



DEVIN LEMAHIEU

STATE SENATOR

DATE: January 28th, 2016
RE: **Testimony on 2015 Senate Bill 591**
TO: The Senate Committee on Health & Human Services
FROM: Senator Devin LeMahieu

Thank you Chairwoman Vukmir and Members of the Health & Human Services Committee for hearing my testimony today on Senate Bill 591. Representatives Kitchens, Tittl, and I brought this important legislation forward to remove a bureaucratic barrier to serving mental health needs of children in K-12 schools.

According to the National Institute of Mental Health, more than one in five children in the U.S. either currently have or have had a debilitating mental disorder. Mental disorders such as depression, anxiety, and ADHD are major barriers to effective learning, especially if left undiagnosed.

Unfortunately, current administrative code at the Department of Health Services effectively requires a school (either public or private) to set-up a branch office to provide mental health services to students that can be reimbursed through Medicaid. This legislation removes this requirement.

As we continue to learn more about the devastating impact of mental illness among Wisconsin's youths, we need to remove obstacles that merely help state bureaucracy at the expense of Wisconsin's children. While this legislation is far from a silver bullet, it is another step in the right direction.

Thank you for your consideration of Senate Bill 591.



JOEL KITCHENS

STATE REPRESENTATIVE • 1ST ASSEMBLY DISTRICT

TO: The Senate Committee on Health and Human Services
FROM: Representative Joel Kitchens, 1st Assembly District
DATE: January 28, 2016
RE: Testimony in Support of Senate Bill 591

The importance of dealing appropriately with mental health issues is becoming increasingly apparent in our society. While it is not widely reported in the press, our schools tell us that one of their biggest challenges is meeting the needs of students with mental health issues as they try to help them become productive members of society. National data shows that one in five children have a diagnosable mental health condition.¹ Wisconsin data shows that students who access mental health treatment perform better in school, are more likely to graduate and less likely to be involved in crime as adults.² Current regulations often make it very difficult to provide access to mental health care to students facing these challenges. Senate Bill 591 (SB 591) will help students get the mental health treatment they need.

Currently, the Department of Health Services (DHS) requires a mental health clinic to designate a school site as a clinic office in order to provide outpatient mental health services in a school. Their administrative rules require clinics to provide outpatient mental health services only at their offices except where therapeutic reasons show it is appropriate to use an alternative location. Many schools find it impossible to meet the requirements involved in designating an area as a clinic. These rules make it difficult for mental health professional to provide care to students.

SB 591 permits licensed treatment professionals, including qualified treatment trainees, to provide mental health services in schools without establishing a branch office in the school. The change will reduce administrative burden and costs for mental health therapists who are often paid less than their costs for the critical care that they provide students. Reducing red tape will make it easier for mental health professionals to provide services at schools. When mental health therapy is available at school, students are more likely to access treatment and miss less class time than when they have to travel to an off-site clinic. Since travel times would be eliminated, students will not only miss less school, but also avoid questions from their peers due to lengthy absences.

The DHS branch clinic mandate adds an administrative burden and an annual clinic fee, without increasing quality of care. Further, the DHS requirement that services at the school be provided through a branch office of a certified clinic precludes licensed therapists who practice independently from being able to practice at schools which is problematic especially in areas of the state where there are few if any mental health clinics. Providing an exception for mental health professionals practicing in schools will reduce the burden put on parents and students under the current system and promote the health and success of Wisconsin students. SB 591 has received enthusiastic support, and I hope to see it signed into law before we recess this spring.

¹Hurwitz and Weston (2010) Using Coordinated School Health to Promote Mental Health for all Students

²Increasing Access to Youth Mental Health Services: A Cost-Benefit Analysis of the PATH Program in the Fox Valley La Follette School of Public Affairs, 2014.

Scott Walker
Governor



Matt Strittmater
Chair

Mishelle O'Shasky
Vice-Chair

Julie-Anne Braun
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State of Wisconsin

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Wisconsin Council on Mental Health; Matt Strittmater, Chair

Testimony on SB591

Senate Committee on Health and Human Services

January 28, 2016

The Wisconsin Council on Mental Health (WCMH) is the statutorily-created, Governor-appointed advisory council on mental health. The WCMH wishes to provide this testimony for information only on SB591 concerning mental health services in schools.

First of all, the WCMH is extremely supportive of providing mental health treatment services in school settings to enhance access to services for youth experiencing mental health disorders. One of our WCMH members who is involved in suicide prevention shared with the WCMH that a number of school districts, especially in rural areas, have found that bringing mental health services into the schools has supported their suicide prevention efforts.

Additionally, another WCMH member who works in a school setting expressed her frustration with the length of time it took to negotiate the certification process to have a branch office created in her school. Therefore, we recognize that provider concerns about this process have some validity.

However, we also understand that the branch certification process is a relatively new policy and was developed jointly by the Department of Public Instruction (DPI) and the Department of Health Services (DHS) in order to facilitate providing clinical mental health services in schools. The process ensures consideration of a number of best-practice principles around thoughtful integration of clinical services and schools, and partnership among school personnel, parents and clinical mental health professionals. A required memorandum of understanding between the clinic and the school addresses issues like confidential space and storage, communication, liability insurance, referral process, sharing of information between clinic and school, entrance/egress policies, operating hours, and dispute resolution. Branch office certification also includes a site visit component to assure that space and policies are appropriate, and provides a means of tracking the availability of clinic services in school settings.

It may be that the best-practices issues encompassed by the current procedures, and other concerns, can be addressed in ways that don't require the full certification process. We would endorse a collaborative process, to include DPI, DHS, parents, providers and other relevant stakeholders to explore if the concerns can be alleviated at a departmental level prior to moving forward with legislation.

TESTIMONY PROVIDED BY THE NATIONAL ASSOCIATION OF SOCIAL WORKERS, WISCONSIN CHAPTER TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES ON JANUARY 28, 2016 ON SENATE BILL 591

Senator Vukmir and members of the Senate Committee on Health and Human Services

My name is Marc Herstand. I have served as the Executive Director of the National Association of Social Workers, Wisconsin Chapter for the past 23 years. I represent over 1800 social workers throughout Wisconsin who work in a wide variety of settings including county human service departments, nursing homes, hospitals, community based organizations, mental health clinics and private practice. Close to 50% of our 1800 members provide mental health services

In the last legislative session Governor Walker created the Speaker's Task Force on Mental Health. The first goal was "Eliminating barriers to treatment and promoting early and voluntary intervention for juveniles and adults in need of mental health services." The final report emphasized the importance of mental health care and treatment for minors and the provision of mental health services in underserved regions of the state, including rural areas.

At the same time that the Speaker's Task Force on Mental Health was operating, another important initiative called "Right the Rules" was implemented by the State Legislature to eliminate unnecessary and burdensome rules affecting small businesses and individuals in Wisconsin.

Senate Bill 591 will address a major barrier to the provision of mental health services in schools caused by a costly, burdensome and unnecessary rule from the Department of Health Services.

This rule does not permit licensed clinical social workers and other mental health professionals to provide mental health services in schools unless they are a state certified mental health clinic. We believe this rule violates state law because in 2009 AB 75 passed, which implemented direct reimbursement for licensed mental health practitioners for Medical Assistance and insurance. Among other things the new law stated, "the department...may not require that clinical psychotherapy or alcohol and other drug abuse service be provided under a certified program." One of the purposes of AB 75 was to increase access to services to underserved populations in the state by reducing costs for service providers who would no longer have to work under costly, bureaucratic and burdensome rules of the Department of Health Services. We have communicated our concern that their rule was violating 2009 AB 75 to no avail.

This issue was first brought to my attention in 2013. In 2013 the Bay Area Mental Health Center, located in Washburn, Wisconsin dropped their state clinical certification, per AB 75 and State Statutes Chapter. 49.45 (30f.) The Bay Area Mental Health Center provides mental health services in schools in their region and to the Bad River Tribe. When the Department of Health Services became aware that the BAMHC had dropped their clinic certification, they refused to reimburse them. They stated that the

only allowable place of service for an independent practitioner was an "office" and that a school setting did not qualify for an office. When I asked a DHS staff person how he defines an office, he said they consider an office where the records are kept. Given the advent of electronic records that can be kept in distant states or on the "cloud", this definition is clearly unworkable.

DHS's rule provides two bad choices for the Bay Area Mental Health Services. One option would require them to transport the children to their clinic for services, which would result in the students missing close of half a day of school for their appointments and being "noticed" for their absence by teachers and students. The other option would require them to pay the fees and engage in the unnecessary and burdensome paperwork to restart their state certified clinic. This is a clear example of a state rule that has an unnecessary financial impact on a small business.

Senate Bill 591 will address this problem by prohibiting the Department of Health Services from requiring a mental health clinic or licensed treatment professional to designate a school site as a clinic office in order to provide outpatient mental health services at the school.

Thank you for your attention to this matter



Mental Health America of Wisconsin
Testimony on SB591
Senate Committee on Health and Human Services
Jan. 28, 2016

Mental Health America of Wisconsin is providing testimony for information only. MHA strongly supports providing mental health treatment services in school settings to enhance access to services for youth experiencing mental health disorders. Indeed, through our administration of statewide suicide prevention programs we have heard from a number of school districts, especially in rural areas, that bringing mental health services into the schools has supported their suicide prevention efforts. The time involved for parents to drive young people to appointments, often during the workday, can be a barrier to obtaining services. We also have heard that the process of establishing a branch certification can be burdensome and delay the implementation of this service in the schools.

However, we also understand that the branch certification process is a relatively new policy and was developed jointly by the Department of Public Instruction (DPI) and the Department of Health Services (DHS) in order to facilitate providing clinical mental health services in schools. The process ensures consideration of a number of best-practice principles around thoughtful integration of clinical services and schools, and partnership among school personnel, parents and clinical mental health professionals. A required memorandum of understanding between the clinic and the school addresses issues like confidential space and storage, communication, liability insurance, referral process, sharing of information between clinic and school, entrance/egress policies, operating hours, and dispute resolution. Branch office certification also includes a site visit component to assure that space and policies are appropriate, and provides a means of tracking the availability of clinic services in school settings.

It may be that the best-practices issues encompassed by the current procedures, and other concerns, can be addressed in ways that don't require the full certification process. Or it may be that the branch certification process can be accomplished in a manner that does not result in undue burden to providers and delays in establishing these clinics. We would endorse a collaborative process, to include DPI, DHS, parents, providers and other relevant stakeholders to explore if the concerns can be alleviated at a departmental level prior to moving forward with legislation.

Thank you.

Shel Gross
Director of Public Policy
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TO: The Honorable Members of the Senate Committee on Health and Human Services
FROM: Linda A. Hall, Executive Director
DATE: January 28, 2016
RE: Support for SB 591 / AB 664 – eliminating requirement for school branch clinic certification

Good Afternoon Chair Vukmir and members of the Committee. My name is Linda Hall and I am Executive Director of the Wisconsin Association of Family & Children's Agencies. On behalf of WAFCA, I appreciate the opportunity to speak to you today about increasing children's access to mental health services in Wisconsin by eliminating the DHS requirement to certify a school mental health therapist as a branch clinic.

WAFCA is a member association that partners to improve the lives of families and children. Our statewide network of 50 member agencies and leaders in the field provide a wide array of community-based mental health and supportive services. We are the local Lutheran Social Services office or the Family Services agency that helps families when they have a crisis; when a mother has post-partum depression, a teen is experiencing trauma, or an unemployed dad starts drinking too much and his children struggle to cope with the turmoil that causes in their family home.

Our agencies are the neighborhood organizations that partner with community organizations to strengthen families. We respond to schools when they ask for help with students' mental health and behavioral issues. We respond when there is a teen suicide and that teen's friends need help coping with their grief. We offer treatment to address trauma and the physical effects of depression that interfere with functioning in the classroom and school environment. More than half of our agencies have been invited by schools to provide mental health treatment to their students.

We respond as much as we are able, but schools' need for help is more than we can fulfill. Two significant factors that get in our way are insufficient funding and unnecessary bureaucratic red tape.

When we collaborate with schools to provide treatment, we work with all students identified by school personnel whether they are private pay, private insurance or Medicaid. When Medicaid is the payment source, we recoup about 40% of our costs for a therapy session. We actually lose more than 60% on each visit, because we spend more time before and after the therapy session coordinating with families and teachers, filling out lengthy prior authorization forms, and complying with branch clinic certification.

Today we are asking for your support for SB 591 which would prohibit the Department of Health Services from requiring clinics to certify their school-based therapists as branch clinics. Eliminating this requirement would reduce administrative oversight that does not align with the school setting and does not add value to treatment services. For example, DHS branch clinic certification assumes that the therapist operates on a regular schedule, in one consistent space with client files on-site and the therapist's credentials posted on the wall. However, typically the therapist's schedule changes frequently depending on school schedules and students' class schedules, the space offered changes from week-to-week, client files are kept at the clinic's home office and the therapist's credentials are carried from space to space.

The DHS memo requiring branch clinic certification of school therapists also lays out guiding principles for operating in a school that are instructive but in most schools already addressed through a memorandum of understanding between the school and the provider. WAFCA is working with members of the Advancing Expanded School Mental Health Services Coalition to draft a *model* memorandum of understanding for schools to adopt when they invite providers into their school to work with students. School members of our coalition and several school districts testifying at the January 6th Senate Education Committee hearing on school mental health are strongly in support of ending the unnecessary requirement for clinics to certify a school location.

Based on national data, one of five children arrives at school with a diagnosable mental health condition that interferes with their ability to learn and in many cases is accompanied by behaviors that are disruptive to the classroom. Sixty to ninety percent of these children never receive mental health treatment.

Of the students who successfully access mental health treatment, 75% access it through school mental health programs.¹ Access to treatment is important. Data from the UW La Follette School of Public Affairs demonstrate that students get better, their grades improve, they are more likely to graduate, earn higher incomes after graduation and their school saves money on guidance counselor time and dealing with behavior issues.²

School-based mental health is a proven strategy that works.

Passage of SB 591 will remove one of the barriers to expanding school mental health services.

We urge you to support this bill and we hope to serve as a resource to you on this and other proposals that would increase children's access to mental health services.

¹Hurwitz and Weston (2010) Using Coordinated School Health to Promote Mental Health for all Students

²Increasing Access to Youth Mental Health Services: A Cost-Benefit Analysis of the PATH Program in the Fox Valley La Follette School of Public Affairs, 2014.

To: Members, Senate Health and Human Services Committee

**From: Signa Meyers, Director of School Based Mental Health and Outpatient Behavioral Health Clinics,
Lutheran Social Services Agency of WI and Upper MI**

Date: January 28, 2016

Re: Written testimony in support of SB 591

Good afternoon Senator Vukmir and members of the Committee. Thank you for the opportunity to share our support for SB 591. I would also like to thank Senator LeMahieu for advancing this bill that promotes access to mental health services for children in schools. Lutheran Social Services agency is the state's largest private not-for-profit provider of human services ranging from birth to end of life concerns. Founded in 1882, LSS provides services to nearly 100,000 clients annually. With a 60 million dollar annual budget and over 1,000 employees, LSS helps people learn to help themselves and care for those unable to do so. Our services are provided regardless of religious affiliation.

LSS provides mental health therapy in schools throughout Wisconsin in over 30 schools ranging from elementary school through high school. Annually we serve 350 children and their families with needs such as self-harm, parental addiction issues, trouble concentrating and focusing in school, time management, gender issues, cyberbullying, divorced parents, family conflict, academic struggles, poor social skills, behavioral issues, and past hospitalization for suicide attempts. LSS has been providing therapy in schools since the early 80's.

LSS has a history of outstanding outcomes for all of our school-based work. Examples include: reduced negative behaviors in schools, reduced truancy, increased graduation rates, GPA improvement, and decrease in expulsions and suspensions. We would anticipate with the approval of SB 591 that LSS would be able to provide services in more schools and create even more positive impact for Wisconsin's children, their families and their schools.

Essentially SB 591 removes the current barrier of licensing a school where a therapist meets with students to address their mental health needs as a branch office. In LSS' view the current rule presents several barriers: administrative red tape, an inability to respond to a crisis, lack of flexibility and duplicative oversight.

- **Administrative barriers:** Each time an agency or therapist wants to begin providing therapy in a school, they need to apply to become a certified clinic or branch office. The DHS process can take up to weeks or months for approval by DHS. There is a cost to this certification as well. This cost is not reimbursed by insurance and must be absorbed by the agency and or individual therapist. Each time there is a change in therapist assigned or hours available, it is expected that this application be updated. This requirement also makes agencies like LSS

reluctant to continue to add schools to their roster because of the complicated administration.

- **Responding to a crisis:** Currently, if a school experiences a suicide, death, threat of violence or any other traumatic event, community mental health partners cannot enter a school and provide mental health therapy to more than one client for more than 4 consecutive weeks per school. In order to respond to such a crisis, an organization would have to apply for a branch office license and submit it to DHS. DHS then will then add this school to the list of approved locations to practice therapy. This process can take weeks sometimes, thus negating the need for the therapist to respond to the crisis or other immediate needs.
- **Lack of Flexibility:** There are often changes in agency staff, changes in school schedule, changes in space availability, and changes in treatment needs of students. All these factors impede the ability for agencies to consistently follow the rules of the branch office rule (i.e. hours scheduled, therapists assigned to each school, consistent space at the school). Under the current rule, "reviews may include unannounced site visits at school branch offices for the purpose of evaluating compliance." This type of oversight can prove disruptive to both the school and possibly the therapist who may not be scheduled to see students in the school on the day the licenser arrives.
- **Duplicative:** DHS has offered Guidance on Use of Branch Offices in Schools which is duplicative in nature given that all licensed mental health professionals must adhere to practice and ethical standards set forth by the Department of Safety and Professional Services (DSPS). These standards ensure quality of care, professional and ethical behaviors, confidentiality, use of accepted treatment methods and practice within one's area of competence.

Lifting the branch office certification requirement would allow community mental health providers to better respond to the needs of students in a timely and proactive fashion. LSS strongly urges your support of SB 591.

Thank you for your time and for your commitment to children and families in Wisconsin. We look forward to partnering with public and private partners to further our support of children with mental health needs.

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