TO: Assembly Committee on Mental Health  
FROM: David Whelan, Director of Family Case Management Services, Children’s Hospital of Wisconsin; and Catherine Foster, Foster Parent  
DATE: Wednesday, January 17, 2018  
RE: Support for AB 782—Limited release of mental health information to out-of-home care providers and child welfare agencies

Good morning, Chairman Titll and members of the committee. My name is David Whelan and I am the director of Family Case Management Services at Children’s Hospital of Wisconsin. Thank you for allowing us this opportunity to submit testimony in support of AB 782 which provides for the limited release of mental health information to out-of-home care providers and child welfare agencies. I want to thank the Speaker’s Task Force on Foster Care for holding public hearings last year and to the authors, Representative Snyder and Senator Darling, for sponsoring this legislation.

As you know, Children’s Hospital of Wisconsin (Children’s Hospital) 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 Hospital is the largest not-for-profit, community-based agency serving children and families in the state, providing community services to more than 15,000 children and families annually. Children’s Hospital operates seven of the 15 child advocacy centers (CACs) across the state and in partnership with the Division of Milwaukee Child Protective Services, Children’s Hospital is responsible for the ongoing case management of approximately half of the youth and families involved in out-of-home care in Milwaukee County. The majority of children and youth have some degree of physical, behavioral and emotional needs stemming from the trauma they have experienced in their lives.

Additionally, Children’s Hospital provides behavioral and mental health services in clinics and schools at more than 30 locations across the state. Our therapists provide trauma-informed, holistic care to address life challenges and improve social and emotional health in the home, school and community. They have extensive experience working with children, parents and families, including those involved in the child welfare system.

We know through public health research that children who experience a number of adverse childhood experiences (ACEs) such as unstable housing, scarcity of food, parental absence, drug or alcohol abuse in the home, or physical or emotional abuse have increased risks for illnesses like depression, addiction and chronic illnesses. In order to achieve our vision of Wisconsin’s kids being the healthiest in the nation, we are focused on addressing the impact of ACEs and build resilient kids who grow into healthy, thriving adults.

While many factors play a role in building this resilience, researchers point to the presence of an early, consistent and caring relationship with an adult as a factor. While Children’s Hospital has programs focused on the parent and child to help foster those relationships through home visiting and parent child interaction therapy (PCIT), we also focus on strengthening relationships with foster parents and other family members.
Children in out-of-home care typically have greater medical, developmental, behavioral and dental needs than children not involved with the child welfare system. Currently, when a child receives mental or behavioral health care, their treatment record is confidential and can only be released with informed written consent. Obtaining timely consent from a biological parent or legal guardian can be a difficult task. AB 782 would allow a health care provider to disclose a portion of the child’s mental health treatment record – that they believe is reasonably necessary to in order to properly care for the child – to an out-of-home care provider or child welfare agency.

Allowing foster parents and other out-of-home caregivers to have access to parts of a child’s mental health record, such as the diagnosis, treatment and medication management plans, enables better and more immediate trauma-informed care and helps the caregiver understand the child and develop a better relationship with them. Current law allows providers to share medical information with out-of-home caregivers and we question why chronic conditions like diabetes and asthma are treated differently than a behavioral health diagnosis. While there can be sensitive information in a child’s mental health record, just as there can be in the medical record, the provider should be able to provide timely information to caregivers in order to facilitate best care for the child.

Foster parents can make a difference in a child’s life by providing a safe, stable, structured and nurturing environment. A crucial part of providing this care is ensuring the child receives appropriate physical, behavioral and oral health care. I’d like to introduce you to Cathi Foster, one of our foster parents, who would like to share her experience with mental health treatment and care.

I would like to thank everyone for giving me this chance to speak from a foster parents’ point of view. My name is Catherine Foster and I have been a foster and adoptive parent for 12 years. We don’t do this for the money, nor do we do this to save the child. We do this because we love the child and want to give them a chance to be safe, to have a family, and a chance to grow and achieve their goals in life.

We cannot do this well with the little or no information we are given at the time they enter our home. This makes it difficult to prepare ourselves and our family mentally, physically and emotionally for a child when we don’t know what they are dealing with. We are given medical information such as vaccinations, allergies and tummy problems – why not mentally? Isn’t that the health and well-being of a child, too?

When we go to doctors, hospitals, therapists, day cares and schools, we are given a questionnaire to fill out on their health history. When it comes to mental health, most of this is blank because we do not know. How can these professionals help this child grow, learn and get healthy with no information?

Let me tell you about my David. He has been in the foster care system since he was two years old; he is now 12 years old. He has been in numerous foster homes, residential centers and facilities. He has been admitted to a mental health hospital almost every month due to his behaviors. We knew little of what he went through and very little in what he was dealing with. Because of the current law, we were not able to get access to the records to know the extent of his concerns. This information could have added years of correct therapies and services to start the healing process, rather than therapies and hospitalizations that did not meet his needs.
Because we are unable to access this important information due to the current law, children are not receiving the care they need. I am here today strongly supporting this bill to help the foster parent community in getting the information that they so desperately need to help take care of our kids. We are their advocates and their front line. Please help us to better help them. Thank you for your time, consideration and opportunity to share my thoughts and story.

AB 782 would increase transparency for the physician to share important treatment and medication information to help the foster parent best meet the child’s treatment needs and goals. This will prevent the child from suffering any adverse health outcomes and ensure foster parents, like Cathi, are able to wholly support the child’s behavioral and mental health.

Chairman Tittl and committee members, thank you again for the opportunity to testify in support of AB 782. If you have any questions, comments or concerns, please feel free to contact me via email at dwhelan@chw.org or via phone at 414-292-4170.