

# **Emergency Detention of Minors** **Right Care, Right Time** **Set the Course for a Lifetime**

Legislative Study Committee on Emergency Detention of Minors

October 30, 2024

NAMI Wisconsin, National Alliance on Mental Illness

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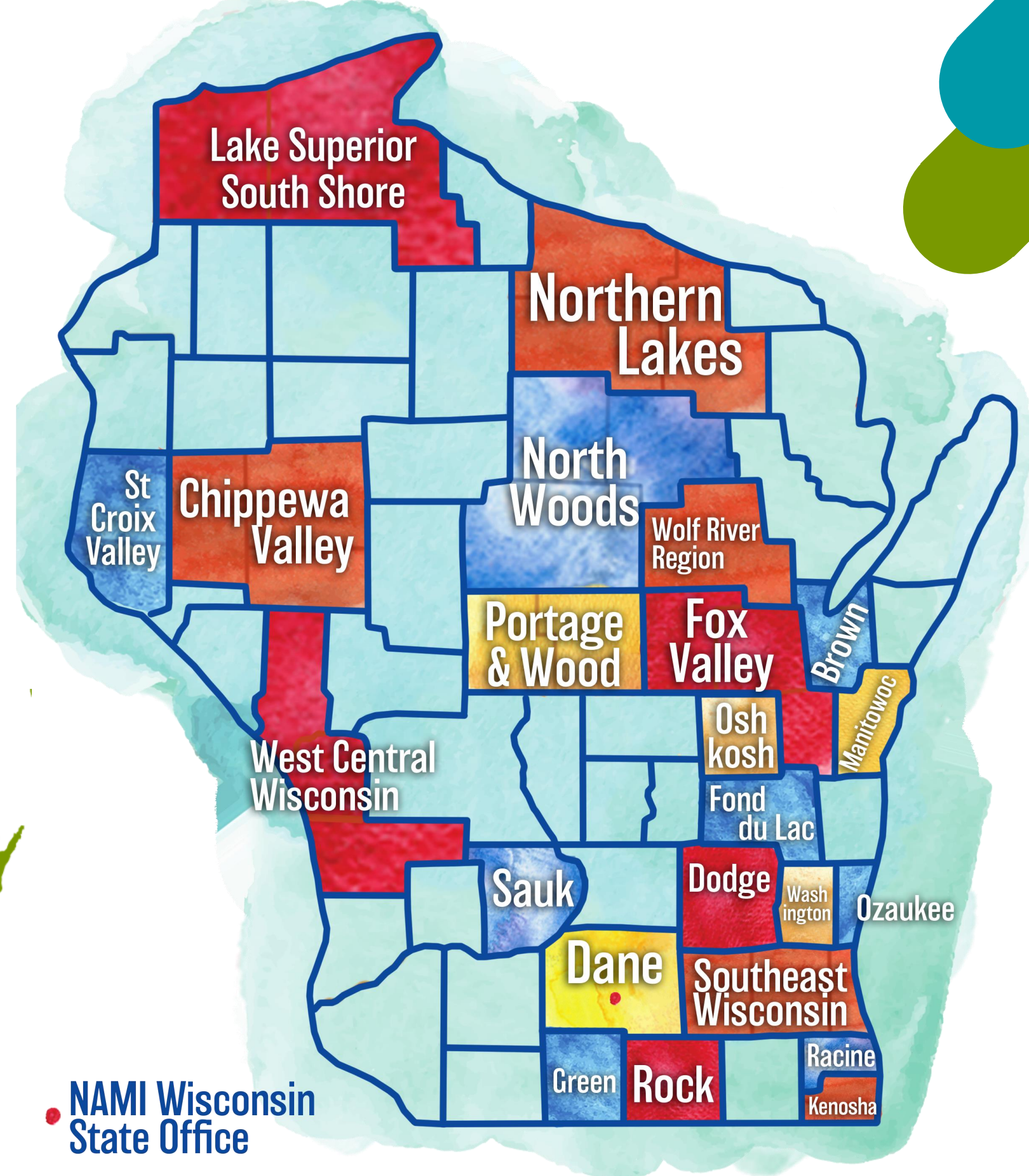
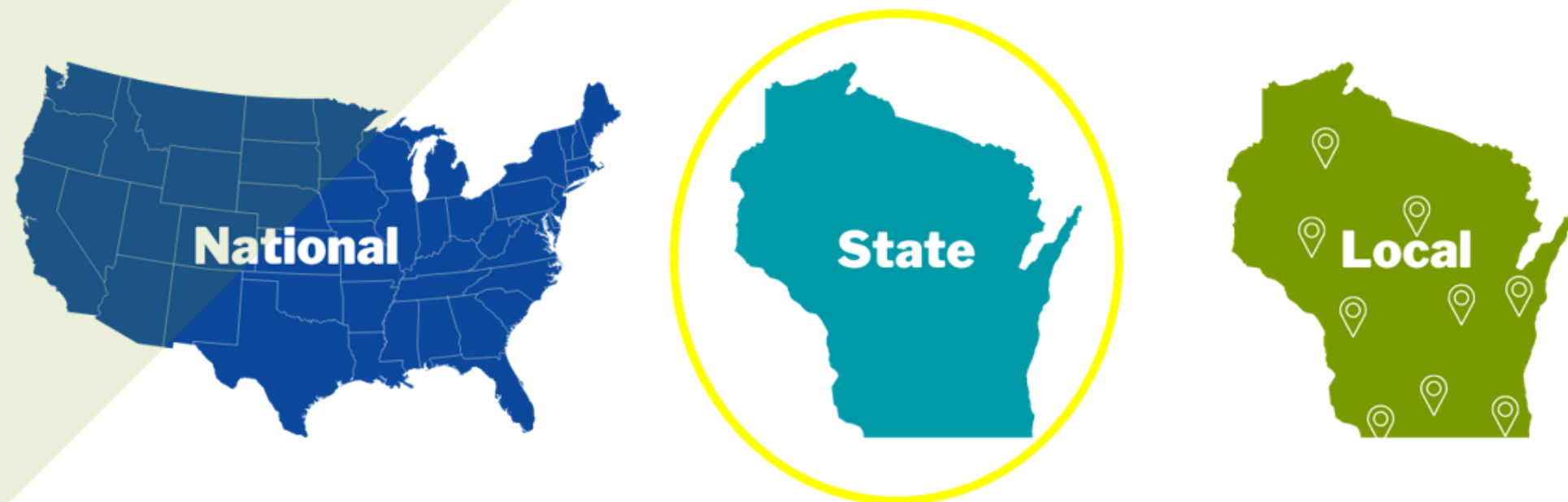
# Overview

- Introduction to NAMI Wisconsin
- Prevention and early intervention
  - School Based Mental Health
  - Early and First Episode Psychosis Programs
- Crisis & Emergency Detention
  - Age of consent
  - Emergency Detention Initiators
  - Medical clearance
  - Patient/Parental Rights Education
  - Transportation to Intensive Services
- Intensive crisis care
  - Psychiatric Residential Treatment Facilities (PRTF)



# ***WHO WE ARE... NAMI WISCONSIN***

The mission of NAMI Wisconsin is to improve the quality of life of people affected by mental illnesses and to promote recovery.



# ***NAMI's FOUR **PILLARS*****

## Support

We provide no-cost, peer-led support groups offered by trained volunteers.

## Awareness

We work hard to promote public education and understanding of mental illnesses.

## Education

Our education programs ensure individuals get the support and information they need.

## Advocacy

We advocate at all levels of government to improve mental health care in Wisconsin.



When parents call us with a child in crisis,  
what can we tell them?



# School Based Mental Health

## Early intervention where children spend their day

- **We recommend** schools ***contract*** with community mental health providers
  - Children's mental health clinician embedded in the school
- **Improve access to care:**
  - Early identification of mental health needs in high-risk children & youth
  - Reduce access barriers for underserved populations – rural, low income, children of color
  - Intake at school – access Medical Assistance (Medicaid) & private health insurance
  - Continuity of care – reduce need for parents to take time off work
  - Clinician as consultant for school staff as needed
  - Facilitate referral to more intensive care as appropriate
- **Promote healthy school culture:**
  - Prevention & education for students and faculty
  - Support mental health clubs in high schools
- **Improve student attendance and academic achievement**

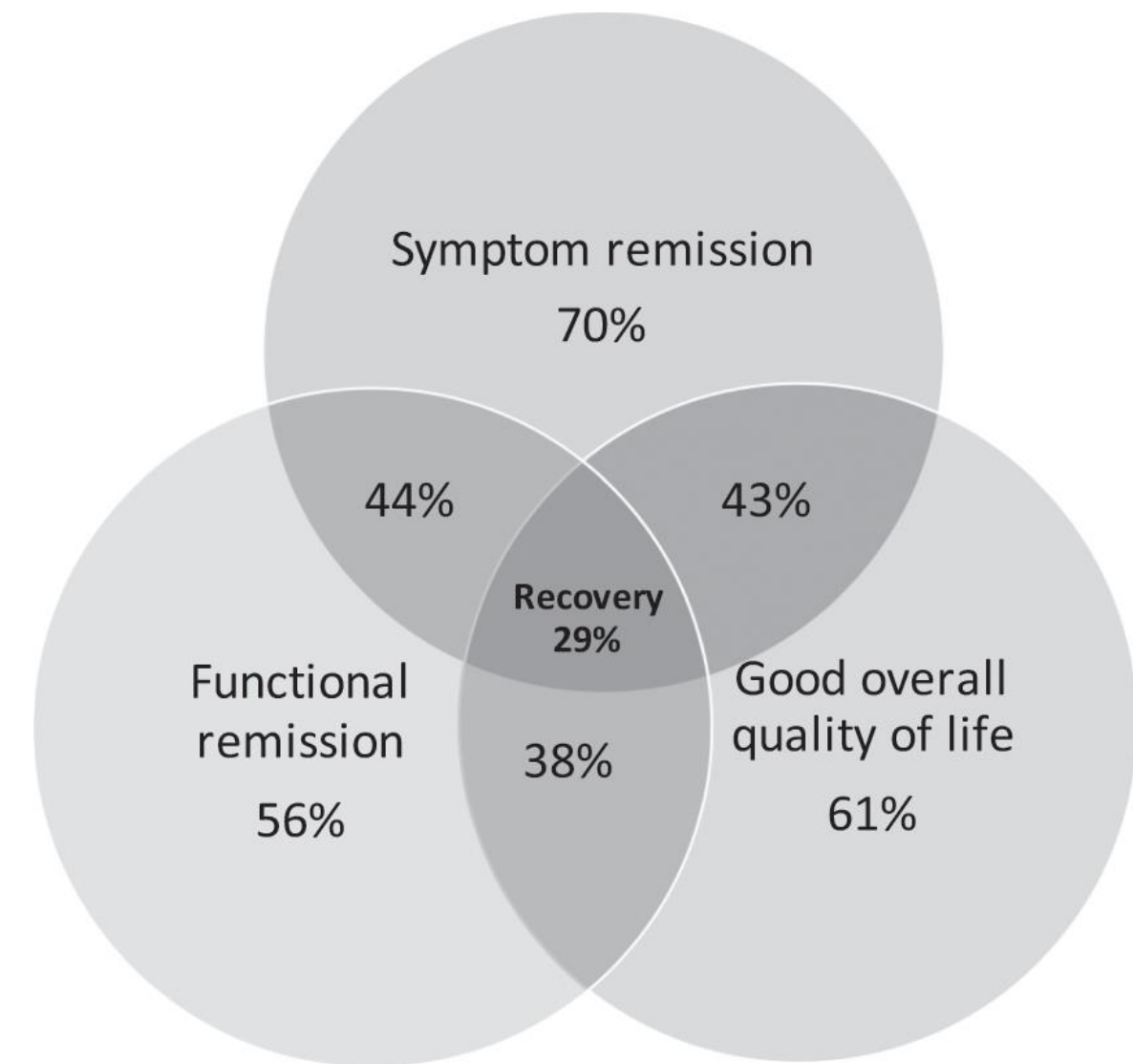
# **Recommendations:**

## **School Based Mental Health**

- **Increase school mental health funding**
  - \$30M GPR allocated in 2023-2025
  - \$270M recommended in 2023-25 Executive Budget
- **Increase school-based clinician capacity**
  - Access through Medicaid is better than commercial insurance
  - Streamline commercial insurance credentialing process

# Early Intervention for Youth with First Episode Psychosis (FEP)

- **Psychosis:** Symptoms of major mental illness
  - Hallucinations
  - Delusions
  - Lack of concentration & motivation
  - Emerges age 18 - 25, prodromal signs earlier
- **FEP approach:**
  - Wraparound care, tailored to young person's goals
  - Initiated within 24 months of first symptoms of psychosis
- **FEP Coordinated Specialty Care (CSC) includes:**
  - Case management
  - Family support and education
  - Psychotherapy:
  - Medication/Primary Care
  - Supported education and employment



Source: Phahladira, L., Luckhoff, H.K., Asmal, L. *et al.* Early recovery in the first 24 months of treatment in first-episode schizophrenia-spectrum disorders. *npj Schizophr* 6, 2 (2020). <https://doi.org/10.1038/s41537-019-0091-y>



# Recommendations:

## First Episode Psychosis Programs

- **Increase Community Support Program (CSP) for youth ages 12 – 26**
  - State assume responsibility for nonfederal Medicaid share
  - Add capacity in addition to availability in 11 Wisconsin counties: \*
    - **Choices:** Buffalo, Burnett, Chippewa, Dunn, Pepin, Pierce, Polk, Rusk, and Washburn counties.
    - **PROPS:** Dane County (Journey Mental Health)
    - **CORE:** Milwaukee
- **Braid funding streams**
  - Mental Health Block Grant 10% federally mandated set aside = \$1.5 M
  - Medical Assistance (Medicaid)
  - Commercial insurance

Source: Wisconsin Department of Health Services,  
<https://www.dhs.wisconsin.gov/csc/help.htm>

# Crisis & Emergency Detention: Issues & Recommendations

NAMI hears frequently from parents and guardians who are confused and angry about the process to get help for children and youth in psychiatric crisis.

- **Age of consent:**
  - **Issue:** Wisconsin statute (§ 51.13) allows youth to refuse or consent to treatment at age 14
  - **Issue:** Parental override (§ 51.14) requires a court hearing. Cumbersome to use in a crisis.
  - **Recommendation:** Increase age of refusal for mental health or substance use care
- **Non law enforcement emergency detention initiators:**
  - **Issue:** Law enforcement placement of emergency hold can be traumatizing to the child & family
  - **Recommendation:** Emergency detention initiators as an alternate *in addition* to law enforcement. Authorize specially trained and certified clinicians to take children into custody in psychiatric emergencies similar to § 48 authority to place child protective custody,

# Crisis & Emergency Detention: Issues & Recommendations

- **Medical clearance**
  - **Issue:** During the hours spent on medical clearance for transfer to a psychiatric facility, youth may lose patience: more likely to refuse care, increasing the need for civil commitment
  - **Recommendation:** Standardized, evidence-based process to differentiate necessary medical clearance procedures
- **Parent/guardian education** on patient rights, parental override, civil commitment, patient & family support
  - **Issue:** Youth and families may not understand implications of
    - Voluntary treatment
    - Civil commitment
    - Options for parental override for youth refusal of treatment
  - **Recommendation:** Emergency room staff or ombudsman review fact sheet on patient rights & resources with youth & family. Encourage questions and assess understanding.
- **Transport to psychiatric hospital or youth crisis facility**
  - **Issue:** Traumatizing for youth to be transported in a law enforcement vehicle
  - **Recommendation:** Non-law enforcement transport unless immanent risk to safety
    - Crisis facility vehicle, 3<sup>rd</sup> party vendor, parent/guardian

# Intensive Residential Treatment: Issues & Recommendations

## Psychiatric Residential Treatment Facilities (PRTF)

- **Issue:** Per day, 20 Wisconsin youth are sent out-of-state for intensive mental health treatment. Out-of-state placement of youth with complex needs nearly tripled from 2016-2020. These youth also end up in juvenile detention, emergency rooms or youth shelters that are not equipped to provide for their mental health needs.
- **Recommendations:**
  - **Enact legislation** authorizing DHS to create Psychiatric Residential Treatment Facilities (PRTF) certification
    - PRTF are secure facilities that provide clinical treatment for children with acute/chronic mental health conditions
    - Staffing would include: psychiatrist/prescriber, therapists, nurses, support staff
  - **Provide GPR funding** to establish services and sustain ongoing operations
  - **Establish Medical Assistance (Medicaid) rates** that are adequate to support the cost of care



When parents call NAMI with a child in crisis,  
we want to provide:

1. Emotional support
2. Helpful information
3. Realistic referrals
4. Action steps



**Children with serious mental health  
conditions can thrive and succeed  
With the right care at the right time**

**We will all benefit.**

***Thank You!***

**Questions?**

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