



## Alberta Darling

Wisconsin State Senator · District 8

Testimony on Senate Bill 916

Thursday, February 17, 2022

Thank you Chair Testin and committee members for hearing Senate Bill 916. This bill capitalizes upon Wisconsin's successful Child Psychiatry Consultation Program and creates an innovative pathway to serve our state's mental health needs.

On average, one person dies by suicide every 9 hours in Wisconsin. While mental health services are critically needed to by our constituents, Wisconsinites face serious obstacles to accessing mental health care. According to the Kaiser Family Foundation, Wisconsin ranks 40<sup>th</sup> out of 50 states in meeting psychiatry needs, with only 23.5% of the need met. This ranking is sadly unsurprising given that 55 of Wisconsin's 72 counties have a psychiatrist shortage according to a 2018 survey done by the Wisconsin Policy Forum.

In 2015, the Wisconsin Legislature took steps to counteract the shortage of psychiatrists when we funded the Child Psychiatry Consultation Program (CPCP). The CPCP connects primary care physicians with child psychiatrists to consult on youth mental health cases. Of those seeking care, 44% of youth visit their primary care physician as their first entry into the mental health care system. The CPCP prioritizes educating and supporting primary care physicians by connecting them with child psychiatrists. The program, operated by the Medical College of Wisconsin, has been expanded in every budget since 2015. It currently operates statewide with a budget of \$3 million per year.

Senate Bill 916 creates the mental Health Consultation Program (MHCP). Senate Bill 916 utilizes the existing structure and success of the CPCP to serve the breadths of mental health in our state, including perinatal, child, adult, geriatric, pain, veteran, and general mental health services. Like its predecessor, the MHCP will have three primary aims: education, consultative support, and community resource referrals. The MHCP will be tasked with providing online educational seminars on mental health for participating providers. In practice, this will be a way for primary care physicians to stay up to date on the latest trends and treatments in mental health care. The MHCP will also provide a single location for comprehensive consultations on mental health cases for primary care physicians. Finally, the MHCP will be able to provide additional recommendations for community referrals as needed for cases. Senate Bill 916 appropriates an additional \$2 million per year for the creation of the MHCP.

Senate Bill 916 is an innovative solution to serve more constituents' mental health needs and better prepare our primary care providers to face the emerging mental health concerns in our communities. I'd like to thank the Medical College of Wisconsin for their work on the frontlines of mental health and for their desire to keep progressing forward. Thank you for taking the time to hear Senate Bill 916. I hope to count on your support for this initiative.



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## Testimony on Senate Bill 916

*Senate Committee on Health*

*Thursday, February 17, 2022*

Chairman Testin and members,

Thank you for the opportunity to come before your committee today to discuss Senate Bill 916.

As many of you already know, Wisconsin continues to face a serious shortage of mental health providers. At the same time, many Wisconsinites have reportedly been diagnosed with some form of mental illness. To put this into perspective, a recent Kaiser study ranked Wisconsin 49<sup>th</sup> of 50 states, meeting just under 21% of the state's mental health needs. Additionally, the Wisconsin Department of Health Services (DHS) found that 68 of Wisconsin's 72 counties have inadequate psychiatrists to meet communities' needs. These statistics show a clear need for additional mental health services for Wisconsin.

To help address this need, Senator Darling and I created the Child Psychiatry Consultation Program (CPCP) through 2013 Act 127. The CPCP 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.

Since its inception, the CPCP has proven to be very successful in assisting both primary care providers and their patients. The program, operated by the Medical College of Wisconsin, allows providers to receive consultations on youth mental health cases and also provides educational seminars on mental health. In fact, the CPCP has provided over 4,600 consultations for patients, with 90% of the 1,115 providers who utilize the program reporting satisfaction. The most recent budget funded the statewide expansion of the program.

Senate Bill 916 builds off the success of the CPCP program by creating a comprehensive Mental Health Consultation Program for Wisconsin (MHCP) and further expands mental health care in our state. The MHCP would be a resource for primary care providers throughout the state for services related to perinatal, child, adult, geriatric, veteran, and general mental health consultation services. In addition to those services, the MHCP would provide education, consultative support, and community resource referrals for primary care physicians.

Furthermore, the program appropriates an additional \$2 million GPR per year beginning in the second year of the biennium to fund the expansion of the program. This initiative is an innovative solution to serve more constituents' mental health needs and better prepare our primary care providers to face the emerging mental health concerns in our communities.

Chairman Testin, again, I appreciate the opportunity to submit testimony before the committee on this important legislation.



**TO:** Honorable Members of the Senate Committee on Health

**FROM:** Christina L. Wichman, DO  
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*Vice Chair of Education, Department of Psychiatry and Behavioral Medicine*  
*Medical Director, The Periscope Project*  
*Director, Women's Mental Health*  
*Program Director, Consultation-Liaison Psychiatry Fellowship*  
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Rosa Kim, MD  
*Medical Director*  
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*Assistant Professor, Child & Adolescent Psychiatrist*

**DATE:** February 17, 2022

**RE:** Please Support SB 916, Creation of the Wisconsin Mental Health Consultation Program

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The Medical College of Wisconsin (MCW) strongly supports Senate Bill 916 (SB 916), legislation creating the Wisconsin Mental Health Consultation Program. MCW appreciates bill authors Senator Alberta Darling and Representative Jim Steineke's advancing this legislation, which will build upon the statewide infrastructure of the Wisconsin Child Psychiatry Consultation Program (CPCP) to deliver comprehensive mental health consultation services across the entire spectrum of patient populations throughout Wisconsin. MCW also thanks Chairperson Testin and Members of the Senate Committee on Health for considering this important legislation today.

Wisconsin faces a tremendous mental health crisis. To put the severity into perspective, a recent Kaiser study ranked Wisconsin 49<sup>th</sup> of 50 states, meeting just under 21% of the state's mental health needs, and the Wisconsin Department of Health Services (DHS) found that 68 of Wisconsin's 72 counties have inadequate psychiatrists to meet communities' needs.

The COVID-19 pandemic has only exacerbated the mental health crisis. In November 2021, the American Psychological Association reported that since the onset of the pandemic, rates of anxiety and depression have risen four-fold versus 2019 levels. In 2019, less than 10% of adults reported symptoms of anxiety and/or depression, but from April 2020 (pandemic onset) through August 2021, adults reporting anxiety symptoms ranged between 28%-37%, and rates of depression ranged from 20%-31%.

Wisconsin DHS has estimated our State is short 220 psychiatrists. Psychiatry is a broad field, and psychiatrists can specialize in several subspecialty areas including geriatric psychiatry, child and adolescent psychiatry, addiction psychiatry, consultation liaison (also called psychosomatic psychiatry), and forensic psychiatry. Perinatal psychiatry, Developmental and Intellectual Disability Psychiatry, Pain

Management, and Veteran psychiatry are also nuanced specialized areas of psychiatry. Across our State, there are even greater shortages of psychiatrists with these added areas of expertise.

In 2018, the University of Michigan School of Public Health Behavioral Health Workforce Research Center estimated that a majority of Wisconsin counties do not have a single Child and Adolescent Psychiatrist, and even worse, over 60 Wisconsin counties do not have a single Geriatric Psychiatrist.

The lack of mental health providers places enormous strain on primary care providers and their teams. Although family physicians, internal medicine physicians, pediatricians and other primary care providers do receive residency training related to mental health, these providers often state that this training is limited, as psychiatry is not a focus of primary care.

This is highlighted by the fact that the Wisconsin CPCP often receives requests asking about the age cut-off for the program. Primary care clinicians would like to be able to better serve their young adult and other adult populations as well. Similarly, The PERISCOPE Project, which provides consultation services to OB-GYN providers related to pre and postpartum women, also receives requests for women who are of reproductive age but are not pregnant.

**Our mental health teams are hearing loudly and clearly that more help is needed,  
and it is needed now.**

Compounding these issues, our state's largest age group is rapidly becoming an expanding geriatric population. Alzheimer's and other dementias are already greatly challenging health systems and under-resourced mental health care systems across Wisconsin. The number of dementia cases will continue to surge for years to come. Having geriatric psychiatry expertise be readily available to assess for dementia and to treat the tremendous biopsychosocial challenges that occur with dementia will be tremendous and impactful for patients, their families, providers and the community.

Even among practicing psychiatrists, few are comfortable managing the treatment of pregnant and breastfeeding women. Since a woman interacts with a health care professional 20-25 times during routine prenatal care and one year following delivery, there are ample opportunities for frontline health care professionals to address perinatal mental health (PMH) conditions.

PMH conditions impact women throughout pregnancy and through the first year postpartum, impacting 1 in 5 women. PMH conditions are a leading and preventable cause of maternal mortality and are the most common obstetric complication of the perinatal period. These include a spectrum of disorders including depression, anxiety, bipolar disorder, post-traumatic stress disorder, and obsessive-compulsive disorder caused by a complex combination of changes in biology, psychology, and environment. Sadly, 75% of women experiencing PMH symptoms do not receive treatment.

Untreated PMH conditions impact mom, baby, and the family unit. This can result in negative, long-term consequences. Women with untreated PMH conditions are more likely to have poor nutrition, use illicit substances, experience abuse, be less responsive to baby's cues, have breastfeeding challenges or question their competence as parents. Children born to women with untreated PMH conditions are at higher risk for preterm birth, low birth weight or smaller head size, require neonatal intensive care services, experience behavioral, cognitive, or emotional delays and is considered an adverse childhood experience (ACE).

The psychiatrist shortage is a national problem that will not be resolved soon, due to multiple factors. It takes 4 years to train a psychiatrist. Currently 59% of psychiatrists are 55 or older, with many likely retiring in the next ten years. Additional challenges include mental health reimbursement rates, as well as federal funding limitations to expand graduate medical education residency training for psychiatry. Regardless of these challenges, we need to think creatively and comprehensively to address our patients' needs, now, rather than later.

The vision for the Wisconsin Mental Health Consultation Program is based upon Wisconsin's Child Psychiatry Consultation Program (CPCP). The Wisconsin CPCP provides clinical consultations to primary care providers treating children and adolescents; mental health educational resources; and provides clinicians with support, coordination, and community referrals.

Given that the Wisconsin CPCP now covers the entire state of Wisconsin, the infrastructure, clinical relationships, and networks are now in place to take the program to the next level, with the creation of a comprehensive Wisconsin Mental Health Consultation Program. This nationally innovative model will be the first of its kind in the nation and will set Wisconsin apart as a pioneering leader in mental health.

Under SB 916, the Wisconsin CPCP will be replaced with the Wisconsin Mental Health Consultation Program, ensuring that the current funding, infrastructure and provider-to-provider relationships that have been fostered over the past several years within the Wisconsin CPCP will be leveraged to service a comprehensive range of patient populations.

The Wisconsin Mental Health Consultation Program will help improve statewide healthcare providers' knowledge and ability to treat the mental health conditions they routinely encounter across their patient populations. Based upon the operational principles of the Wisconsin CPCP, this new program will have three main components:

- 1) Providing clinical consultations to providers who are caring for a comprehensive range of patients with mental health concerns, including pediatric, adult, geriatric, veteran, and perinatal patients, etc.
- 2) Providing clinicians with mental health educational opportunities, including accredited Continuing Educational Modules. This education greatly increases the clinicians' long-term abilities and confidence in treating mental health disorders more independently, ultimately enhancing the quality of mental health care across Wisconsin.
- 3) Providing clinicians with support, coordination, and community referrals to regional mental health resources.

Similar to the Wisconsin CPCP, The PERISCOPE Project (<https://the-periscope-project.org>) is a psychiatric consultation program administered by MCW Department of Psychiatry and Behavioral Medicine, focusing on mental health conditions surrounding the critical phases of pregnancy and postpartum. Periscope is a solution to bring support of sub-specialty perinatal psychiatrists to any health care professional caring for women of reproductive age. Periscope allows women access to high quality mental health care during this critical time of their lives regardless of their insurance status and at no additional cost.

By developing and initiating treatment plans for management of perinatal mental health (PMH) conditions at the point of care where the patient is already being seen for their routine prenatal or postpartum care, Periscope improves access to evidenced-based behavioral health treatments. A psychiatrist's ability to enable a frontline provider to enact a treatment plan sooner than if the

psychiatrist needed to see the patient directly has the potential to minimize delays in care caused by long wait times for mental health providers. Timely initiation of evidenced-based treatment impacts healthy birth outcomes and reduces health disparities for both mom and baby.

Periscope has already delivered over 2,500 perinatal behavioral health-related consultations, and providers practicing in 41 counties and 82 cities across Wisconsin have used the service at least once. 91% of phone inquiries are returned by a perinatal psychiatrist within 15 minutes, and 100% of respondents to our post-consultation survey stated the consultations helped more effectively manage their patient's care and will be incorporated for the future care of patients.

The success of the Wisconsin CPCP and The Periscope Project stand in stark contrast to having children and mothers waiting weeks or months to see a mental health professional. For anyone who has dealt with a mental health issue, whether personally or with a loved one, you know that any wait time at all is unacceptable. Across every stage of life, everyone deserves access to mental health.

Building upon the successes of the Wisconsin CPCP and The Periscope Project, the Wisconsin Mental Health Consultation Program will deliver comprehensive mental health consultation services across the entire spectrum of patient populations throughout Wisconsin.

The Wisconsin Mental Health Consultation Program will give health care practitioners a new mental health "multitool" with multi-specialty psychiatry consultation and education at their fingertips. Imagine offering in-time expertise to providers across Wisconsin in child psychiatry, perinatal psychiatry, geriatric psychiatry, non-opiate pain management, general psychiatry, developmental and intellectual disability, and Veteran psychiatry, such that when they have a patient in their office with a mental health related condition in any of these areas, all they would have to do is call or email the program for nearly immediate expert guidance.

The state of Wisconsin has a unique opportunity to advance this vision of greater mental health access for all patients across our state. MCW is grateful for Senator Darling and Representative Steineke's advocacy and authorship of the Wisconsin Mental Health Consultation Program. MCW respectfully requests your support for this bill.

Thank you for your time and consideration. Please contact Kathryn Kuhn or Nathan Berken at 414.955.8217, or [kkuhn@mcw.edu](mailto:kkuhn@mcw.edu) or [nberken@mcw.edu](mailto:nberken@mcw.edu) if you have questions or need additional information regarding SB 917.