



State of Wisconsin  
**Department of Health Services**

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Tony Evers, Governor  
Andrea Palm, Secretary-designee

**Assembly Committee on Criminal Justice and Public Safety;**

**Senate Committee on Judiciary and Public Safety**

2019 Assembly Bill 188, Senate Bill 168: Related to Facilities for Holding Juveniles in Secure Custody

*June 12, 2019*

Good afternoon. My name is Dr. Rose Kleman, and I am the administrator of the Division of Care and Treatment Services at the Department of Health Services. The Division of Care and Treatment Services oversees the seven direct care and treatment facilities that are part of DHS, including the Mendota Mental Health Institute where the Mendota Juvenile Treatment Center is located. Thank you for the opportunity to provide testimony about Assembly Bill 188 & Senate Bill 168.

The Mendota Juvenile Treatment Center, known as MJTC for short, provides psychological and psychiatric evaluations, and treatment for juveniles who meet two criteria:

- Their behavior presents a serious problem to themselves or others in other juvenile correctional facilities.
- Their mental health needs can be met at the center.

2017 Wisconsin Act 185 implemented major reforms of the state's juvenile justice system. In addition to closing the Lincoln Hills and Copper Lake juvenile detention facilities and establishing county-run facilities for juveniles, it also directed DHS to construct an expansion of MJTC to accommodate no fewer than 29 additional juveniles. Currently, MJTC has capacity to provide psychiatric treatment and

assessment to 29 juvenile males whose transfers into the facility are based on a referral from the Department of Corrections for treatment. MJTC does not currently serve female juveniles. Governor Evers' budget proposed a \$59 million enumeration to construct a 50-bed expansion of MJTC. Last evening, Joint Finance approved \$43 million enumeration for the project. We are still evaluating the impact that the reduced funding will have on the project and the planned expansion. It is important that MJTC has sufficient room for beds and programming space for both boys and girls, and that the space allows sufficient separation between groups of juveniles who are in different stages of progressing through their treatment at MJTC.

MJTC is recognized nationally and internationally for its evidence-based treatment model that has achieved significant positive outcomes for juveniles with serious behavioral problems. The program has scientifically proven studies showing that future violent crime is cut in half following mental health treatment at the center. The program also has demonstrated it is cost effective. As a result, the original 2017 bill reflects the Legislature's judgment that more juveniles, including girls, would benefit from the program if it has expanded capacity.

A key component; however, of the effectiveness of MJTCs is that its treatment staff have discretion over admission. Treatment staff are able to serve juveniles whose treatment needs enable them to benefit from the program. And admissions to MJTC are time limited, with juveniles returning to other placements if they refuse treatment or once they have achieved treatment goals.

To that end, DHS has two requested changes. First, we wish to clarify that only the director of the Mendota Mental Health Facility or their designee is authorized to make decisions regarding admissions and discharges by strengthening the current bill language. Existing bill language states that the Director of MMHI shall be responsible for decisions regarding admissions, treatment, release and return. DHS is concerned that under this, county courts could overrule MJTC staff's clinical judgment regarding

placements at MJTC. MJTC staff are trained to ensure that all admissions and discharges are clinically appropriate and treatment based. Without adequate authority over this process to preserve the effectiveness of the evidence-based treatment program, we risk waiting lists and poorer outcomes.

Our second concern is in ensuring that juveniles remain under the supervision of a county while at MJTC to ensure that MJTC remains a treatment center – where juveniles are referred for treatment only – not as a correctional placement. Placing juveniles referred from county-based secure residential facilities under DHS supervision would shift MJTC from a mental health treatment services provider for juveniles in correctional facilities to a third correctional option for judges to choose from. When counties retain control, juveniles can more easily return back home after their treatment at MJTC is complete.

Ultimately, we want to maintain MJTC's status as a treatment facility for juveniles and ensure the integrity of the MJTC treatment model. The changes we request will align language specific to counties with the language in place for Department of Corrections placements. I appreciate your time today and your consideration of these two items. I am happy to take your questions.