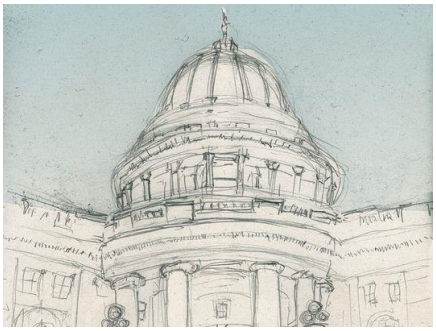
# Kids in Crisis | Legislative Action Tracker

**Rory Linnane and Katherine Lymn, USA TODAY NETWORK-Wisconsin** *10:39 a.m. CDT June 9, 2016*

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.

## 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.

## 3. Support Crisis Intervention Team training for more law enforcement officers

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.

## 4. Increase participation in the Youth Risk Behavior Survey

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.

## 5. Expand Child Psychiatry Consultation Program

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.

## 6. 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.

## 7. Require tracking and investigations of 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.

## 8. Raise Medicaid reimbursement rates for children's behavioral 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.

## 9. Hold counties accountable

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.

## 10. Assist counties in establishing diversion facilities

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.