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June, 2023

Joint Committee on Finance

Paper #448

Mental Health Consultation Program (Health Services -- Behavioral Health)

[LFB 2023-25 Budget Summary: Page 283, #4]

CURRENT LAW

The Department of Health Services contracts with the Medical College of Wisconsin (MCW) to provide professional consultation services to assist primary care physicians and clinics in providing care to pediatric patients with mental health care needs. Consultation services include: (a) support for participating clinicians to assist in the management of children and adolescents with mental health problems and to provide referral support for pediatric patients; (b) a triage-level assessment to determine the most appropriate response to each request for service, including appropriate referrals to other mental health professionals; and (c) when medically appropriate, diagnostic, and therapeutic feedback. Consultation may be provided by teleconference, video conference, voice over Internet protocol, electronic mail, pager, or in-person conference. In addition to consultation services, MCW provides educational seminars and seminars to clinicians. Base funding for the child psychiatry consultation contract is \$2,000,000 GPR.

DHS contracts with the University of Wisconsin School of Medicine and Public Health to provide for primary care providers who are treating patients who may have substance use disorder. Base funding for the addiction medicine consultation contract is \$500,000 GPR.

DISCUSSION POINTS

1. The child psychiatry consultation program was established by 2013 Act 127. Initially, the program had an annual budget of \$500,000 GPR, and consultation services were provided only in Milwaukee County and in certain counties in northern Wisconsin. Although initially created on a pilot program basis, Act 127 required DHS to eventually expand the program to provide consultation services statewide.

2. The 2021-23 budget increased total funding for the program to \$2,000,000, which is sufficient to provide consultation services to most of the state. In 2020, the state was awarded a federal grant for the program that provides \$445,000 annually for five years. The Department is using this funding to supplement the state funding so that consultation services can be provided on a statewide basis.

3. The child psychiatry consultation program was modeled on programs in other states, and is intended to address a shortage of child psychiatrists and other pediatric mental health professionals, particularly in rural areas. Currently there are similar programs operating in nearly every state.

4. In 2021-22, the program provided over 1,500 consultation services to providers and nearly 1,000 hours of educational services. The most common diagnoses for children who are the subject of consultation services are attention-deficit/hyperactivity disorder, anxiety, depression, and disruptive behavior. Questions related to medication are the most common type of inquiries, including those related to initiation of a new medication, changing medication, medication dosage, or side effects.

5. The 2019-21 budget provided one-time funding of \$66,700 to support the development of a comprehensive mental health consultation program. The budget required DHS to convene a statewide group to develop a proposal for such a program that incorporated general, geriatric, addiction, perinatal, and child psychiatry.

6. The consultant DHS selected to develop a comprehensive mental health consultation program worked with an advisory committee to develop goals, identify the key issues, and make recommendations. The consultant conducted interviews with staff of the current consultation programs, reviewed current program documents, and surveyed a range of health care providers, including those who use the current programs. With the advisory committee, the consultant's final report recommended that a comprehensive behavioral health consultation program cover eight specialty areas: general adult psychiatry, child and adolescent psychiatry, addiction medicine/psychiatry, perinatal psychiatry, geriatric psychiatry, pain medicine, veteran care, and infant mental health.

7. The consultant outlined three business scenarios for a comprehensive consultation program, covering a range of service levels. At one end of this spectrum, the "full model" would have 10 full time psychiatrists, covering all of the subspecialty areas, a child psychologist, a 0.75 FTE medical director, and 9.2 other supporting positions. This model would have a main office and four regional offices to conduct outreach to providers and coordinate services.

8. At a somewhat less staff-intensive level, the "adult consultant-liaison psychiatrist" model, would retain 3.0 child and adolescent psychiatrists, a child psychologist, and one adult psychiatrist to provide most consultation services. This model would not have other full time psychiatrists in subspecialties. Instead, the subspecialty areas (addiction, perinatal, geriatric, pain medicine, infant, veteran-focused) would each have a 0.2 FTE position, to be called upon for cases for which their subspecialty expertise was required. This model would retain the main office and four regional offices.

9. The third model, designated "adult consult-liaison psychiatrist model, with intact child psychiatry consultation program and phase-out of regional hubs," would initially have the same staffing and regional structure as the adult consultant-liaison psychiatrist model, but would be established with the intention of eventually phasing out the regional offices once the bulk of health care providers are enrolled in the program.

10. The consultant provided a general cost estimate for each of the scenarios based on a review of the current programs: (a) \$3.5 million to \$4.0 million for the full model; (b) \$2.5 million to \$3.0 million for the adult-consult-liaison model; and (c) \$2.5 million to \$3.0 million, phasing down to \$2.0 million to \$2.5 million for the third model. The consultant's report stresses, however, that these estimates "do not represent the true costs to implement the program." Additional, more detailed scoping would be required to develop more accurate cost estimates of each scenario.

11. AB 43/SB 70 would provide \$2,000,000 GPR annually, which when combined with the \$2,000,000 currently budgeted for the child psychiatry program, would provide \$4,000,000 annually for a comprehensive program. The addiction medicine consultation program would be retained as a separate program, at the current funding level of \$500,000 GPR per year. The statutory provisions for the child psychiatry consultation program would be modified to reflect the broader purpose of the new program. The Department would be required to contract, initially at least, with the Medical College of Wisconsin, which is the current provider of the child psychiatry consultation program. A summary of the AB 43/SB 70 proposal is included in the appendix to this paper.

12. As the consultant's report notes, developing a precise estimate of providing consultation services would require more detailed analysis of staffing needs. Furthermore, the resources needed to provide consultation services statewide may not be known prior to initiating the program. The funding provided by AB 43/SB 70 would be at the higher end of the consultant's estimates for the full model. If approved, however, it may be necessary to reevaluate this funding level in light of actual demand for services.

13. If the Committee determines that establishing an expanded consultation program would provide a valuable service to health care providers throughout the state, it could approve the proposal in AB 43/SB 70. In this case, the Department would contract with Medical College of Wisconsin, and the Department and MCW would determine the scope and extent of consultation services that could be provided with the available funding. [Alternative A1]

14. The Committee could determine that the Department should conduct additional scoping and consultation with the Medical College of Wisconsin before determining the amount of funding for the program. In this case, the Committee could provide \$2,000,000 in 2024-25 in the Committee's program supplements appropriation, to allow for the establishment of a program in the second year of the biennium. The Department could request release of the funding under s. 13.101 of the statutes once it has a more detailed proposal of the scope of the program. [Alternative A2]

15. Finally, the Committee could determine that the existing child psychiatry consultation program covers the most crucial needs for consultation and an expansion of the existing consultation programs is not necessary at this time. [Alternative A3]

16. The Committee could consider discontinuing two existing programs in order to offset a portion of the cost of the comprehensive behavioral health consultation program. 2015 Act 153 created two pilot projects intended to strengthen the integration of mental health treatment and primary care services in the medical assistance program, although neither program has been implemented. Under the behavioral health care coordination pilot program, MA would pay two or more health care providers a monthly capitation payment to provide integrated care for patients who have significant needs for physical health care and also have a significant or chronic mental illness. Under the psychiatric consultation reimbursement pilot project, MA would make payments to a provider of outpatient psychiatric services and primary care or specialty care services to implement strategies to improve mental health access.

17. Although these pilot programs were authorized over six years ago, they have not been implemented. This is perhaps in part because the processes for establishing payment mechanisms, monitoring pilot participants, and conducting required evaluations would involve a high level of administrative complexity in relation to the comparatively small amount of funding that would be spent for achieving the pilot programs' goals. Furthermore, since the time of their creation, the MA program has established other avenues for the integration of behavioral health and physical health on a program-wide basis, rather than on a pilot project basis. For instance, MA provides reimbursement for care coordination services provided to complex patients under a recently-implemented collaborative care model benefit.

18. Act 153 provided \$266,700 GPR of ongoing annual funding in a continuing appropriation for the two behavioral health pilot programs. Other than a transfer of \$175,000 from this appropriation made in 2020-21 to fund a separate pilot program, no funding has been spent from the appropriation. As a result, if no funds are spent in the current fiscal year, the accumulated uncommitted balance would be \$1,958,600 at the end of the 2021-23 biennium. If the Committee determines that given that the pilot programs have not been implemented in over six years and that existing programs and practices, as well as the proposed comprehensive behavioral health consultation program, are intended to meet the same goals, the pilot programs and the behavioral health pilot projects appropriation could be repealed. This would reduce funding by \$266,700 GPR annually in the 2023-25 biennium and result in a lapse of the accumulated appropriation balance, equaling \$1,958,600. [Alternative B1] This alternative could be selected with any of the alternatives related to the comprehensive behavioral health consultation program under Part A, including a decision to not provide funding to establish that program.

19. The Committee could also decide to maintain the 2015 Act 153 pilot programs, which would allow the Department to administer these pilot programs in the future. [Alternative B2]

ALTERNATIVES

A. Comprehensive Behavioral Health Consultation Program

1. Approve the AB 43/SB 70 proposal to provide \$2,000,000 GPR annually, which when combined with \$2,000,000 in base funding for the child psychiatry program, would provide \$4,000,000 GPR annually for a comprehensive behavioral health consultation program. Approve the

statutory changes for the establishment of this program, as outlined in the appendix.

ALT A1	Change to Base
GPR	\$4,000,000

2. Provide \$2,000,000 in 2024-25 in the Committee's program supplements appropriation, which would allow the Department to request funding to establish a comprehensive consultation program after consulting with Medical College of Wisconsin on the scope and extent of the program. Approve the statutory changes to establish the comprehensive behavioral consultation program, with an effective date of July 1, 2024.

ALT A2	Change to Base
GPR	\$2,000,000

3. Take no action.

B. Behavioral Health Pilot Programs

1. Reduce funding by \$266,700 GPR annually for mental health pilot projects and repeal the mental health pilot projects appropriation and the authorizing statutes for the behavioral health care coordination pilot project and the psychiatric consultation reimbursement pilot project. Increase estimated GPR lapses by \$1,958,600 in 2023-24 to reflect the lapse of the uncommitted continuing balance in the appropriation.

ALT B1	Change to Base
GPR	-\$533,400
GPR-Lapse	\$1,958,600

2. Take no action.

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Appendix

APPENDIX

Summary of AB 43/SB 70 provision for comprehensive behavioral health consultation program.

Mental Health Consultation Program. Provide a total of \$4,000,000 GPR annually to fund a mental health consultation program by: (a) reallocating \$2,000,000 of \$2,500,000 in base funding budgeted for the child psychiatry and addiction medicine consultation program; and (b) providing an additional \$2,000,000 annually to support the new program.

Require DHS to contract with the organization that provided consultation services through the child psychiatry consultation program, as of January 1, 2023 (the Medical College of Wisconsin) to administer the mental health consultation program and specify that in subsequent fiscal years the Department must contract with that organization or another organization to administer the mental health consultation program. Specify that the contracting organization must administer a mental health consultation program that incorporates a comprehensive set of mental health consultation services, which may include perinatal, child, adult, geriatric, pain, veteran, and general mental health consultation services. Specify that the organization may contract with any other entity to perform any operations and satisfy any requirements under the program. Specify that consultation through the program may be provided by teleconference, video conference, voice over Internet protocol, email, pager, in-person conference, or any other telecommunication or electronic means.

In addition, require the contracting organization to do all of the following:

- Ensure that all mental health care providers who are providing services through the program have the applicable credential from the state, and that any psychiatric professional providing consultation services is eligible for certification or is certified by the American Board of Psychiatry and Neurology for adult psychiatry, child and adolescent psychiatry, or both, and that any psychologist providing consultation services is registered in a professional organization, including the American Psychological Association, National Register of Health Service Psychologists, Association for Psychological Science, or the National Alliance of Professional Psychology Providers;
- Maintain the infrastructure necessary to provide the program's services statewide;
- Operate the program on weekdays during normal business hours of 8 a.m. to 5 p.m.;
- Provide consultation services under the program as promptly as is practicable;
- Have the capability to provide consultation services by, at a minimum, telephone and email;
- Provide all of the following services through the program: (i) support for participating clinicians to assist in the management of mental health concerns; (ii) triage-level assessments to determine the most appropriate response to each request, including appropriate referrals to any community providers and health systems; (iii) when medically appropriate, diagnostics and therapeutic feedback; and (iv) recruitment of other clinicians into the program as participating

clinicians when possible;

- Report to DHS any information requested by the Department; and
- Conduct annual surveys of participating clinicians who use the program to assess the quality of care provided, self-perceived levels of confidence in providing mental health services, and satisfaction with the consultations and other services provided through the program.

Specify that immediately after participating clinicians begin using the program and again six to 12 months later, the contracting organization may conduct assessments of participating clinicians to assess the barriers to and benefits of participation in the program to make future improvements and to determine the participating clinicians' treatment abilities, confidence, and awareness of relevant resources before and after beginning to use the program.

Specify that, in addition to the consultation services, the contracting organization may provide any of the following services eligible for funding from the Department: (a) second opinion diagnostic and medication management evaluations and community resource referrals conducted by either a psychiatrist or allied health professionals; (b) in-person or web-based educational seminars and refresher courses on a medically appropriate topic within mental or behavioral health care provided to any participating clinician who uses the program; and (c) data evaluation and assessment of the program.

Define "participating clinicians," for the purposes of the program, to include physicians, nurse practitioners, physician assistants, and medically appropriate members of the care teams of physicians, nurse practitioners, and physician assistants.

Repeal provisions enacted as part of 2019 Act 9 that direct DHS to develop a comprehensive mental health consultation program.

Child Psychiatry and Addiction Medicine Consultation Program. Repeal all provisions relating to the child psychiatry consultation program to reflect the availability of these services under the new mental health consultation program. Retitle the appropriation and purpose for this program to reflect the creation of the mental health consultation program. However, retain provisions relating to the addiction medicine consultation program, and create a biennial appropriation, budgeted at \$500,000 GPR annually, to continue to support the addiction medicine consultation program.