



February 1st, 2024

Senator Cabral-Guevara, Chair

Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

Testimony on 2023 Senate Bill 913

Relating to: psychiatric residential treatment facilities, providing an exemption from emergency rule procedures, and granting rule-making authority.

Thank you, Chairwoman Cabral-Guevara and other members of the committee, for hearing my testimony on Senate Bill 913 today. The mental crisis amongst our youth is not new, but it is becoming more serious. When children need intensive and extensive mental health treatment in this state, there is no place for them to go, and our local county health departments are forced to send them to out of state facilities.

When counties have to send our Wisconsin kids out of state to get the care they need, they have to separate them from their families, friends, and communities, which no one wants to do. All of these components are crucial to helping a child's progress and eventual transition back home. Wisconsin needs to have better resources and services available within our own borders. Psychiatric Residential Treatment Facilities (PRTF) provide the properly trained staff and the needed level of security for kids with intense mental health needs. These facilities are specifically tailored to address these issues.

Senate Bill 913 authorizes the Department of Health Services to certify PRTF's in our state, as well as defines what qualifies as a PRTF. Under the bill, a PRTF would be any non-hospital facility that provides inpatient comprehensive health services to anyone under the age of 21 that needs treatment for a mental illness, substance use issues, or severe emotional disturbance. It would also make services reimbursable under the Medical Assistance program and require DHS to request approval from the federal government for these reimbursements.

Having these facilities around our state would help us address the need for more intensive care while avoiding having to hold children in non-suitable settings such as emergency rooms, shelters and detention centers. These secured facilities ensure the proper level of care is given to these kids, while also protecting our staff from situations such as burnout or having the necessary resources to help a kid in crisis. Establishing in state services such as this is a huge win for our state, and there is no better time to start than now. Thank you, and I will take any questions at this time.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jesse James'.

Senator Jesse James

23rd Senate District

Sen.James@legis.wisconsin.gov



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: HJ Waukau, Legislative Director

DATE: February 1, 2024

RE: SB 913 relating to: Psychiatric residential treatment facilities, providing an exemption from emergency rule procedures, and granting rule-making authority

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only on Senate Bill 913 (SB 913) relating to the creation and certification of psychiatric residential treatment facilities (PRTFs) in Wisconsin. SB 913 would define and establish a DHS certification process for PRTFs. PRTF services as created under the bill would be able to be reimbursed under the Medical Assistance program and DHS would be allowed to seek any necessary federal approvals for the creation of PRTFs. SB 913 also requests that DHS submit a request for the 2025-27 biennial budget of \$500,000 annually for the purposes of administering the PRTFs.

Federal regulations define a PRTF, as a stand-alone non-hospital, inpatient facility for the treatment of individuals under the age of 21 (or under age 22 if receiving services immediately prior to turning 21) with diagnosed mental illness, substance use disorder, post-traumatic stress disorder, or severe emotional disturbance. PRTFs provide inpatient psychiatric treatment in a less restrictive environment than a psychiatric hospital or a psychiatric unit within a general hospital, but provide more intensive treatment than available in other settings including: residential care centers (RCCs) for youth, outpatient therapy, and day treatment. PRTFs are intended to provide a new treatment option for children whose behavioral health treatment needs may not be adequately met in the current system. Prior to admission, all other available outpatient options must be identified and determined inappropriate to meet the individual's immediate treatment needs. PRTFs are not intended to be long-term residential settings, however federal Medicaid regulations do not include a length of stay limitation, so a child could receive treatment at a PRTF for several weeks or months, depending on their psychiatric and treatment needs and based on medical necessity. The state's Medical Assistance (MA) program provides coverage for inpatient psychiatric care for children and youth under the age of 21 in psychiatric hospitals or psychiatric units of general hospitals. There are no PRTFs in Wisconsin and PRTFs are not a recognized facility type in the state. Several states either have or have at least established a licensing framework for PRTFs in the last several years, including: Indiana, Iowa, Minnesota, Michigan, Missouri, Nebraska, and Ohio.

PRTF services must be provided under the direct care of a physician. Additionally, a PRTF team must include either a psychiatric social worker, registered nurse with specialized training, licensed occupational therapist, or a masters-level psychologist. The treatment team must certify that the care resources are not available in the community, that the treatment of a psychiatric condition requires inpatient services, and that these services can be reasonably expected to improve the patient's condition. Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care that is developed no later than 14 days after admission and is designed to achieve the beneficiary's discharge from inpatient status at the earliest possible time. Further, a PRTF in Wisconsin would have to comply with federal conditions under 42 CFR 441 Subpart D and 42 CFR 483 Subpart G and all associated references.

Recent Department of Children and Families (DCF) estimates show approximately 1,483 youth were in out-of-home care in Wisconsin. Of these children, approximately 125, or a little over eight percent of all children in out-of-home care, were in congregate care settings, such as shelters, group homes, and RCCs.¹ The number of children placed out-of-state has risen over the past five years from 44 in 2016, to 120 in 2020. Wisconsin children who are placed in out-of-state PRTFs have an average length-of-stay of 225 days, with other states experiencing lengths-of-stay from three months to one year or more.² The placement of children outside of Wisconsin is complicated by the recent passing of the federal Family First Prevention Services Act (FFPSA) which will no longer allow for Title IV-E claiming for certain current out-of-home placements in Wisconsin. While PRTFs are not eligible for Title IV-E funding they are considered an allowable Medicaid service and thus DHS is able to claim federal reimbursement for PRTFs.

Most children in out-of-home placements are placed in family-based settings. However, there is a subset of children whose situation or level of need precludes them from being placed in these settings. More intensive settings currently include: a Chapter 48 child welfare facility, Youth Services Unit of the Winnebago Mental Health Institute (if court-ordered under Chapter 51), hospital inpatient services for voluntary treatment, Central Wisconsin Center (for children with intellectual disabilities), and Youth Crisis Stabilization Facilities for short term stabilization of a mental health crisis outside of court ordered care. RCCs are also a potential option to treat children with complex, intensive behavioral or mental health needs if ordered through a child welfare court order. However, the number of licensed beds at RCCs has declined in recent years and are not always appropriate to treat youth with complex behavioral health needs. In 2016, there were approximately 1,050 available beds. In June 2019, there were 933 licensed beds, 840 beds in 2020 and as of February of 2022, there were 828 licensed beds; resulting in a 21 percent reduction since 2016. Additionally, a study commissioned by DCF from the PRAED Foundation concluded that Wisconsin’s youth mental health system necessitated a PRTF level of care. Taken together the declining number of RCC beds and independent assessments underscore the need to create PRTFs in Wisconsin. PRTFs offer a more intensive treatment model, and PRTFs would fill a gap in the care continuum in Wisconsin for children with high acuity or specialized treatment needs. And while PRTFs would be effective in addressing a critical need, they should not be viewed as a replacement for more appropriate upstream interventions or a solution to prevent all out-of-state placements through the child welfare system.

SB 913 also requires DHS to submit a request of \$500,000 GPR annually for the 2025-27 biennial budget. Governor Evers’ 2023-25 biennial budget proposal for PRTFs was \$1.79 million GPR annually. The \$1.79 million figure is based on DHS estimates which used market salary rate estimates and food and non-food variable costs from the Winnebago Mental Health Institute, for a 25-bed facility. The estimates can be found in Table 1 below:

Table 1: PRTF Estimated Costs

Direct Care and Support	
Staff	\$ 6,371,314.40
Food, Medical, and	
Related Costs	\$ 2,053,750.00
Instructional Costs	\$ 524,484.06
	<u>\$ 8,949,548.46</u>

¹ Wisconsin Department of Children and Families, “Out-of-Home Care (OHC) Dashboard,” last accessed January 19, 2024, <https://dcf.wisconsin.gov/dashboard/ohc>.

² Legislative Fiscal Bureau, “Psychiatric Residential Treatment Facility Certification and Grant Program (Health Services -- Behavioral Health); Paper #447,” Last accessed January 19, 2024, https://docs.legis.wisconsin.gov/misc/lfb/budget/2023_25_biennial_budget/302_budget_papers/447_health_services_behavioral_health_psychiatric_residential_treatment_facility_certification_and_grant_program.pdf.

DHS anticipates a PRTF's costs would be mostly supported with Medicaid reimbursement or other insurance billing once it is certified and opened, however there is also a need to establish a grant program to support a portion of the cost and infrastructure development until billing can occur. DHS' 2023-25 budget estimate included an appropriation for bed-hold grants at 20 percent of the operating costs, assuming an 80 percent Medicaid occupancy rate.³ Twenty percent of \$8.95 million is \$1.79 million, and was reflected in Governor Evers' budget request.

Per analysis by the Legislative Fiscal Bureau, it is expected that Medicaid or private insurance will support most of the cost of a PRTF, yet some patients will have no insurance that can be billed for the PRTF services.⁴ Second, in order to have a facility with sufficient capacity to provide services during periods of high need, it will be necessary to support the staffing and other operational costs during periods when it is not fully utilized.⁵ Third, having a grant to support a portion of the costs would allow DHS to enter into contracts to ensure that the state's objectives are being met.⁶ Finally, grant funding could be used to support the start-up costs of the facility.⁷ In short, the \$1.79 million would help with start-up costs, fund costs for uninsured youth, cover operations costs, and help with contracting if needed.

Additionally, in re-estimating the impacts of creating PRTFs DHS has determined it will need new positions and funding to develop the administrative rules, manage the certification process, develop Medicaid rates, and monitor and evaluate the program. DHS estimates it would need 4.0 FTEs GPR for these roles. These needed positions are: 1.0 FTE in the Division of Care and Treatment Services, 1.0 FTE in the Division of Medicaid Services, and 2.0 FTE in the Division of Quality Assurance, at an annual cost of \$340,400 GPR. Without these FTEs, it would not be feasible to pursue opening a PRTF in Wisconsin.

PRTFs have the capacity to help some of Wisconsin's most vulnerable children and address a gap in our state's mental health programs. DHS thanks the Committee for the opportunity to provide testimony on SB 913 and offers itself as a resource for the Committee.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.



TO: Chair James, Vice-Chair Cabral-Guevara, and Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: John Elliott, Administrator, Division of Safety and Permanence

DATE: February 1, 2024

SUBJECT: Senate Bill 913

The Department of Children and Families (DCF) is committed to the goal that all Wisconsin children and youth are safe and loved members of thriving families and communities. One key way to support thriving families and communities is ensuring there is an adequate continuum of services available. DCF is testifying for information only on SB-913.

Under this proposed legislation, the Department of Health Services would create a certification process for psychiatric residential treatment facilities (PRTF). A PRTF is a service provider type which serves as a stand-alone, psychiatric setting for youth that will offer intensive, focused behavioral health treatment to promote recovery and the successful return home or to a less restrictive setting. PRTFs currently exist in other states but would be new to Wisconsin.

Over the past five years, Wisconsin has been very proud of the work done by local child welfare agencies to reduce the number of children placed in out-of-home care. One way DSP monitors placement trends is through tracking the use of out of state placements. While the number of children placed out of state continues to decrease, in 2023, 73 youth were placed outside of Wisconsin, many due to no placement being available in Wisconsin. A variety of factors contribute to lack of placement availability: a lack of residential providers within the state that have the capacity and expertise to provide the necessary level of care to children with complex needs; staffing shortages; and more.

In Wisconsin, there is currently a gap in the continuum of care for children. Children that need intensive treatment services outside of their home and at a service level that is beyond the capacity of residential care settings within the child welfare system, **but** do not require an

inpatient psychiatric hospital stay, are often left without any appropriate service. This can result in a child disrupting from their in-state placement option, and at times, being placed outside of the state.

While PRTF's will not meet the needs of every youth placed out of state, it is expected that they will provide a much needed service resource between traditional congregate care settings and highly restrictive inpatient hospital settings. DCF supports DHS's request for \$1.79 Million in grant funding to help shoulder the start-up costs for creating a PRTF in Wisconsin. DCF appreciates this Committee's time and attention to this vulnerable and high needs population.



TO: The Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: Kathy Markeland, Executive Director
Emily Coddington, Associate Director

DATE: February 1, 2024

RE: **Support for SB 913 - Psychiatric Residential Treatment Facility**

WAFCA would like to thank Chair James and the members of the Committee for holding this hearing on Senate Bill 913 that would grant the Department of Health Services the authority to develop a certification process for Psychiatric Residential Treatment Facilities (PRTFs) in Wisconsin. After more than a decade of sending children out of their home state to receive intensive mental health care, this bill makes it possible for us to begin creating an in-state resource to ensure our children get the care they need, while keeping them close to their family.

WAFCA is a statewide association that represents nearly fifty child and family serving agencies 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; foster care and adoption programs; and residential care for both children and adults. While our providers of residential care services for children have tried to respond to the needs of our state, they are not equipped to deliver intensive service to children presenting with more acute or complex psychiatric needs.

Over the past several years, a series of workgroups engaging voices from state, county, provider and lived experience partners have convened to study services in other states and consider mechanisms to fill the gaps in Wisconsin's continuum of care for children and youth with complex needs. These convenings have resulted in some improvements in practice and ongoing collaborations. Unfortunately, initiatives requiring legislative action have not advanced, as energy shifted to implementation of federal Family First changes, the adoption of new youth justice settings, and the adaptations required during the pandemic. Even as collaborators have worked to improve options for youth through programs like Comprehensive Community Services and the Children's Long-Term Support program, gaps have persisted. Our systems are overwhelmed with need and our reliance on out-of-state placement has grown.

We know that most children leaving the state to receive psychiatric care are being served in a PRTF and that is because PRTFs are unique. Below are a few of the main ways these facilities differ from current services in our continuum of care.

- They provide a secure (locked) treatment setting accessible to all children, including those who are not currently on a protective services or emergency detention order. Ideally, this means that children and families will be able to access this intensive service without having to rely on their local human services department.
- The level of security provided ensures the safety of the child, who due to their untreated or acute mental health condition may be a danger to themselves or others, their family, and/or the community. Other settings, including group homes, shelters, and residential care centers, are unable to do this due to current regulations.
- PRTFs are able to provide longer periods of care in order to stabilize and treat mental health conditions. Other resources, such as short-term hospitalizations and/or crisis stabilization facilities, are focused on stabilization and then return a child to the community for treatment, which may or may not be accessible.
- PRTFs are a Medicaid reimbursable facility. Currently, the other youth settings providing some level of treatment, such as residential care centers, are paid for solely by county dollars. Ideally, PRTF in Wisconsin will serve youth covered by both public and private health insurance. Under our current regulatory and funding structures, families are too often driven into court-ordered child protective services in order to receive more intensive levels of care.

Without this resource, children in our state are suffering. Through our study of the issue in 2022, we found that 100% of the children at risk of being placed out of state had a mental health, disability, and/or medical need that necessitated a higher level of care. Their treatment needs could not be matched with available services, so they were placed wherever there was space. As a result, children were unsuccessful in their placements and disrupted from those settings, only to bounce to another setting not equipped to meet their needs. Disruptions occurred because children became violent towards others, threatened or engaged in self-harm, or destroyed property. For some, this resulted in criminal charges and placement in detention, which was also not equipped to provide them with the mental health treatment they needed. Finally, children had longer stays than necessary in hospitals, assessment centers, and out-of-state placements.

Without this resource, families are experiencing disruption and, in some cases, are dissolving their legal bonds. In our experience, parents managed the mental health condition and corresponding behaviors in the home for as long as possible. The onset of puberty was a common "turning point" noted by participants, as the child's size introduced additional concerns, especially when presenting with aggressive behaviors towards adults or other children. When this occurred, parents had no choice but to turn to the child welfare system to get their children help or call law enforcement for assistance, which often led to youth justice involvement or hospitalization.

Without this resource, our child welfare professionals and providers are burning out. This is an issue effecting nearly every county, with more than 46 counties having to place a child out of state between 2014 and 2020, and 32 counties and private child placing agencies having to seek assistance through our pilot during the six months it was active in 2022. The pilot's purpose was to try to connect children with complex needs with in-state resources; it ended after six months because for most children the level of care needed could not be identified. In the meantime, case workers responsible for ensuring the safety of these children felt ineffective and helpless. The providers who stepped in to take a risk and care for children with complex needs had staff or other children within their facilities injured, had property destroyed, and occasionally had their reputations and relationships with their communities and law enforcement strained.

WCHSA, WAFCA, and the Wisconsin Counties Association agreed to advocate for this resource jointly, and in doing so sought to gather stories from counties and private child placing agencies who have had the unfortunate experience of placing children out of state. In addition to the stories gathered through our pilot, a request went out when the bill began circulating and we quickly received more than 30

stories from professionals eager to see change, including stories from: a private agency contracted with the state to provide public adoption services (public adoption is the name we give to those children who are adopted through our foster care system), Sawyer, Rock, Oneida, Waukesha, Lincoln, Pierce, La Crosse, Milwaukee, Burnett, Jefferson, Chippewa, Taylor, Green, Washington, Dodge, and Walworth. These stories underscore the need for a PRTF in Wisconsin, and also speak to the need for more prevention and early intervention resources in our state.

WAFCA's vision is that Wisconsin will have a children's continuum of care capable of keeping most children safely at home, while also serving those who need it in secure settings, and everything in between. A PRTF is not *the* solution, but rather it is part of the solution. Absent this resource we are not only failing to meet the needs of some of our children, we are layering trauma upon trauma and placing our young people on a path to homelessness, incarceration, or death. Now is the time to take action and create a resource that will change the trajectory of those yet to be served. We humbly request the support of all Committee members and encourage the quick passage of this legislation.

TO: The Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: Victoria Ann Raml-Glider, Executive Director of Services – Genesee Lake School

DATE: February 1, 2024

RE: **Support for Senate Bill 913 and Senate Bill 914**

Good morning, Chair James and honorable members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families. Thank you for the opportunity to testify before you today in favor of these two bills which will improve the continuum of care for children with complex needs in Wisconsin.

As stated, my name is Vicky Raml-Glider and I am the Executive Director of Genesee Lake School, a 100% employee-owned special education school and residential program located in Oconomowoc specializing in treatment for children and young adults who have been diagnosed with Neurodevelopmental Disorders. Genesee Lake School is part of MyPath, a Wisconsin originated provider of services for adults and children with special needs. MyPath currently oversees 8 separate operating companies in Wisconsin and Indiana and employs around 2,000 staff.

I currently serve on the WAFCA Board of Directors and it is in my capacity as a representative of our Association, as well as my leadership role within MyPath and Genesee Lake School, that I appear before you today.

For nearly 40 years, Genesee Lake School has partnered with our community, counties, schools to transform the lives of young people referred to our care.

Genesee Lake School's residential treatment program on its 160 acre Oconomowoc campus and surrounding community-based group homes serves up to 85 students at a time and our Day School offering provides education support to an additional 40 students from surrounding communities. Our fully accredited programs focus on providing exceptional therapeutic support to students with complex needs.

The majority of students we support at Genesee Lake School present with Autism Spectrum Disorder. This neurological and developmental disorder affects how our students interact with others, communicate, learn, and behave. Many of our students have significant challenges with verbal communication (both expressive and receptive), and often struggle with sensory input (both internal and external). Our students are among the most vulnerable, requiring intensive therapeutic support to assist them to learn and grow at all times. Employing over 270 people, including Direct Care Professionals, Medical Professionals, Therapeutic Support Professionals, and Education Professionals, Genesee Lake School provides awake 24 hours a day, seven days a week, 365 days a year services.

You have already heard from the bill authors and others regarding the provisions encompassed in SB 913 and SB 914, and I would like to offer a little more context to clarify how this legislation can make a difference for our program and, more importantly, the children and families we serve.

Senate Bill 913 creates the framework for Wisconsin to license psychiatric residential treatment facilities. As previously stated, the children and young adults in our care at Genesee Lake School have a primary Autism Spectrum Disorder diagnosis. Our treatment teams are well trained to manage complex behavioral based needs through environmental structuring, therapeutic interventions, and education supports. Severe and persistent mental illness, however, requiring more intense, in-patient psychiatric care is beyond our current scope of services and is, in fact, contra-indicated based on our primary population of students. We have, unfortunately, denied numerous admissions based on the psychiatric needs of referred children. And likewise psychiatric care providers have denied admission of children with ASD/IDD to their facilities, as that is beyond their current scope of services. There simply is not an appropriate facility to support students with these co-occurring challenges in Wisconsin.

With regard to SB 914, which would allow video recording in residential care centers and group homes, Genesee Lake School strongly supports this proposed change to state law to clearly establish our legal authority to add video recording as a safety measure in our facilities. Under current interpretation of our licensing rules, we are precluded from video recording in our settings.

It is of importance to note that implementation of video recording will not reduce the level of direct, active supervision to our students and staff, but enhance their security and safety. Strategically placed cameras will allow for additional oversight that can be used for training purposes as well as a reference point if/when a situation requires any type of investigation. Coupled with written documentation and contextual input, situations potentially involving any non-therapeutic support can be quickly identified and addressed. The use of video recording simply offers an additional layer of safety for, again, our unique and vulnerable population of students.

In the event that an incident results in an external investigation, video recording would improve the process and enable county CPS and law enforcement personnel to more rapidly assess and resolve the report. In our experience, external investigations can take weeks, up to months to resolve. This can have a significant impact – both emotionally and financially - on the staff under investigation (who is placed on administrative leave pending the conclusion of the investigation), on the vacancy rate in staffing open shifts for the organization, and the on consistency of staffing for our students, who thrive on routine and positive relationship-based support.

Real time monitoring in lieu of video recording is not a viable alternative given the number of cameras and the cost of hiring additional staff members to watch video screens on a 24/7 basis. An actual recording, provides greater clarity for supervisors, staff and, in the event of a reportable incident, it provides evidence to expedite investigations.

Other states such as Illinois, Indiana and Tennessee permit the use of video recording. These are all states where our Wisconsin children are placed when they are sent out of state for services.

In fact, T.C. Harris, a school in Indiana and a sister company of Genesee Lake School currently uses video recording in their facility. They support a similar student to Genesee Lake School and have found the benefits of this resource far outweigh the challenges. With the proper internal policy and procedure oversight, the use of video recording can balance out the right to privacy of our students with the responsibility of our company to provide a safe and secure environment.

Thank you for your thoughtful consideration and support of SB 913 and SB 914. On behalf of Genesee Lake School, I thank you for your service to our state, your commitment to children and families, and for entrusting Genesee Lake School with the care and support of these incredible young people.

RAWHIDE YOUTH SERVICES

TO: The Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: Alan Loux, President & CEO Rawhide Youth Services

DATE: February 1, 2024

RE: **Support for Senate Bill 913 and Senate Bill 914**

On behalf of Rawhide Youth Services and the children and families of this state that we are privileged to serve, thank you for the opportunity to voice our support for two bills before your committee today that will both improve Wisconsin's continuum of care for children with complex needs and better enable our organization to respond to those needs.

For nearly 60 years, Rawhide Youth Services has partnered with our communities, counties, and schools to transform the lives of at-risk youth. Rawhide's treatment program on its New London campus serves up to 50 residents at a time. The New London facility includes a fully accredited high school and offers a broad range of therapeutic services to address the behavioral, emotional, social, educational, and spiritual needs of young men who are referred from the Wisconsin juvenile court system and other agencies.

In addition to the New London residential care program, Rawhide now provides mental health counseling in 50 area schools; operates eight outpatient mental-health clinics, serving primarily adolescent youth and their parents; and offers equine therapy, which has emerged as a promising treatment for youth with suicidal ideation and other depressive disorders, at five locations, the most of any provider in Wisconsin. Recently, we entered a partnership with Brown County to provide a range of mental health and related services aimed at keeping youth from entering the juvenile justice system. We have also forged a partnership with Marinette County supporting group home services for vulnerable young men and women. In addition to conducting its own vocational programs in collaboration with New London schools and a local manufacturer, Rawhide, Fox Valley Technical College and Goodwill Industries have formed a joint venture, funded through the Wisconsin Workforce Innovation Grant Program, to provide behavioral and mental health support services to students and employees who have had significant trauma and are experiencing mental and behavioral health challenges in their school and workplace settings. Rawhide's service footprint stretches from Green Bay through Milwaukee, and we serve more than 1,500 youth and their families each year.

As evidenced by our service array, we are committed to growing Rawhide's therapeutic offerings to support additional children and families in their home communities and schools. Meanwhile, our residential treatment and group home services have evolved and become more specialized so as to better meet the heightened needs of the limited number of youth who are referred to our 24/7 care settings.

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I have been privileged to share Rawhide's experiences with state and county leaders who, like Rawhide, seek to fill gaps in the continuum of care for youth whose mental health needs are becoming ever more acute, at times outpacing our capability as providers. While we and our partners and peers have endeavored to enhance our residential services to address the increasing demands of our communities, we are unable in the current licensing environment to afford an appropriate level of care for youth who are in need of more intensive treatment that can only be furnished in clinical settings. Over the last several years, we have witnessed a significant decline in the mental health of residents in Qualified Residential Treatment Programs (QRTP) such as Rawhide's, at times evidenced by highly aggressive behaviors. Our child welfare and youth justice systems in Wisconsin and nationally have increasingly moved toward caring for children in their home communities. We support greater community-based services; however, one consequence of this shift is that the youth in residential facilities tend to present with greater mental health and behavioral challenges. Unfortunately, the tools now available to residential facilities are not adequate to meet the challenges posed by the current residential population. In sum, the means and methods that QRTPs have at their disposal are woefully insufficient. My tenure at Rawhide, coupled with the insights of our state and county partners, therefore leads me to seek your support for SB 913 and SB 914. These are two especially important bills. They would not solve all of the challenges of caring for youth with complex needs, but they would nevertheless be valuable tools that would enable us to better serve our current clientele and address additional needs that are currently unmet.

SB 913. If enacted, SB 913 would lead to the establishment of a psychiatric residential treatment facility (PRTF) within our state, a critical treatment option that does not currently exist in Wisconsin. In the absence of a Wisconsin-based PRTF, residential care centers like Rawhide are asked to provide psychiatric services that are outside of the scope of their competence, and, in many cases, youth are referred out-of-state, sometimes as far as Tennessee, for this level of care. This misuse – not to mention overextension -- of current treatment platforms diminishes the effectiveness of treatment for both our target population and high-needs youth. Wisconsin's children deserve better options closer to home and enactment of SB 913 would take the state one significant step closer to that objective.

SB 914. Rawhide strongly supports SB 914, which would explicitly authorize video recording in certain common areas of residential care centers and group homes. Some may be surprised to learn that, under current interpretations of our licensing rules, we are precluded from video recording in these areas.

Consistent with its licensure, the Rawhide campus is not a secure facility. It is neither locked nor fenced. We are nevertheless obligated to assure the wellbeing of all youth in our care, our staff members, and neighbors in proximity to our campus. We do this via various de-escalation strategies and trauma-informed youth engagement techniques. Although these techniques are generally successful, disruptive behavior may always be a reality within our care environment.

Indeed, it is an unpleasant fact that certain youth in residential care facilities will seek to leave campus, in some cases taking vehicles from the facility or from neighbors, giving rise to law enforcement chases and the like. Although rare and infrequent, such events heighten neighbor concern and impose a significant drain on law enforcement resources.

Given the nature of Rawhide's mission, our management is sometimes required to investigate allegations -- by both youth and staff -- of confrontations, altercations, abuse, theft, and property damage. Significant work is involved in investigating and responding to such allegations. This can be a lengthy, time-consuming and costly process, due to the subjective nature of the allegations and, in many cases, the absence of visual evidence.

Because Rawhide's campus is not secure, it must rely upon staff to follow protocols and ensure safety, principally by maintaining direct observation of youth, including via nighttime bed checks. The ability to accurately evaluate staff performance is therefore crucial. All Rawhide hires are subject to significant vetting and a thorough background check; however, even the most rigorous screening may not accurately predict whether a given staffer can be relied upon to fulfill their duties. As stated above, it can sometimes require months working with law enforcement, child protective services, case workers, and the Department of Children and Families and other agencies, to resolve claims of staff and youth misconduct, resulting in a drain of resources as well as an emotional and financial toll on all parties involved.

We earnestly believe that video recording -- a tool that we have been without -- would be the most reliable method of addressing the concerns that I've mentioned because it would provide an objective means of resolving issues in an accurate and timely manner. It could reveal, for just a few examples, whether bed checks were observed, whether unauthorized personnel were present, and whether staff interacted appropriately with residents. Additionally, a video recording could validate or disprove the accusations of a resident claiming that they were harmed in care, thereby increasing accountability for staff who sometimes are alleged to have engaged in unacceptable, abusive, neglectful, or inappropriate behavior. That, in turn, would lead to, among other things, better management control, and the identification of areas needing enhanced training.

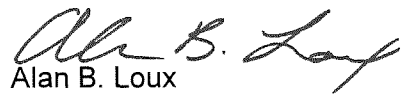
I perhaps should mention that, while we do not presently record in areas covered by SB 914, we are permitted to utilize "real time" camera monitoring of all common areas on campus. Monitoring alone is not an adequate substitute for video recording for a number of reasons; among them: hiring additional staff members to watch dozens of video screens on a 24/7 basis would be cost prohibitive; and because imposing corrective measures or training programs would be reliant upon the memories and subjective impressions of "screen watchers." Recording would afford significantly better clarity and evidence for supervisors, staff and, in the event of serious incidents, investigators.

Our priority as caregivers is to make certain that we provide a safe environment for residents and staff. The option to video record within youth residential, group home and shelter settings would reduce reliance on subjective recollection and increase objective evidence to keep staff and residents safe.

Although Wisconsin is regarded as a leader in many aspects of youth care, it may not be in the two areas addressed by these bills. As noted, Wisconsin doesn't have a PRTF and it also appears that many states – among them, Illinois, Indiana and Tennessee -- either require or permit video recording.

Thank you for your thoughtful consideration and support of SB 913 and SB 914. On behalf of Rawhide Youth Services, thank you for your service to our state, your commitment to children and families and for entrusting our organization and our Rawhide family with the opportunity to be a part of the healing journey and thriving futures of the promising young lives that we encounter every day.

Respectfully submitted,

A handwritten signature in cursive script that reads "Alan B. Loux".

Alan B. Loux
President and Chief Executive Officer

MEMORANDUM

TO: Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

FROM: Chelsea Shanks, WCA Government Affairs Associate

DATE: Thursday, February 1, 2024

SUBJECT: Support for Senate Bill 913 & 914: PRTFs and Video Monitoring

Senate Bill 913: Wisconsin faces challenges in meeting the needs of children with complex mental health conditions. Out-of-state placements are on the rise and keeping children in need of complex mental health care as close to home as possible, leads to better outcomes for the children and their families. This is the reason for the creation of a new option for care in our state—psychiatric residential treatment facilities or PRTFs.

PRTFs are standalone facilities that offer more intensive mental health treatment services than what is currently available in Wisconsin, such as a residential treatment or day treatment. The inpatient services provided are less medically intensive than a psychiatric hospital or a psychiatric unit of a general hospital. PRTFs typically treat children and youth diagnosed with severe psychiatric conditions, such as bipolar disorder, disruptive behavior disorders, substance use disorders, severe emotional disturbance, or post-traumatic stress disorder. Many face difficulties functioning in home and school settings and may pose a risk to themselves or others. The goal is to improve the child's condition to the point where inpatient care is no longer needed.

Children and youth are not placed in a PRTF by the county. Rather, children are referred to and admitted based on medical necessity and these facilities are one part of a continuum of mental health services. Having a PRTF in Wisconsin would fill a gap in the spectrum of psychiatric services available for youth with complex mental health, substance use, or behavioral needs. Some youth have needs that cannot be met with community-based psychiatric treatment, such as outpatient therapy, but who also do not need the high level of clinical supervision and controlled environment provided in an inpatient hospital setting.

Senate Bill 913 would create statutory authority for the Department of Health Services (DHS) to issue PRTF licensing rules and submit a Medicaid state plan amendment to allow Medicaid reimbursement. It also requires DHS to include a request for \$500,000 annually for the purpose of implementing the regulations described in the bill in its 2025-27 budget request.

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Senate Bill 914: In psychiatric units, cameras are used to increase safety and security and to monitor patients who may be a danger to others, present a suicide risk, or require isolation or restraints. Video monitoring can be beneficial and safe in common areas such as hallways, shared spaces and entrances.

This bill provides statutory authority for residential care facilities for children and psychiatric residential treatment facilities to use video cameras in common areas of the facilities. This would allow providers to care for more complex kids and requires them to adopt a policy for monitoring safety.

The Wisconsin Counties Association respectfully requests your support of SB 913 and SB 914 and will be available should any questions arise. Thank you for your consideration.

Good morning, my name is Shelbey Puppe. I am a social worker and I have the privilege of serving the children and families of Rock County in my role as our CPS lead supervisor. In addition to supporting our department in case practice, I oversee our out of home placements. It's an honor to be here today supporting Senate Bill 913 which would have far reaching impacts on the children and families in Rock County and across the state of Wisconsin.

In nearly all circumstances, child protective services agencies are working to support children in their home or in a home like placement. However, in some circumstances, due to mental health needs and extensive trauma histories, some children require psychiatric treatment that can be most safely and effectively delivered in a residential setting. Currently, in Rock County, we rely heavily on out of state facilities, sometimes more than 8 to 10 hours away, to provide this care. What we know about healing is that it happens best in community – and when we send our youth more than a days drive away, we rob them of just that - their community.

One youth in our care who has utilized out of state residential treatment has needs that warranted this level of care; however, the nearly two years in treatment has not allowed for a single in person family visit – with their only visitors being agency staff coming to do required quarterly visits. The youth expresses frequent feelings of hopelessness for ever returning to their home, let alone to any family like setting. Instead of seeing the progress we hope for after treatment, we continue to see significant struggles that make it challenging to find any other placements able to meet their needs. As the youth nears adulthood, planning for their future becomes more and more difficult with them states away. The statistics on youth aging out of foster care are already dismal – with many facing homeless or incarceration in the first few years of adulthood – the added complexity of planning for adulthood several states away is only likely to exacerbate the unintended consequences of a system meant to help children but that fails them with lack of resources. Although this young person is just one example, they are one of many youth facing these circumstances in Rock County and around our state.

Aside from the individual impacts on children and families, having children placed hours away causes an unnecessary burden on an already taxed system. Child welfare workers are required to see youth at least quarterly – which in many circumstances means workers are away from their homes, their families, and other clients, for days, just to spend a few hours every three months with a youth. Given resource constraints, our department often needs to send any worker available, as opposed to creating opportunities for the same worker to build a consistent, trusting, and lasting connection with a youth in placement. The cost, both financially and emotionally, is significant – for children, families, workers, and our agency.

Passing Senate Bill 913 and creating a psychiatric residential treatment facility in the state of Wisconsin would be an investment in children's lives and family's success. Having necessary treatment in state would allow youth increased contact with family, friends, and more meaningful, face to face discharge planning and wrap around care with their service providers to ensure long term success post treatment. This facility would truly give youth access to one of the most important treatments of all – their community.



Waukesha County

Department of Health and Human Services

To: Members Of Mental Health, Substance Abuse Prevention, Children and Families

Date: February 1, 2024

Re: Senate Bill 913

Chair James and Committee Members,

Thank you for allowing us the opportunity to present testimony on Senate Bill 913. My name is Sarah Fraley, I am the Legislative Policy Advisor for Waukesha County and next to me is Penny Nevicosi, Waukesha County Child and Family Division Manager. We encourage the consideration and passage of Senate Bill 913 and applaud the sponsors for bringing forward this important legislation. We are poised to be partners in establishing a process for the Department of Health Services to certify Psychiatric Residential Treatment Facilities (PRTFs). PRTFs are non-hospital facilities that is Medicaid reimbursable where youth who need more intensive mental health, substance use, or behavioral treatment can access care. This is currently a level of mental health treatment that is unavailable to youth under the age of 21 in Wisconsin.

Currently, families struggle to access adequate care for their child's mental and behavioral health needs. They are finding they have no choice other than to use the child welfare system through Child Protective Services or Youth Justice to gain access to placement facilities. Families of these youth are unnecessarily being subjected to court processes which can be time-consuming, stressful, and costly. If the youth is ordered by a court to receive out of home care under Chapter 48 or Chapter 938 the parents are then required to pay child support. In Waukesha County, we have seen several families who adopted through the child welfare system facing this challenge as they work to access the necessary care and treatment for their youth.

Youth with unmet complex psychiatric needs are often declined by residential care and group home programs in Wisconsin as they are not equipped to provide the level of treatment these youth require. It is not uncommon for these youth to be placed out of state in PRTFs in order to access the level of care needed. Placing a youth in another state creates substantial barriers for family interaction and therapy involvement, which research indicates has significant impact on positive outcomes. The distance is also a challenge in terms of the PRTFs being able to provide continuity of care related to discharge planning and linkage to aftercare resources because they are unfamiliar with local community providers and schools. From a trauma informed perspective, honoring proximity and providing a PRTF level of care within our own state reduces harm and promotes healing. It is Waukesha County's practice for the assigned social worker to at a minimum have quarterly in-person contact with the youth to ensure safety and monitor treatment. The cost for

families and workers to travel to another state to support the youth falls upon the counties to fund out of tax levy.

Senate Bill 913 would provide a much-needed resource in our state to treat youth with unmet complex psychiatric needs.

Thank you for your time today. Both Penny and I are available for any questions you may have.

If you have any questions, please contact Sarah Fraley- Legislative Policy Advisor
Phone: 262-896-6826 Email: Sfraley@Waukeshacounty.gov

Good morning. My name is Lisa Broll and I am our Family Wellness and Preservation Manager in Walworth County and I serve as one of the Tri Chairs for the Children, Youth and Family Policy Advisory Committee through WCHSA. It is an honor for me to be here today to help support Senate Bill 913.

In my roles I have seen and heard first-hand the impact on youth, their families and our staff when we need to send youth with mental health, substance use or severe emotional disturbance concerns to out of state treatment facilities. These stories have come from counties all across the state. These are youth that each have their own unique stories, yet they are very similar in a lot of ways. They are entering our system with backgrounds of abuse and/or neglect, they have significant trauma, uncontrollable behaviors, families that want to “give up on them”, and multiple placements in multiple systems. These youth are hurting and we, as a system are struggling with finding the right resources to meet their needs.

What we do know is that some of these youth need more intensive, structured psychiatric services that are best met in a hospital-like setting under the care of treatment providers, such as a PRTF. These services are best when they are done in close proximity to the youth’s home. It is important for families to be able to see their children, interact with them and support them while they are going through treatment. It is important for families to learn skills and to be a part of the treatment process as well. When we have to send our youth out of state for services, having close interactions is nearly impossible for the majority of the families.

Over the last couple of years in Walworth County we have seen a shift in the availability of the right type of resource in our state. In 2020 and 2021 we only sent 1 youth out of state to a facility because of their needs not being able to be met in-state. In 2022 and 2023 we sent 8 youth to out of state facilities. As you have heard (or will hear) from my other county partners, we are not alone. The level of care needed for these youth has changed dramatically and the resources we have available in our state are not equipped to handle the needs of these youth. Our staff spend countless hours trying to find facilities as close to home as possible, and are consistently told “we cannot meet their needs”, or “they require a higher level of care”. We have youth sitting in detention facilities because we cannot find a safe place for them to go to get help. Then, when and if we find a place to send them, we have to tell the youth that we are putting them on a plane and moving them hours away from the people, places and things they are familiar with and leave them there telling them we won’t physically see you again for 3 months when we come back to do our quarterly face to face visit. I, personally cannot imagine, what that would feel like to a child.

As a county organization and leader working in conjunction with the Department of Children and Families, we all share a common vision that Wisconsin children and youth should be safe and loved members of thriving families and communities. One social worker from Waukesha County shared a comment in her story that she submitted that I thought was fitting. She stated:

As a worker, I felt that being forced to place this youth out-of-state due to the lack of resources in Wisconsin made this vision statement impossible to achieve. In order to be able to truly implement family first principles, we must be able to provide the appropriate level of care to our youth in their own state where they can continue to stay connected to their networks of support. It is our responsibility to unite families and communities and break down the barriers that separate them.

I appreciate your time and thank you.



TO: Senate Committee on Mental Health, Substance Abuse Prevention, Children & Families
FROM: Amy Herbst, Vice President, Mental & Behavioral Health, Children's Wisconsin
DATE: Thursday, February 1, 2024
RE: Support for SB 913 – Psychiatric residential treatment facilities & SB 914 Video recording

Chair James and members of the committee, thank you for the opportunity to share testimony with you today. My name is Amy Herbst and I lead Children's Wisconsin's mental & behavioral health teams who work across our state to improve access to this critical care. I'm here today to share Children's support for this bipartisan legislation. We want to thank you, Senator James, as a bill author with Representative Dittrich, for your work on this proposal.

Children's Wisconsin is the region's only independent health care system dedicated solely to the health and well-being of kids. As such, we offer a wide array of programs and services inside our hospitals (inpatients and outpatient) and clinic walls and out in our communities. Between our hospitals in Milwaukee and Neenah, primary, specialty and urgent care clinics and community services offices across the state – we provide kids and their families with care and services they need to promote health, safety and well-being. At Children's, we believe caring for a child's mental and behavioral health is just as important as caring for their physical health. Our expertise across mental health and child well-being runs deep, with our teams caring for thousands of kids with mental and behavioral health challenges every year at our hospital - both inpatient and outpatient, Craig Yabuki Mental Health Walk-In Clinic, primary care clinics, through our foster care and adoptive services, and in schools and communities throughout the state.

As reflected in the U.S. Surgeon General's December 2021 Advisory and the declaration of a "national health emergency in child adolescent mental health" by leading pediatric health care organizations, including Children's Wisconsin, there is an *urgent* need to address the nation's youth mental health crisis. Prior to the pandemic, Wisconsin, like the rest of the country, was experiencing alarming rates of mental health hospitalizations, suicide rates and depression among children and adolescents. The pandemic has hit children's well-being hard and directly, exacerbating what was already a growing crisis. In Wisconsin, 1 in 5 children are living with a serious mental health illness and anxiety, depression, and suicide reports are up, with the percentage of students feeling sad and hopeless *almost every day* jumping to nearly 34%, a 10 percentage point increase over the last ten years. There has been an alarming increase in the number of teens seriously considering suicide, especially among girls, kids of color, and kids who identify as LGBTQ+.

Children's Wisconsin has invested millions in the last few years, along with our philanthropic partners, in a number of initiatives to improve kids' access to mental and behavioral health care. This includes putting in place systems to detect needs sooner and help kids before they are in crisis; reducing stigma by supporting a system of care that ensures mental health is part of every outpatient visit; meeting kids and families where they are by bringing mental and behavioral care closer home by providing more services in schools and clinics; and innovating by opening the first in the state, and we believe in the nation, walk-in clinics for kids' urgent mental health care. We are also doing what we can to address the shortage of mental and behavioral health professionals by hiring and paying qualified therapist trainees (QTTs), providing them the clinical supervision needed to obtain therapist licenses. And most recently, with our partners at the Medical College of Wisconsin, we have recently started a child and adolescent psychology residency training program to help grow this important workforce.

While we work to prevent issues from becoming a crisis, we know that for many Wisconsin kids, they're already in need of a higher level of care to address their mental and behavioral health needs. Children's Hospital Emergency Department and Trauma Center (EDTC) cares for many children with suicide attempts, suicidal ideation and self-injury each year and unfortunately that number has ~~increased~~ ^{doubled} more than 50% over the last ten years going from 722 children in 2013 to 1,545 children in 2023 – and that is just patients seen by Children's EDTC. Because of the increase in volumes of children we see with mental health conditions, two rooms in Children's Hospital new EDTC were specifically designed to be safer for kids with mental and behavioral health issues who may be at risk of harming themselves or others, including our clinicians. These safer rooms are located in a calmer area and equipment in the room can be locked for safety reasons. And yet, we recognize that an emergency room is not an ideal care setting for those experiencing a mental and behavioral health crisis. For children who require a higher level of care, they may be admitted to our hospital while they await a bed to open up at an inpatient or residential treatment facility in our community. While our staff do what they can to care for and support these children safely, children experiencing a mental health crisis need the care and resources available at community treatment centers.

Each day, approximately 20 Wisconsin children require even higher levels of care to meet their mental and behavioral health needs. These children have severe mental, emotional, intellectual and/or behavioral issues and pose a significant risk to themselves or others. These children need 24-hour, intensive and comprehensive mental health treatment in a safe and secure therapeutic environment. Currently, the only appropriate treatment option that is available for children who need this level of care is to be placed in out-of-state psychiatric residential treatment facilities (PRTFs). PRTFs are equipped with the specialized staff and facilities to provide the care that the children need. They have comprehensive services including evaluations, therapies and treatments to best support youth on a path towards safety, health and well-being. Having PRTFs in Wisconsin will support children in being closer to home, closer to their supportive resources and will ease the transition back to their home, school and community. Most importantly, it will support the mental and behavioral health continuum of care for kids creating an environment where more Wisconsin kids who have a more acute psychiatric need can receive care right here in our state. Wisconsin kids should be able to have access to all levels of care they need, including those children who face the most significant mental and behavioral health challenges.

Due to the lack of suitable placement options available, Children's Hospital is in the precarious situation of accommodating youth who can't be safely discharged to home and for whom no other safe and appropriate placement option is available. In 2023, the number patients in this situation has skyrocketed to an increase of over 50%. Due to lack of placement options in Wisconsin like PRTFs, the corresponding extended hospital days totaled over 500 at Children's Hospital during that same time frame.

While we are grateful when we can find care for these kids at places like Chileda, Genesee Lake or Central Wisconsin Center, much more frequently we are unable to utilize them due to capacity limitations and acuity of the patient. We must then assist in the transfer of Wisconsin children to facilities out of state, many of which are PRTFs, in places like Ohio and Tennessee. The safe transfer of these children out of state is often traumatic for them and requires a large clinical and behavioral health care team to help manage. It requires a comprehensive care plan to transport the child via a van service which often extends 12-14 hours. These transports can be highly distressing to the child, and the van service, while exceptional in their care, may need to utilize restraints to ensure safety on the highways. We are not able to transfer children with concurrently aggressive behaviors via flight due to the significant risk they pose to themselves and/or the flight team. The current environment requires additional, continual work of our staff outside of normal operations and is associated with significant stressors.

In 2023, we saw a significant increase in the number of patients aged 7-10 that are being admitted with homicidal and suicidal ideation. These children have a specific plan to harm themselves and others and share these with disquieting repetition. Their parents, while working with county resources, sometimes ask for their child to be found in need of protection and services through the child welfare system as their only option to access the mental health treatment their child needs. Our care coordination teams have not been able to identify any temporary placement for these children as the inpatient mental and behavioral health facilities do not feel equipped programmatically to manage their unique treatment needs. Northwest Passage is an example of one treatment facility in Northwest Wisconsin that we have been able to utilize, however our requests have far outweighed their capacity. Stop and think about that for a second - what a difficult and desperate situation these families are in being driven to choose child protection services in order to get access to the resources their child needs and to protect other children in their home.

Over the last decade, those caring for youth with significant mental and behavioral health needs in our state have come together and lifted up PRTFs as a solution Wisconsin should embrace to better care for kids. We need many partners in this work. Children's does not have inpatient psychiatric beds and while there are providers around the state that do, the complex needs of these children requires a higher level of care and ratio of caregivers to child, along with a specialized physical environment that only PRTFs can provide. We want to be clear that PRTFs are part of the continuum of care that is needed in the state for a small population of kids who need very intensive care. This bill and SB 914 which you are also hearing today that allows for video recording in certain care facilities are the first steps we need. They create the framework for these facilities to be able to consider a future opening in Wisconsin, however financial support for standing these up, and a sustainable payment source, will also be critical components.

On behalf of Children's Wisconsin, and the children who desperately need this level of care, I strongly encourage your support of this legislation. Thank you for your consideration and I am happy to answer questions now or in the future.

Amy Herbst
Vice President, Mental & Behavioral Health
Children's Wisconsin

Jodi Bloch
Director, State & Local Government Relations
Children's Wisconsin
608-217-9508
jbloch@childrenswi.org

Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.

To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
From: Disability Rights Wisconsin (Contact: Lisa Hassenstab, Public Policy Manager, lisah@drwi.org)
Date: February 1, 2024
Re: **SB913** - relating to: psychiatric residential treatment facilities, providing an exemption from emergency rule procedures, and granting rule-making authority.

Disability Rights Wisconsin (DRW) is a private non-profit organization that protects the rights of people with disabilities statewide, with a mission to advance the dignity, equality, and self-determination of people with disabilities. DRW serves as the federally mandated Protection and Advocacy system for the State of Wisconsin, charged with protecting the rights of children and adults with disabilities and keeping them free from abuse and neglect. With this mission and charge, DRW supports SB913.

Children with disabilities and their families often need additional supports and services to fully participate in and thrive in their communities. Disability Rights Wisconsin strongly believes that children with disabilities should receive these supports in their own homes, schools, and communities. For a small percentage of youth, there may be short periods of time when their needs require a higher level of support and safety, which could include a stay in a Psychiatric Residential Treatment Facility (PRTF), a specific type of residential facility for youth needing a high level of care for significant mental health needs.

Because Wisconsin does not have PRTFs, some youth requiring this higher level of support and safety have been sent to PRTFs in other states to receive these services. When this occurs, it separates these youth from their families and communities, and makes continuity of care upon discharge more difficult. SB913, which would establish a certification process for PRTFs and require a budget request to implement these regulations, is a good step toward keeping youth close to their homes and communities at a time when proximity to these supports is critical.

DRW is interested in ensuring these facilities are carefully developed and have a plan for ongoing oversight to ensure the very best quality of care in a safe, secure environment.

National Disability Rights Network [published a report](#) in 2021 on for-profit private residential treatment facilities which states, “Children and youth with disabilities who end up in these facilities are often placed out of state and out of sight. They are far away from home, making it difficult for parents or guardians to monitor health and safety. They operate with little

government oversight.” The report identified circumstances where children were hurt, isolated, not provided treatment, and even killed while in “care” in some of these private residential facilities. **The report also includes excellent recommendations (p. 61-65) DRW believes must be followed to ensure youth with the highest needs are safely receiving the treatment they require in this type of restrictive setting.** DRW also believes it is critical for individuals with lived experience and advocates to participate in developing the rules for PRTFs.

Thank you for your consideration of these comments, and please don’t hesitate to reach out with any questions.