



State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

**MEETING MINUTES OF THE CHILDREN YOUTH COMMITTEE
ACTION MEETING**

April 7, 2016 at 12:30 pm to 3:30 pm

DHS, 1 West Wilson Street, Madison, Wisconsin 53707

Members of the Children Youth Committee (CYC) in Attendance: Bonnie MacRitchie, Kim Eithun, Kathryn Bush, Carrie Finkbiner, Dan Naylor, Joanne Juhnke, Phyllis Greenberger, Teresa Steinmetz

Members of CYC in attendance by phone: Barb Buffington

Department of Health Services Staff/Other state staff in Attendance: none

Members of the Public in Attendance: Kayla Schiesser

Item 1: Call to Order

- Members were welcomed and everyone introduced themselves. Joanne summarized the meeting guidelines.
- Phyllis motioned to approve the March minutes and Kathryn seconded. The minutes were reviewed with the following corrections:
 - Page 4: The second full paragraph should read: Kim also noted OCMH is participating in the Mobilizing Action for Resilient Communities grant with 13 other sites working on building resilience for all families. Wisconsin is focusing on engaging the business community. A site visit by the evaluation team Westat is happening in April.
 - Page 4: The fourth full paragraph, the last sentence, should include the correct spelling of Lynne Morgan's name.

Minutes were approved as amended. All agree. No one opposed and Dan abstained.

- The next meeting is scheduled for May 12, 2016. It is a joint meeting with Legislative & Policy Committee. The morning is just CYC and starts at 930am and will be located at DHS, conference room 850A. For the joint session, we will be in conference room 630.
- Announcements
 - Welcome to Barb who is now an official member.
 - Phyllis reminded everyone of the Children's Mental Health Awareness Day scheduled for May 5th, starting at 1130am at the Overture Center. Just prior to this the Gannett Newspaper meeting will be in a different room at the same location. Voting for the Poster Contest is now in progress and Phyllis will send this information out to the committee. Any community member can vote for their top 3 in each category.

- o Carrie handed out the 2015 Annual Report for the Wisconsin Alliance for Infant Mental Health. She also noted that the Mental Health Reform Act (S. 2680) was approved by the Senate Health, Education, Labor, and Pensions Committee, of which Senator Baldwin is a committee member.
 - o The CCF Conference is scheduled for November 16-17, and there is currently a Call for Presenters. The keynote speakers include Barry Duncan, Tamra Oman, and Pete Feigal. Karen will email the information to the group.
- No public comment.

Item 2: Overview of the Day

Kim and Phyllis were tasked with preparing information for this Action Meeting, with a focus on Funding School Mental Health Consultation. Linda Hall is the only presenter who could make it today. Phyllis and Kim spoke with other people and they will present what they learned.

Item 3: Funding School Mental Health Consultation

Linda Hall, representing the Coalition for Advancing School-Based Mental Health in Wisconsin, presented this section. She stated that the Coalition has been in existence for about 2 years. Within their efforts regarding school based mental health, the group has been making the case for providers to be paid for consultation. The Coalition is growing and looking for more support and has a bill drafted, which needs revisions, regarding this issue. The Coalition has written a background paper about best practice but Linda noted that the Department of Public Instruction has a good paper related to this and answers the question the Coalition was attempting to answer. Their proposal, which was circulated in paper form at the meeting, includes \$1.7 million to create a statewide grants program to assist districts in providing fully-integrated clinical mental health services within the schools. The grants would be around \$50,000 per school district and would include charter, private, and tribal, as well as public schools. The 3 main points of the proposal include:

1. Funding would be provided annually for for 5 years 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. The program would need to include a strong youth family voice,
2. Provide funding to enhance the Medicaid payment rate for individual therapy for a student and family therapy. If treatment is provided with a student or with a family that has a student, then the provider could get this enhanced rate.
3. Fund a new Medicaid payment code for mental health consultation with school staff by a licensed mental health provider.

Folks in the coalition have been consulting with Mark Sander from Minnesota. In Minnesota they are focusing on youth that have a complex mental health condition. The Coalition prefers a broader mental health focus. While going through their own process, Minnesota began with a broad ask and negotiated down to “complex mental health condition.” Minnesota’s focus is more clinically oriented but the Coalition wants to focus on broader supports including parents and think it’s important to include phone consultation. One area that will need to be addressed is determining how much time is

appropriate for consultation. In Minnesota they allow for up to 15 hours per calendar year for consultation time. The Coalition's plan is to have providers do the billing, as opposed to schools. Barb suggested that there be a presentation to the group about the Building Bridges program, of which Paula Buege had also suggested at a prior meeting. Barb also briefly described that in her school district of Deforest, there is \$63,000 provided for mental health services, including collaboration, and the county is matching it. The actual cost is \$126,000.

Kathryn has a document from Minnesota that is a position paper from early on in their process. She will send to Karen to forward to the group.

Linda stated that the next steps include a Coalition meeting in June. Anyone who has ever been involved will be invited and anyone who would like to be involved is also invited. The Coalition is also in the process of collaboration with DPI.

It was also noted that Minnesota, Pennsylvania, and New York, and perhaps other states, are using a psychoeducational code to pay for consultation with a parent.

Item 4: MA Waiver/EPST/State Plan Background/Lessons from other States

Both Kim and Phyllis spoke to various individuals, and gathered information on various options for having Medicaid pay for consultation to the extent that this group has been discussing. Options discussed include amending:

1. The State Medicaid Plan 1915(i) home and community based services (which includes a process with numerous, complicated implications).
2. 1915(c) SED Waiver for long term support.
3. Health Homes (Sec. 2703 under the Affordable Care Act of 2010)
4. EPST Health Check through Medical Assistance for recipients under age 21: a physician can recommend medically necessary services through Health Check, as long as they are available in at least one state's plan. A physician would have to be willing to recommend the service of consultation in a very specific manner, and follow through the prior authorization process..

States that were successful made the changes through 1915(c) or they opened their state plan. Minnesota worked for 10 years before they even began negotiating with Medicaid.

Break

Item 5: Other Ways to Pay for Consultation Time

Kathryn reviewed the document she developed: *Sources of Funding for Clinical Care Consultation with Educators/Other Professionals when a School-Based Community Mental Health Service Provider serves Youth in a Public School*. Possible funding sources on this document include:

1. Medicaid Reimbursement (Fee for Service)
2. Private Insurance (Fee for Service)
3. Absorbed by School-Based Community Mental Health Provider

4. Public Schools
5. Other 3rd Party Provider.

It was noted that currently, only face to face service, or parent only face to face session can be paid. Consultation on the phone is currently not billable. Currently, the most common way to pay for consultation is for it to be absorbed in the overhead of an agency. One clinician has noted that she easily pays \$30,000 for consultation this way. The Office of Legal Services for the Department of Public Instruction has an opinion that public schools do not have the statutory authority to contract for mental health or substance abuse services. In Minnesota, they use all 3rd party providers and General Revenue Funds is used.

Item 6: Committee Member Discussion

After a short discussion, and based on the information that was presented, the group decided to develop an action statement that would be presented to the Legislative and Policy Committee at the joint meeting in May in order to get their feedback. The statement is as follows:

Best practice in working with children is to be able to consult with all individuals in the lives of the children being served, including professionals and parents/caregivers; therefore we recommend that Medicaid funds consultation, including non-face to face clinical interactions with providers and parents/caregivers.

Karen will email this statement to the group and if anyone has any suggestions for changes, they are to email Joanne.

Item 7: Summary of Action Items + Agenda for May 12th meeting

1. For those committee members who had tasks from the March meeting regarding the budget, Bonnie will develop and send a one page template that should be completed and returned to Bonnie.
2. Regarding the CST information from the last meeting, Dan sent it to the chairs of the Children Come First Advisory Committee. That group does not have time to address this issue at their meeting later this month but the chairs stated they would like to review it and it could be an agenda item for a future meeting.
3. If anyone has feedback for Linda Hall on who should be included in the Coalition for Advancing School-Based Mental Health, please let her know.
4. Karen will forward an electronic copy of the proposal from Linda Hall.
5. Karen will email members the statement that was developed today and include in the email that if anyone wants to make any updates to the statement, they should send that information to Joanne.
6. Kathryn will update her Sources of Funding for School Based Mental Health services document that she brought for the group today.

Item 8: Adjourn