

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

Testimony before the Senate Committee on Health and Human Services

Senate Bill 177

Wednesday, October 23, 2019

Thank you Chair Testin and committee members for taking the time to hear Senate Bill 177. 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 2015-17 budget, we created a pilot reimbursement code in our Medicaid program that enabled providers to receive reimbursements for consultations with school personnel regarding a student's care. In the 2017-19 budget, we removed the sunset on this program to ensure that providers can continue this service.

Senate Substitute Amendment 1 for Senate Bill 177 expands this consultation program to include consultations with a child's parent. Parent engagement is incredibly important to successful outcomes for the student. Therefore, it is key that parents 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 Senate Bill 177. Wisconsin has been a leader in healthcare for our kids, and I hope I can count on your support for this initiative.



# MIKE ROHRKASTE

STATE REPRESENTATIVE • 55<sup>TH</sup> ASSEMBLY DISTRICT

## **Testimony on Senate Bill 177 October 23, 2019**

Mr. Chair and committee members, thank you for this opportunity to speak on behalf of Senate Bill 177.

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 were to sunset on June 30, 2019.

The 2019-2021 budget act, 2019 Act 9, eliminated the sunset date and provided funding for the clinical consultation reimbursements going forward. SB 177, as amended by Senate Substitute Amendment 1, broadens the scope of reimbursable clinical consultations to include consultations with the students' parents, which for the bill's purposes include foster parents, guardians, and other relatives who live in students' households. Reimbursing mental health professionals for clinical consultations with parents will not only improve access to these important 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. SSA 1 to SB 177 also includes an appropriation that reflects the estimated cost of expanding reimbursements to parental consultations.

Other individuals may 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.



**TO:** The Honorable Members of the Senate Committee on Health and Human Services  
**FROM:** Daniel Baran, MA, CSAC, ISC – Director Professional Services Group  
**DATE:** October 23, 2019  
**RE:** Support for SB 177 – Mental Health Clinical Consultations for Students

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Good Afternoon Chairman Testin, Vice-Chair Kooyenga, and members of the Committee. I would like to thank you for the opportunity to speak with you today about SB 177 and the importance of including parents in the description of who can be consulted with regarding the mental health clinical treatments provided to their school aged children.

My name is Dan Baran. I am a founding member of the Coalition for Advancing School-based Mental Health in Wisconsin. I am also a founding director of Professional Services Group, a multi-service treatment and social service agency with over 500 employees operating in 15 counties across the state. PSG currently provides SBMH services in 70+ 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 Senate Bill 177 that would allow parents to be included in the mental health clinical consultation benefit under the Medical Assistance.

I believe mental health clinical consultation for students is an important, even essential benefit for our students. I also believe that parents should be included in the list of individuals who the clinician can interact with regarding the student. Specifically, I believe it is imperative that parents be included for a number of reasons – including the following:

- 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.
- Treatment providers must be able to talk with parents and school personnel (teachers, administrators, professional student support staff); 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.

- In the treatment community – clinical consultation between treatment providers and parents 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 – most treatment providers are considered independent contractors who only get paid a portion of what they earn. As a result – the clinicians’ ability to consult with the students’ parents as well as their school colleagues is limited. Simply stated – clinical consultation that is strictly pro bono cannot be sustained.



TO: The Honorable Members of the Senate Committee on Health and Human Services  
FROM: Kathy Markeland, Executive Director  
DATE: October 23, 2019  
RE: **Support for Senate Bill 177 – Mental Health Clinical Consultations for Students**

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Thank you for the opportunity to provide testimony in support of Senate Bill 177 to provide supportive funding for the time that therapists invest in consultation 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. Many of our member agencies are engaged in collaborations with local schools to increase access to mental health therapy for students in schools and work with school professionals to improve the learning environment for all.

The mental health clinical consultation provisions passed by the Legislature in the 2017-19 biennial budget have contributed to improved classroom functioning for students in therapy through teacher coaching and in-classroom observation and support. School-based therapists help teachers and other school professionals understand a student's mental illness, triggers to problem behaviors, strategies to help students calm, and how to support their treatment plan.

When Medicaid defined who therapists could consult with, they declined to include parents. SB 177 would provide funding support for mental health professionals as they invest time engaging parents in their student's treatment. 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.

Today, we have two 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 SB 177 and thank you for your time and consideration.



Coalition for Expanding  
**School-Based  
Mental Health**  
— in Wisconsin —

## **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.*

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**TO:** Senate Committee on Health & Human Services  
**FROM:** Tracy Oerter, Director of Mental & Behavioral Health, Children's Hospital of Wisconsin  
**DATE:** Wednesday, October 23, 2019  
**RE:** Support for SB 177—School-based mental health clinical consultations

Chairman Testin 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 provide written comments in support of SB 177, 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 nearly 50 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 and parents, 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.





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. Receiving reimbursement for critical time spent with school staff and parents better supports mental health providers to dedicate time and resources to work collaboratively with schools and parents to create consistent, systemic interventions.

Chairman Testin and committee members, I thank you again for the opportunity to share my colleagues’ stories and share written comments support of SB 177. If you have any questions, comments or concerns after the hearing, please feel free to contact me via email at [toerter@chw.org](mailto: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.*