



June 10th, 2025

Members of the Senate Committee on Mental Health, Substance Abuse Prevention, and Children and Families
Members of the Assembly Committee on Mental Health and Substance Abuse Prevention

Testimony on 2025 Senate Bill 306/ Assembly Bill 299

Relating to: provision of virtual mental health services for students at certain UW System institutions. (FE)

Thank you, Chairman Tittl, and other members of the committees for the opportunity to testify on this legislation today. This legislation will ensure that Universities of Wisconsin schools outside of UW-Madison, who currently has its own mental health telehealth service provider, continue to offer telehealth mental health services. It is important that we ensure that students on all UW campuses throughout Wisconsin have the same access to these critical, 24/7 services when they are experiencing a mental health crisis.

A recent report highlighted that 70% of college students have struggled with mental health issues since starting college, yet only 37% sought campus mental health services. Research also shows that emotional stress and mental health issues are now the top reasons why students consider dropping out of college. These challenges not only jeopardize the well-being of our students, but also hinder their academic performance and retention, posing significant concern for our educational institutions and for the future of Wisconsin's workforce.

Since 2020, tele-mental health services have grown exponentially to combat the shortage of providers and long waiting lists to be seen by a provider. Telehealth services have proven to be effective in shortening waiting times to see a provider, and allow patients to receive care at their convenience. Mantra Health has been operating on multiple UW campuses providing these services. Through their work with more than 3,100 students, they report:

- 69% of high-risk students saw an improvement on their ability to finish their degree
- Reduced wait times for services with an average of accessing care within seven days
- 37% of students accessed care in the evenings or the weekends to accommodate their schedules
- 59% of students said they would not have sought out care if Mantra wasn't an option

For the UW campuses in the western part of the state, UW- Eau Claire had 1,344 students sign up for services, UW- River Falls had 573 students, and UW-Stout had 544 students. These services are crucial to student well-being. College is an incredibly stressful, yet important time in a young adult's life, and we should be supporting our students every step of the way. Thank you all again for your time and consideration, and I will be happy to answer any questions you have.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jesse James'.

Senator Jesse James
23rd Senate District
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DATE: June 10, 2025

RE: Testimony on Assembly 299 and Senate Bill 306

TO: Assembly Committee on Mental Health and Substance Abuse Prevention,
Senate Committee on Mental Health, Substance Abuse Prevention, and Children
and Families

FROM: State Representative Todd Novak

Thank you Chairman Tittl and Chairman James for holding a joint public hearing on AB 299 and SB 306. This bill requires UW system schools to contract with telehealth service providers to ensure that students have access to mental health providers 24/7.

Our bill will allow system schools to provide mental health services beyond the traditional in-person setting to meet the needs of their students. The bill caps this requirement for schools with undergraduate enrollments under 30,000 students. Notably absent is UW-Madison. That is because UW-Madison has their own existing virtual mental health platform in place for their students.

Current telehealth services have proven very successful at Madison. We would like to build on that success by opening up these services to other UW campuses to ensure that all students have access to these critical resources.

Senator James and I authored this bill after working closely with campus leadership at UW-System schools as well as stakeholder groups. From these discussions it was made clear that there is a clear need for innovative and wide reaching mental health solutions. We are also working on a separate proposal to include the funding for implementing these services in the state budget.

Telehealth services have proven to be an effective tool on system campuses to ensure that students have access to these critical mental health services. Since 2020, tele-mental health services have grown exponentially to combat the shortage of providers and long waiting lists to be seen by a provider. Telehealth services give students the ability access to a mental health provider at wherever they are and at their convenience. If we can save just one life by implementing these services, that makes it worth it to me.

Thank you for your consideration of this proposal.



DATE: June 10, 2025

TO: Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families, and
Members of the Assembly Committee on Mental Health and Substance Abuse Prevention

FROM: John Achter, Senior Director of Student Success and Wellbeing

RE: Testimony for Information Only on Senate Bill 306/Assembly Bill 299

Thank you, Chair James, Chair Tittl, Vice-Chairs, and committee members for providing the Universities of Wisconsin (UWs) an opportunity to testify for information only on Senate Bill 306 (SB 306) and Assembly Bill 299 (AB 299).

The Universities of Wisconsin's core mission is centered around the success of our over 164,400 students. The UWs understand that an integral part of our students achieving personal and academic success is finding pathways to promote and maintain student emotional health and wellbeing. Ensuring our students have access to the proper resources and opportunities is a critical component for student success.

In 2019, the UWs established the Student Behavioral Health Initiative with the overarching goal of improving the emotional health and wellbeing of students in service to their personal and academic goals. A three-pronged framework was created to guide this initiative: Prevention, Early Intervention, and Treatment & Crisis Response. From this foundation, the UWs are committed to making mental health services available to our students and strive to foster an environment and culture of belonging where everyone can thrive.

As part of our 2025-27 biennial budget request, we are seeking an additional \$11M in each year of the biennium to support student access to mental health services across our universities. This increased investment would go towards increasing the availability of counseling staff and continuing to provide telehealth services. Specifically, regarding telehealth services, we are asking for \$3.5M in each year of the biennium. Currently, 12 of our universities contract with a mental health telehealth provider which is funded through the \$5M UWs received under the American Rescue Plan Act (ARPA). This current contract will expire this summer, and we need additional funds in order to continue providing this important service to our students.

SB 306 and AB 299 would require the UWs to contract with telehealth service providers to ensure students have access to mental health providers 24/7 and would require the chosen telehealth vendor to annually report to the Board of Regents and legislature data regarding students' use of its services.

We support this legislation assuming there is additional investment from the state provided to continue to effectively offer these services. Telehealth services for student mental health is critical to ensure

accessibility for those in need. Telehealth services have played a critical role in supplementing traditional on campus mental health services by filling commonly identified service gaps.

Telehealth services are just one of many student support programs offered by the UWs, but the data in this area consistently correlates with our current graduation and retention rates. Graduation rates for UWs' students graduating within four years have increased nearly 34% since 1992, and we are graduating 21% more students today than we were 3 decades ago. First- and second-year retention rates have also improved in the last two academic years.

Mental health challenges never take a day off and affect students regardless of age, upbringing, or socio-economic background. Meeting students where they are at will be crucial going forward, and we believe that this legislation aligns with our goals of ensuring students have access to these services whenever and wherever they need it.

Thank you for giving the Universities of Wisconsin the opportunity to submit testimony for information only on SB 306 and AB 299.



Joint Public Hearing of the Assembly Committee on Mental Health and Substance Abuse Prevention and the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families

AB299 / SB306

June 10, 2025

Testimony of Mark Huttemier, Director of Counseling, University of Wisconsin–River Falls

Chairpersons, Committee Members, and Bill Sponsors:

Thank you for the opportunity to testify today, and a special thank you to those legislators who have a connection to UW–River Falls—Representative Kreibich of New Richmond, Representative Moses of Menomonie, as well as Senator James and Representative Novak—for your leadership on this vital legislation.

My name is Mark Huttemier, and I serve as the Director of Counseling at UW–River Falls. Our campus serves more than 5,000 students annually, and we are proud of their outstanding educational and career outcomes. However, like colleges across the country, we are acutely aware of the toll the national mental health crisis has taken on our students. The demand for mental health services has surged dramatically—and with it, the need for sustainable, effective, and innovative support solutions.

Each year, our professional counseling staff—which includes just four full-time clinicians—supports over 120 students per counselor. Our team facilitates more than 20 therapy sessions daily, leaving limited time for case management, crisis response, or proactive outreach. Compounding these challenges is the scarcity of psychiatric services in our region. Wait times to see an off-campus psychiatrist typically range from 8 to 12 weeks, and many students face transportation barriers that make accessing care even more difficult.

This is why AB299 / SB306 is so important.

The bill's support for tele-mental health services, such as Mantra Health, has been transformative for our campus. Remote access to care helps break down one of the most significant barriers our students face: the fear and anxiety of not being able to access help when they need it most. Mantra's 24/7 virtual support has provided critical flexibility to our in-house services and has allowed us to respond more effectively to both individual needs and campus-wide mental health concerns.

Additionally, access to remote psychiatry through Mantra significantly enhances our ability to support students with complex or less common diagnoses—such as bipolar disorder or psychosis—conditions that may go unaddressed or be improperly managed without expert input. This partnership has not only improved continuity of care but has also added an important layer of clinical oversight and risk management for our campus.

At a small institution like UW–River Falls, it is simply not feasible for our generalist counselors to handle all acute presentations in depth. Yet students experiencing serious mental health challenges should not be

(Cont.)



excluded from the opportunity to pursue a college education. With the right mix of in-person and remote services, we can—and do—support these students successfully. Students who receive counseling and psychiatric support are more likely to persist in their studies, graduate, and thrive. Moreover, their ability to stabilize and engage positively benefits the entire campus community.

The outcomes speak for themselves. Mantra Health has provided our students with access to same-week psychiatric consultations, crisis support at *all hours*, and *urgent video appointments from 11 a.m. to 11 p.m.*—all services that directly address the needs we see daily. The support has been timely, accessible, and highly impactful.

I urge you to support this legislation and the funding it makes possible. Doing so is not only a wise investment in mental health services—it is an investment in student success, safety, and the future of higher education in Wisconsin.

Thank you for your time and consideration.

Mark Huttemier

Director of Counseling

University of Wisconsin–River Falls

June 10th, 2025

Members of the Assembly Committee on Mental Health and Substance Abuse Prevention and the Senate Committee on Mental Health, Substance Abuse Prevention, and Children and Families

Good morning, everyone, and to the Members of the Assembly Committee on Mental Health and Substance Abuse Prevention & Senate Committee on Mental Health, Substance Abuse Prevention, and Children and Families, thank you for the opportunity to testify today on Assembly Bill 299 and Senate Bill 306. My name is Marina Read, and I am a Licensed Professional Counselor here in Wisconsin and a tele therapist with Mantra Health, a digital mental health platform that provides virtual telepsychiatry services as well as a 24/7 crisis line to students on UW Campuses.

As many of you know, the mental health crisis facing our youth is growing. Among Wisconsin's college students, it has reached alarming levels. In fact, suicide is the second leading cause of death for this group. Unfortunately, we don't have to look further than 2024 when four students at UW-River Falls died by suicide within a three-month period or the more recent tragedy last month at UW-Platteville.

Additionally, a recent report highlighted that 70% of college students have struggled with mental health issues since starting college, yet only 37% sought campus mental health services. Research also shows that emotional stress and mental health issues are now the top reasons why students consider dropping out of college. These challenges not only jeopardize the well-being of our students but also hinder their academic performance and retention, posing significant concern for our educational institutions and for the future of Wisconsin's workforce.

As a tele therapist with Mantra Health, I have the unique opportunity to provide telehealth therapy to college students on UW Campuses. I have witnessed firsthand the transformative impact of accessible mental health services. Our platform collaborates closely with campuses to bridge the gap between students and the support they urgently need. By offering services that extend beyond traditional hours, we meet students where they are—balancing coursework, jobs, and life's many responsibilities. Because we offer both therapy and psychiatry services, we can offer a collaborative and patient centered approach, which has rendered highly successful outcomes for our students. Hearing consistent positive feedback from our students is what keeps us providers encouraged and motivated in what can be a very challenging profession, and it is my honor to be able to make a difference.

Assembly Bill 299 and Senate Bill 306 will allow UW System schools to provide mental health services beyond the traditional in-person setting to meet the needs of their students by expanding access to virtual mental health services. The goal of the proposal is to target the UW System schools in areas where access can be difficult to obtain for their student body due to lack of

providers. This funding is poised to not only improve access but also bolster outcomes by enabling students to remain enrolled and succeed academically. The allocation aims to supplement vital on-the-ground programs. Furthermore, it ensures students can seamlessly connect with the care they need without navigating an often-overwhelming mental health system. Supporting this legislation is a commitment to the well-being, resilience, and future of Wisconsin's students.

Thank you for listening to my testimony, I'd be happy to answer any questions you may have.

Mantra Health

Date: June 10, 2025

To: Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families, and Members of the Assembly Committee on Mental Health and Substance Abuse Prevention.

From: Matt Kennedy, Co-Founder and CEO, Mantra Health

Re: Testimony in support of Senate Bill 306/Assembly Bill 299

Thank you Chairs, Vice-Chairs and committee members for providing this opportunity to testify in support of Senate Bill 306 (SB 306) and Assembly Bill 299 (AB 299).

My name is Matt Kennedy. I'm the co-founder and CEO of Mantra Health, a mental health and wellbeing provider focused solely on serving students at higher education institutions over telehealth for the past seven years. Thank you for having me today and for your leadership in improving mental health access and outcomes of young adults across the Universities of Wisconsin system.

Mantra Health has been fortunate to serve the students across the state of Wisconsin for the past three years since winning a competitive RFP in 2022. This is a partnership I'm particularly proud of - my mom grew up in Kewaunee and I spent each summer at the dairy farm she grew up on that my Uncle took over from my Grandpa. My mom is a graduate of UW Stout. My family has proud graduates of River Falls, Madison, Stevens Point, Milwaukee, and Lacrosse.

I'm here today as someone who is currently working with some of your campuses alongside other third-party providers and hope to continue serving in the future. You've heard from the System about our program and I'm here for accountability for our program, to the legislature, and as long as we serve the state, would continue this approach.

I personally saw a therapist provided by my college for an intense period during undergrad. My brother was in a serious accident where I brought him back to life. Six days later he was out of the hospital. Six months later I walked into a college counseling center for the first time in my life not knowing what was going on in my head. I was fortunate my institution provided a therapist I could see every week to work through my PTSD. This not only made me a more resilient human, but also helped me stay in school.

This year, 74% of university students who are considering dropping out cite mental health and stress is the number one reason they're dropping out according to a Lumina Foundation survey. In their annual survey in 2024, and in 2023, and in 2022 — the number one reasons a student considered dropping out? Mental health or emotional stress. And in 2022, it was 47% versus 74% this year - it's getting worse. As this Committee unfortunately probably knows too well - suicide is the second or third leading cause of death for young adults in their undergraduate and graduate years. 72% of college students report moderate to severe anxiety during their time at

university and 13% of college students reported experiencing thoughts of suicidal ideation in the past year according to Healthy Minds, a national research organization.

Universities have traditionally provided direct therapy and some will provide psychiatry services to students on campus. These are vital services provided by Counselors and Psychiatrists during the workday. But mental health is 24/7 - the student who needs to contact a crisis line doesn't conform to a 9-5 clinic schedule and a student who attends class and works part-time is often out of luck. Therapists and psychiatric providers in the community often have a several week wait list and the added complexity of navigating how to use one's insurance for mental health is a daunting task for most 19 year olds, especially when someone's mental health is not well.

The amount and range of student needs for different mental health treatment outstrips what universities are able to provide on-campus and requires a more fulsome approach to providing a broader suite of services accessed where today's students are: online, on their phone, always available. This shift is what the System recognized three years ago and began working with multiple partners in this space to complement their campus services in gaps. For example, our teletherapy services are available until 9pm on weekdays and 5pm on weekends, supporting students after classes are done for the day, which is especially important for working students.

Our program provides additional access for students across the state of Wisconsin. Ensuring virtual mental health programming continues to be available to the students attending the Universities of Wisconsin campuses is an investment Wisconsin today and for the Wisconsin this generation will build in the coming decades. Thank you for your time today and for the important work you all do in advancing mental health for generations to come.

Our virtual program removes the barriers for students of traveling to a clinician and expands access by enabling students to sign-up directly at anytime, as well as be referred by on-campus clinicians through our Collaboration software:

- Since the program started in 2022, 7,736 students in Wisconsin have signed-up.
- Thanks to the launch of our full care continuum at 5 campuses expanding options, 3,409 students were served through the program last year, or 44% of the total program sign ups with 80% of students choosing to sign-up directly on their own time.
- In our national data, when we ask students who sign-up directly what they would have done for their mental health without access to our program provided through their school. 57% of students said they would have done nothing for their mental health. At the UW System, 60% of students said they would have done nothing for their mental health if our program wasn't available. This is likely due to the rural nature of several of the campuses we serve and more limited mental health resources in these communities.

Our therapy and psychiatry is available from 9am to 9pm and on the weekends, enabling students who are in class during the day and often balancing part-time work to access care at a time that's convenient for them instead of skipping class or skipping a shift:

- Since 2022, on average, students complete their appointment in 8 days and 2 hours from signing up. We have appointments much sooner if a student would like to be seen in a few days or even same day, but they often choose to wait a little longer to see a preferred provider or time that fits their schedule.
- Last week, our team called the top results returned online for community providers in Stout and River Falls. At River Falls, the community provider called us back 5 hours later to inform us the earliest appointment was June 23rd, 20 days out. In Stout, the first provider has yet to return our call. The second and third options were 7 to 14 days for an intake, and neither had appointments past 5pm or on weekends.
- To that end, this past year, 36% of our total appointments completed have occurred after hours or on the weekends. At Platteville, this was 48.4% of appointments, Riverfalls, 44%, and Whitewater had 39.7% of appointments occur after 5pm during weekdays or on the weekend.
- Our clinic operates year round in service to students at the UW system, too. So when the student, like my mom who attended UW Stout returns home to Kewaunee or the student who moves across the state to Milwaukee for an internship during the summer, they can continue treatment with the same clinician over the summer via telehealth instead of stopping treatment, improving her ability to return to school next year, where they can continue accessing the same provider.
 - Last summer, we delivered 1,482 therapy and psychiatry sessions to students in Wisconsin during summer break.
- Our 24/7/365 crisis line received over 200 calls the past academic year. Each campus receives a custom crisis phone number and we customize protocols for each campus based on their unique resources. Different from 988, our clinicians identify the caller and know which campus they're calling from. After the crisis call is complete, our Collaboration Portal technology shares the call notes with on-campus clinicians who can review and follow-up with the student in person if the student is high risk, increasing campus safety through collaboration that's customized for each institution across the system. With our integrated program, our crisis team is able to connect the student with a Mantra therapist directly and continue care, reducing the chance these high risk students fall through the cracks.
- Last but not least, we extensively measure outcomes and impact across student satisfaction, clinical improvement, and drop-out risk:
 - Client Satisfaction:
 - Students reported a 4.95 out of 5 satisfaction.
 - Clinical Outcomes improvement:
 - Students who entered care with Moderate to Severe Depression - those who most struggle get out of bed, can't make it to class, and are most

likely to be suicidal — 46% of students exited Mantra's treatment now with Mild depression or better.

- Drop-out improvement:
 - 72% of students in UW System's program with Mantra reported mental health or Motivation as reasons to not complete their degree.
 - Fortunately, 68% of students said access helped them perform better in school and of the students who were at highest risk of dropout entering our program, after treatment, 61% went from high to a low risk of dropout.

Mantra Health

Dear Members of the Committee,

As mental health providers practicing in and for the state of Wisconsin, we are writing to express our strong support for Assembly Bill 299/Senate Bill 306, which would expand access to virtual mental health services for students across the University of Wisconsin System.

We care deeply about the mental health of Wisconsin's young people—not only as professionals but as community members, parents, neighbors, and proud Wisconsinites. We see the toll that anxiety, depression, trauma, and stress are taking on our college students every day. Many are balancing classes, jobs, family responsibilities, and financial pressures, all while managing major life transitions. Without timely, accessible care, they are at risk of falling behind, dropping out, or worsening in their mental health challenges.

Telehealth allows us to bridge these gaps in care in a way that is both practical and effective. Instead of being limited by campus location, transportation, or appointment availability, we can meet students where they are—literally. We're able to support students in rural communities, at smaller branch campuses, and those who may not have access to traditional in-person services. And because we provide care remotely, we're able to serve students across multiple UW campuses, ensuring more equitable access to care statewide.

It also gives us the flexibility to see students during evenings and weekends—times when students are often most in need of support, but when on-campus counseling centers are typically closed. That flexibility is critical for students with packed class schedules, part-time jobs, or caregiving responsibilities. It's also critical for us as providers. Telehealth makes it possible to offer consistent, high-quality care without being limited to traditional 9-to-5 office hours.

Importantly, we know that the care we deliver via telehealth is just as impactful and clinically sound as the care we provide in person. We've witnessed students build meaningful relationships with their providers, make progress on their goals, and develop the tools they need to manage stress, anxiety, and depression. In many cases, virtual care is not just equivalent—it's the only feasible option.

Assembly Bill 299/Senate Bill 306 would enable over 110,000 students to receive the mental health care they urgently need—when and where they need it. This investment is not just about today's students. It's about protecting Wisconsin's future: a stronger workforce, healthier communities, and a generation of young adults equipped to succeed.

We urge you to support this important, bipartisan legislation.

Sincerely,

The Wisconsin-based mental health providers with Mantra Health

Mantra Health

Bill Hoffman, LPC

Jennifer Nyman, LPC

Stacy Dunning, LCSW

Anthony Scardina, LCSW

Lou Hang, LMFT

Marina Read, LPCC

Vanessa Ramirez, LPC

Rebecca Burda, LICSW

Sherida Strong-Rimmer, LPC

AmySue Hartman, LPC