TO: Members of the Legislative Council Study Committee on Emergency Detention and Civil Commitment of Minors

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

DATE: August 29, 2024

RE: Information and Resources Responsive to Committee Questions/Comments

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WAFCA would like to commend Senator James and Representative Snyder for bringing this study committee to fruition, and express appreciation for the Legislative Council Staff and committee members who are devoting their time and expertise to this issue. Wisconsin children need the collective wisdom and solutions that will emerge as part of the intense focus on this issue. After decades of treating children in need of mental health care as adults, and more than a decade of sending children out of their home state to receive psychiatric mental health care, it is time that we examine our policies, procedures, practice, and service array through the eyes of the children, families, and workforce who experience them daily.

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

As an integral part of the human services ecosystem, we have been actively partnering with counties and other providers throughout the state to ensure individuals, children and families have the services and supports they need, when and where they need them. Over the past decade, we have been at many tables discussing the challenges associated with our continuum of care and its inability to respond to the changing needs of Wisconsin residents – particularly children with complex needs. It is from this vantage point that we offer the following information and resources, which we believe are responsive to some of the questions and comments that emerged during the first gathering of committee members.

We appreciate the recognition that this is a multisystemic problem, involving an array of professionals, and is further complicated by disjointed payer and funding streams. While we offer this information to address specific questions that emerged, we are hopeful that the committee will continue to focus on the gaps in services that families and children experience across the continuum of care and invest in solutions that adequately resource all levels of care.

Questions: Why are children being sent out of state? Who are these children?

Response: The issue is multi-faceted; however, it has been studied fairly extensively.

- These stories were gathered from County Human Services agencies last year in support of 2023 SB 913 to authorize creation of a psychiatric residential treatment facility (PRTF) level of care. The stories explain the variety of reasons counties had to explore placement outside of the state of Wisconsin, and also articulate the impact on the child, family, agency, and worker.

- In 2022, WAFCA (with financial support from DCF) conducted a pilot to try to connect children at risk of out-of-state placement with in-state resources. While the pilot did not deliver better immediate options for most of the children, we gathered a tremendous amount of data and identified potential future solutions that would help us shore up our continuum of care so children could receive the right service, at the right time, in their home state. Connection Session Final Report / Executive Summary

Question: What has happened to group homes and residential care center capacity in Wisconsin?

Response: Wisconsin has actively pursued a decrease in group care placements, in alignment with the federal Family First Prevention Services Act and its own child welfare transformation. While DCF indicated that capacity has decreased by approximately 30%, we believe that it is much higher than that. Per DCF data presented to the Rate Regulation Advisory Committee, from 2012-2022 staffed or "intended" capacity in Wisconsin residential care centers has dropped by 49%. While the average daily placements in WI declined at a similar rate, out-of-state placements increased over this timeframe.

Questions: Why are Wisconsin providers not serving these children? Are providers taking children from other states so they can get a higher rate?

Response: Wisconsin providers are serving these children to the best of their ability.

- In 2023, the Wisconsin County Human Services Association (WCHSA) and WAFCA formed a collaborative workgroup where we discussed the reasons providers were unable to serve all of the children that were coming forward in need of intensive care and treatment. It was from this workgroup that joint advocacy for the PRTF re-emerged – a resource WCHSA and WAFCA have been recommending since 2018.

  It was important for providers and counties to have a shared understanding of what is at the root of our current capacity struggles, and it is equally important that members of the Study Committee understand the challenges so we can get to solutions faster. Resource shortages, shifts in the field, workforce shortages, and inadequate financing all play a role in the current challenges we are experiencing, and there are things we can do to address most of these.

  [Pages 2-5 of the WCHSA/WAFCA Final Report summarize these struggles, and include links to additional resources that provide greater context for what's happening in our state and throughout the nation. *Please note that this resource was created for counties and providers who are very familiar with the language/terminology of the work. We are happy to clarify things for the committee, if that would be helpful.*]

- While our providers of residential care services (group homes and RCCs) for children have tried to respond to the needs of our state, they are not equipped to provide the intensity of services a child experiencing psychosis, or who is suicidal/homicidal, needs. The level of security and clinical staffing provided in a PRTF is unique, and provides a level of safety for the child, the family, and the community, that other options in our continuum of care currently cannot deliver. Additionally, it would be unethical for group homes and RCCs to care for children outside of their scope of service and/or area of expertise.

- Over the years, residential care providers have identified a variety of regulatory changes that could enable them to serve children with more intensive care needs, such as the ability to video record, provide secure units, and liability protections similar to what counties and hospitals have. Sen. James and Sen. Ballweg sponsored a video recording bill (SB 914) last session, which received a hearing and was generally supported. There is a mechanism in DCF 52 that would allow Residential Care Centers to utilize a locked unit (DCF 52.42(7)); however, DCF has never approved the use of this, and it may not be sufficient to meet the needs of some children. Finally, liability concerns are producing insurance difficulties for providers across the out-of-home care continuum, with some insurance companies refusing to provide coverage.

- As DCF noted during their presentation, almost all Wisconsin licensed providers care only for Wisconsin children. The providers who do serve children from other states do so because they offer a specialized service for a specific target population (children with I/DD, autism, and/or children who have experienced sex-trafficking). The proportion of children from out-of-state served in Wisconsin RCCs has not changed over the past decade.

Question: How many respite centers are there in Wisconsin?

Response: Respite care for children may be provided in a number of settings including foster homes, group homes and in some instances residential care centers. WAFCA is aware of two DCF licensed agencies that provide respite services via a center type model – RISE Wisconsin, Inc. and La Causa Crisis Nursery. It is worth noting that other respite centers have existed over the years, but they are not sustainable as a single service without investment from the state and significant investment from private donors. Ideally, there would be grants to support respite services statewide; however, the investment in these types of services is minimal. There are licensing challenges with this service as well. They are currently licensed as a shelter care facility or group home, which is generally not a good fit given their operations, and group child care centers are not allowed to provide 24/7 services.

Comment: A committee member and a presenter referenced workforce challenges specific to behavioral health professionals.

Response: WAFCA members experience the same struggles, especially when seeking clinicians who are disproportionally serving Medicaid patients, working in homes and/or communities where violence is present, and where 24/7 services are needed. WAFCA is currently focused on workforce and Medicaid solutions as part of the Mental Health Action Partnership – a broad coalition of providers working to achieve a well-integrated, sustainable continuum of mental health services and supports that responds in a compassionate, timely, effective, culturally informed manner to any child, youth, or adult anywhere in the state. Recommendations emerging from this Partnership, such as the creation of education and training grants similar to those provided through DHS for Advanced Practice Clinicians (§146.615) and Allied Health Professionals (§146.616), and the inclusion of behavioral health providers in state loan forgiveness programs (§36.61) may be of interest to committee members as you explore solutions in this space.

Comment: Institutes of Mental Disease (IMD) are present in Wisconsin and are also unable to provide services to children and youth in mental health crisis.

Response: IMD is a status that impacts whether or not federal Medicaid will pay for services. IMD status is assigned by the state to hospitals and other settings that have more than 16 beds and are "primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases." It is a payment eligibility status, rather than a service design or program.

As noted previously, there are a variety of factors that impact decisions regarding admissions to services and it would be beneficial for the Study Committee to explore the unique challenges that psychiatric hospitals encounter when serving children and adolescents. Providing care for individuals with mental health conditions alone does not create an unsafe environment, and many clinicians in a variety of settings are equipped to manage the day-to-day mental health needs of their patients. When serious mental illness is present and unmanaged, and a child becomes a danger to themselves or others, providers have a responsibility to protect the safety of the child, their staff, and other children receiving care. Based on our knowledge of the challenges within group care settings for children, we need a different option or different tools to ensure children receive the services they need, safely, while maintaining the safety of the professionals stepping forward to serve.

We hope the above information is helpful as you continue forward in your work and pursue solutions that support all of Wisconsin's children. Thank you again for your time and attention to this matter.