



MIKE ROHRKASTE

STATE REPRESENTATIVE • 55TH ASSEMBLY DISTRICT

Testimony on Assembly Bill 192 May 22, 2019

Mr. Chair and committee members, thank you for this opportunity to speak on behalf of Assembly Bill 192.

During the 2017-2019 budget process, Senator Darling and I worked on a provision to require the Department of Health Services to reimburse mental health professionals for clinical consultations they make regarding students up to age 21. These consultations include conversations and other communications with teachers and school staff regarding students' symptoms, strategies for care or intervention, and treatment expectations. Under the 2017-2019 budget act, the reimbursements for these clinical consultations will sunset on June 30, 2019.

AB 192 eliminates the sunset date, and it also broadens the scope of reimbursable clinical consultations to include consultations with the students' parents. Allowing reimbursements to continue and extending them to consultations with parents will not only improve access to these services by preserving incentives for consultations to occur, but parents also play an important role in their children's mental health, and increased parental engagement in the process will improve outcomes.

Other individuals will testify today and provide more details about the consultation process and the successes students have achieved as the result of improved access to mental health professionals, but I believe that investing in our children's mental health and addressing potential issues while they are still in school will pay off in the future.

Thank you for your consideration.

Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Medicaid Reform and Oversight

Assembly Bill 192

Wednesday, May 22, 2019

Thank you Chair Summerfield and committee members for taking the time to hear Assembly Bill 192. This bill continues our state's commitment to improving access to mental health care for kids.

According to the 2018 report by the Office of Children's Mental Health, 24% of young adults in Wisconsin have been diagnosed with a mental illness. Our state has passed several reforms that facilitate mental health professionals being able to provide care to students directly in schools. In the last budget, we expanded upon this initiative by creating a reimbursement code in our Medicaid program that enabled providers to receive reimbursements for consultations with school personnel. Unfortunately, this program was created as a pilot and is set to sunset on June 30, 2019.

Assembly Bill 192 removes the sunset date on this important program. Consultations with teachers ensure that classrooms are qualified to provide trauma informed care. Additionally, it ensures that teachers are prepared to help students achieve successful outcomes and adhere to their treatment plans.

In addition to removing the sunset on this program, Assembly Bill 192 expands the consultation reimbursement code to include consultations with parents. As parent engagement is incredibly important to successful outcomes for the student, it is key that they are apprised of their child's treatment plan, and that providers are able to be reimbursed for their work.

Thank you for taking the time to hear this important bill. I'd like to thank Representative Rohrkaste and the many advocates for mental health who have reached out in support of Assembly Bill 192. Wisconsin has been a leader in healthcare for our kids, and I hope I can count on your support for this initiative.



TO: The Honorable Members of the Assembly Committee on Medicaid Reform and Oversight
FROM: Julie Hueller, Manager of the Racine Collaborative for Mental Health
DATE: May 22, 2019
RE: Support for AB 192 – Mental Health Clinical Consultations for Students

Good Afternoon Chairman Summerfield and members of the Committee and thank you for the opportunity to speak with you today about AB 192 and the importance of mental health clinical consultation for students.

My name is Julie Hueller and I am the Manager of the Racine Collaborative for Mental Health and I oversee the operations of the School Based Mental Health Services at Racine Unified School District. I have over 30 years of experience working in the mental health field; starting my career as a psychiatric nurse to the lead administrator for behavioral health services in a healthcare system. I am also a board member of the Coalition for Expanding School-Based Mental Health in Wisconsin.

Racine Unified School District serves over 200 students per year in our 5 elementary level school based mental health clinics. An additional 200 students are being served in our community clinic that serves all children in our community grades K-12.

We would like to take this opportunity to encourage your support of Assembly Bill 192 that would remove the sunset of the mental health clinical consultation for students benefit under the Medical Assistance and expand the consultation definition to include consultation with parents.

Consultation is important because the ability to wrap services around the children in our community with the highest risk for developing serious mental illness is crucial. We need the presence of a clinical expert in the field of mental health to assist with complex cases as the result of toxic stress from our children living in poverty due to the higher than average adverse childhood experience and resulting trauma that our students bring into the academic setting. We need to have approaches for our students that provide a mechanism to address these complex issues in a supportive environment that involves school staff, parents, and the child. I believe having the mental health clinical consultation for students is an important benefit for a number of reasons – including the following:

- The ability to integrate treatment into the school setting is imperative. Having treatment providers and school staff talking and coordinating care is necessary for our

students so that everyone is on the same page with interventions for the students that are supportive and helpful and not re-traumatizing to the student.

- The mental health clinical consultation for students benefit should be expanded to include consultation with parents/caregivers. Children respond to the stress of the home environment by bringing their stress into the school environment. The model of mental health care needs to involve the parent/caregiver in order to assist with addressing issues within the home environment in the school environment is highly effective.
- Mental health clinical consultation between treatment providers and school personnel is critical to developing a quality integrative model of care. Our educators/administrative/student support teams need the assistance and guidance of a clinical expert to address the complex needs of our students. This approach should be supported as best practice.

I would like to share two stories of how mental health clinical consultation for students works using a Student Support Team Meeting and how an integrative model of care puts children at ease knowing they have their therapist down the hall in the school building.

- The clinical therapist in our school can now attend Student Support Team meetings to assist with working with the student support team to provide staff with support and education on how to best work with our students in the school setting. The ability of the clinical therapist to provide a high level of clinical knowledge assists the team to better understand the student's mental health needs as well as how to best support the student in their treatment. I have seen firsthand how the therapist is able to provide direct and specific treatment interventions for these students. With this level of consistency, our student support team is able to work together to provide a consistent approach to addressing underlying mental health issues.
- The second story involves how the clinical therapist supports students differently in the school environment. Students freely knock on the therapist's door to ask for mindful tools such as the mindfulness bottle used in the classroom to assist with self-soothing strategies to reduce the feelings of stress and anxiety. The teachers have been educated about the value that self-soothing strategies bring to the classroom setting from the clinical therapist. The teachers now support their students in using the mindfulness bottles in the classroom setting. The students have a new appreciation for this level of support to continue the work that is started in the clinic and now is bridged to the classroom.

Mental health clinical consultation allows for this type of support and understanding between the clinical and academic worlds to come together in support of what each child needs to be successful.

The continuation of clinical consultation and the expansion to cover parents is important to our ability to provide this kind of support and successful treatment to students throughout the state. We urge your support of AB 192.



TO: The Honorable Members of the Assembly Committee on Medicaid Reform and Oversight
FROM: Amanda Krzykowski, Director of Performance and Quality Improvement
DATE: May 22, 2019
RE: Support for AB 192 – Mental Health Clinical Consultations for Students

Good afternoon Chairman Summerfield and members of the Committee, and thank you for the opportunity to speak with you today about Assembly Bill 192 and the importance of mental health clinical consultation for students.

My name is Amanda Krzykowski, and I am the Director of Performance and Quality Improvement for Lutheran Social Services of Wisconsin and Upper Michigan (LSS). LSS is a nonprofit social-service organization serving families throughout Wisconsin.

LSS currently serves 75 students from 12 schools in the Menasha, Appleton, Two Rivers, Manitowoc and Milwaukee school districts. During the 2016-2017 school year, we provided services in an additional seven schools in the Sheboygan School District. Unfortunately, we were unable to continue serving students in that district due to the loss of external funding.

LSS would like to take this opportunity to encourage your support of AB 192 that would remove the sunset of the mental health clinical consultation benefit under the Medical Assistance and expand the consultation definition to include consultation with parents.

Consultation is important because it allows us to provide needed support to schools in serving students and families. In this last year, we have seen growing numbers of school staff reaching out to our therapists for consultation services, showing us how increasingly important that support is to them.

There are so many examples of how our school therapists' consultation support resulted in students getting the services they need, but I'll share just one with you today. A school we work with referred a student for outbursts and disruptive behaviors in the classroom. After the child was seen by our therapist, she recognized the student had Tourette syndrome, a neurological disorder characterized by repetitive and involuntary movements and vocalizations. Our therapist was able to recognize the symptoms and, because of the consultation code, was able to speak with school staff and administrators. As a result, the child has been seen by a

pediatrician who diagnosed the child with the disorder, and the school created an individualized education plan.

The continuation of clinical consultation and the expansion to cover parents is critical to our ability to provide this kind of support and successful treatments to students throughout the state. As the unfortunate situation in the Sheboygan School District showed, it is vital for agencies like ours to reduce our reliance on external funding sources that may change priorities and reduce our level of support, resulting in the elimination of needed programming. We urge your support of AB 192 so we can continue serving students in Wisconsin.



TO: Assembly Committee on Medicaid Oversight & Reform
FROM: Tracy Oerter, Director of Mental & Behavioral Health, Children's Hospital of Wisconsin
DATE: Wednesday, May 22, 2019
RE: Support for AB 192—School-based mental health clinical consultations

Good afternoon, Chairman Summerfield and members of the committee. My name is Tracy Oerter and I am the Director of Mental & Behavioral Health at Children's Hospital of Wisconsin. Thank you for allowing me this opportunity to testify today in support of AB 192, which relates to the school-based mental health consultation code

As you know, under recent current law, the Department of Health Services began reimbursing practitioners for clinical consultation time spent coordinating care and better supporting kids and adolescents covered by Medicaid who are struggling with mental and behavioral health challenges. This has been extremely valuable for school-based mental health providers like Children's; on average, more than 75 percent of students we care for in school settings are covered by Medicaid. Continuing reimbursement for this important clinical consultation, including the ability to reimburse communications with parents on their child's care, will better support school-based mental health providers in covering more of their costs to provide this valuable and much-needed care to some of our most vulnerable students. These smart investments to strengthen early interventions for children, like school-based mental and behavioral health care, help improve kids' health and well-being.

Children's mental health therapists have partnered with more than 30 schools around the state to offer services to children within the school setting to reduce common barriers to accessing care and increasing partnerships between therapists, teachers and parents. School-based mental health increases access to early intervention mental health services by treating the child or adolescent quickly after a concern has been identified in a comfortable, familiar setting. School-based care and treatment reduces the barriers of transportation, missed academic time, and stigma associated with obtaining mental health services. Through on-site partnerships with the school personnel, it allows for quicker consent for treatment and encourages collaborative care that places educators and mental health providers in the same location. Many school personnel recognize the value of having on-site mental health professionals, and in the last four to five years, have become very open to inviting external mental health providers into their schools.

I'd like to share stories from some of my colleagues about the importance of school-based clinical consultation.

School leadership in the Chippewa Valley has expressed how much they appreciate Children's providers for the high level of communication they have with educators and support staff in schools. The collaborative consultation involves the school staff in a way that best supports them through education and awareness regarding the child's behaviors, triggers and interventions to best support the child. A Chippewa Valley manager shared the story of a fourth grade boy who is seen in both clinic and school settings. He has a history of experiencing trauma and abusive behaviors at home, which sometimes caused the boy to react to certain triggers by imitating aggressive behaviors. His therapist worked with him to cope with his feelings and better self-manage his behaviors. She also worked with the school staff to help them to better understand the underlying root causes of his behaviors and helped create a supportive environment around the student. He was no longer displaying aggressive behaviors and was successful in school. This collaborative and supportive environment fostered by his Children's therapist played a crucial role in the student's ability to be safe and successful in school.

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A therapist from our school-based clinics in Madison shared the story of a student whose negative interactions and dangerous behaviors in school were drastically impacting their well-being and ability to learn academically. The student was unable to stay in the classroom, often displaying aggressive physical behavior and running out of the classroom – leaving their needs unmet and taking the teacher away from the other classmates. Our Children’s therapist was able to explore the motivation behind the student’s behaviors and then worked with the school staff on a collaborative approach to better care for the student. She was able to provide the time and assistance for the student and school staff to be successful by providing improved coping skills and strategies for the student and providing a common language to all who were interacting with the student. The therapist’s consultation with other school staff team members ultimately helped reduce the child’s outbursts and provided the child with an environment where they can continue to grow and thrive.

A therapist at our Kenosha Clinic shared that one of her clients, an 11-year-old boy, had an early childhood history of trauma including abuse, neglect and loss; he had been to multiple schools in different states and had been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD). When the child experienced feelings of shame or fear with adults or with his peers, he engaged in disruptive and aggressive behaviors. He was suspended frequently and missed several days of school – losing critical academic and social development time.

The child’s therapist spent time meeting with the child’s teacher to better understand symptoms at school and helped explain the rationale for the child’s behavior. The mental health provider, educators and the parent were able to work collaboratively to create trauma-informed plans and interventions that built upon his strengths and helped stabilize his school environment. The child has not been suspended since this collaboration began last fall, he hasn’t had any physical altercations with his peers and he has shown academic gains across the board – including gaining nearly three grade levels in reading. Now, the child’s behaviors are better understood and treated with appropriate interventions; his mental health, self-esteem, and relationships have all improved.

While Children’s staff have always performed the collaboration and consultation needed to optimize care for our clients, historically, funding and time constraints have been prohibitive for supporting mental health providers to collaborate with their clients’ educators to the full extent needed. Now, mental health providers are better supported to dedicate time and resources to work collaboratively with schools to create consistent, systemic interventions.

Chairman Summerfield and committee members, I thank you again for the opportunity to share my colleagues’ stories and testify in support of AB 192 I am happy to answer any questions now. If you have any questions, comments or concerns after the hearing, please feel free to contact me via email at toerter@chw.org or via phone at 414-266-2912.

As you know, Children’s Hospital of 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 Hospital 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.



TO: The Honorable Members of the Assembly Committee on Medicaid Reform and Oversight
FROM: Linda A. Hall, Executive Director
DATE: May 22, 2019
RE: **Support for Assembly Bill 192 – Mental Health Clinical Consultations for Students**

Thank you for the opportunity to provide testimony in support of Assembly Bill 192 to remove the June 30, 2019 sunset date on Mental Health Clinical Consultations for Students and to allow therapists to consult with students' parents.

WAFCA is a statewide association that represents over fifty child and family serving agencies and leaders in the field and advocates for the more than 250,000 individuals and families that they serve each year. Our members' services include family, group and individual counseling; substance use treatment; crisis intervention; outpatient mental health therapy; and foster care programs, among others.

The mental health clinical consultation provisions passed by the Legislature in the 2017-19 biennial budget have generated improved classroom functioning of students in therapy through coaching of teachers on how to support these students. Therapists help teachers and other school professionals understand the students' mental illness, triggers to problem behaviors, strategies to help students calm, and how to support their treatment plans.

When Medicaid defined who therapists could consult with, they declined to include parents. AB 192 would allow mental health professionals to engage parents in their students' treatment through consultation. Assisting parents in understanding their child's illness and treatment plan and then instructing them on how to support the treatment plan at home dramatically increases the effectiveness of the plan. Attached to this testimony are examples of consultation stories from school mental health therapists around the state.

A second, important feature of AB 192 is that it would allow these critical consultations to continue beyond June 30, 2019, the statutory sunset date for clinical consultations for students.

Today, we have four representatives of school mental health programs who will discuss how clinical consultations improve treatment and share stories of these services leading to successful outcomes for students in the schools they serve.

We urge your support for AB 192 and thank you for your time and consideration.

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**School-Based
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Student Mental Health Consultation Successes*

Consultation with Teacher Results in Student Staying in Class and Engaging

An elementary school student receiving mental health therapy at her school is benefitting greatly and making significant progress in treatment. A southeastern Wisconsin therapist has been able to consult and collaborate regularly with the classroom teacher because of the new consultation billing code. The student was leaving the classroom and refusing to return almost daily. After a few appointments with the student and consultation with the teacher this behavior has noticeably improved. If she leaves the classroom at all, it occurs only a couple of times a week as opposed to daily, but the biggest improvement is that when she leaves, she always returns!!! The child's parents still need to make lots of changes in order to help this child, but the gains in her school behavior are a notable improvement.

Addressing a Crisis Situation for Student's Safety

Using the consultation code, the school staff and mental health professionals are able to work together to identify triggers and provide continuity of care. The mental health professionals provide strategies to teachers that can be utilized in the classroom. One specific example that was provided was a crisis situation where a student showed high anxiety in the classroom. The student's response to the anxiety was to self-harm to the extent that she required stitches. In this situation, the consultation code allowed the school counselor and teachers to be coached on the child's anxiety related symptoms, as well as how to implement strategies they could use when the student was experiencing those symptoms. The consultation resulted in success for the school staff and student. This school-based mental health therapist in the northeast area reported overall success using the consultation code specifically when working with challenging kids and getting a picture of what is happening and what the child would most benefit from.

Improving Connections with Families to Better Serve their Children

One school described a situation where a student's mom became very upset with the school staff and was yelling at them. The therapist was able to work one-on-one with the parent to figure out what was going on in her life that caused her to react this way. During their meeting they were able to develop a plan to assist the mom with her needs to improve the outcome of her situation. This relationship building enhanced work with the mom on her student's challenges.

The therapist also reported using consultation to work with many school staff members such as teachers, administrators, hall monitors, and kitchen staff to educate them on working with students that experience dysregulation and require redirection throughout their day.

Increasing Trauma Awareness and Best Practice

One student with a suspected trauma history was suffering from illusions and hallucinations. The teacher was not aware of the student's history. With consultation, the therapist was able to convey this information to the teacher. This allowed the school and therapist to be on the same page, which was especially helpful, since the parent was reporting different behaviors to the teacher and therapist. Therapists in this school have noted that teachers are very open to the feedback and feeling more supported.

A statewide coalition whose mission is to advance and support expanded, comprehensive and integrated mental health services within the school setting through school, home, and community partnerships.

Quality of Services Increasing

A school-based mental health manager in southeast Wisconsin notes that with the consultation code, the quality of service has increased and more parents are accessing services. Teachers and school staff are now, with the direction of the therapist, able to support the practices and language students learn in therapy. Teachers see great benefit from the consultation time.

Supporting Teachers with Students with High Needs

In a southcentral school district, school professionals and mental health providers are trying to focus on when problematic behaviors tend to manifest. The consultation time allows mental health professionals to work with teachers to build skills to address the problem behaviors in the classroom. Teachers report that prior to receiving consultation support they were spending 50% of their time with one student, causing feelings of failure for the teacher when they are unable to balance their time with all the students in their classrooms. The consultation also allows the mental health professional to be a liaison between all stakeholders in the child's life.

Increasing Awareness Amongst Teachers and Staff

For a child with ADHD, his therapist made a Velcro band that was used as a sensory tool and worked with the student's teacher on when to make this tool available to the student and how to identify signs that the child was in need of a sensory experience. This child was able to be more successful in the classroom due to having those supports in the classroom.

Addressing Harmful Behaviors with Appropriate and Effective Interventions

Consultation time allowed teachers and school staff to function as a team unit and to communicate with the family of a student with harmful behaviors. As part of the plan the therapist worked with lunchroom staff on how to appropriately intervene with the student without embarrassing him. Teachers and staff are feeling more comfortable intervening with the skills learned during consultation time.

Identifying Autism as a Possible Factor in Classroom Behaviors

A middle school student who was viewed as harmful and struggling with explosive behaviors, such as throwing chairs, was referred to the school-based therapist. After working with the child, the therapist suspected Autism Spectrum Disorder (ASD). The therapist provided education on the disorder and helped school staff shift their perspective to considering that the explosive behaviors were related to the child's disability. The therapist suggested classroom changes to help the child. The therapist also talked with the parent about the possibility of an assessment for the suspected ASD.

Treatment for Previously Undiagnosed Disorder Resolved Classroom Behavior

A southeastern Wisconsin school elementary student with an existing diagnosis of ADHD was referred to the school therapist for therapy / additional support. The teacher described the child as emotional in class. The therapist noticed the child presented with what she believed to be anxiety-induced vocal and motor tics. The therapist talked with the parent, who followed up with a neurology appointment. The child received a diagnosis of Tourettes. With treatment for Tourettes and the teacher's understanding of the source of the verbal outbursts and repetitive movements, the student is feeling better and the classroom is calmer.

**To protect the identity of students, in these real consultation examples, school locations have been removed.*

A statewide coalition whose mission is to advance and support expanded, comprehensive and integrated mental health services within the school setting through school, home, and community partnerships.



TO: The Honorable Members of the Assembly Committee on Medicaid Reform and Oversight
FROM: Daniel Baran, MA, CSAC, ISC – Director Professional Services Group
DATE: May 22, 2019
RE: Support for AB 192 – Mental Health Clinical Consultations for Students

Good Afternoon Chairman Summerfield and members of the Committee. I would like to thank you for the opportunity to speak with you today about AB 192 and the importance of mental health clinical consultation for students – something I view as critical to the provision of effective outpatient treatments for children, youth, and families.

My name is Dan Baran. I am a founding member of the Coalition for Advancing School-base Mental Health in Wisconsin. I am also a founding director of Professional Services Group, a multi-service treatment and social service agency with over 450 employees operating in 15 counties across the state. PSG currently provides SBMH services in 65 schools in 4 counties and has worked with over 1200 students ages 4-18 in our school-based clinics this past school year.

We are asking you to support Assembly Bill 192 that would remove the sunset of the mental health clinical consultation benefit under the Medical Assistance and expand the consultation definition to include consultation with parents.

I believe mental health clinical consultation for students is an important, even essential benefit for a number of reasons – including the following:

- Treatment providers and school personnel (teachers, administrators, professional student support staff) must talk with each other; to coordinate their actions/interventions and to make sure that everyone is in agreement on the best ways to approach the student, to support the student, to encourage and intervene with the student, and to advocate for the student.
- The mental health clinical consultation benefit should be expanded to include consultation with parents/caregivers. Children (especially young children) are

barometers for what is going on in their families. Good treatment work between a child and a therapist – done in isolation is just that – isolated and only partially effective.

- In the treatment community – clinical consultation between treatment providers and school personnel is considered best practice – but, has rarely been viewed as a billable activity. In our current fee for service – service delivery system – the majority of treatment providers are considered independent contractors who only get paid a portion of what they earn. As a result – their ability to consult with their school colleagues is limited. Simply stated – clinical consultation that is strictly pro bono cannot be sustained.

If I can – I would like to leave you with a story concerning a 7th grade student in one of our K-8 schools. The student – we'll call him Jason -- was a 13-year-old male who originated from a family that was experiencing a significant amount of turmoil and stress due in large part to the ongoing conflicts between his parents. Jason began exhibiting a number of behavioral problems in school including truancy – mostly in-building/wandering the halls, disrespect for authority, and both physical and verbal fights with his peers. As a result he began accumulating office disciplinary referrals (ODR's) and in-school and out of school suspensions. Because his behaviors were so far afield from his norm – the school counselor decided to seek parental permission to refer Jason to the School Based Mental Health clinic. Jason took to counseling fairly quickly and built a trusting relationship with his therapist. He and his therapist worked closely with the school counselor and his teachers to identify the best ways to approach him when he needed to be re-directed and to be aware of/take into consideration the stress he was under because of the dissolution of his parents' marriage. As a result – he made some progress at school but continued to have blow-ups in the classroom (although less frequently). He also made some improvement academically but was still truanting occasionally. The "missing piece" appeared to be the lack of involvement and support from home.

Because the therapist was limited in her ability to reach out to Jason's parents and because both parents worked – only minimal input and support was gained from them. What the therapist was able to secure was a commitment from the parents to monitor how they conducted themselves around Jason and to check in frequently with their child and with the school to see how he was doing. This served to motivate him to do better. And, because the school staff were more cognizant of the fact that Jason's "behaviors" were caused (in part) by the stress he was experiencing at home – they were willing to work with the school-based therapist, Jason and Jason's parents to find alternate ways to address missteps and encourage positive change.

We urge your support of AB 192.