

Recommendations for Improving Children's Mental Health

- Increase investment in school mental health** both student services staff and mental health collaboration grants.
 - **School Mental Health / Student Wellness.** Invest in students' mental health by funding 10% of school expenditures for school counselors, psychologists, social workers, and nurses. Expand this program to fund all school districts, independent charter schools, and private parental choice schools with expenditures for pupil support staff rather than only school districts with an increase in social worker expenditures in the previous year. Program expansion could increase the number of eligible schools from 87 to more than 420. In addition, rename the appropriation for these expenditures to include student wellness and reflect the program's whole-student approach. (DPI, \$22,500,000 GPR in 2021-22 and \$24,000,000 GPR in 2022-23, p.11)
 - **School Mental Health Collaboration Grants.** Increase grant funding to increase the number and size of school-based mental health collaboration grants that provide students with mental health services, specifically through co-location of services at schools. In addition, expand the definition of eligible partner agencies to include individual providers, telehealth, or online services which could aid rural school districts' participation. (DPI, \$3,500,000 GPR in 2021-22 and \$3,500,000 GPR in 2022-23, p.11)
- Increase DSPS Position Authority** so the Department can process mental health professional licenses faster with staff financially supported by licensing fees.
 - **Improve Professional Licensing and Regulation Functions.** Provide position and expenditure authority to improve professional licensing and regulation functions. With additional staff, mental health professional licenses will be approved more quickly to improve recruitment and retention of mental health professionals which would increase the availability of treatment for children. (DSPS, 16 positions, \$907,900 PR in 2021-22 and \$1,178,100 PR in 2022-23, p. 1)
- Increase Medicaid payment for mental health treatment** to improve recruitment and retention of mental health professionals.
 - **Medicaid Outpatient Mental Health and Substance Abuse Services and Child-Adolescent Day Treatment Rate Increases.** Increase the Medicaid rate for outpatient mental health and substance abuse services and child-adolescent day treatment to increase access to outpatient mental health treatment and suicide prevention services. (DHS, \$40.6 million; \$4,069,200 GPR, \$6,103,900 PR-F in 2021-22 and \$12,207,700 GPR, \$18,311,500 PR-F in 2022-23, p. 20)
- Increase the Earned Income Tax Credit** to reduce children's behavioral health problems, including anxiety and depression, as recommended by the Centers for Disease Control and Prevention.
 - **Earned Income Tax Credit.** Support Wisconsin families by increasing the Wisconsin earned income tax credit as a percentage of the federal credit from 4 percent to 16 percent for parents with one qualifying child and from 11 percent to 25 percent for parents with two qualifying children beginning with tax year 2021. The earned income tax credit has been shown to be effective in reducing childhood poverty and behavioral health issues, including anxiety and depression. An estimated 200,000 tax filers will benefit from this expansion. (General Fund Taxes, \$101,283,600 GPR and \$47,016,400 PR over the biennium, p. 25)

5. **Infant and Early Childhood Mental Health Consultation.** Expand access statewide for this guidance and expert advice that improves children’s mental health and reduces expulsions from child care.
 - An investment of \$5.3 million (about \$2 million/year) would allow 34 consultants to be available to meet statewide requests for mental health consultation to address behavioral and emotional challenges for infants and young children. Although supported by the Early Childhood Advisory Council, this proven initiative was not included in the Governor’s budget proposal.
6. **Increase investment in peer support** to increase access to services leading to faster and longer lasting recovery as shown by Mental Health America.
 - **Behavioral Health Phone Lines Support.** Fund a supplemental call center to provide backup to staff at four peer-run respite centers during periods of high call volume or when staff are providing in-person service. DHS would contract for six additional peer specialists to staff the supplemental phone service. (DHS, \$313,800 GPR in 2021-22 and 2022-23, p. 58)
7. **Support a strong state suicide prevention infrastructure** to reduce suicide in Wisconsin and the costs to our health care system and economy.
 - States with strong suicide prevention infrastructures typically have a full-time suicide prevention coordinator funded by an ongoing appropriation. Wisconsin’s suicide prevention effort relies on a coalition of advocates and state agency representatives devoting only a portion of their time to suicide. The coalition is led by a contracted organization with funding that varies annually. A state coordinator-led infrastructure, with dedicated, steady funding, allows for continuity and sustained efforts over time yielding better prevention results. Adoption of this model could be instrumental in reducing Wisconsin’s higher-than-average teen and young adult suicide rates.
8. **Prohibit conversion therapy** with minors, as recommended by the American Academy of Child and Adolescent Psychiatry, and save Wisconsin teen lives.
 - Conversion therapies that promote a particular sexual orientation and/or gender as a preferred outcome lack scientific credibility and clinical utility according to the American Academy of Child and Adolescent Psychiatry. The Academy also notes in its 2018 statement that there is evidence that such interventions are actually harmful and, therefore, conversion therapies should not be part of any behavioral health treatment of children and adolescents.
9. **Address high insurance deductibles and inconsistent telehealth service coverage** by private insurers to increase children’s access to mental health treatment.
 - High insurance deductibles are a major barrier to children accessing mental health treatment. When families cannot afford to pay a deductible, children typically go untreated. Deductibles and cost sharing for mental health therapy should, at a minimum, be equal to those for physical health and even lower for most commonly diagnosed mental health conditions. Teletherapy allows for effective, more easily accessible treatment for many children. Expanded insurance coverage of teletherapy during the pandemic should be extended permanently when therapeutically indicated.
10. **Expand Medicaid** which would extend coverage to 53,000 parents and result in millions of dollars of savings that could be reinvesting in children’s mental health.
 - **Medicaid Expansion.** Expand Medicaid under the federal Affordable Care Act by covering all low-income Wisconsin residents who earn incomes between 0 percent and 138 percent of the federal poverty level. This expansion would provide health care coverage to 90,900 additional Wisconsinites, of which 53,000 are parents, while saving \$634 million GPR and drawing down an additional \$1.3 billion FED over the biennium. The American Rescue Act increases the financial incentives for Wisconsin and the other 11 remaining states that have not adopted the Medicaid expansion. With these changes, Wisconsin can save even more to be reinvested to support families in ways that would help them exit the Medicaid program. (DHS, -\$328,481,300 GPR, \$675,883,500 PR-F in 2021-22 and -\$305,618,700 GPR, \$717,004,600 PR-F in 2022-23, p.10)