Kids in Crisis | Legislative Action Tracker

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Based on a year of reporting on Kids in Crisis, USA TODAY NETWORK-Wisconsin reporters have compiled a list of 10 potential legislative actions to address the crisis of teen suicide and suffering.

(Photo: David Lafata, USA TODAY NETWORK)

The ideas stem from what dozens of experts and families around the state have said they need. Some measures been implemented successfully in other states. A USA TODAY NETWORK-Wisconsin editorial pushed for these approaches in March, before a Day of Action in Madison where speakers implored lawmakers to act on them.

In the coming weeks and months, check back on this list to see whether lawmakers are taking any action on these items or others to improve youth mental health in Wisconsin.

1. Support mental health clinics in schools

Many Wisconsin schools have opened their doors to private behavioral health clinics that can serve students on campus in cooperation with school staff, providing more seamless and accessible care for students with mental health challenges. DPI recently released a guide for schools that highlights this approach as an effective model (p. 8).

In the Fox Cities, United Way has worked to establish the PATH program, which brings therapists from local clinics into schools to help kids who can't access services elsewhere. However, as most of the students are uninsured or under-insured, insurance payments cover less than half of costs. PATH relies on philanthropic grants to make up the difference, which directors say has prevented it from being able to expand to more schools.

In order to sustainably expand programs like PATH throughout the state, Wisconsin could look to Minnesota's model. The state provides public dollars to supplement insurance payments so that school-based clinics can serve all students.

There's evidence that the investment would save money long-term. A cost-benefit analysis of the PATH program by the Robert M. La Follette School of Public Affairs found that for 183 students, the program netted a savings of $9.4 million when considering increased lifetime incomes for the students; and decreased truancy, behavior problems, guidance counseling, suicide and crime.

Aug. 1 Update: Many state lawmakers on both sides of the aisle told us they would like to see more mental health clinics in schools. Some said they would like to see state funding for clinics in the next biennial budget, following the Minnesota model. Rep. Dave Considine, D-Baraboo, sits on the Assembly's Mental Health Reform Committee and said if it's not in the budget, he planned to put forward a bill that would allocate state funding for clinics. Assembly Speaker Robin Vos, R-Rochester, said he would like to see Medicaid dollars utilized more in school mental health, but was open to looking at the possibility of other state investments in clinics.

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2. Create a standardized reporting form for suicides

One way to inform suicide prevention efforts is to collect better data in the wake of a death, in the style of a standardized form for investigators to fill out.

The form could be loosely modeled on the Sudden Unexplained Infant Death Investigation reporting form, which officials in Wisconsin and around the country fill out in the case of a baby's death. Like the potential outcome of a suicide report, these reports recently culminated in a Children's Health Alliance report on risk factors and prevention opportunities for infant deaths in the state.

Like the SUIDI form, which prompts investigators to record information like how the infant was placed and the pregnancy history, the suicide form would prompt investigators to ask the right questions immediately after a teen suicide.

Aug. 1 Update: Lawmakers across the board saw this as a common-sense tool to better understand the suicide epidemic that is also relatively low-cost. Assembly Speaker Robin Vos, R-Rochester, said this may be doable even without legislation, but that if a new law is required, he's supportive as long as it's not too costly. "I think it makes common sense to me," he said.

3. Increase participation in a state survey of youth risk behavior

In 2015, there wasn't enough participation by selected schools to produce usable results from the Youth Risk Behavior Survey, which many consider a reliable method for getting a finger on the pulse of kids in the state.

Classrooms selected for the traditional YRBS must set aside a full class period for the survey if their schools decide to participate. Selected schools will receive the next round of YRBS surveys this fall, and would take the survey in spring 2017.

Wisconsin has also created a more flexible online survey that schools can customize to their own community at no cost. Though the results aren't rolled into the official state or federal data, they are school or region-specific. When communities craft their own surveys, as Marathon County did recently, they can respond more locally to problems.

Aug. 1 Update: Lawmakers saw the value in the survey as helping identify some of the root causes of mental illness and suicide, and said they would look at the data — if enough of the selected schools choose to participate next year for the results to be usable. The Department of Public Instruction is already working on ways to make the survey easier for schools to fit into their schedules.

4. Assist counties in establishing alternatives to hospitalization

In a survey conducted by a state workgroup, staff from at least 17 Wisconsin counties noted that they lacked diversion options for kids having mental health crises who would be better served in less intensive options than psychiatric hospitalizations. Kenosha staff said they were sending more children to state hospitals than ever before because of the lack of diversion options.

But despite a state workgroup preparing a model framework for a group home that could be used for crisis stabilization in lieu of hospitalization, DHS Assistant Deputy Secretary Bill Hanna said he is not aware of any counties that have stepped up to collaborate on establishing a facility.

Aug. 1 Update: Hanna said the state is planning to put out a request for applications this fall in hopes of finding counties and providers who are interested in starting a group home that would serve as an alternative to hospitalization. Hanna said he is working with the Department of Children and Families to secure funding for start-up costs for the diversion

facility, which would ultimately be supported on an ongoing basis by Medicaid payments and other revenue sources. The home, which would allow kids in mental health crisis to deescalate in a secure environment without involving law enforcement or restraint, would save money and offer a less traumatic experience, Hanna said.

5. Hold counties accountable for delivering public mental health care

Wisconsin officials have long recognized that a county-based system for public behavioral health services has resulted in inconsistent implementation of programs and varying levels of supports in each county. Each county has its own level of local investment, commitment to securing grant funds, and philosophical approach to care. Some smaller counties are unable to pursue programs that larger counties can due to economies of scale.

A USA TODAY NETWORK-Wisconsin analysis of government data found wide gaps in county spending levels for children's mental health, with some counties reporting far more local dollars invested in public services than others.

Further, county officials said unclear directives from the state on how to report spending made it impossible to compare investment levels between counties.

Instituting clear directives and collecting accurate data could be the first steps toward fulfilling the state's duty to "promote access to appropriate mental health services regardless of a person's location," as defined by the Legislative Fiscal Bureau.

Aug. 1 Update: Rep. Adam Neylon, R-Pewaukee, said it was important for the state to have clear data on county spending in order to monitor the effectiveness and consider whether some counties should consolidate health departments and pool resources. He suggested having an informational hearing on the topic. Other lawmakers said they were concerned that efforts to equalize county care could end up hampering county efforts to come up with innovative solutions for their unique populations.

Story: Help for kids in crisis tied to maps, not need

Meanwhile, Elizabeth Hudson, director of the state Office of Children's Mental Health, said in response to our findings, her office and other DHS officials are working with county officials to review how counties report on certain behavioral health programs. Officials are also working with counties to improve approaches for de-escalating kids in crisis.

6. Support more training for police to better understand mental health challenges

The state currently provides $125,000 a year for Crisis Intervention Team training facilitation and grants to law enforcement. This year, it hasn't been enough to meet the demand from agencies.

The 40-hour training gives officers the skills to deal with their all-too-common interactions with people living with mental illness. Only 16 percent of Wisconsin's law enforcement agencies had any officers trained in CIT according to a January USA TODAY NETWORK-Wisconsin analysis. Police want this training — but the demand is outweighing what's available.

Four grant requests for the training were denied this fiscal year due to a combination of lack of funding and timing. The grant also wasn't enough to cover several requests for stipends to help officers and agencies afford to cover "backfill," travel and lodging to get to training.

If departments can't get grant funding, they'll either look to other funding or not hold the training sessions, for 25 to 45 officers each, at all. Sometimes other funding can mean charging the officers or departments themselves, which can become a deterrent when the officers may already be traveling, or the smaller departments have to cover for the officers who are away from their positions.

Aug. 1 Update: Legislators supported CIT training but didn't all see the need to increase funding that's already in place. Like with other funding proposals, they asked where the money would come from. "It might take us several budgets to get all officers trained as opposed to trying and do everybody all at once," Assembly Speaker Robin Vos, R-Rochester, said. But others did support increasing the funding, saying it would help both children and adults. "We want to look at this in the next budget," said Rep. Adam Neylon, R-Pewaukee.

7. Expand a program for primary care doctors to get advice from psychiatrists

As of January, 296 providers from 82 clinics were enrolled in the Child Psychiatry Consultation Program, with doctors split between the Milwaukee region and a northern Wisconsin region. In its first year, the program facilitated roughly one consultation each day through phone calls, emails and

letters, as primary care providers responded to their patients' psychiatry needs. It's one way the state is responding to the psychiatrist shortage.

The CPCP program currently receives $500,000 in state funding a year, which has been matched by a family foundation. To expand CPCP statewide would require $3.125 million in annual state funding.

Wisconsin also currently prohibits the psychiatrists from consulting with the patients directly — the psychiatrists can only talk to the primary care doctor about the patient. This can be a hindrance if a primary care doctor is struggling to explain a complex case.

Aug. 1 Update: The CPCP is revered as an effective way to bridge the gap of a major child psychiatry shortage, but as everyone competes for resources, lawmakers said the expansion may be too costly this session. Assembly Speaker Robin Vos said he also wanted to see more documented success first.

8. Standardize and expand mental health screening in schools

Wisconsin could expand successful in-school mental health screenings statewide. Where these programs exist today, kids are screened where they already are — in school — and professionals catch problems early.

Fond du Lac has screened 10,000 students since 2002, with 1,800 students flagged and connected with resources for mental health care. That nearly 20 percent referral rate is higher than school screenings for vision, hearing or scoliosis.

The Samaritan Counseling Center of the Fox Valley does screenings for 10 schools in its area and has flagged about 30 percent of students who have taken the screening for follow-up. That program began in Kaukauna after multiple children died by suicide and the community wanted a way to reach youth in need as soon as possible.

Aug. 1 Update: Assembly Speaker Robin Vos said with how important it is to catch problems early, this was his top priority of the 10 on the our list. He said an expansion of the screenings is a goal of his for the next budget, but the extent would depend on how much it costs.

9. Require schools to track and respond to bullying

Wisconsin does not require public schools to document bullying complaints, investigate reports of bullying, provide a system for anonymous reporting of bullying, or have staff report incidents of bullying that they witness.

DPI encourages school districts to adopt a model policy (download) on bullying that requires such steps, but the choice is left to school boards. We know not all school boards adopted it.

Wisconsin's statute on bullying, enacted in 2010, simply requires school boards to adopt policies "prohibiting bullying by pupils." It does not include half of the components of anti-bullying law suggested by the U.S. Department of Health and Human Services, including:

- Define, prohibit, or even mention cyberbullying
- Require the state to review district bullying policies to ensure they are following the law
- Require school districts to maintain written documentation of bullying complaints and resolutions
- Require school districts to have a procedure for referring victims and perpetrators of bullying to mental health and other support services when appropriate
- Require school districts to train staff in preventing, identifying and responding to bullying
- Require school districts to report to the state the number of reported bullying incidents and outcomes

See www.stopbullying.gov/laws/key-components/ for excerpts of laws in other states that address these points.

Aug. 1 Update: While several lawmakers said they supported changes to the bullying statute, Assembly Speaker Robin Vos, R-Rochester, said he was "reluctant to try to mandate evermore reporting requirements on school districts." But Rep. André Jacques, R-DePere, said he thought there was more the legislature could do to make sure that school districts are writing good policy, particularly with cyberbullying. Rep. Melissa Sargent, D-Madison, said she is working with attorneys as she considers ways to strengthen Wisconsin's anti-bullying law.

10. Raise Medicaid payment rates for children’s mental health care

There is evidence that Wisconsin's Medicaid reimbursement rates – among the lowest in the country – are shutting children out of accessing outpatient behavioral health care and leading to higher costs associated with emergency psychiatric care.

A report by Milwaukee's Public Policy Forum found that in Milwaukee County, low reimbursement rates were stopping mental health providers from accepting Medicaid patients. A 2014 survey by the Wisconsin Statewide Medical Home Initiative found that only 20 percent of Wisconsin pediatricians said they could find therapists when needed for their patients on Medicaid, and just 5 percent could find psychiatrists for patients on Medicaid.

The state legislature could seek increased reimbursement rates in the next state budget, consider a pilot like was done for dental payment rates, or call for a more comprehensive study of the issue.

Aug. 1 Update: Lawmakers we spoke to were not hopeful about Medicaid reimbursement rates rising, despite recognizing that the low rates are a barrier to care. Sen. John Erpenbach, D-Middleton, said Medicaid rates should be raised in all areas, and he would support a pilot program of higher rates for mental health care. But Assembly Speaker Robin Vos, R-Rochester, and other lawmakers said they were not optimistic about raising rates due to competing budget priorities.