

TO: Assembly Committee on Medicaid Oversight & Reform
FROM: Tracy Oerter, Director of Mental & Behavioral Health, Children's Hospital of Wisconsin
DATE: Wednesday, May 22, 2019
RE: Support for AB 192—School-based mental health clinical consultations

Good afternoon, Chairman Summerfield and members of the committee. My name is Tracy Oerter and I am the Director of Mental & Behavioral Health at Children's Hospital of Wisconsin. Thank you for allowing me this opportunity to testify today in support of AB 192, which relates to the school-based mental health consultation code.

As you know, under recent current law, the Department of Health Services began reimbursing practitioners for clinical consultation time spent coordinating care and better supporting kids and adolescents covered by Medicaid who are struggling with mental and behavioral health challenges. This has been extremely valuable for school-based mental health providers like Children's; on average, more than 75 percent of students we care for in school settings are covered by Medicaid. Continuing reimbursement for this important clinical consultation, including the ability to reimburse communications with parents on their child's care, will better support school-based mental health providers in covering more of their costs to provide this valuable and much-needed care to some of our most vulnerable students. These smart investments to strengthen early interventions for children, like school-based mental and behavioral health care, help improve kids' health and well-being.

Children's mental health therapists have partnered with more than 30 schools around the state to offer services to children within the school setting to reduce common barriers to accessing care and increasing partnerships between therapists, teachers and parents. School-based mental health increases access to early intervention mental health services by treating the child or adolescent quickly after a concern has been identified in a comfortable, familiar setting. School-based care and treatment reduces the barriers of transportation, missed academic time, and stigma associated with obtaining mental health services. Through on-site partnerships with the school personnel, it allows for quicker consent for treatment and encourages collaborative care that places educators and mental health providers in the same location. Many school personnel recognize the value of having on-site mental health professionals, and in the last four to five years, have become very open to inviting external mental health providers into their schools.

I'd like to share stories from some of my colleagues about the importance of school-based clinical consultation.

School leadership in the Chippewa Valley has expressed how much they appreciate Children's providers for the high level of communication they have with educators and support staff in schools. The collaborative consultation involves the school staff in a way that best supports them through education and awareness regarding the child's behaviors, triggers and interventions to best support the child. A Chippewa Valley manager shared the story of a fourth grade boy who is seen in both clinic and school settings. He has a history of experiencing trauma and abusive behaviors at home, which sometimes caused the boy to react to certain triggers by imitating aggressive behaviors. His therapist worked with him to cope with his feelings and better self-manage his behaviors. She also worked with the school staff to help them to better understand the underlying root causes of his behaviors and helped create a supportive environment around the student. He was no longer displaying aggressive behaviors and was

successful in school. This collaborative and supportive environment fostered by his Children's therapist played a crucial role in the student's ability to be safe and successful in school.

A therapist from our school-based clinics in Madison shared the story of a student whose negative interactions and dangerous behaviors in school were drastically impacting their well-being and ability to learn academically. The student was unable to stay in the classroom, often displaying aggressive physical behavior and running out of the classroom – leaving their needs unmet and taking the teacher away from the other classmates. Our Children's therapist was able to explore the motivation behind the student's behaviors and then worked with the school staff on a collaborative approach to better care for the student. She was able to provide the time and assistance for the student and school staff to be successful by providing improved coping skills and strategies for the student and providing a common language to all who were interacting with the student. The therapist's consultation with other school staff team members ultimately helped reduce the child's outbursts and provided the child with an environment where they can continue to grow and thrive.

A therapist at our Kenosha Clinic shared that one of her clients, an 11-year-old boy, had an early childhood history of trauma including abuse, neglect and loss; he had been to multiple schools in different states and had been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD). When the child experienced feelings of shame or fear with adults or with his peers, he engaged in disruptive and aggressive behaviors. He was suspended frequently and missed several days of school – losing critical academic and social development time.

The child's therapist spent time meeting with the child's teacher to better understand symptoms at school and helped explain the rationale for the child's behavior. The mental health provider, educators and the parent were able to work collaboratively to create trauma-informed plans and interventions that built upon his strengths and helped stabilize his school environment. The child has not been suspended since this collaboration began last fall, he hasn't had any physical altercations with his peers and he has shown academic gains across the board – including gaining nearly three grade levels in reading. Now, the child's behaviors are better understood and treated with appropriate interventions; his mental health, self-esteem, and relationships have all improved.

While Children's staff have always performed the collaboration and consultation needed to optimize care for our clients, historically, funding and time constraints have been prohibitive for supporting mental health providers to collaborate with their clients' educators to the full extent needed. Now, mental health providers are better supported to dedicate time and resources to work collaboratively with schools to create consistent, systemic interventions.

Chairman Summerfield and committee members, I thank you again for the opportunity to share my colleagues' stories and testify in support of AB 192 I am happy to answer any questions now. If you have any questions, comments or concerns after the hearing, please feel free to contact me via email at toerter@chw.org or via phone at 414-266-2912.

As you know, Children's Hospital of Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's Hospital also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.