



February 1st, 2024

Senator Cabral-Guevara, Chair

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

Testimony on 2023 Senate Bill 914

Relating to: video monitoring or recording in psychiatric residential treatment facilities, residential care centers for children and youth, group homes, and shelter care facilities and granting rule-making authority.

Thank you, Chairwoman Cabral-Guevara and other members of the committee, for hearing my testimony on Senate Bill 914 today. Properly caring for our children is a team effort. We have varying agencies around the state that play a part in taking care of our children in need, ranging from shelters, group homes, and other child welfare agencies.

For some of these agencies, the type of services provided require a higher level of skill, training, and security given the complex needs of a child. Senate Bill 914 would require both DCF and DHS to promulgate rules requiring all child welfare agencies, residential care centers, group homes, shelters, or psychiatric residential treatment facilities to adopt policies for monitoring the safety of their patients. Currently, children that are in a youth care setting or an individual receiving services for mental illnesses, development disabilities, alcoholism, or drug dependency may not be recorded without their consent. This legislation would allow for recording and video surveillance of a child in the common areas, entrances, and exits of these facilities without the patient's consent under these newly authorized and formed safety monitoring policies.

Having recordings of these common areas can assist in the care and security of patients and staff in many ways, such as training staff or helping in incident reports. For example, in cases where there is suspected maltreatment from a staffer and an investigation is needed, having video recordings can be a tool to help either substantiate or disprove the allegations. Currently, video monitoring is allowed to be livestreamed only, monitored by real time staff. While this is helpful for in-the-moment surveillance, it does not help when prior incidents need to be examined.

This bill is not intended to invade the privacy of these patients, which is why it is limited to common areas of these facilities. This is just one more layer of added protection and security for patients and employees that will lead towards better care. Thank you, and I will take any questions at this time.

Respectfully,

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

Senator Jesse James

23rd Senate District

Sen.James@legis.wisconsin.gov



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

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

FROM: HJ Waukau, Legislative Director

DATE: February 1, 2024

RE: SB 914 relating to: video monitoring or recording in psychiatric residential treatment facilities, residential care centers for children and youth, group homes, and shelter care facilities and granting rule-making authority.

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only on Senate Bill 914 (SB 914) regarding video monitoring or recording in psychiatric residential treatment facilities, residential care centers for children and youth, group homes, and shelter care facilities and granting rule-making authority. This bill allows the Department of Children and Families (DCF) and DHS to promulgate rules requiring safety monitoring which may include video surveillance or recording in psychiatric residential treatment facilities (PRTFs), residential care centers for children and youth, group homes, and shelter care facilities. Under current law, a patient who receives services for mental illness, developmental disability, alcoholism, or drug dependency has a right not to be filmed or taped unless they sign an informed and voluntary consent. This includes an individual who is admitted to a treatment facility or detained, committed, or placed under the Children's Code. Further, patients may be subject to video surveillance or recording in common areas, entrances, and exits without the patient's consent as provided under a safety monitoring policy authorized under the bill.

Under SB 914 DHS would be required to promulgate rules for PRTFs. Governor Evers initially proposed the creation of PRTFs in his 2023-25 biennial budget proposal, but it was not included in the budget sent to the legislature by the Joint Committee on Finance. As a result, Wisconsin currently does not have PRTFs as an existing facility type. DHS is aware that SB 913, which mirrors the Governor's budget proposal for PRTFs, is before the legislature for consideration. However, until PRTFs are enacted in law the PRTF provisions for SB 914 would be moot.

The bill also removes the requirement to obtain patient consent for video recording and does not include a requirement to inform youth and guardians about the video monitoring and recording. It would be appropriate to add provisions to SB 914 that patients must be informed about video monitoring and recording. The bill is also silent on how the recordings can be used, or who facilities can share the videos with and under what circumstances, including keeping recordings confidential. DHS recommends that at a minimum there be a confidentiality provision added to the bill in-line with provisions proposed by the Department of Children and Families (DCF) in their testimony on SB 914. Additionally, DHS suggests using language similar to what is outlined in Wis. Stat. 51.61(1)(o) where surveillance and recording is not permitted, either in lieu of or in tandem with, DCF's confidentiality provisions. The bill could also include language to ensure that video surveillance is not used as a substitute for one-on-one monitoring for patients who are at high risk for self-harm, which is in alignment with Joint Commission policy.

DHS thanks the Committee for the opportunity to provide written testimony for information only and offers itself as a resource for the Committee.



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

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

DATE: February 1, 2024

SUBJECT: Senate Bill 914

The Department of Children and Families (DCF) is committed to the goal that all Wisconsin children and youth are safe and loved members of thriving families and communities. DCF recognizes the vital role that Wisconsin's residential, group home, and shelter care providers play in supporting and treating children with high acuity needs. DCF is grateful for their continued work to keep children in facilities safe from harm.

DCF is testifying for information only for SB 914. Under existing Wisconsin law, video surveillance and recording are not allowed in any of Wisconsin's 100 congregate care facilities. This bill requires the Department of Children and Families to promulgate rules requiring all child welfare agencies that operate a residential care center for children and youth, all group homes, and all shelter care facilities to adopt a policy for monitoring safety, which may include the use of video surveillance and recording in common areas, entrances, and exits.

Supporters of this bill assert that video recording in residential care centers (RCCs), group homes, and shelters could aid in serious incident investigations by allowing review of recorded interactions between facility staff and residents that have led to alleged licensing violations. Currently, such investigations rely solely on individual participant and witness reports. Providers assert that recording could ensure staff accountability during incidents, such as use of improper restraints. Video recordings, reviewed in aggregate, could also highlight learning and coaching opportunities related to trends in behavior intervention and other interactions among staff and youth.

Opponents of this bill note that youth often receive their first delinquency charge while placed in out-of-home care. These charges are often for the behavior needs for which they are receiving treatment and can compound the trauma youth experience from involvement in both the child welfare and youth justice systems. In relation to this bill, youth with lived experience voiced concern that video recording could be used against them in a variety of ways, including delinquency proceedings. Youth identified that these facilities are their homes during their time of placement. To be recorded while they are at 'home' would feel like a substantive invasion of privacy. Further, youth voiced that it feels exploitive to use footage of them – potentially being harmed – for staff training purposes.

DCF believes in working closely with all stakeholders to mitigate these concerns. To that end, DCF would suggest two potential changes to this bill.

- Update proposed 48.67 (6) language to say: That all *residential care centers* for children and youth adopt a policy for monitoring safety, which may include the use of video surveillance and recording in common areas, entrances, and exit.
 - Removing 'child welfare agencies' will reduce confusion, as 'child welfare agencies' typically refers to local county and tribal human service agencies, which do not operate any of the residential care centers in Wisconsin.
 - Removing 'all group homes and all shelter care facilities' from this bill. Group and shelter home facilities are structured as a more home-based environment as opposed to a treatment facility, therefore recording in a group home may feel more like an infringement of rights to a youth. In addition, restraints are largely unallowable in group and shelter homes under current statute. This reduces the need for potential monitoring of incidents for training.
- Include a confidentiality provision in statute. This would ensure that the confidentiality of youth in out-of-home care is protected, and would apply to everyone with the data, not just providers covered by DCF rules:
 - Suggested language: *Video recording data is confidential and not open to public inspection, except that the exceptions to the confidentiality of records that apply to agencies under s.48.78 (2) apply to residential care facilities for children and youth, group homes, and shelter facilities.*

In addition, DCF agrees with the concerns raised by DHS in their testimony regarding obtaining child/youth/patient consent and recommends the authors consider DHS's proposed recommendations regarding child/youth/patient consent to be recorded while in a residential care center, group home or shelter facility.



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

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

DATE: February 1, 2024

RE: **Support for SB 914 – Permitting Video Recording in Youth Settings**

On behalf of the Wisconsin Association of Family & Children's Agencies (WAFCA), we thank Senator James and the Committee for the opportunity to testify in support of Senate Bill 914, which would permit certain youth care settings to create safety plans that include video monitoring and/or recording in common areas of the setting.

WAFCA is a statewide association that represents nearly fifty child and family serving agencies and advocates for the more than 200,000 individuals, children, and families that they impact each year. Our members' services include family preservation services; community-based outpatient and day treatment therapies; foster care and adoption programs; and residential care for both children and adults. We value supporting children in community whenever possible and we also recognize that in some circumstances higher levels of care, such as residential treatment or hospitalization, is the most appropriate treatment setting.

SB 914 is before you today following years of dialogue with stakeholders as we have sought better options for our youth with complex needs. The adoption of SB 914 would lay the foundation for the addition of one additional tool for providers serving youth in residential and group care settings to enhance safety and reduce risk.

Under current law, children placed into a youth care setting under the Children's Code have a right not to be filmed or taped without their consent. While video monitoring is permitted in youth settings, recording video is not. SB 914 would require all youth care settings to develop a safety plan that may include video recording in common areas. No setting would be required to adopt video recording, but providers would have that option based on an agency safety plan.

This change in state law is supported by providers and others who have been working to increase care options for children with complex needs and would extend the video recording option to newly created PRTF settings, if SB 913 successfully advances.

Residential care centers, group homes and shelters serve an important and evolving role within our Wisconsin continuum of care for children. As the level of complexity of the children in these care settings continues to grow, the regulatory environment has not kept pace to enable providers to pivot and respond to the needs of counties and our communities. Video recording is simply one additional tool to advance safety and training within these critical care settings. Having a video record may enable more timely resolution of allegations against staff by assisting law enforcement, child protective services, licensing, and the facility itself to investigate matters in a more complete, less subjective, way. Currently, investigations can take months to complete which takes a financial and emotional toll on all parties involved.

A video record can validate the voice of a young person harmed in care by increasing accountability for individuals who engage in abusive, neglectful, or inappropriate behavior. Meanwhile staff who are absolved of wrongdoing can more rapidly return to their direct care role, supporting staff retention and continuity of care within a facility.

Beyond serving as a tool for investigating incidents, video recordings provide a valuable resource for debriefing critical incidents and supporting staff training. Providing trauma-informed care to youth in 24/7 care settings requires substantial staff resources and well-trained professionals engaging with youth in their care and treatment. Agencies focus on developing skills to help youth regulate and are trained in de-escalation techniques, however, crucial incidents do occur impacting the safety of other children and staff. Video recordings can help staff review their practice and observe environmental factors that may have contributed to escalation and aggressive behaviors.

Other states permit or even require video recording in their youth facilities, because they have determined video recording can be a valuable tool to enhance the quality of care and the safety of youth.

We appreciate that there are differing perspectives regarding the use of video monitoring and recording in treatment settings. Indeed we anticipate that providers of youth services will arrive at different conclusions regarding the design of their safety plan and some providers may opt not to video record, which may be entirely appropriate given the population of youth they are serving. SB 914 simply creates the opportunity for the departments to craft rules that allow for the option – an option that may enable some providers to serve more of Wisconsin's youth closer to home.

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

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

DATE: February 1, 2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RAWHIDE YOUTH SERVICES

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

FROM: Alan Loux, President & CEO Rawhide Youth Services

DATE: February 1, 2024

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

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

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

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

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

E7475 Rawhide Rd., New London, WI 54961-9025 | Phone: 920-982-6100 | Fax: 920-982-5040 | rawhide.org

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

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

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

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

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

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

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

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


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

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

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

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

Respectfully submitted,

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

Alan B. Loux
President and Chief Executive Officer

MEMORANDUM

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

FROM: Chelsea Shanks, WCA Government Affairs Associate

DATE: Thursday, February 1, 2024

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

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

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

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

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

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

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

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

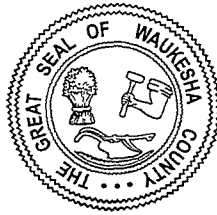
Good morning, my name is Shelbey Puppe. I am a social worker and I have the privilege of serving the children and families of Rock County in my role as our CPS lead supervisor. In addition to supporting our department in case practice, I oversee our out of home placements. It's an honor to be here today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

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

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

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

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



Waukesha County

Department of Health and Human Services

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

Date: February 1, 2024

Re: Senate Bill 913

Chair James and Committee Members,

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

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

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

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

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

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

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

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

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

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

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

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

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

I appreciate your time and thank you.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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