



Wisconsin Coalition
for Expanding

School-Based Mental Health

Advancing Expanded School Mental Health Services in Wisconsin

Proposal

Expanded School Mental Health Services

Supporting Organizations

*School Community
Partnership
for Mental Health*

*Racine Collaborative for
Children's Mental Health*

*Children's Mental Health
Collaborative in Dane
County*

*Wisconsin Association of
Family
and Children's Agencies*

*Sebastian Family
Psychology*

*Wisconsin Association of
Marriage and Family
Therapists*

*Journey Mental Health
Center*

IMPACT-Planning Council

*Family Services – Northeast
Wisconsin*

Common Threads

Family Service of Waukesha

Professional Services Group

Family & Children's Center

*Children's Hospital of
Wisconsin*

Community Partnerships

THRIVE Barron County

SaintA

ISSUE: Investing in expanded school mental health has been demonstrated both in Wisconsin and nationally to improve students' academic achievement and reduce challenging behavior.^{1 2 3 4}

One in five students arrives at school with a diagnosable mental health concern⁵ that affects their ability to learn. Many children with mental health-related behavioral challenges have difficulty successfully engaging in the classroom, and their struggles can disrupt learning for other students as well. Wisconsin must do more to help these children if we are to have healthy students, safe schools and successful learners.

Expanded school mental health (ESMH) integrates clinical services and consultation into the existing mental health-related services and supports available in the schools. Through ESMH, licensed clinicians become an important part of the team, collaborating with families and school staff to integrate treatment strategies into school and home environments.

Guided by a strong and diverse **family and youth voice**, ESMH augments the work of teachers, school psychologists, social workers, counselors and nurses. To the school **mental health continuum** of universal education, prevention programs, early intervention, and individualized services, ESMH adds the element of clinical therapy and consultation for students with more complex mental health challenges. Rather than supplanting, ESMH augments and integrates school support services and community-based mental health.

While ESMH has the potential to expand service delivery and **increase access** for families who desire that their children receive such services in the school setting, inadequate **funding for mental health** services is a continuing challenge across all settings. Medicaid therapy rates are well below the cost to provide therapy.⁶ In addition, Medicaid does not pay for school **mental health consultation**, a crucial component for ensuring that services are integrated and effective. For children with commercial health insurance, coverage varies.

Lutheran Social Services of
Wisconsin and Upper Michigan
Pathfinders Milwaukee
UW Health/American Family
Children's Hospital
American Foundation of
Counseling Services
Jewish Family Services
Catholic Charities – Madison
Family Service Madison
Lad Lake, Inc.

To create a comprehensive support system for students and schools, a braided funding strategy is required that takes advantage of private insurance, Medicaid, educational funding, county funding and grant dollars, and then fills the funding gaps.

PROPOSAL:

- *Provide \$2,500,000 annually for five years to the Department of Public Instruction (DPI) to establish and administer a competitive grant program that would allow school districts statewide to collaborate with community mental health agencies to provide extended mental health services. Grants will be awarded by DPI based on criteria created by a stakeholder group including family and youth, guided by the principles in the accompanying background paper on key elements and best practices.*
 - *The program will facilitate school districts' collaboration with counties and private providers to deliver an array of services, guided by a strong family and youth voice at the district level, that may include: a mental health referral and intake process, in-school individual therapy, group therapy and social skills, family consultation, in-home family therapy, teacher consultation, and training for teachers and school personnel. Programs must be designed to include all students in need of services.*
 - *In addition to grant funding, the program will utilize billing of Medicaid and commercial health insurance, and use, as available, community funds and foundation grants, and continue investment of DCF, DHS and county dollars spent on school-based services for children and families.*
- *Increase by 40% the Medicaid payment rate for individual or group therapy provided to a student(s) up to age 21.*
- *To incentivize engaging families in treatment and to recognize the additional work involved in family therapy, increase by 50% the Medicaid payment rate for family therapy when the family includes a student.*
- *Fund a new Medicaid payment code for mental health consultation, paid at the family therapy rate, to enable mental health professionals and school personnel to coordinate with families and each other in treatment planning and delivery.*

¹ United Way Fox Cities' *Providing Access to Healing for Students (PATH)*: [Fox Valley]

² Research on the Relationship between Mental Health and Academic Achievement. Prepared by Jeffrey L. Charvat, PhD, National Association of School Psychologists, Director of Research, June 2012

³ Safe Schools/Healthy Students [Dodge County]

⁴ Top of Mind: Children's Mental Health in Racine--Highlighting Facts and Uncovering Need. [Racine] Children with an emotional behavior disability (39%) are the most likely to be suspended from school according to DPI statistics cited in this June, 2012 report by the Johnson Foundation.

⁵ The Presidential WPA Program on Child Mental Health. World Psychiatry. Oct 2003, 2(3), 129-30.

⁶ Five Questions to Ask Before You Stop Accepting Medicaid Patients. The Profitable Practice. Melissa McCormack, March, 2014.

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