



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #365

Child Psychiatry Consultation Program (Health Services -- Mental Health, Public Health, and Other Programs)

[LFB 2017-19 Budget Summary: Page 239, #1]

CURRENT LAW

The Department of Health Services administers a child psychiatry consultation program (CPCP), which allows primary care providers (pediatricians, family physicians, nurse practitioners, and physician assistants) to receive guidance from child psychiatrists or other child mental health professionals on treating their patients who are children or youth. The Department contracts with the Medical College of Wisconsin (MCW) to provide consultation services for participating clinicians in Milwaukee County and several counties in northern Wisconsin through a regional hub in Wausau. Those counties are Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood. The Department has an annual appropriation of \$500,000 GPR for the CPCP.

GOVERNOR

Provide \$500,000 GPR annually for the child psychiatry consultation program, to increase total funding for the program to \$1,000,000 annually.

DISCUSSION POINTS

1. According to a workforce analysis conducted by the American Academy of Child and Adolescent Psychiatry, about 70% of Wisconsin counties have no practicing child psychiatrists, and many others have too few to be able to meet the demand for psychiatric services. Wait times for a child psychiatry appointment in these shortage areas can be many months, meaning that most child and adolescent mental health service is rendered by primary care providers.

2. While primary care providers are frequently asked to address children's mental and behavioral health issues, they sometimes lack the training and experience in diagnosing and managing these conditions. In response, there have been several privately-funded efforts in the state to formalize the consultative connections between primary care providers and mental health professionals. In one of these efforts, the Medical College of Wisconsin, in partnership with Children's Hospital of Wisconsin, established a child psychiatry consultation service for primary care providers in southeastern Wisconsin in 2012, utilizing funding from a private grant. In 2014, the Legislature passed Act 127, which provided \$500,000 GPR annually on an ongoing basis to support the program's consultation services in Milwaukee County and allowing it to expand to rural counties in northern Wisconsin. Approximately 30 states have similar programs.

3. The CPCP employs a team of child psychiatrists, psychologists, and social workers to provide consultation to primary care providers over the phone or electronic mail regarding diagnosis and management. If appropriate, the program provides referral resources. In addition, the program produces educational materials and training seminars for primary care providers on issues related to children's mental health.

4. In order to use CPCP services, primary care providers in the covered areas must enroll with the program. CPCP personnel are available during normal working hours to answer questions regarding individual patients. The CPCP is not used for emergency services and is not intended for long-term management of moderate to severe mental illness.

5. In 2016, the CPCP had 384 enrolled providers and provided 860 consultations. This was an increase relative to 2015 (the first full year of operation), in which the program provided 328 consultations.

6. With the additional funding provided by the bill, the Department indicates that it would seek to provide consultation services in the counties in the northwestern part of the state. The additional counties would be Barron, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St. Croix, and Washburn. The Department indicates that the \$500,000 annual funding increase is approximately the amount of funding needed to establish a new regional hub for providing services in the additional counties. It is possible, however, that the new counties would be served from the existing location for the northern counties, by adding staff to that location.

7. Act 127 included a provision that requires DHS, by January 1, 2016, to create additional regional hubs for the program to provide consultation services on a statewide basis. DHS indicates that the current level of funding prevents the Department from complying with this requirement. The administration's intention with the additional funding provided by the bill would be to allow the Department to target some of the additional counties with the greatest shortage of child psychiatrists. If the Committee approves of the administration's intent to expand the child psychiatry consultation program to additional counties with a high need for consultation services, it could approve the \$500,000 annual increase for the program (Alternative 1).

8. In the Department's first annual report for the child psychiatry consultation program (covering 2015 operations), DHS indicates that the Medical College of Wisconsin estimates that the total amount of funding to provide full-time coverage for the whole state, would be \$3,125,000. If

the Committee determines that the Department should provide statewide coverage for the child psychiatry consultation program, it could provide an additional \$2,125,000 GPR annually for the program, for a total increase of \$2,625,000 GPR annually (Alternative 2).

ALTERNATIVES

1. Approve the Governor's recommendation to provide \$500,000 GPR annually for the child psychiatry consultation program to target additional counties in the northwestern part of the state.

ALT 1	Change to	
	Base	Bill
GPR	\$1,000,000	\$0

2. Provide an additional increase of \$2,125,000 GPR annually (\$2,625,000 GPR total annually), to provide a total amount of funding the Department estimates would be necessary for statewide expansion of the child psychiatry consultation program.

ALT 2	Change to	
	Base	Bill
GPR	\$5,250,000	\$4,250,000

3. Delete provision.

ALT 3	Change to	
	Base	Bill
GPR	\$0	- \$1,000,000

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