Committee. The result of these discussions was a sense among those present that there were significant questions and concerns about parts of the bill and that we would like more time to review those, both within our committees and with your office.

Among the issues raised were the following:

While there do not appear to be the same concerns that existed at the time these statutes were created about youth being inappropriately admitted to psychiatric facilities, these changes seem to go too far in limiting due process for youth. While people understand that parents are responsible for their children and most are trying to do the right thing, there are situations where the youth may have a valid need to have the admission reviewed. It was noted that current statutes, 51.14, allow for such a review now if either the parent or the child believes the other is inappropriately refusing to consent for treatment. It is unclear whether this is being utilized and if not, why not. The group felt this needed to be looked into more.

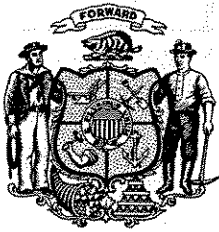
There were concerns about whether youth would be prohibited under these changes from seeking outpatient treatment without parental consent. In cases where there has been abuse, or where parents simply may have stigma around mental health treatment, they may not approve counseling even if it might benefit the youth.

There were some concerns expressed regarding the changes related to access to records.

Also, since you had noted that the main reason for the legislation seemed to be related to having consistency with the statutes for AODA, we discussed this as well. A number of people were not sure that this consistency, alone, was an adequate or even appropriate reason to change the statutes. They were interested in getting more information on what impact the changes to the statutes for AODA have had before moving ahead.

As I noted, these comments are only to give you a flavor of the discussion and concerns. I know that members of the Council would be more than happy to meet with you and others on Sen. Roessler's staff to discuss these concerns further.

Shel Gross  
Director of Public Policy  
Mental Health Association in Milwaukee County  
608-250-4368  
shelgross@tds.net  
www.mhamilw.org

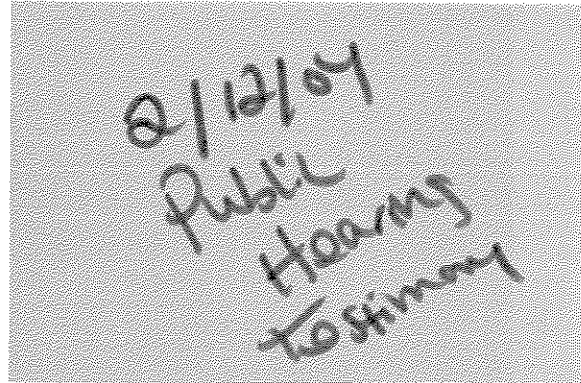


Wisconsin  
Council on Mental Health

1 W. Wilson, Room 455  
PO Box 7851  
Madison, WI 53707-7851  
Voice: 608-266-2712  
Fax: 608-267-7793

February 11, 2004

Senator Carol A. Roessler, Chair  
Committee on Health, Children, Families,  
Aging and Long Term Care  
Room 8 South  
State Capitol  
P.O. Box 7882  
Madison 53707-7882



Dear Senator Roessler,

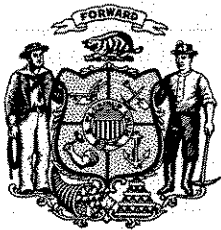
Under Section 51.02, Wis. Stats., the Wisconsin Council on Mental Health is given the responsibility to "advise the Department of Health and Family Services, the Legislature, and the Governor on the provision and administration of programs for persons who are mentally ill or who have other mental health problems." Section 51.02, Wis. Stats., also directs the Council to "serve as an advocate for persons with mental illness." It is in fulfillment of these duties that we are writing to you today regarding Senate Bill 387.

The Wisconsin Council on Mental Health recommends that further action on Senate Bill 387 be delayed to allow more time for interested parties to understand and clarify the ramifications of the proposed legislation. As you know, this bill would result in substantial changes to the rights of minors age 14 and up as well as the rights of the parents of these children. Delaying action on the bill would permit the Council and other concerned individuals and organizations to better understand the issues involved and to develop recommendations for improvements in the legislation.

Both the Children and Youth Mental Health and the Legislative and Policy committees of the Council, each fully represented by parents, providers, and advocates, have discussed this legislation. However, due to the complexity of the bill and the limited time to analyze its effects the Council is not prepared at this time to speak for or against the bill. We respectfully request that you delay further action on this bill so that we can work together with you to draft legislation that is in the best interest of all affected individuals and families.

Sincerely,

Les Higgenbottom, Chair  
Wisconsin Council on Mental Health



Wisconsin  
Council on Mental Health

1 W. Wilson, Room 455  
PO Box 7851  
Madison, WI 53707-7851  
Voice: 608-266-2712  
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February 11, 2004

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Les Higgenbottom, Chair  
Wisconsin Council on Mental Health

## Opinion on Changing the Consent Requirement for Mental Health Treatment

DHFS is opposed to the current legislative proposal to remove the dual consent requirement for mental health treatment and record access. The current law, requiring the consent of both the individual and the parent/guardian for persons age 14 to 17, is seen as effective and appropriate. While it is recognized that this may be problematic in some cases in which parents wish to obtain services for their child and the child is not in agreement, it is felt that the current law establishes important checks and balances that should be maintained. The following reasons are offered for maintaining the current law:

- Gaining the consent and agreement of the subject of treatment/services is consistent with the recovery model of provision of services. Treatment is more effective when the subject of the treatment is empowered to make treatment decisions and is allied with the treatment provider. Particularly in the age range of 14 to 17 it is important to establish a collaborative versus a coercive relationship. Requiring the informed consent of the subject is felt to be far superior to essentially forcing treatment consented to by a third party. The current law ensures this process by requiring the consent of the subject.
- In certain situations the subject of treatment may wish to control both the type of treatment and the access to treatment information. One of these situations is when abuse (physical and/or sexual) has occurred with a parent as perpetrator. Successful treatment requires that the subject (i.e. the victim) has greater control over the treatment and is able to protect certain treatment information. Giving full control to the perpetrator as the consenting party is counter-therapeutic and may serve to further traumatize the victim.
- Treatment of minors is often a matter of treating an entire family system rather than just the identified patient (the minor). Having the dual consent process requires the family to be involved in a collaborative treatment relationship with the minor and enhances the overall treatment. This is also likely to further enhance treatment cooperation when the minor reaches the age of majority and has independent consent power. Rather than having had treatment forced on him/her, the minor will have been a participant and more likely invested in the treatment process.
- In rare cases, parents may use treatment/hospitalization as a method of control or coercion versus for legitimate treatment needs. Giving full power in these situations does nothing to counter or balance this power. Having dual consent puts some power back in the hands of the minor and protects against abusive use of this power by parents.

Essentially the current law (dual consent for ages 14-17) has worked well and has not created significant problems. It offers a check and balance, as elaborated above, that is important not only from an individual rights perspective but also from an effective and informed treatment perspective. To change the law allows for the loss of this check and balance and may well lead to negative outcomes and consequences. For this reason, DHFS is opposed to the current changes and advocates for maintaining the current language.

SB 387

2-12-04  
Hearing

CR testified

Rodney Miller DHS - Supplied testimony.

- Div. of disabilities reelder services
- Opposed, after recognizing this that parents get frustrated when want minors to get treatment.
- Thinks that it is impossible ~~to~~ to treat people who don't want it. Having the individuals consent is important. Won't get far in treatment if person doesn't want to participate.
- If parent has complete control over access to treatment <sup>records/treatment.</sup> can be problematic if the parent is a perpetrator of abuse of child.
- Treatment often involves the family system.  
Most effective to address whole system — not just person in treatment. This won't work if the child is there against his/her will.
- Current law works — not aware of problems
- Changing law removes current system of checks + balances.
- Thinks at age of development (14), a person is cognizant to make the decision to participate or not.

- Kristen Esbensen (MSW) M.H. Center - Dane Cty  
~~go~~ into only
- asking Ct to slow down a bit
- She does the screening for voluntary + involuntary commitment.
- Screens children
- Civil rights issues for children.
- Often times there is no reason for inpatient care for acute situations. Often times it is a family issue that needs to be addressed.

### Robson

- Do you have examples of extensive use of chpt. 52 to get child admitted.

Kristen - Has happened often with girls who are "on the run." These girls have been sexually abused by someone in home. She is running from that situation but family looks to institute "trouble / run away" girl.

Diane Greenly - Submitted written testimony

Opposed

- written testimony
- Supports slowing down the bill
- Needs to be a collaborative approach between child + parent.
- Doesn't like that in juvenile justice system kids can make dec. + go into adult court. But for M.H.

treatment, we could say, "you need parental consent."

- Should there be court safeguards.
- Growing research on coercion. Collaborative arrangements & empowering individuals to make decisions regarding care.
- Parents can currently petition the court if they want treatment ~~but~~ to continue & the child is refusing.
- Need to balance situations where parents want to do good & those that don't. Need to make sure children are protected.

## Wendy

- Works w/ family ties
- On Mental Health Council
- Does hear from parents who are upset that their children need to consent - thus would support bill. A 14 yr. old shouldn't have that control.
- Coercion happens anyway.
- As a mother of a teen w/ emotional issues - supports remaining auth. of 14 yr. old. to decide if they want to participate in treatment. A 14 yr. old doesn't need this kind of right.
- ADDA treatment - a 12 yr. old can seek treatment

She  
only  
wants  
more  
time.