



JIM STEINEKE

MAJORITY LEADER

STATE REPRESENTATIVE • 5th ASSEMBLY DISTRICT

(608) 266-2401
Toll-Free: (888) 534-0005
Rep.Steineke@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Testimony on Assembly Bill 644

Relating to: creating a school-based mental health consultation pilot program
Assembly Committee on Mental Health
December 17, 2019

Dear Chairman Tittl and members,

Thank you for the opportunity to come before your committee today to discuss Assembly Bill 644.

As many of you know, Wisconsin is facing a serious shortage of mental health providers, especially for our youth. According to a report by the Office of Children's Mental Health (OCMH), an estimated 21% of Wisconsin's children have a mental illness. OCMH also found that Wisconsin ranks 42nd in the nation for youth access to mental health care. These statistics are troubling, and they show a clear need for additional youth mental health resources in Wisconsin.

To help address this need, Senator Darling and I created the Child Psychiatry Consultation Program (CPCP). The CPCP is operated by the Medical College of Wisconsin (MCW) in partnership with Children's Hospital, and assists healthcare providers by offering enhanced care to children and adolescents with mild or moderate mental health care needs. Instead of waiting weeks or months to see a specialist, the program helps to provide children with access to the care they need immediately.

The program has proven to be very successful and has helped to provide over 1,800 consultations to patients, with 90% of the 457 providers who utilize the program reporting satisfaction. Because of the success of the program, Senator Darling and I worked with our legislative colleagues through the budget process to expand the program to all corners of the state.

But, as we know, there is always more work to be done. In discussions with MCW and local school districts, we have worked to draft AB 644, which would create a school-based mental health pilot program in Outagamie County. The program would be operated by MCW, and be funded through DHS at a cost of \$175,000 annually. It would also provide services similar to the CPCP with the main distinction being that this service would be for school personnel who may be assisting a student with mental health needs. This may include a school nurse, counselor, social worker, physical therapist, superintendent, or principal among others. Education to school staff would also be provided through the program. This legislation continues on the success of the CPCP, and if successful, would hopefully be replicable in school districts across the state.

Chairman Tittl, again, I appreciate the opportunity to testify before the committee on this important legislation. At this time, I'd be happy to answer any questions you or the members of the committee may have.

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

Testimony before the Assembly Committee on Mental Health

Assembly Bill 644

December 17, 2019

Thank you Chair Tittl and committee members for taking the time to hear Assembly Bill 644. This bill provides innovation in school based mental health.

According to the 2018 report from the Office of Children's Mental Health, 24% of Wisconsin young adults have been diagnosed with a mental illness. The same report also showed that we rank 42nd in the nation in access to mental health services. Assembly Bill 644 will help train school personnel how to address the mental health concerns of students and will consequently deliver more services to children in schools.

Assembly Bill 644 creates a pilot school based mental health consultation program. This program is modeled after Wisconsin's successful Child Psychiatry Consultation Program, which connects primary care physicians with child psychiatrists. Similarly, the program in the bill will connect certain school personnel with qualified mental health professionals. Through this consultation, school personnel will be educated on how to manage mental health concerns in the classroom, appropriately refer complex cases, and will also be able to access educational training seminars.

The consultation model utilized in the bill has a proven success record in our state and nationwide. It is instrumental in educating more providers, overcoming the shortage of child psychiatrists in our state, and ensuring that children have access to high quality care. It is crucial that our schools can be a ground to deliver mental health services to youth. Assembly Bill 644 is an innovative solution to train school staff, reduce stigmas surrounding mental health, and help students succeed in school.

I'd like to thank Representative Steineke and Senator Roth for their leadership on this issue. I would also like to recognize Children's Hospital and the Medical College of Wisconsin for their continued partnership on youth mental health consultations. I hope to count on your support for this initiative.



TO: The Honorable Members of the Assembly Committee on Mental Health

FROM: Jon A. Lehrmann, MD
*Charles E. Kubly Professor in Psychiatry and Behavioral Medicine
Chairman and Professor
Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin*

DATE: December 17, 2019

RE: Testimony in Support of Assembly Bill 644, Creating a School-based Mental Health Pilot Consultation Program within Wisconsin's Child Psychiatry Consultation Program

MCW respectfully requests your support for Assembly Bill 644 (AB 644), legislation creating a school-based mental health pilot consultation program within Wisconsin's Child Psychiatry Consultation Program (CPCP). The pilot will provide school-based mental health consultations, educational resources, and in-depth case consultations to school districts located within Outagamie County. The program is structured to be administered within the state's CPCP, in order to leverage the existing infrastructure already in northeast Wisconsin.

Given the role of the CPCP in administering this pilot program, I would like to take this opportunity to provide additional background information on the CPCP to provide context for this pilot. Wisconsin's CPCP is currently operated by the Medical College of Wisconsin, through an annual contract with the Wisconsin Department of Health Services. The program provides primary care providers with immediate, free-of-charge mental health consultations for their pediatric patients, community-based mental health referrals, and ongoing educational programs for primary care providers.

For example, primary care providers call our triage support, describe the issue, and receive a call back within 15-30 minutes, or at a time that is convenient. These free-of-charge consultations guide providers through their care decisions, and also outline community-based resources that may be available to their patients locally. Additionally, the ongoing, long-term educational resources provided by the CPCP help providers enhance their skill set to work with children with mental health concerns.

The CPCP began as a private, philanthropically funded pilot program at MCW, and through state funding has now grown to cover over half the state through the support of Wisconsin's policymakers. Since becoming operational in 2015, the CPCP has provided over 3,000 consultations and over 1,200 hours of education. Over 750 providers are enrolled, making CPCP consultations available to approximately 250,000 Wisconsin children. 94% of participants report satisfaction with the program.

On the heels of the CPCP's successful outcomes, Representative Steineke asked MCW to consider how this model could potentially be used in schools. Since then, MCW has been working with Rep. Steineke and school districts in Outagamie County to develop the outline for this pilot program. MCW conducted

a needs assessment survey of the school districts within the county. We received over 1,500 survey responses from a wide range of school personnel. Not surprisingly, the surveys indicated that mental health challenges are significant concerns within the schools.

School nurses stated they do not feel properly prepared to work with students exhibiting aggressive behaviors, whereas counselors and psychologists are more comfortable handling these situations. Conversely, the school counselors feel less comfortable addressing substance abuse issues, eating disorders, and psychotropic medications, but the school nurses express more confidence with these particular disorders.

Throughout this process, we focused on three key service areas of need:

- 1) Phone and email consultations for school nurses (and their proxies)
- 2) Education sessions for school staff, featuring the topics of highest interest
- 3) In-depth case consultations with a child psychiatrist and a pediatric psychologist at an identified school, with other schools invited to join or call-in.

In closing, I wish to highlight the mental health crisis we are grappling with in Wisconsin:

- A recent Kaiser study ranked Wisconsin 49th of 50 states, meeting just under 21% of the state's mental health needs.
- The Wisconsin Department of Health Services found that 68 of Wisconsin's 72 counties have inadequate psychiatrists to meet communities' needs.
- Even worse for children, 49 of Wisconsin's 72 counties do not have a child psychiatrist.
- A *Milwaukee Journal Sentinel* analysis of 2016 workforce data "found that Wisconsin is worse than most states in its per-capita workforce of all types of mental health professionals: nurses, social workers, psychologists and psychiatrists."
- Less than 20% of children and adolescents with diagnosable mental health problems receive needed treatment.

These data points do a good job highlighting Wisconsin's deficiencies, but they don't fully capture the staggering and tragic impact on human life:

- Suicide is the second leading cause of death among 15-24 year olds.
- Young people between the ages of 15 and 24 have the highest rate in Wisconsin of hospitalizations and emergency room admissions for self-inflicted injuries.
- People with severe mental illnesses are over 10 times more likely to be victims of violent crime versus the general population.
- Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

MCW is proud of the impact the CPCP is having to improve mental health outcomes for children and adolescents in Wisconsin, and by creating a pilot program as outlined within AB 644, we will be able to test how this model may be effectively used in schools.

Thank you for your time and consideration. If you have any questions following the conclusion of today's public hearing, please do not hesitate to contact Nathan Berken, Director of Government Relations at 414.955.8217, or nberken@mcw.edu.

To: Members of the Assembly Committee on Mental Health
 From: Mary Downs, President & CEO, Catalpa Health
 Date: December 17, 2019
 Re: Feedback on AB 644

Catalpa Health, with headquarters in Outagamie County, is a pediatric mental health agency created in collaboration with Ascension Wisconsin, ThedaCare, and Children's Hospital of Wisconsin to address the growing mental health needs of the Fox Valley community that none of the health systems could accomplish alone.

In our first 7 years as an organization we have achieved the following goals:

Goal	2013	2019
Serve more children	4,500	Over 9,100
Increase # of psychiatric providers	3	7
Improve access to therapy	60 days	8 days
Improve access to psychiatry	56 days	28 days
Improve access through expanded clinic sites	1	3 clinics + 53 schools
Increase # of therapists	13	36
Engage community – number of donors	251	375
Engage community in giving		Over \$8M since formation
Quality measured by ACORN (A Collaborative Outcomes Resource Network with the mission to improve treatment outcomes)		Top 20% nationally – a National Center of Excellence

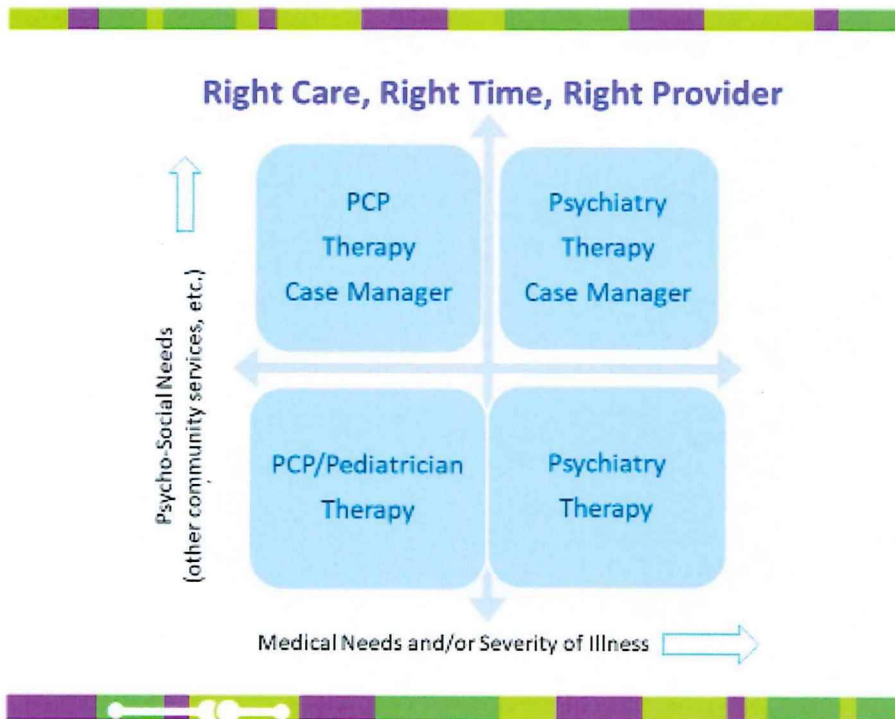
As a service provider in 53 schools, several of which are in Outagamie County, we know the importance of providing mental health services in schools, and appreciate the emphasis on children's mental health by Representative Steineke, The Medical College of Wisconsin, and local school districts in the county in providing the much-needed resources for children in our community. Providing care in schools helps remove transportation, scheduling, and some financial barriers faced by children and their families.

Assembly Bill 644 will provide consultation to school personnel. In addition to direct service to children in the school, we agree that consultation and education can help school personnel deal more effectively with children who have mental health concerns. We currently provide consultation in the schools we serve – we have found great success, especially when the therapist knows the child.

We also support the MCW's current CPCP program as a way to help build the competence and confidence of primary care providers as they work with children who have mental health issues.

Our goal at Catalpa is to provide the right care at the right time with the right provider. Given the shortage of mental health professionals in Wisconsin, it is vital to apply the skills and expertise of our human resources in the most efficient and effective manner possible. Accordingly, the only patients who see our psychiatric providers

(physicians and advance practice nurse practitioners) are those children who require medication. The vast majority of the children we serve see mental health therapists for their emotional and behavioral concerns. If Assembly Bill 644 passes, **we suggest that the consultation provided through this model be provided by mental health therapists rather than psychiatrists when medication consultation is not required.** Mental Health therapists (ie. Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Clinical Social Workers) have extensive training in diagnosing and treating mental health issues with an emphasis in non-pharmaceutical treatment options. Utilizing mental health therapists would also allow our state psychiatric talent to provide much needed direct service to children who need care, or to help PCPs thru the existing CPCP program.



In addition, we suggest:

- Using a program a name other than CPCP to avoid confusion with the existing program
- Integrating this with existing or future DPI funding for mental health
- Providing funding for existing school-based mental health therapists to have time to consult with school personnel

Thank you for allowing me the opportunity to testify on AB 644.