
BARBARA DITTRICH

STATE REPRESENTATIVE • 99th ASSEMBLY DISTRICT



Assembly Committee on Mental Health and Substance Abuse Prevention
Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Rep. Dittrich Testimony on Assembly Bill 260/Senate Bill 245
May 27, 2025

Thank you, Chairman Tittl, Chairman James and fellow members of both committees, for hearing Assembly Bill (AB) 260/Senate Bill (SB) 245 today. I would also like to thank Senator James for his work to help me get this bill to this point.

The mental health of Wisconsinites, especially children, is a major non-partisan issue across our state. While school based mental health programs are providing services and relieving some of the burden in addressing mental health issues in our schools, school centered mental health programs are a little different and come at the problems in a unique way. Let me explain what I mean. If you have been in other committees where I have testified on bills I have introduced, I am desperately trying to provide that three-legged stool of support for our kids where students, parents, and schools all work together for the best possible outcomes for our kids. A school centered mental health program goes a little further than school-based programs in that it provides wrap around services of care and family coaching in a much more comprehensive home and family dynamic. Additionally, in a school centered mental health program, services are provided all 12 months of the year instead of the 9 months a student attends school.

Another great part of school centered mental health programs are the evaluations to monitor student performance. These are not only ongoing to help determine best course of action to help the students, but are included in the required report to take place at the end of the 2-year pilot program. Which brings me to the nuance and detail of the execution of this bill.

AB 260/SB 245 creates a two-year pilot program that the Department of Health Services (DHS) will fund under the management of a mental health provider. The mental health provider will operate the program to identify at-risk students and provide mental health services on a year-round basis. The program must also include evidence-based individual and family therapy at home, in school, or in the community. At the end of the two-year pilot, the provider would be required to submit a report to DHS on the results of the program which will then be sent to the Legislature for us to review. If the report shows that this program is ineffective, future funding will not be allocated and the program would end.

Senator James and I are also working on securing funding for DHS to ensure that this is not an unfunded mandate. We have used a program by Lutheran Social Services as a basis for this legislation. The pilot program's total cost according to Lutheran Social Services would be \$850,000.

In closing, I believe it's important we don't lose focus on mental health issues in this state. This bill will provide resources and tools to our school districts, families, and most importantly students. Again, I thank you for your time and consideration. I am happy to answer any questions.



May 27th, 2025

Representative Tittl, Chair

Senator Wanggaard, Vice-Chair

Representative Brill, Vice-Chair

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

Members of the Assembly Committee on Mental Health and Substance Abuse Prevention

Testimony on 2025 Senate Bill 245

Relating to: a pilot school-centered mental health program.

Thank you, Chairman Tittl, and members of both Senate and Assembly committees for listening to my testimony today. As many of you may know, my number one priority this session has been advocating for the mental health and well-being of our youth. When Representative Dittrich came to me with this legislation, I immediately recognized the potential of this initiative to positively and meaningfully impact the lives of Wisconsin students.

As members of the Senate and Assembly committees on Mental Health, you are all more than aware of the challenges our kids face every day. You've heard the numbers, and I expect you'll hear more later today. But beyond the data, I want to speak from my experience; as a law enforcement officer, meeting with constituents back at home and here in Madison, and in every school I visit. Some struggles are loud and unmistakable, but many more are silent. Too many students are carrying heavy burdens with no clear place to turn.

Senate Bill 245 addresses this need by establishing a school-centered mental health pilot program, administered through the Department of Health Services. This program will run for two school years, in two schools: one rural and one suburban or urban. Although the connection between these at-risk students and providers starts at school, the relationship continues to their homes and throughout the summer – an essential source of continuity. Additionally, the program is required to meet high, comprehensive standards to assure results, including hiring both full-time therapists and family coaches, using evidence-based therapy, connecting families to other helpful services, observing classroom behavior, and working with the families and teachers on solutions. Critically, data will be collected and reported to the legislature and DHS, helping us measure success and refine future efforts. Our goal was something innovative and modern. If this project is as successful as I expect it to be, I see this as a replicable model to spread across our schools and our state.

We also made sure this pilot respects the local needs of participating schools. Participation is voluntary. Schools must already provide some level of behavioral health support and demonstrate readiness to gather data and feedback to ensure a strong foundation for success. We are looking for willing partners who want to improve education outcomes, all while supporting every child in reaching their full potential.

STATE SENATOR

JESSE



JAMES

23RD DISTRICT

Our children's mental health is of the utmost importance to me. This legislation can make a difference, not just for the students in this first pilot program, but for everyone who may gain access and support based on what we learn. Thank you for listening, and I am happy to take any questions.

Respectfully,

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

Senator Jesse James
23rd Senate District
Sen.James@legis.wisconsin.gov

May 22, 2025

To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families and Assembly Committee on Mental Health and Substance Abuse Prevention (SB 245 and AB 260)

It is an honor to speak with you today about a solution that is changing lives. My name is Héctor Colón. I am the President and CEO of Lutheran Social Services of Wisconsin and Upper Michigan (Also known as LSS).

I am here to share powerful insights from our six years of delivering School-Centered Mental Health services to children and families across Milwaukee County.

Unlike traditional school-based programs, School-Centered Mental Health operates year-round -- including summers -- reaching at-risk children and families before a crisis occurs -- at school, at home, and in the community.

School-Centered Mental Health interrupts the generational cycles of unhealthy practices by reaching children and families early...before they are...evicted from their home...without access to food...or facing a medical or mental health emergency.

These loving caregivers don't want their children burdened with adult-sized stressors, but without support, that burden becomes unavoidable.

And when these serious -- often-times life threatening -- situations do not get resolved, the youngest members -- who are dealing with their own academic and social pressures -- spiral into anxiety, depression, and thoughts of suicide.

We see the toll in their behavior: anger, isolation, conflict with teachers, slipping grades, and frequent disciplinary action.

The reality is that caregivers, their children, and their entire families need School-Centered Mental Health. With it they no longer feel helpless. Our family coaches provide caregivers with the support and resources they need to...

- find a new job
- locate to a safe affordable home
- access medical care

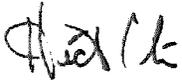
Our therapists help everyone in the family to...learn how to cope, build new skills, and grow through mental health therapies.

My colleague Amanda will share details about the measurable outcomes LSS has achieved through our delivery of School-Centered Mental Health services.

The time for transformation is now. Our current system is too reactive -- waiting for crises before taking action. We urge you to shift that paradigm by supporting investment in two additional School-Centered Mental Health pilots. Because every child and family in Wisconsin deserves a chance to live their best life and thrive!

We believe in this model so strongly that we've invested in it ourselves—through the LSS Foundation and with support from generous partners like Northwestern Mutual and Bader Philanthropies. But bridging a \$200,000 funding gap for just one therapy team is not sustainable without broader support.

Respectfully,



Héctor Colón, President and CEO
6737 W Washington Street, Ste. 2275
West Allis, WI 53214
Phone: 414.246.2300
Email: Hector.Colon@lsswis.org

May 22, 2025

To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families and Assembly Committee on Mental Health and Substance Abuse Prevention (SB 245 and AB 260)

Hi. My name is Erionia Dixon, and I currently serve as a School Centered Mental Health program supervisor in Milwaukee, WI.

I come to you all as a parent, public school alum, advocate, and Wisconsinite in support of requesting funding to extend SCMH services throughout the state.

As a youth, I remember attending multiple public schools in the Milwaukee district and having limited insight and support around mental health. During my high school years, I experienced a life changing event that left me feeling alone, worthless. Guidance and support staff (i.e. school psych, nurse, and social workers) were often out of the office to address concerns due to multiple school and case assignments. At that moment, I vowed that I would be the person I needed in the world. I became a counselor.

As a counselor, I have been able to empower students and families through psychoeducation and providing cultural relevant interventions to ensure positive outcomes. I recently provided services for a student diagnosed with selective mutism. During the treatment process, I learned that the reason for her silence was to maintain safety in the school setting. The student expressed being bullied by peers and misunderstood by adults. As of today, she is excited to return to school and open to fostering positive relationships with her peers. We were able to identify qualities of healthy friendship, importance of self-advocacy to ensure academic success and reinforced the value she adds to the community, school, and home setting. Her mother reported a visible change in her walk and self-expression. She no longer hides behind her mother to manage discomfort. In collaboration with the family coach, exclusively offered via LSS, we were able to address social determinants of health to optimize environmental factors impacting recovery goals.

SCMH has the potential to increase academic performance by allowing the child to be focused on the present moment and not survival. From my experience, in class tasks completion has increased and office referral have decreased. It is a model that encourages students and families to be aware of themselves, their value, triggers, needs, and wellbeing. It is a community partnership spear-headed by the family coach who provides parent coaching as well as the implementation of coping skills in the home to maintain consistency. Our family coaches also provide community resources relating to the basic needs of families. Students and families have raved about the opportunity to access services in a convenient location through an unbiased partner. SCMH creates a trusting relationship between schools and families. This is a positive contribution to building strong, safe, and supportive communities which impacts our future overall. I ask that this committee support the School Centered Mental Health bill by voting in favor of supporting our students and families in WI.

I would like to introduce Yolanda Shaw and her daughter Toni, to share how they have been impacted by the SCMH program. Thanks for your support.

Respectfully,



Erionia Dixon, MS, LPC
6737 W Washington Street, Ste. 2275
West Allis, WI 53214
Phone: 414.308.3156
Email: erionia.dixon@lsswis.org

May 23, 2025

To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families and Assembly Committee on Mental Health and Substance Abuse Prevention (SB 245 and AB 260)

My name is Yolanda Shaw, I am the mother of Toni who has been a student in the school centered mental health programs. The school system can be hard to navigate when there is so much trauma experienced by multiple students and families. In volunteering at my daughter's school I noticed how difficult the classroom setting can turn if trauma informed communication and respect is not given to our children. For that reason I want to ensure that future families and our family can access school centered mental health.

On February 15, 2022 I unexpectedly lost my daughter Diamond Young. To this day, I still feel the pain and grief from losing my beloved baby girl. This not only impacts me but my daughter, Toni, as well. The school centered mental health program saw the pain my daughter was experiencing and the impact it was taking on her grades and time in the classroom. She was hurting and she needed help. The social worker connected with us with the SCMH program and the journey to healing began. The team provided behavioral interventions to process the grief in therapy and then the mental health staff worked with teachers, counselors and other school team members in teaching them the skills that worked for my daughter, Toni. I personally was able to work with the parent coach to receive resources to work through the grief myself. But the work is not done. Processing each day without my baby girl is hard. I won't go a day without missing my daughter and my kids won't go a day without missing their sister either. Add in the difficulties to make ends meet for all of us, I know that I will need support and I seek help. The SCMH model doesn't just address the grief but takes a full circle approach to support us in all the obstacles that life tosses at me and my family. I want not only my family to continue receiving the support but for others to also see the positive impact that supports can make for them. In this way we can create a village and empower each other.

I ask that this committee support the School Centered Mental Health bill by voting in favor of supporting our students and families in WI.

Sincerely,



Yolanda Shaw

Parent



Prepared Testimony in favor of LRB 1581/ LRB 2902

May 27, 2025

To: Senate Committee on Mental Health, Substance Use Prevention, Children and Families &
Assembly Committee on Mental Health and Substance Abuse

Dear Chairmen of the Committees and Committee Members,

I want to first thank Chairman Senator James and Chairman Representative Tittle for the opportunity to speak in support of the School Centered Mental Health bill (LRB 1581/ LRB 2902). My name is Amanda Krzykowski, I am the Director of Performance and Quality Improvement at Lutheran Social Services of WI and Upper Michigan. I am also the mother of a child with a mental health diagnosis.

LSS has been operating the School Centered Mental Health (SCMH) program since the 2018-2019 school year. At that time, we provided services in three schools. Now as we wrap up our seventh school year, we have grown to serve 10 schools throughout the city of Milwaukee and have impacted the lives of over 430 families. Our commitment is not only to provide access to services, but also to hold ourselves accountable by ensuring those services are of the highest quality.

One of the most unique components of the SCMH program is the role of the Family Coach. Rather than serving merely as a connector, providing referrals and contact information for community resources, the Family Coach works alongside the students' families to overcome barriers and walk them through the complexities of the systems to access services. The Family Coach also educates and supports families around their student's mental health diagnosis. They empower parents and families through information about the diagnosis, and they provide skills, coping strategies and interventions that can be implemented in the home to support successful outcomes.

In order to measure the impact the SCMH program has on students and families, we utilize several assessments and screeners. Family Coaches a Social Determinants of Health (SDOH) Screener at intake to assess a family's needs regarding areas such as food security, stable housing, steady employment, access to reliable transportation and social connectedness. The coaches do this to create care coordination plans that assist families in accessing resources that meet their identified needs. In the 2024-2025 school year, 100% of the families receiving services had at least one SDOH need. Over that same period, 53% of families had three or more SDOH needs that significantly impacted the family on a regular basis -- a 308% increase since the start of the SCMH program.

LSS also utilizes the Strengths and Difficulty Questionnaire (SDQ), which measures clinically significant changes in several mental health areas, including symptoms of depression and anxiety, conduct and impulsive behaviors, and the ability to build relationships through skill development such as empathy and emotional regulation. In the last 7 years, over 80% of students coming into

the program were found to have clinically significant difficulties in at least one mental health area identified by the assessment. Of those students:

- 92% have improved overall.
- 74% have improved impulsivity, and 24% are now at the typical level of their peers.
- 68% have improved depression and anxiety symptoms, and 32% are now at the typical level of their peers.
- 55% have improved conduct behavior, and 26% are now at the typical level of their peers.
- 61% have improved their ability to act in ways that help others, and 19% are now at the typical level of their peers.

LSS therapists work with students on skills such as emotional regulation, positive peer interactions, and impulsive thoughts and behaviors. Implementation of these skills impacts the students receiving services, as well as their classroom and entire learning environment. The Family Coaches work with families in the home to better understand the identified areas of concern through education, and help create patterns of behavior and family-centered approaches that not only impact the student receiving services, but the family as a whole.

As a parent of a child with a mental health diagnosis, I have sought programs for my son in school as well as in the community. When I started that search four years ago, I was told there were no mental health services for him through the school district. The best they could do was place him in a peer group that periodically met to build prosocial skills. Today, my school district still does not have individual mental health services for my son or any other student.

As frustrating as this process has been, I'm in the unique position to have the knowledge and resources to maneuver through the complexity of the system. I have been able to take off work when needed, and I have access to many individuals working in mental health systems who I can call when I have questions. The overwhelming majority of people don't have the advantages that I do, and yet it still took me several years to find the right programs for my son to be successful.

The SCMH program improves access to mental health services by offering them in the school setting and supports the family by helping them understand how to support their child in the home and connecting them to other needed resources. With LSS's documented success in the Milwaukee area, now is the time to expand the scope and reach of this model to all Wisconsin families.

Respectfully,



Amanda Krzykowski, MSW
N99 W8520 Oxford Dr.
Cedarburg, WI 53012
Phone: 262-343-5025 Email: Amanda.Krzykowski@lsswis.org

Act compassionately. Serve humbly. Lead courageously.

To: Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families and
Assembly Committee on Mental Health and Substance Abuse Prevention (SB 245 and AB 260)

Hello. My name is Tara Treglowne, and I serve as the Chief Operating Officer of Lutheran Social Services of WI and Upper MI (LSS).

Thank you for taking the time to listen to the stories and insights shared today about why we are deeply committed to expanding School-Centered Mental Health (SCMH) services. We believe this model has the power to transform schools and communities across Wisconsin.

I'd like to acknowledge several individuals who were unable to testify in-person that have submitted written testimony or letters of support, which are included in your folders. These organizations / individuals include:

1. Marquette University – Astrida Kaugars and Lindsay Holly, Professor/Assistant Professor of Psychology
2. Chippewa County Human Services - Bobbie Jaeger
3. UWM - Institute for Child and Family Well-Being- Joshua Mersky
4. The Kelben Foundation – Laura Lueck
5. Marquette University - Center for Peacemaking- Sherri Walker
6. Bruce Guadalupe Community School – Veronica Silva

Investing in early intervention helps prevent long-term emotional and educational delays. It leads to healthier, more productive adults, builds a more resilient workforce, reduces long-term public service costs, and ensures children and families have the best chance to thrive.

We urge you to support investment in the SCMH model, it is a difference-maker. By coming together to champion youth mental health, we can make a profound impact on the lives of Wisconsin's young people and their families.

LSS is happy to answer any questions related to the program or model.

Respectfully,



Tara Treglowne
Chief Operating Officer
6737 W Washington Street, Ste. 2275
West Allis, WI 53214
Phone: 715.456.5675
Email: tara.treglowne@lsswis.org

May 20, 2025

Lutheran Social Services of Wisconsin and Upper Michigan, Inc.
6737 W Washington St #2275,
West Allis, WI 53214

Dear LSS Partners:

We are grateful to Lutheran Social Services for its continued partnership in a School Centered Mental Health model. Together we have seen success with this type of model.

Marquette University Center for Peacemaking and Lutheran Social Services (LSS) have been collaborating since 2019 on the Milwaukee Public Schools (MPS) Success Center project supporting Milwaukee's youth. The MPS Success Center, a collaborative program established by MPS and the Marquette University Center for Peacemaking, partners with community organizations to support students' success, happiness, and well-being. Students and families engage in group and individual therapy provided by LSS, who use the SCMH model. This collaboration maintains and facilitates regular contact between the MPS Success Center, the school of origin, and each student's family regarding academic and behavioral progress.

The Center for Peacemaking has seen the need for LSS's model of SCMH programming using a family coach. Family Coaches are an integral part of the clinical team at the MPS Success Center, providing families with skill development, parent education, connecting families to resources and improving factors related to Social Determinants of Health. The MPS Success Center program provides support to parents and guardians and is stronger using LSS's SCMH model. Almost 70% of students that are served at the MPS Success Center have Adverse Childhood Experience scores of 4 or more and 40% of families identified 5 or more very high or high needs on the Social Determinates of Health Screener.

The SCMH model has been key in supporting students and families served by the MPS Success Center program. 100% of parents/guardians have stated that the program has helped them and 67% of students feel that it has positively impacted their daily lives.

This School Centered Mental Health model could be replicated in other communities in Wisconsin to support students and families.

Sincerely,



Sherri Walker
Center for Peacemaking,
Marquette University



Prepared Testimony of *Veronica Silva*

Principal, Bruce-Guadalupe Community School

Senate Committee on Mental Health, Substance Use Prevention, Children and Families and Assembly
Committee on Mental Health and Substance Abuse

LRB1581/LRB-2902

May 13th, 2025

Dear Chairman of the Committee:

I would first like to thank Senator James and the Senate Committee on Substance Abuse, Children and Families for your consideration of the School Centered Mental Health bill and allowing me the opportunity to submit my testimony in support of LRB1581.

I am Veronica Silva, Principal at Bruce-Guadalupe Community School, a K-5th grade charter school in Milwaukee. We have had a partnership with Lutheran Social Services to provide School Centered Mental Health to our students for over 5 years. This program provides critical resources and a structured support system that fill a significant gap in our school. As educators, we see daily the increasing mental health needs of our students, needs that go far beyond what school counselors are equipped to address.

Mental health is not separate from academic success, it is foundational to it. Students who are struggling emotionally or psychologically cannot fully access learning, no matter how strong the instruction or curriculum may be. Anxiety, depression, trauma, and stress manifest in the classroom as difficulty concentrating, chronic absenteeism, and disruptive behavior. Without proper support, these students fall behind academically and socially. Through school-centered mental health programs, we can intervene early, provide on-site therapeutic services, and give teachers and parents the ability to support and wrap around the student.

This program has been critical for our students and families, and the only issue with the program is, we wish we could access it for even more of our students. We currently have a waitlist of students to access these services and are constantly evaluating and reevaluating which students have the highest need. This is a critical program and one that should be available to more schools, families, and students in Wisconsin.

I ask that this committee support the School Centered Mental Health bill by voting in favor of supporting our students and families in Wisconsin.

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Silva'.

Veronica Silva, Principal
Bruce-Guadalupe Community School

April 25, 2025

Wisconsin State Legislature
Assembly Committee on Mental Health
and Substance Abuse Prevention
Re: School-Centered Mental Health Pilot Program

Dear Representative Tittl and Committee Members:

On behalf of the Institute for Child and Family Well-being, I am writing this letter to express my strong support for the proposed legislation to establish a school-centered mental health pilot program.

As you know, we are facing a mental health crisis that is afflicting children and youth in Wisconsin and across the nation. To address this problem effectively and cost-effectively, a greater proportion of our limited resources should be redirected from downstream intervention toward upstream prevention and early intervention. School-centered mental health programs represent one of these promising upstream solutions.

I have firsthand knowledge of school-centered mental health services through my ongoing evaluation of a model that Lutheran Social Services developed, which combines mental health services provided by a therapist in the school with support provided by a family coach in the home. The family coaches boost the gains that children make in the clinic by establishing strong relationships with families and helping them to navigate challenges that affect their children's mental health and well-being. The family coaches are experts who are embedded in their local communities, which enables them to link families to services and resources that address a variety of social determinants that are known to undermine children's mental health as well as their academic performance.

Our early findings from this project indicate that the children and families who participate in this program experience significant improvements in several key areas, including: (1) greater caregiver connectedness to school; (2) improved student-teacher relationships; (3) reduced child mental health concerns and conduct problems, and (4) fewer household economic challenges.

We urge you to support this important work by giving all due consideration to proposed legislation that will establish and evaluate a school-centered mental health pilot program. With your support and additional resources, these services will reach more children and families and help to remedy the rising mental health concerns among children and youth in Wisconsin.

If I can provide further testimony on behalf of the proposed legislation, please contact me:
mersky@uwm.edu.

Sincerely,



Joshua P. Mersky
Professor & Co-Director
Institute for Child & Family Well-being, UW-Milwaukee



Human Services

715-726-7788

711 North Bridge Street
Chippewa Falls, WI 54729



715-726-7777

Prepared Testimony of Bobbie Jaeger
Senate Committee on Mental Health, Substance Use Prevention, Children and Families and Assembly
Committee on Mental Health and Substance Abuse
LRB1581/LRB-2902
May 19th, 2025

Dear Chairman of the Committee:

I would first like to thank Senator James and the Senate Committee on Substance Abuse, Children and Families for your consideration of the School Centered Mental Health bill and allowing me the opportunity to speak in support of LRB 1581.

My name is Bobbie Jaeger, director of Chippewa County Department of Human Services. In 2022 Chippewa County Department of Human Services (CCDHS) partnered with Lutheran Social Services (LSS) to develop a multi-pronged approach to improved youth crisis response. In June 2022, LLS was awarded the Collaborative Crisis Intervention Services to Youth (CCISY) grant. This is a 5-year grant to which we are now entering our 4th year. The focus of the grant is to review and implement Youth Risk Screening and Assessment tools, provide crisis intervention services to youth identified through screening or referral, train school and community-based staff, and implement social-emotional learning curriculum DBT Steps-A. The project aims to take a more upstream approach where skill development opportunities are offered to all youth before problems arise. These individualized interventions are designed to divert youth from crisis, identify their strengths, and help them to develop the skills they need to address current and emergent issues.

In August of 2024, the Centers for Disease Control (CDC) shared data on a national scale that confirmed a mental health crisis among adolescents in the United States. As evidence of this crisis, the CDC cited an increase in behavior disorders among children and adolescents with an 8.4% increase for children ages 6-11 and a 7.5% increase in children ages 12-17. This is a trend that is also playing out locally. During the 2023-2024 school year, Chippewa Falls Middle School reported 393 major behavioral incidents and 1357 minor incidents. This data indicates a skill deficit for adolescents and a need for increased support. Current youth crisis systems rely on a waiting-to-fail model where youth are connected to skill development programming after it has been identified that they lack the skills needed to avoid crisis and maintain mental health and wellness. The need is to have a more upstream approach where skill development opportunities are offered before problems arise.

I ask that this committee support the School Centered Mental Health bill by voting in favor of supporting our students and families in Wisconsin.

Bobbie Jaeger
Director



May 16, 2025

Dear Chairperson,

I am writing to you in support of the School Centered Mental Health (SCMH) bill. The Kelben Foundation has been a supporter of Lutheran Social Services of Wisconsin and Upper Michigan's (LSS) School Centered Mental Health program since 2020. Kelben is a long time supporter of youth mental health, and we believe this bill could be life changing for so many students.

We choose to fund this program because SCMH gets therapy services to children within their school environment, and LSS also wraps support around the entire family. The SCMH family coach model ensures that families are united in addressing youth mental health – and they go even further than that. Family coaches help to connect caregivers to important resources such as rental assistance, healthcare, affordable food, and adult mental health and substance use programs. In using this model, LSS recognizes that bringing a young person to health requires a holistic approach.

Through annual reports to the foundation, LSS demonstrates that SCMH staff are truly embedded in the culture of the schools in which they work. SCMH team members are available to students, staff, and parents daily. The family coach is an especially unique team member, as they serve as a liaison between home, school, and therapy.

The Kelben Foundation is proud to provide this letter of support, and we appreciate the opportunity to share our opinions with you.

Thank you for your time,

A handwritten signature in black ink that reads "Laura Lueck". The signature is written in a cursive, flowing style.

Laura Lueck

May 21, 2025

Dear Chairpersons:

I would like to thank Senators James and Testin and Representatives Dittrich, Armstrong, Callahan, Donovan, B. Jacobson, Kreibich, Maxey, Mursau, Novak, and Piwowarczyk for your consideration of the Pilot School-Centered Mental Health bill and for allowing me the opportunity to submit my testimony in support of Senate Bill 245.

I am a Professor of Psychology at Marquette University and a licensed psychologist in Wisconsin. I have been working with Lutheran Social Services (LSS) in various capacities for the past seven years to support the development and dissemination of the school-centered mental health (SCMH) model.

Initially, I was a member of the assessment subcommittee of the Partners of Change, which was a committee of individuals, community organizers, schools, coalitions, donors, and healthcare providers that worked to influence policy change and increased funding for children's mental health. Our work centered on developing strategies for assessing the impact on the SCMH on children, families, and communities. I have also worked with LSS partners to submit grants and proposals to Marquette University, the Spencer Foundation, and the state of Wisconsin to fund and evaluate the SCMH model. Most recently, I was a co-author on a paper submitted to a peer-reviewed psychology journal describing the theoretical and empirical support for components of the SCMH model and preliminary data from six years of implementation (2018-2024).

The SCMH model provides **critical mental health services in school settings** yet recognizes that schools must extend resources to families to support youth mental well-being. Rather than relying on a therapist to primarily work with the identified patient, the SCMH adds a **family coach** to collaborate with the youth's family, school personnel, and other individuals who provide support and care. Among more than 150 youth who received services in the first six years of SCMH implementation, approximately one quarter (25-29%) of youth, teachers, and parents reported that youth had **improvements in their mental health symptoms**. Over 90% of parents reported that they had **reduced need or maintained low need for 11 of 12 domains of social determinants of health** (e.g., lack of transportation, worries about food or utilities, or fear of being hurt). Expanding the SCMH to both a suburban/urban and rural school district will enable more children and families to be served by this **innovative mental health service provision model**.

The need for mental health services is significant and growing in Wisconsin! Expanding the SCMH will address youth mental health, families' social determinant of health needs, and improve the well-being of families, schools, and communities. I urge you to support Senate Bill 245.


Astrida Sēja Kaugars, Ph.D.

Professor of Psychology, 414-288-3665, astrida.kaugars@marquette.edu

May 27th, 2025

To the Senate Committee on Substance Abuse, Children and Families:

I would first like to thank Senator James and the Senate Committee on Substance Abuse, Children and Families for your consideration of the School Centered Mental Health bill and allowing me the opportunity to submit my testimony in support of Senate Bill 245.

My name is Lindsay Holly, Ph.D. and I am an Assistant Professor of Psychology at Marquette University and a licensed Clinical Psychologist with expertise in child and family psychology. I have been collaborating with Lutheran Social Services of Wisconsin and Upper Michigan (LSS) since 2020 to support the assessment and dissemination of the school-centered mental health (SCMH) model. In particular, I have worked closely with LSS partners to submit proposals and grants that would both fund and evaluate the utility of the SCMH. I also served as the lead author on a recently submitted manuscript presenting the theoretical and empirical foundations of the SCMH model along with preliminary data from six years of implementation (2018–2024).

Data from the Wisconsin Office of Children's Mental Health (www.children.wi.gov) provides clear evidence that **the mental health needs of Wisconsin youth are significant**. One in four children in Wisconsin have emotional, behavioral, or developmental conditions and as many as 52% of high school students are experiencing anxiety or depression. Unfortunately, half of these youth that need mental health treatment do not receive care. Expanding the SCMH model offers a promising solution by addressing youth symptoms, families' social determinant of health needs, and the overall well-being of families, schools, and communities.

The SCMH model is a comprehensive, evidence-informed approach designed to meet the urgent and growing mental health needs of Wisconsin's youth—especially those from marginalized and underserved communities. Traditional school-based mental health services often overlook the broader social determinants of health (SDoH) that impact student well-being and academic success, such as housing instability, food insecurity, and limited access to healthcare. The SCMH model addresses this gap by pairing therapists with family coaches to deliver integrated support across school, home, and community settings. Data from over six years of implementation with over 150 urban-residing students show the positive impact SCMH can have on communities. Evaluation findings show meaningful improvements in youth mental health—over 25% of students showed symptom reduction, with an additional 35–41% maintaining healthy functioning—and over 90% of families reported reduced or consistently low needs in key SDoH domains. These real-world outcomes, achieved outside of controlled clinical trials, underscore the model's power to reduce disparities, enhance school environments, and improve the lives of children and families across Wisconsin.

I respectfully urge you to vote yes on Senate Bill 245 to fund the implementation of SCMH programs in two additional Wisconsin schools, helping to expand the reach of this impactful model to rural and suburban communities and improve the lives of children and families across the state.



Lindsay Holly, PhD
Assistant Professor, Department of Psychology, Marquette University
Lindsay.Holly@marquette.edu

May 27th, 2025

To the Assembly Committee on Mental Health:

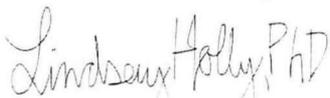
I would first like to thank Representative Tittle and the Assembly Committee on Mental Health and Substance Abuse Prevention for your consideration of the School Centered Mental Health bill and allowing me the opportunity to submit my testimony in support of Senate Bill 245.

My name is Lindsay Holly, Ph.D. and I am an Assistant Professor of Psychology at Marquette University and a licensed Clinical Psychologist with expertise in child and family psychology. I have been collaborating with Lutheran Social Services of Wisconsin and Upper Michigan (LSS) since 2020 to support the assessment and dissemination of the school-centered mental health (SCMH) model. In particular, I have worked closely with LSS partners to submit proposals and grants that would both fund and evaluate the utility of the SCMH. I also served as the lead author on a recently submitted manuscript presenting the theoretical and empirical foundations of the SCMH model along with preliminary data from six years of implementation (2018–2024).

Data from the Wisconsin Office of Children's Mental Health (www.children.wi.gov) provides clear evidence that **the mental health needs of Wisconsin youth are significant**. One in four children in Wisconsin have emotional, behavioral, or developmental conditions and as many as 52% of high school students are experiencing anxiety or depression. Unfortunately, half of these youth that need mental health treatment do not receive care. Expanding the SCMH model offers a promising solution by addressing youth symptoms, families' social determinant of health needs, and the overall well-being of families, schools, and communities.

The SCMH model is a comprehensive, evidence-informed approach designed to meet the urgent and growing mental health needs of Wisconsin's youth—especially those from marginalized and underserved communities. Traditional school-based mental health services often overlook the broader social determinants of health (SDoH) that impact student well-being and academic success, such as housing instability, food insecurity, and limited access to healthcare. The SCMH model addresses this gap by pairing therapists with family coaches to deliver integrated support across school, home, and community settings. Data from over six years of implementation with over 150 urban-residing students show the positive impact SCMH can have on communities. Evaluation findings show meaningful improvements in youth mental health—over 25% of students showed symptom reduction, with an additional 35–41% maintaining healthy functioning—and over 90% of families reported reduced or consistently low needs in key SDoH domains. These real-world outcomes, achieved outside of controlled clinical trials, underscore the model's power to reduce disparities, enhance school environments, and improve the lives of children and families across Wisconsin.

I respectfully urge you to vote yes on Senate Bill 245 to fund the implementation of SCMH programs in two additional Wisconsin schools, helping to expand the reach of this impactful model to rural and suburban communities and improve the lives of children and families across the state.



Lindsay Holly, PhD
Assistant Professor, Department of Psychology, Marquette University
Lindsay.Holly@marquette.edu

May 14, 2025

LRB1581/LRB2902

Dear Chairpersons:

I am writing in support of the School Centered Mental Health (SCMH) bill. As the President and CEO of Lutheran Social Services of Wisconsin & Upper Michigan (LSS), I affirm that this innovative model has what it takes to strengthen and sustain the wellbeing of children and their families across our State.

LSS is a 143-year-strong organization with mental health support services being at the core of everything we do for the people we serve. As a provider of SCMH services at eight Milwaukee schools since 2018, LSS has led a robust system of support for children at school and for their caretakers and families at home and in the community.

The 2023 annual Wisconsin Office of Children's Mental Health report says, "59% of Wisconsin high schoolers report symptoms of anxiety, depression or suicidal thoughts with 65% of these students not having adequate mental health care."

Our SCMH therapists work in schools with students who are often at this crisis point. Access to this level of care ensures that therapy sessions are easy to schedule, there is less disruption to learning, and families have peace of mind knowing that their child is being treated without the need for clinic visits, time off work, or transportation between locations. Our team also takes pressure off schools to be all things to all children. Teachers, social workers, nurses, and administrators can focus on their important work while our organization serves the students that are experiencing the most complex issues.

What sets SCMH apart from traditional school-based mental health programs is our inclusion of a dedicated family coach and our year-round support. We understand that supporting a child's mental health means addressing the needs of the entire family, and that work doesn't stop when the school year ends.

Our internal Performance Quality Improvement (PQI) team reports that the percentage of SCMH-eligible families at intake experiencing a Social Determinants of Health need (e.g., economic pressures, food insecurity, drug or alcohol abuse, or any other major life experiences) has tripled between 2020 and 2024. These stressors profoundly impact children, preventing them from fully engaging in their academic and social lives.

With our family coaches in homes and communities, children thrive because their caretakers and families are also empowered to thrive. Family coaches work with caregivers to identify and access supportive services designed to increase greater stability and security in the home while improving the child's ability to focus on their mental health treatment and education in the classroom.

The time is now. Please move the SCMH bill forward to ensure Wisconsin children and their caregivers and families have access to the mental health care they need in the places where they are living, learning and growing into the people they are meant to become.

Sincerely,



Héctor Colón
President and CEO
Lutheran Social Services of Wisconsin & Upper Michigan

May 26, 2025

Dear Chairperson,

I am writing in support of the School Centered Mental Health (SCMH) LRB-15811 bill. As an advocate for accessible mental health services in Wisconsin, I believe that the SCMH model has the right therapy/family coach combination to strengthen the wellbeing of children – and their families - across our State.

Working in partnership with schools, highly qualified SCMH therapy/coaching teams connect with children, families, teachers, and administrators to create a robust system of support.

At school, SCMH therapists work with students who are considered high-risk for behavioral concerns, suicidal ideation, and significant family-related stress. Because therapists are in schools, it makes therapy sessions easy to schedule, there is less disruption to a child's learning, families have peace of mind knowing that their child is being treated without the need for clinic visits, time off work, or transportation between locations, and collaboration between school staff and therapist is easily handled. Furthermore, this program takes pressure off school staff to be all things to all children; while school teachers, social workers, nurses, and administrators continue to focus on their important daily work, a community organization with SCMH expertise can work with kids experiencing the most complex issues, creating a high-impact partnership with a focus on child wellbeing.

In homes and communities, family coaches are what makes the SCMH model so unique and effective. For children to thrive, the family must thrive; therefore, to have the greatest positive impact on a young child's mental health, the needs of the family must also be addressed. Very often, caregivers are experiencing economic pressures, food insecurity, drug or alcohol abuse, or any other major life stressors. These issues can profoundly impact the child in the home preventing them from fully engaging in their academic and social lives. SCMH family coaches work with caregivers to identify and access supportive services designed to increase greater stability and security in the home while improving the child's ability to focus on their mental health treatment and education in the classroom.

I ask that you please move the School Centered Mental Health (SCMH) LRB-15811 bill forward for the health and wellbeing of Wisconsin children and their families.

Sincerely,
Mary Burke
Mary Burke



Policy Brief: Expanding School-Centered Mental Health (SCMH) Services in Wisconsin

Executive Summary

Unlocking the Potential of Wisconsin's Next Generation

Youth mental health in Wisconsin is at a crisis point. With 59% of high school students reporting symptoms of anxiety, depression, or suicidal thoughts, and nearly half of youth with mental health conditions receiving no treatment¹, the need for effective, accessible mental health services has never been more urgent. Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS) has developed a **unique mental health treatment model**, School-Centered Mental Health (SCMH), **that improves on the success of traditional school-based mental health programs** by utilizing the school as the family and community hub.

Unlike traditional school-based mental health programs, SCMH **sees the child as part of the family, school, and community systems and provides holistic support impacting each system**. Services provided reach beyond the school and go into the child's home and community, increasing access and improving the likelihood that services will be used and maintained. Services also reach beyond the school day and school year, with child and family interaction occurring in the evenings and throughout the summer. The program aims to:

1. **Provide early mental health services that seek to prevent long-term emotional and educational delays - leading to more productive adults**
2. **Interrupt generational cycles of unhealthy practices**
3. **Support the entire family unit with comprehensive care.**

This paper outlines the importance of expanding SCMH services to reach more youth in more areas of the state, specifically rural and suburban areas. Through early intervention and a holistic, comprehensive care model, SCMH addresses not only mental health symptoms but also key social determinants of health (SDOH) such as housing instability, food insecurity, and lack of transportation. Expanding SCMH is a cost-effective way to improve academic outcomes, reduce long-term public expenditures, and help build a healthier, more productive workforce in Wisconsin.

The Need Why Schools? Why Now?

In 2024, the Centers for Disease Control (CDC) shared data on a national scale that confirmed a mental health crisis among adolescents in the United States. As evidence of this crisis, the CDC cited an **increase in behavior disorders among children and adolescents with an 8.4% increase for children aged 6-11 and a 7.5% increase in children ages 12-17.**² Those children most in need of mental health interventions are very often those least likely to receive them. The U.S. DHHS confirms that children from traditionally underserved backgrounds experience higher rates of mental health issues and face greater barriers to accessing care.³

According to the Wisconsin Office of Children's Mental Health, **half of Wisconsin children with mental health conditions receive no treatment and most children who get mental health treatment get it at school despite a growing shortage of mental health professionals.**¹ Due to the complexities of the Medicaid and commercial insurance systems, those children who can access mental health services face challenges in securing funding for treatment.

The SCMH model incorporates a Family Coach to bridge school-based therapeutic interventions with family-centered supports, addressing Social Determinants of Health (SDOH), helping families build new skills, and extending the reach of qualified professionals, **ensuring more children receive the support they need despite limited resources.** This essential service is not currently supported by traditional funding sources. From the 2020-2021 school year to the 2023-2024 school year, we [LSS] have seen a **209% increase in families entering the program with at least one (1) significant social determinants of health (SDoH) need,** as well as a **285% increase in families that come to us with three (3) or more significant SDOH needs.**

Additionally, there has also been a 61% increase in the percentage of students who enter the SCMH program with four or more Adverse Childhood Experiences (ACEs)—traumatic events that occur in childhood and have a tremendous impact on lifelong health and opportunities. Nationally, 17.3% of adults have 4 or more ACEs.⁴

Wisconsin's next generation is in the midst of a mental health crisis. The Wisconsin Office of Children's Mental Health (2023) reports that 50% of youth diagnosed with mental health conditions such as depression and anxiety do not receive treatment. Additionally, they report:

- **59%** of high school students report anxiety, depression, or suicidal thoughts.
- **44%** of young men have had thoughts of suicide in the last 2 weeks.
- **66%** of girls in Wisconsin have identified having anxiety.
- **50%** of girls in Wisconsin report feeling sad or hopeless nearly everyday.
- **65%** of these students do not receive adequate mental health care.

Expanding the SCMH program is a proactive solution that directly addresses these interrelated challenges. **By providing early, holistic mental health care, we can prevent future crises,** reduce public service costs, and improve long-term outcomes for youth, their families, and Wisconsin's broader community.

The SCMH Model

Family Coaches: The Difference Maker

SCMH expands conventional school-based mental health approaches by fortifying in-school therapy with family coaching. **Family coaches are essential to the SCMH program's success**, as they ensure clinical gains generalize to the home environment, address SDOH needs, and strengthen the family's economic security and stability. Their work enhances children's mental health and supports the entire family unit. Their main roles and responsibilities include:

1. **Identifying Social Determinants of Health (SDOH) Needs:** Using a screening tool at intake and discharge to assess family needs and track progress in meeting those needs.
2. **Connecting Families to Resources:** Strategizing ways to support family needs and assisting with resource navigation (e.g., after-school programs, transportation, basic needs, safety, and psychoeducation).
3. **Bridging Therapeutic Work to the Home:** Meeting families in their homes or other community locations to check on child and family well-being and help set and achieve goals, such as improving school performance or behavior management.
4. **Educating Families on Mental Health:** Establishing a team approach with parents/caregivers to address the child's mental health needs while educating families on mental health and teaching new skills.
5. **Providing Support During External Challenges:** Helping families navigate challenges like school closures, flu season, low winter sunlight, and current events that may exacerbate mental health concerns.
6. **Building Trusting Relationships:** Collaborating with school staff and creating strong working relationships with clients and their families through home and phone visits.

Economic/Community Impact

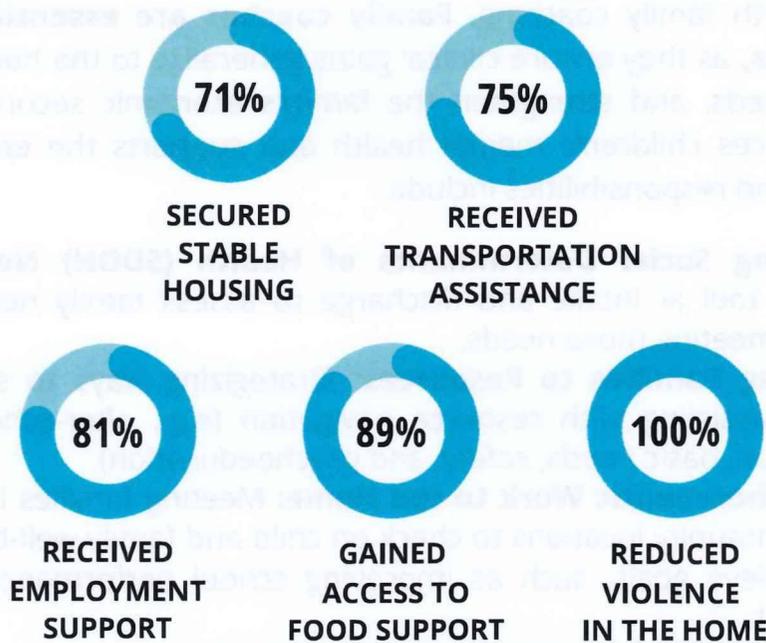
Real-World Results

SCMH services positively impact communities by addressing health disparities for children and families. When a child's mental health needs are met and families can reduce significant or moderate social determinants of health (SDOH), **communities experience lower demand for emergency services such as law enforcement, housing assistance, emergency departments, and food aid.**

Additionally, mentally healthy children tend to perform better academically and socially, leading to fewer instances of out-of-home placements, school dropouts, and interactions with the juvenile justice system. When families' basic needs are fulfilled, they can shift their focus to education and employment.

These improvements in the well-being of children and families contribute to productive adults and stronger, more resilient communities.

This is what impact looks like (last 3 years, for families when students engaged in 5+ therapy sessions):



These outcomes demonstrate SCMH’s capacity to address immediate mental health needs while also tackling the broader challenges that families face, setting the stage for long-term success.

Conclusion

LSS is committed to advancing innovative mental health care reforms in local schools in marginalized communities that will address disparities, and the stigma associated with seeking mental health treatment.

By coming together to support youth mental health, we can make a profound difference in the lives of Wisconsin's young people and their families. Addressing mental health challenges requires a **collaborative effort** that brings together educators, healthcare providers, community organizations, families, and policymakers. Through SCMH, we can ensure that students and families have the tools and resources they need to thrive academically, emotionally, and socially.

Investing in **early intervention** helps prevent long-term emotional and educational delays – leading to more productive adults, more resilient workforce, reduces long-term public service costs, and gives children and families the best opportunities to succeed. Let’s be a difference maker unite in our commitment to providing a future where every Wisconsinite has access to the care they need, and where mental health support is integral to education.



For Further Information, Please Contact:



Tara Treglowne
Chief Operating Officer

 (715) 456-5675
 tara.treglowne@lsswis.org

Amanda Krzykowski
Director of Performance & Quality Improvement

 (414) 246-2305
 amanda.krzykowski@lsswis.org

References

1. Wisconsin Office of Children’s Mental Health. (2023). Annual Report. Wisconsin Department of Health Services
<https://children.wi.gov/Documents/ResearchData/OCMH%202023%20Annual%20Report.pdf>
2. Leeb RT, Danielson ML, Claussen AH, Robinson LR, Lebrun-Harris LA, Ghandour R, et al. Trends in Mental, Behavioral, and Developmental Disorders Among Children and Adolescents in the US, 2016–2021. *Prev Chronic Dis* 2024;21:240142. DOI: <http://dx.doi.org/10.5888/pcd21.240142>
3. Hoffmann JA, Alegría M, Alvarez K, Anosike A, Shah PP, Simon KM, Lee LK. Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics*. 2022 Oct 1;150(4):e2022058227. doi: 10.1542/peds.2022-058227. PMID: 36106466; PMCID: PMC9800023.
4. Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. *MMWR Morb Mortal Wkly Rep* 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>



Experience
140+

years of proven results as a social service provider.



Effectiveness
95%

of the people we serve say that we improve the quality of their lives.



Efficiency

Leads industry average
on the percentage of dollars raised that are applied to direct client care.



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

FROM: Kathy Markeland, Executive Director

DATE: May 27, 2025

RE: Support for SB 245/AB 260 Pilot Program for School-Centered Mental Health

On behalf of the Wisconsin Association of Family and Children's Agencies (WAFCA), please accept this testimony in support of SB 245/AB 260 to invest in continued development of models in Wisconsin to amplify the value of school-connected mental health programs and services.

WAFCA is a member association that works to improve the lives of families and children in Wisconsin. Our member agencies provide a wide array of prevention and supportive services such as foster care, in-home support, counseling, outpatient substance use and mental health treatment, and school-based mental health. WAFCA represents community-based child and family serving agencies, while also advocating for the nearly 200,000 individuals and families that our members serve each year.

While the number of children and adolescents with mental health needs continues to rise, the majority of children do not have access to appropriate mental health services and supports. Of those children who access therapeutic services, the majority access those services through school. And the research and data tell us that comprehensive school-based mental health works. School mental health reduces barriers like transportation and stigma, while also contributing to improved school attendance and academic performance. Beyond the data, our member providers regularly report on the significant impact of their school-based interventions. Indeed the demand for school-based services continues to outpace the capacity of community organizations to respond.

Over the past decade, the Wisconsin Legislature has recognized the value of mental health supports for healthy school cultures and improved student well-being. The continued growth of the school-based mental health grant program which was expanded to reach all school districts in the 2023-25 biennium is a great example of the kind of federal/state/local/community investments that blend and braid resources into our schools. Another key to successful school-mental health is Medicaid. In the 2017-18 biennium, the Wisconsin Legislature adopted an innovation that enables Medicaid to reimburse therapists for time spent consulting with teachers and parents regarding the care of their student. This investment helps supportive adults participate in the healing strategies identified in a student's treatment plan. Commitment to these universal financing strategies is critical for continued expansion of these supports for Wisconsin's students.

Across Wisconsin, schools and community partners are continuing to explore ways to improve school-based mental health services and SB 245/AB 260 represents an opportunity for the state to partner in one of these models to continue advancing the evidence on the value of strengthening the connection between home and school mental health supports.

A key element of this initiative is the opportunity to further explore the impact of engaged community-based, school-connected professionals as part of a care team for students and families. The workforce challenges facing the mental health sector are particularly acute. We know that the work of supportive professionals beyond mental health therapists is critical for timely response to emerging needs. Beyond supporting better outcome for students and families, the model proposed in SB 245/AB 260 holds promise for broadening the pathways to meaningful careers in community health – valuable work that is not currently funded through our traditional school, health insurance and public health systems.

Thank you for the opportunity to share our support for this legislation. As deliberations on the biennial budget progress in coming weeks, we trust that the Wisconsin Legislature will continue to prioritize funding for school mental health to advance creative solutions within comprehensive models operating in districts across the state.



May 27, 2025

**Senate and Assembly Committees on Mental Health and Substance Abuse
Department of Public Instruction Testimony
2025 AB260 SB245**

The Department of Public Instruction (DPI) thanks Chair James, Chair Tittl, and members of the committees for the opportunity to share testimony on AB260 and SB 245. The DPI is submitting testimony for information only.

Mental health significantly affects the academic performance of kids as well as the teaching effectiveness of our educators. Recent data from the Youth Risk Behavior Survey (YRBS) shows that 59% of Wisconsin high school students have faced mental health challenges within the past year. While that number is likely lower for our younger learners (the statewide YRBS covers grades 9 through 12), any student facing stress, anxiety, or emotional distress may struggle with engagement and learning¹. DPI believes that prioritizing mental health through a comprehensive system will promote a positive learning environment for all kids, will enhance student outcomes, and will improve educator retention.

While a single strategy like what is proposed in AB 260 and SB 245 may help individual students experiencing a mental health issue, it does not present a cohesive approach like what [the department has outlined in the Comprehensive School Mental Health Framework](#). While DPI shares the goal of the legislation with the bill authors, we have some areas we'd like to address related to the legislation as currently written that we believe would make it difficult to implement and likely limit the intended impact. We have outlined those areas below for authors and committee members.

Lack of a Statewide Approach

The department believes that all schools need access to resources to support the mental health of learners across Wisconsin. Several districts across the state have been implementing a mental

¹ 2023 Wisconsin Youth Risk Behavior Survey: Summary Report. Madison, Wisconsin: Wisconsin Department of Public Instruction, 2024, [Summary Report: 2021 Wisconsin Youth Risk Behavior Survey](#).

health program like the proposed legislation for over a decade. Therefore, the use of the term pilot does not accurately reflect where we are in terms of statewide implementation. In addition, a pilot program that impacts only two schools will continue to help us learn what can work, but it does not change the overwhelming need our communities face. The bill does not allow districts or schools to apply to be served, making the expansion of service to new areas less likely. Finally, as the federal government pulls back on its funding commitments for school-based mental health, the infrastructure that is currently supporting schools and providers will shrink, reducing services to kids and families. We encourage the bill's authors and committee members to take a broad approach, using [the Comprehensive School Mental Health Framework](#), to identify all of the partners involved with school-based mental health. Investments are needed in our county partners, our schools, as well as our providers to ensure that all communities can access services.

Data Privacy Concerns

This proposal raises concerns about data sharing between schools and providers, presuming there is a statewide solution that sidesteps existing federal law spelled out by the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA). Currently, districts and partners navigate legal barriers through local agreements that often require parental or caregiver notification and sign off. The department supports the goal of compiling a report that can be leveraged for future policy development but has significant concerns with how the data compiled and reported publicly will satisfy HIPAA and FERPA given the small population size imagined by AB 260 and SB 245.

Use of Non-Statutory Language

AB 260 and SB 245, as currently drafted, have no statutory construction to work from. The department is concerned that a lack of legal language will make the program challenging to administer and confusing for schools.

No Specified Funding Levels

The legislation provides no clarity on the dollar amounts being provided to the Department of Health Services.

DPI would be happy to join ongoing conversations about this proposal with the partners requesting this proposal as well as the bill authors about ways to address our shared goal of providing additional mental health services and resources to each Wisconsin learner. We want to conclude by again recommending that any proposal and funding allocation be built around a statewide framework that respects the local and varied needs of Wisconsin communities.

Thank you for allowing DPI to share this testimony. Please direct any questions to Laura Adams, Policy Initiatives Advisor, at laura.adams@dpi.wi.gov.



Community Impact
Report 2023



Uniting Hearts for Thriving Communities



Your love provides therapy and tools so family members can face life's toughest challenges hand in hand.

Uniting Hearts to *Strengthen Families*

AMANDA AND RYAN'S STORY*

Jack, Noah, Ethan, and Mason are four brothers who lived apart for many years in separate foster homes*. They maintained a relationship through occasional visits.

When Amanda and Ryan learned about the boys, they worked with LSS as well as state and county workers to determine if it was possible to reunite the boys through adoption and become a forever family.

The process was slow and deliberate for the pre-adoptive couple, meeting with each of the boys individually and all together over several months. The boys each had significant needs, so Amanda and Ryan also worked with four different schools and multiple service providers to ensure that each boy was getting his needs met. Once the new family was under one roof, Amanda and Ryan established intentional routines which helped each of the boys accomplish multiple goals.

In time, the brothers connected with each other and attached to Amanda and Ryan as mom and dad. On adoption day the courtroom was filled with family and friends.

KEN'S STORY*

Ken was referred to LSS through the Department of Corrections. He had a history of drug use, homelessness, and unemployment. Ken was without family support and had no contact with his children. He desperately wanted to re-connect with his kids, but he knew it was important to "fix himself" first.



Ken received intensive therapy at one of our residential substance use disorder treatment facilities. He was an active participant in his personalized treatment plan and chose to complete an "after care" program with clinical support. He gained the tools and confidence needed to remain in recovery.

At his 3-month follow up appointment, Ken reported that he was working full-time, living in his own apartment, and attending Narcotics Anonymous meetings twice a week.

Ken says being awarded limited supervision with his children is a powerful incentive to stay clean and out of trouble.



Your faith envisions communities where no one is excluded and we all thrive, living and working side by side.

Uniting Hearts to *Inspire Recovery*

BEVERLY'S STORY

For six months, 66-year-old Beverly had nowhere to call home. She was nearly hopeless when she reached out to LSS Gaining Ground for help.

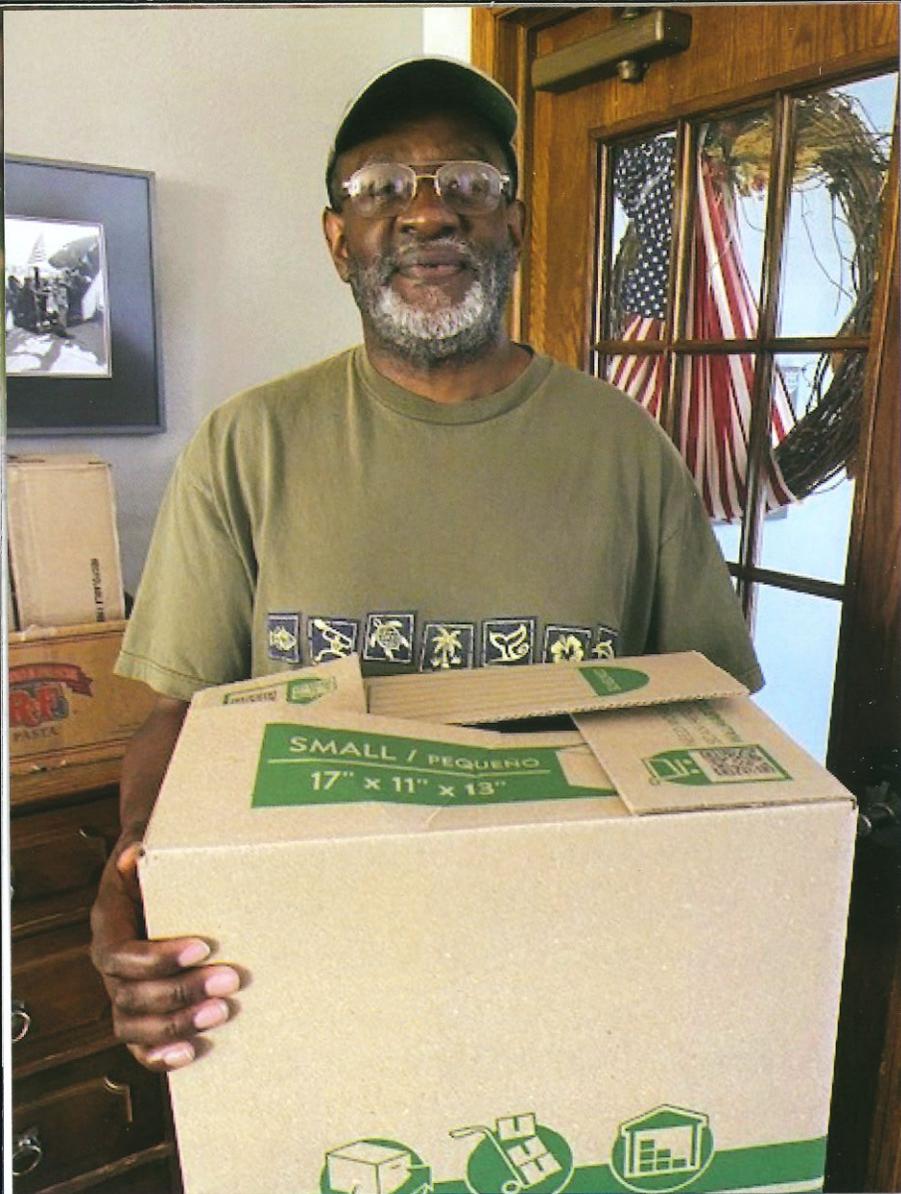
LSS Gaining Ground, is a resource center for people experiencing mental health concerns and homelessness. Clients receive individualized help with various needs; whether it be obtaining a state ID, job training, or as in Beverly's case, finding permanent housing. Unfortunately, some subsidized housing waitlists were 12 to 18 months long. LSS Gaining Ground worked tirelessly with Beverly for 6 months until she found an apartment.

"I had never been homeless before. I had never been in the situation that I was in. I was living in my car. I had the back all made up into a bed. It was very difficult..."

My LSS caseworker... helped me with a lot. We had a long wait process and through that wait, there were just some days I didn't think I could do it anymore. I would've never been able to do it on my own."

-Beverly, former client of LSS Gaining Ground





Your compassion equips LSS to accompany anyone walking the path of healing, wherever it leads, step by step.

ROCKY'S STORY

Recovery from a substance use disorder is rarely a linear journey, and Rocky's is no exception.

With the help of LSS Veteran's Services, Rocky Childress found sobriety, secured Veteran's Administration disability, saved a substantial amount of money, and found independent housing. Unfortunately, Rocky returned to drugs and alcohol, found himself with significant debt, and was staring at a five-day housing eviction notice, Rocky was in a dark place, but he

was not alone. He returned to the LSS Veteran's Services social workers that helped him the first time. Without judgement, our team provided Rocky with a safe and secure residence and reintroduced him to the tools and resources he needed to regain his sobriety.

With renewed hope and strength, Rocky "graduated" from LSS Veteran's Homeless Services. He is living independently and committed to maintaining his sobriety.

"I came to LSS Veteran's Services a very disturbed and lost soul. The staff was great in helping me get my bearings and played a huge role in the development of my very successful program. I am currently free of all outstanding debts, have accumulated a lucrative bank account, and I have a good credit score, which I have never had. All of this leads me to believe anything is possible. All my hard work helped build my confidence level. I know the real work starts when I am living on my own and not under the safety of the program. I have full confidence in myself. All I have learned through this program will continue to help me as I move forward in a positive direction."

-Rocky, former client of LSS Veteran's Services

Uniting Hearts to *Empower Independence and Belonging*

TONY'S STORY

Tony takes medication daily for his mental health condition. He had bouts with homelessness and incarceration and recently expressed feelings of hopelessness brought on by a dangerous and unhealthy living environment. Tony has the support of his older brother, but knew he needed more, so he courageously walked through the doors of LSS Spring City Corner Clubhouse. Accredited by Clubhouse International, LSS Clubhouse is organized to support people whose lives are severely disrupted because of mental illness.

Tony took advantage of the Transitional Employment meetings at the LSS Clubhouse which helped him secure a job.

Tony now embodies the LSS vision by using his God-given gifts to serve.



"I've been involved in [LSS] Clubhouse on and off for a year now. I have regained my confidence and have more of a structure to my daily routine. I began to come...on a regular basis to help in the kitchen, build my stamina, and reconnect socially."

- Tony, former client of LSS Clubhouse

Your generosity creates ripples of hope, from heart to heart.
From the bottom of our hearts, thank you.

ELENA'S STORY*

In the middle of Junior High School, Elena had to be removed from her family of origin and adopted by a relative. Although safe in her new home, the personal stressors related to the trauma elevated typical pre-teen nervousness and insecurity causing her to struggle with impulse control which led to physical fights and verbal aggression with others.

Elena worked with an LSS therapist through our School-Centered Mental Health program for nine months. She focused on building self-esteem and finding appropriate ways to manage stress and resolve conflicts. She participated in a social skills group and peace works program.

Elena graduated 8th grade with the award of "Most Caring Student."

*Name changed for privacy.



Dear Friends,

We are most grateful for your unwavering support of LSS. The compassion and courage you show in service and generosity is a difference maker for nearly 30,000 children and families that have incredible odds stacked against them.

Because of your kindness, advocacy, and financial support in 2023, you opened doors for LSS to serve more neighbors in need as we expanded several program areas throughout our two-state reach. This is just a snapshot of our success.

Thank you for Strengthening Families. Family coaches with the LSS School-Centered Mental Health program, helped lift heavy stressors from nearly 400 students, parents, and extended family members as they found new ways to support mental wellness, navigate barriers, and secure resources.

Thank you for Inspiring Recovery. A year-long construction process throughout last year led to an April 2024 launch of LSS Deep River. The 24-bed residential treatment facility is our 7th intensive recovery program for substance use disorders.

Thank you for Empowering Independence and Belonging. LSS Superior Futures for Youth expanded from Wisconsin to Upper Michigan reaching runaway individuals who are experiencing homelessness. Our caseworkers address immediate needs, facilitate conflict-resolution for families, and offer crisis counseling and skill development training.



On a final note, we ask that you please help us thank José Olivieri -- trusted advisor, humble Servant-Leader, and good friend. José served as LSS' Operating Board Chair through the pandemic, closing out his tenure in 2023. His leadership through strategic decision-making over that time has, to a great degree, helped produce the results we celebrate today.

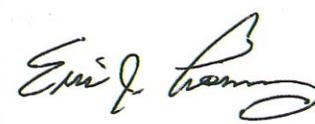
We are stronger together and cannot do this important mission work without you!

Please reach out if you have questions, want to get involved, or wish to discuss how we can co-create efforts that impact your community and the people you love!



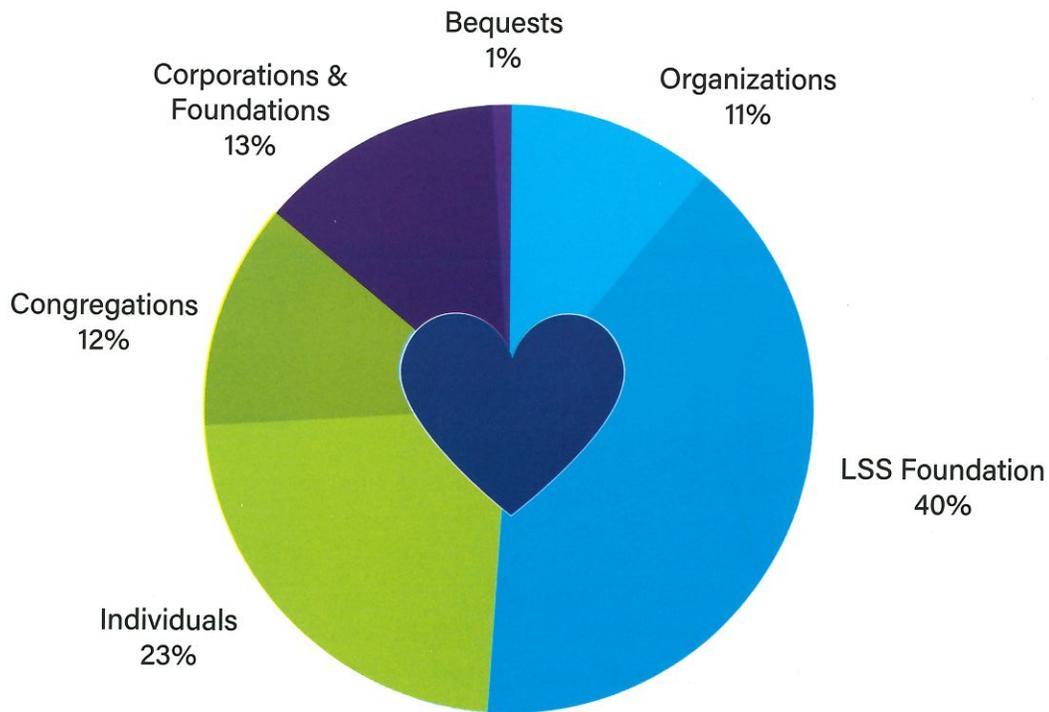

Héctor Colón
President & CEO




Eric Lorenz
Operating Board Chair

2023 Financials

Sources of Contributions



Revenue*	
Federal, State, Local Service	\$52,425,326
Client Fees, Insurance or Contracts	\$10,340,971
United Way	\$112,463
Capital & Other Grants	\$1,282,496
Bequests & Contributions	\$2,013,251
Other Income	\$1,785,618
Total Revenue	\$67,960,125

Contributions	
Individuals	\$734,767
Congregations	\$366,980
Corporations & Foundations	\$419,783
Organizations	\$357,503
Bequests	\$32,076
LSS Foundation	\$1,285,066
Total Contributions	\$3,196,175

Expenses*	
Program Services	\$60,818,014
Administrative & General	\$5,365,240
Fundraising	\$1,153,787
Total Expenses	\$67,337,041

*NOTE: This state of financial positions is prior to audit completion.



Scan the QR code to learn more about Culturally and Linguistically Appropriate Services (CLAS).

6737 W Washington St #2275
West Allis, WI 53214

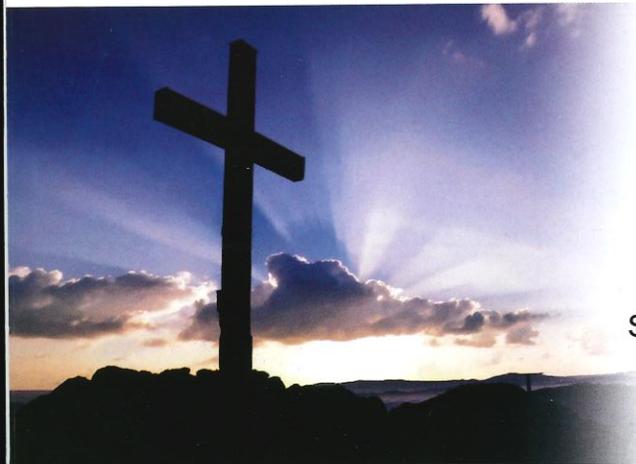
Phone: (414) 246-2300
Fax: (414) 246-2524

Uniting Hearts Through *Faith*

For 141 years, LSS has been the social
ministry of the Lutheran Church in
Wisconsin and Upper Michigan.

Scan the QR code to learn more about our

Loving **LUTHERANS CHALLENGE**



LSS Leadership

Héctor Colón, President and CEO
Joe Arzbecker, Chief Operating Officer
Michelle Naples, Chief Integration Officer

Randy Oleszak, Chief Financial Officer
Mara Dučkens, Chief Advancement Officer

LSS Board of Directors

Eric Lorenz, Chair
Pastor Katie Baardseth, Vice Chair
Joel Treffert, Second Vice Chair
Frank Cumberbatch, Secretary
Mike Groth, Treasurer
Héctor Colón, President

Luis Arroyo
Bill Davis
Keri De Bruin
Bishop Anne Edison-Albright
Pastor Becky Goche
Dean Gruner

Katie Kawczynski
Sue Merkatoris
Jose Olivieri
Dick Pieper
Oralee Schock
Melanie Varin

Date: May 27, 2025

From: NAMI Wisconsin, the National Alliance on Mental Illness,

Mary Kay Battaglia, Executive Director

Sita Diehl, Public Policy and Advocacy Director

To:

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

Assembly Committee on Mental Health and Substance Abuse

NAMI Wisconsin applauds the Wisconsin Legislature for the intent to improve statutes concerning the emergency detention of minors in psychiatric crises. The Legislative Committee on the Emergency Detention of Minors process has been thorough and has produced helpful recommendations. NAMI Wisconsin is the state organization of the National Alliance on Mental Illness. We represent Wisconsin residents with serious mental illness, their families and supporters. NAMI 22 local affiliates offer support, education, and advocacy to improve quality of life for people with mental illness and promote recovery.

NAMI Wisconsin recognizes and supports system improvements which improve early identification of mental health needs and early, community-based intervention which address serious mental illness as it emerges. Positive and supportive response to these crises enable the person to pursue a meaningful, productive life and avoid long term disability and dependence on public resources. We also recognize that, even when these safeguards are in place, there will continue to be children and youth who require involuntary commitment to psychiatric care. NAMI generally supports the following legislation to address this need, although we have concerns and suggest further analysis for the proposal for consent to treatment for minors who are age 14 and older which we note in comments below.

Clinician initiation of emergency detention of a minor: [SB109/ AB114](#).

NAMI Wisconsin supports this legislation to authorize certain medical and behavioral health clinicians to initiate the emergency detention of a minor and would create a process for clinician-initiated detentions in counties that elect to allow clinicians to initiate emergency detentions. It is our view that current Wisconsin statute relies too heavily on law enforcement in the emergency detention process. Requiring law enforcement to place the commitment order creates the impression that emergency detention is a criminal process, rather than a civil and medical process, adding stress and confusion for the youth in crisis and the family or guardian. This bill would bring Wisconsin into alignment with practice in most states by allowing either a designated clinician *or* law enforcement officer to place an emergency hold on an individual for the purpose of determining eligibility for involuntary commitment.

Psychiatric residential treatment facilities, providing an exemption from emergency rule procedures, and granting rule-making authority: [SB106/ AB111](#)

NAMI Wisconsin supports this bill to authorize the Department of Health Services (DHS) to establish a certification process for and certify psychiatric residential treatment facilities (PRTFs) to provide inpatient psychiatric services for individuals under age 21, with PRTF services being a reimbursable Medical Assistance (MA) benefit. On any given day, as many as twenty Wisconsin children receive mental health services in psychiatric residential treatment facilities (PRTF) outside of Wisconsin because we do not have the right level of care to support them here. Supporting high needs children in-state will provide for better transition from inpatient to community care and improve opportunities for family and school engagement.

Consent to mental health treatment by minors who are age 14 or older: [SB107/ AB112](#)

The bill revises requirements to obtain a minor's consent for mental health services. The bill allows either a minor age 14 or older, or the minor's parent or guardian, to consent to begin outpatient or inpatient mental health or substance use treatment for the minor. If a parent consented to treatment without the minor's agreement, a petition must be filed for review of the appropriateness of the treatment. NAMI Wisconsin views this as an improvement on current law which prevents treatment from proceeding if either the minor or the parent/guardian refuses. However, we have the following concerns:

- NAMI recommends insertion of a requirement that the minor **and parent/guardian** must receive information on the consent provisions of this bill at the earliest opportunity in the process of applying for inpatient or outpatient treatment. This should include written information and verbal instruction on the minor's rights and the parent/guardian rights

and responsibilities. Too often, such information is provided too late in the process to enable the parent/guardian or minor to make informed decisions or take action.

- The language in the bill moves from mental illness, developmental disability, and minors with treatment for alcoholism or drug abuse inconsistently. Is the intent to differentiate the services and who can request treatment?
- We are concerned about who has liability and who pays for treatment when the child consents, but the parent or guardian refuses care. If a component of the parent's refusal is based on concern for the financial obligation, what alternative provisions would be available to pay for care?
- If there is disagreement between the minor and their parent/guardian about outpatient treatment, we would like the minor to receive initial treatment while a decision to refuse care is under consideration by the court.
- Would a facility take the liability if the child elects to participate in inpatient care and the parent or guardian refuses? Who is liable if the minor is harmed or harms another person while in the facility? We understand that a facility is currently liable to maintain safety for individuals in their care, but we are concerned that treatment proceeding despite parental refusal may increase the likelihood of legal action.
- For inpatient care, we concur with the recommendation of the Wisconsin Psychological Association that the minor should receive treatment for 5 working days or until the court makes a dispensation on the case, whichever is soonest.
- We highly recommend inclusion of a requirement that this legislation would apply to only recognized standard mental health practice and/or evidence-based therapies.

Sharing minors' safety plans: [SB108/](#) [AB113](#)

NAMI Wisconsin supports this legislation with one recommendation regarding the WISHIN health information system. We promote the use of crisis plans and safety plans as an effective practice to enable the person and their supporters to prevent mental health crises, to share necessary information and to describe and state preferences for action should a crisis occur. We applaud the CAAtCH Safety Plan process on which this legislation is based, allowing information not protected under confidentiality statute to be shared as specified by the person and with parties specified by the person. We fully support the inclusion of these plans in the WISHIN health information system, although we encourage the legislature to consult with WISHIN personnel prior to this bill moving forward to ensure that provisions will allow for information to be collected and shared as intended in the legislation.

A pilot school-centered mental health program: [AB260/ SB245](#)

NAMI Wisconsin supports this pilot of school-centered mental health services to serve at-risk students and families at school, at home, and in the community and serve students and families year-round. The pilot will include classroom observations and pupil-specific behavior intervention, including evidence-based individual or family therapy, and provide family coaching that is aligned with therapeutic goals. We prefer the model identified in this bill because it brings specialty mental health expertise into the school. This facilitates continuity of evidence-based care and allows services to be provided on site without requiring parents to take time from work to transport their children to appointments. This model enables children and families to continue care and coaching when school is not in session or when the child is unable to attend school. Finally, embedding mental health experts on site at the school allows for faculty consultation on in-class supports, and general education of faculty and the student body regarding healthy school culture.

NAMI Wisconsin is encouraged by these proposed bills that will promote early intervention, effective crisis response and access to mental health care for children and youth. Should you require further information, please contact NAMI Wisconsin's Executive Director, Mary Kay Battaglia at marykay@namiwisconsin.org.