



Informational Testimony
Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
May 16, 2023

Chair James and honorable members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families, thank you for the opportunity to testify today.

The Wisconsin Association of Family & Children's Agencies (WAFCA) is a statewide network of non-profit and for-profit providers of human services and mental health treatment. For more than 40 years we have supported our member agencies in their missions to improve the lives of individuals, families and children in Wisconsin.

WAFCA agencies are key collaborators with our public human services systems. We are businesses and employers embedded within local communities. We bring innovation, mission and donor resources to our part of the human services ecosystem. We collaborate with government through a range of public systems including public health, education, mental and substance use treatment, child welfare, and corrections. We are committed to continuous improvement – adjusting and pivoting to be more responsive to our public sector partners and the people we are in direct relationship with as caregivers, teachers, therapists, coaches, and peers.

In this Mental Health Month, we see many signs of progress in Wisconsin. The state is moving the needle toward greater investments in community-based services including the expansion of prevention services for families at risk of child welfare system involvement; growth in comprehensive community services to support recovery; the emergence of the 988 crisis hotline; the expansion of telehealth and continued growth of school-community partnerships to support student well-being. We are taking positive steps in the right direction to meet families with the right resource at the right time.

At the same time we are facing high demand for mental health supports and a declining pool of professionals. Overloaded families struggle with basic needs, such as childcare and health care access. COVID delayed progress in many areas and deepened disparities in others. There continue to be inequities in access to timely mental health and substance use treatment across the state.

WAFCA is working alongside others appearing before the Committee today and supports action on all fronts to overcome our mental health system challenges. We see this legislative session and next biennial budget as an opportunity to strengthen our continuum of care for our children and families. This is the time to pivot more resources to earlier interventions while also sustaining our commitment to more intensive supports.

For our part, I would like to highlight some opportunities in three key areas today:

- Investing in Prevention and Early Intervention
- Focusing on Our Children with Complex Needs
- Growing Our Future Workforce to Support Mental Health and Wellbeing

INVESTING IN PREVENTION AND EARLY INTERVENTION

Home Visiting Support and Early Care Mental Health Consultation. The research on early brain development establishes unequivocally the value of supporting our families through the early years. Wisconsin lags other states in our state financial commitment to home visiting. The Family Foundations Home Visiting Program, which funds grants to support evidence-based home visiting in many regions of the state, reaches only a small proportion of the communities and new families that could benefit from voluntary parent education, nurse visits and case management support. Reaching these families early, before crises occurs, reduces family stress and increases mental wellbeing.

Similarly, early care mental health consultation services, which are currently launching in regions across the state, are a new opportunity to extend the benefits of school-based mental health into early care settings. Through this initiative therapists are available to provide insights that create conditions for success for in early care settings – addressing potential challenges and providing guidance to parents and teachers.

FOCUSING ON OUR CHILDREN WITH COMPLEX NEEDS

Stable Funding for Residential Treatment & Creating New Psychiatric Residential Treatment Facility for Youth (PRTF). For nearly a decade, children have been leaving Wisconsin to receive care and treatment for a variety of high acuity needs. From 2014-2020, bed capacity in our state declined 32%. During this five-year time span, 250 youths from 46 different counties were placed out-of-state for services. The pandemic has exacerbated the placement crisis, and there is a caregiver shortage for children that is comparable to that being experienced in elder care.

We stand alongside advocates and state and county partners committed to better, more timely responses for our children and families. We all agree that we need more resources in our communities to help children stabilize at home, but we also know that high quality residential treatment can be an effective part of a child's treatment plan and recovery path. Last year, WAFCA worked with our county partners to develop a pilot proposal to fund additional capacity in Wisconsin's residential treatment services to support higher acuity youth and we hope to see this pilot funded this session. In addition, DCF and DHS are invested in lifting a PRTF level of care in the state. Many youth who have received care out of state have been served in a PRTF setting. While the issues are complex and intersect across our education, youth justice, child welfare, disability and mental health systems, WAFCA is committed to continuing to support the levels of care that children and families need.

Youth crisis stabilization facilities. Wisconsin's mental health crisis response system is continuing to evolve; however, we are not keeping pace with the need. The increases in emergency room encounters related to youth mental health crisis are well documented at this stage. According to DHS data, of the more than 14,000 youth receiving some form of county mental health service, crisis was the most frequently used service in 2021. Youth crisis stabilization facilities are relatively new. DHS has provided grants to launch three facilities and hopes for further expansion. WAFCA member agencies are partnering in some of the early efforts. Programs that are operational are showing positive outcomes. However, programs are struggling to staff the facilities and the funding mechanism based on a Medicaid daily rate is unsustainable. In order to be viable, programs will need more of a shared-risk model for the long term and state or regional contracting for these facilities should be permitted and supported with ongoing state funding.

GROWING OUR FUTURE WORKFORCE TO SUPPORT MENTAL HEALTH AND WELLBEING

Qualified Treatment Trainees (QTTs) – Insurance Reimbursement. We echo the prior testimony regarding the benefit of the QTT grant program. QTTs require more substantial clinical supervision, bill fewer hours and are ineligible to bill under most commercial insurance plans. Even when an insurer will pay for the services of a QTT, the billable rate may be lower. Agencies that support the development of QTTs do so at a loss, while they are contributing to growing the future workforce and creating opportunities here in the state. Agency losses would be reduced if commercial insurers were required to include QTTs in their insurance coverage.

Peer specialists. Wisconsin is continuing to develop high quality peer specialist and parent peer specialist programs. Unfortunately, there is limited health insurance reimbursement for these professionals even though they serve an essential role in person-centered behavioral health treatment plans. In a prior session, the legislature approved expansion of the general Medicaid benefit to include recovery coaches, and we support similar action to incorporate peer specialists as a Medicaid benefit and expand the requirement for health insurance plans to adopt coverage as well. To meet the current and future demand for mental health supports, we need to expand the array of professionals who are able to build careers as peers and in other paraprofessional roles. Forty states cover peer specialists in their Medicaid programs and of those, twenty report no limits on the services. Meanwhile Wisconsin currently limits reimbursement for peers to CCS/CSP and select substance use treatment programs.

As partners committed to supporting our public sector, I would be remiss if I did not address the importance of Medicaid reimbursement. We know that the legislature understands the need for sustainable funding through Medicaid which continues to grow as a critical building block for supporting access through schools and county services. In the absence of sufficient reimbursement rates, providers cannot compete for workforce and care is delayed – missing the opportunity to prevent further trauma and more costly interventions.

Wisconsin has an historic opportunity this session to take another step forward toward a more equitable, accessible continuum of care to advance mental well-being. Emerging from the pandemic, WAFCA is engaging with our state, county, school, health system, community and lived experience partners with renewed energy. This same solution-focused spirit is evident in the discussions we are having with policymakers and we look forward to continued dialogue with this committee and with each of you regarding the challenges and opportunities before us.

Thank you, again, for inviting us to contribute to the discussion today.