



PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Assembly Education Committee
Assembly Bill 664 Testimony
January 14, 2016

First of all, I would like to thank you, Chairman Thiesfeldt and committee members, for allowing me to testify before you today on Assembly Bill 664 related to mental health services in schools.

This bill makes a simple change to the law, enabling a mental health professional to provide mental health services at a school without having to designate the school site as a clinic office.

This change is important for several reasons. First, it makes it easier for children to receive mental health services. Under the current law, if a mental health treatment professional does not work for a clinic that has established an outpatient mental health clinic at a school, a parent may be required to take time off work, pick up the child at school, and drive a considerable distance to the office of the practitioner.

For a variety of reasons, that course of action may not work for some families. As a result, children who need mental health services may not receive them.

Closely related to the first issue is the issue of stigma. One of the big issues with respect to mental health is the stigma associated with having a mental health condition and receiving treatment. When children are absent from school for longer periods of time, other students are more likely to quiz them about where they were and why they were gone.

Those kinds of conversations do not lead to an atmosphere in which children are apt to approach mental health treatment with a positive outlook. In fact, they may seek to avoid treatment.

Third, we have heard that the requirement for a school to have a space dedicated for a clinic office is difficult or even unworkable in many school settings and counterproductive to the steps we are taking to reduce the stigma of mental health. This bill addresses that problem.

Finally, the Department of Safety and Professional Services oversees the licensing of mental health professionals. They must meet extensive training and licensing requirements in order to practice in Wisconsin. Those requirements will remain in place.

The Department of Health Services adds another level of bureaucracy. It also collects annual fees ranging from \$200 to \$500 depending on the number of school locations a provider establishes. Some may argue that DHS involvement helps to assure mental health professionals have background checks, but most schools require background checks anyway. The additional level of bureaucracy and fees is an unnecessary hindrance to the delivery of much needed mental health services.

Thank you for hearing this bill today. I would be happy to address any questions you may have.



JOEL KITCHENS

STATE REPRESENTATIVE • 1ST ASSEMBLY DISTRICT

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. Assembly Bill 664 (AB 664) 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.

Assembly Bill 664 (AB 664) 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. AB 664 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.



DEVIN LEMAHIEU

STATE SENATOR

DATE: January 14th, 2016
RE: **Testimony on 2015 Assembly Bill 664**
TO: The Assembly Committee on Education
FROM: Senator Devin LeMahieu

Thank you Chairman Thiesfeldt and Members of the Assembly Committee on Education for hearing my testimony today on Assembly Bill 664. Representatives Kitchens, Tittl, VanderMeer 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 Assembly Bill 664.



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Testimony in Opposition to Assembly Bill 664

January 14, 2016

Public Hearing, Assembly Committee on Education

Wisconsin Family Ties appreciates the opportunity to provide testimony on Assembly Bill 664. We are a statewide, parent-run organization serving families that include children and youth with social, emotional, behavioral or mental health challenges. Given the work Wisconsin Family Ties does between families and schools, children's mental health in schools is of particular interest to our organization. It is from this perspective that Wisconsin Family Ties would like to raise our concerns regarding the proposal to prohibit the Department of Health Services from licensing branch clinics in schools.

The policy that created the branch office requirement for mental health outpatient clinics in schools was established in October 2013 in order to "engage students and family members, who might not seek these services in clinic settings, in mental health and substance abuse treatment services offered by qualified licensed clinical staff" (DQA memo 13-020). The memo prioritizes best-practice principles around thoughtful integration of clinical services and schools, and partnership among school personnel, parents and clinical mental health professionals. Since that time, there have been over 300 branch clinic locations established in Wisconsin schools and providers have articulated some important concerns based on the experience of the past two years.

Wisconsin Family Ties recommends that in lieu of legislative action, a collaborative process among agency representatives and stakeholders should be undertaken to determine the extent to which the concerns can be addressed through policy updates. Such a process is a logical step to take for a policy in need of review.

By contrast, dispensing altogether with existing branch office policy for mental health clinics in school locations would be a step backwards when it comes to both protections and thoughtful, integrated partnerships. Firstly, the DQA policy on branch offices in schools includes a requirement for a substantive memorandum of understanding (MOU) between the clinic and the school, addressing co-location issues such as confidential space and storage, communication, liability insurance, referral process, sharing of information between clinic and school, entrance/egress policies, operating hours, and more. The MOU requirement would disappear with the repeal of the branch office requirement, leaving the unfortunate possibility that the issues would remain unaddressed.

In addition, eliminating the branch office requirement would remove site-visit oversight, removing any external assurances that co-location space and policies are appropriate. Children and youth with mental health issues are a particularly vulnerable population; that's why the safeguards were established in the first place.

Finally, the branch office requirement currently represents the only available tracking mechanism for the spread of co-located clinical mental health services in schools. At a time when there is a rising wave of interest in school mental health, our state needs to ensure that we have the mechanisms in place for the data we need to understand what we're attempting, what's working and what may need improvement.

For these reasons, Wisconsin Family Ties is not in favor of Assembly Bill 664. School mental health in Wisconsin is too important for us to throw out the existing policy altogether, with the various losses that would entail. Again, we recommend that the appropriate place to address these concerns is within the agencies where the branch office policy originated.

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To: Members, Assembly Education 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 14, 2016

Re: Written testimony in support of AB 664

Good afternoon Representative Thiesfeldt and members of the Committee. Thank you for the opportunity to speak to you today in support of AB 664. I would also like to thank Representative Kitchens for advancing this bill that promotes access to mental health services for children in schools. Lutheran Social Services agency is the area'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 informally 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 AB 664 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 AB 664 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 as 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 school 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 AB 664.

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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TO: The Honorable Members of the Assembly Committee on Education
FROM: Linda A. Hall, Executive Director
DATE: January 14, 2016
RE: Support for AB 664 – eliminating requirement for school branch clinic certification

Good Afternoon Chairman Thiesfeldt 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 United Way 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 AB 664 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 systems who testified at last week's 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 AB 664 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.