



Legislative Fiscal Bureau

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January 16, 2020

TO: Members
Joint Committee on Finance

FROM: Bob Lang

SUBJECT: Assembly Bill 644/Senate Bill 608: School-Based Mental Health Consultation Pilot Program

2019 Assembly Bill 644 would provide \$350,000 GPR in 2020-21 for the Department of Health Services (DHS) to administer a school-based mental health consultation pilot program in Outagamie County.

Assembly Bill 644 was introduced on December 3, 2019, and referred to the Assembly Committee on Mental Health. On December 17, 2019, the Committee held a public hearing on the bill and on January 8, 2020, the Committee recommended the bill for passage, without amendment, by a vote of 11 to 0. An identical Senate companion bill, Senate Bill 608, was introduced on December 6, 2019, and was referred to the Senate Committee on Health and Human Services.

BACKGROUND

2013 Wisconsin Act 127 created a state-funded child psychiatry consultation program (CPCP) to assist participating clinicians in providing enhanced care to pediatric patients with mental health needs. The act directed DHS to select a qualifying organization to provide consultation services through regional "hubs," with each regional hub making available its own qualified provider or consortium of providers.

The qualifying organization is required to provide all of the following services: (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 referrals to other mental health professionals; (c) when medically appropriate, diagnostic and therapeutic feedback; and (d) recruitment of other practices in the regional hub's service territory to the provider's services. Since its creation, DHS has contracted with the Medical College of Wisconsin, Department of Psychiatry and Behavioral Medicine, to administer the program.

Act 127 provided \$500,000 GPR annually, beginning in 2013-14, to fund the program. 2017 Wisconsin Act 379 increased annual funding for the program by \$500,000 GPR, so that \$1,000,000 GPR was budgeted for the program in 2017-18 and 2018-19. 2019 Wisconsin Act 9 increased funding by an additional \$500,000 GPR, beginning in 2020-21, so that \$1,000,000 GPR in 2019-20 and \$1,500,000 GPR in 2020-21 is budgeted for the program. These state funding increases enabled the state to expand the program to provide consultation services in additional regions in the state.

In addition to the state funding, the program is supported with a federal grant the state receives from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), under the federal pediatric mental health care access program. In federal fiscal year 2018-19, the federal grant award was \$390,000, which was provided to enable the state to expand services to the previously under-served southwest region of the state.

The CPCP does not provide direct services to pediatric patients and their families. Rather, the program offers assistance to enrolled health care providers (provider-to-provider consultations). As of December 31, 2018, 150 clinics were enrolled in the program, and the program had provided 2,229 consultations.

SUMMARY OF BILL

The bill would require DHS to create and administer a school-based mental health consultation pilot program in Outagamie County to assist participating school-based providers in providing enhanced care to students with mental health care needs, to provide referral support for students, and to provide additional services, as described in the bill. The bill would specify that the consultation pilot program is not an emergency referral service.

For these purposes, the bill would define "participating school-based providers" to include all of the following: (a) a nurse, counselor, social worker, physical therapist, or occupational therapist employed by a school or school district; and (b) a superintendent of a school district, a principal, a district administrator, or a director of special education and pupil services.

The bill would direct DHS to provide moneys to an organization that provided consultation services through the current child psychiatry consultation program as of January 1, 2019 (the Medical College of Wisconsin), and that the organization must provide consultation services through a consultation pilot program in Outagamie County in a manner that maximizes medically appropriate access and service, as described in the bill.

Under the bill, the organization would be required to make available its own qualified provider or consortium of providers, and successfully demonstrate that it meets all of the following criteria:

- The organization has the required infrastructure to provide services within Outagamie County.
- Any individual who would be providing consulting services through the program is located in the state.

- The organization enters into a contract with DHS agreeing to satisfy all of the following criteria as a condition of providing services through the consultation pilot program: (a) the organization has at the time of participation in the program a psychiatrist, who is either eligible for certification or certified by the American Board of Psychology and Neurology, Inc. for either adult psychiatry or child and adolescent psychiatry or both, and has and maintains additional staff as specified by DHS; (b) the organization operates during the normal business hours of Monday to Friday between 8:00 am and 5:00 pm, excluding weekends and holidays; and (c) the organization shall be able to provide consultation services as promptly as practicable.

- The organization provides all of the following services: (a) support for participating school-based providers to assist in the management of students with mental health problems and to provider referral support for students; (b) a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals; (c) when medically appropriate, diagnostic and therapeutic feedback; and (d) recruitment of other practices in Outagamie County to the provider's services.

- The organization must have the capability to provide consultation services by telephone, at a minimum.

Under the bill, an organization providing consultation services through the pilot program could provide services by teleconference, video conference, voice over Internet protocol, electronic mail, pager, or in-person conference. In addition, the organization could provide in-person or Internet site-based educational seminars and refresher courses provided to any participating school-based provider who uses the pilot program on a medically appropriate topic within child psychiatry, which would be eligible for funding from DHS.

The organization would be required to report to DHS any information requested by DHS. In addition, DHS would be required to conduct annual surveys of participating school-based providers who use the pilot program to assess the amount of pediatric mental health care provided, self-perceived levels of confidence in providing pediatric mental health services, and the satisfaction with the consultations and the educational opportunities provided. By August 1, 2022, DHS would be required to submit a report on the program to the standing committees of the Legislature with jurisdiction over health.

FISCAL EFFECT

Additional Expenditure Authority. The bill would create a continuing appropriation and provide \$350,000 GPR in 2020-21 for DHS to create and administer a school-based mental health consultation pilot program. However, the bill would prohibit DHS from expending more than \$175,000 in any particular fiscal year from the new appropriation, including 2020-21. Consequently, at least \$175,000 GPR in expenditure authority provided in 2020-21 would be available for the program in the 2021-23 biennium.

In addition, the bill would direct DHS, as part of its 2021-23 biennial budget request, to submit information on funding for the new pilot program appropriation as though the total amount budgeted

for the program for 2020-21 had been \$175,000. This provision is intended to ensure that ongoing base funding for the program, going forward into the 2021-23 biennium, would be \$175,000, rather than \$350,000 (the 2020-21 appropriation amount, which would otherwise be included as part of the agency's base funding).

Lapsed Funding. In addition, the bill would lapse \$350,000 in 2020-21 to the general fund from a DHS GPR appropriation that is budgeted to fund two behavioral health pilot programs -- a psychiatric consultation reimbursement pilot program and behavioral health care coordination pilot programs. Under 2019 Act 9 (the biennial budget act), \$266,700 GPR is budgeted in both 2019-20 and 2020-21 to fund these programs. DHS has not yet implemented either of these programs. As no funding has been expended from this continuing appropriation since it was created in 2015 Act 153, the uncommitted balance in the appropriation was \$1,333,400 as of as of January 1, 2020.

In its fiscal note, DHS estimates the need for \$91,200 GPR to support 1.0 public health nurse to oversee the creation of the pilot program, coordinate activities with the program's external partners and conduct the annual survey required by the bill. As the bill would expand the current consultation program to include non-medical (school-based) professionals, DHS expects the program will require additional support for program monitoring and technical assistance. As the bill would not provide additional staff for DHS to carry out the requirements of the bill, DHS would be required to absorb any additional workload resulting from the enactment of the bill.

In summary, the increase in budgeted expenditure authority in the bill (\$350,000 GPR in 2020-21) is offset by a one-time corresponding lapse to the general fund in that year. Beginning in 2021-22, the fiscal effect of the bill is to increase GPR spending by \$175,000 GPR annually.

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