Representative Tittl and Members of the Assembly committee on Mental Health Reform

My name is Marc Herstand. I have served as the Executive Director of the National Association of Social Workers, Wisconsin Chapter for the past 22 years. I represent over 1800 social workers throughout Wisconsin who work in a wide variety of settings including county human service departments, nursing homes, hospitals, community based organizations, mental health clinics and private practice. Close to 50% of our 1800 members provide mental health services.

In the last legislative session Governor Walker created the Speaker’s Task Force on Mental Health. The first goal was “Eliminating barriers to treatment and promoting early and voluntary intervention for juveniles and adults in need of mental health services.” The final report emphasized the importance of mental health care and treatment for minors and the provision of mental health services in underserved regions of the state, including rural areas.

At the same time that the Speaker’s Task Force on Mental Health was operating, another important initiative called “Right the Rules” was implemented by the State Legislature to eliminate unnecessary and burdensome rules affecting small businesses and individuals in Wisconsin.

Today I want to bring to your attention two Department of Health Services’ rules affecting the delivery of mental health services in Wisconsin that undermine the goals of the Speaker’s Task Force on Mental Health. These rules also fall under the category of rules that are unnecessary, costly and burdensome on mental health providers who are trying to provide a needed service to the citizens of Wisconsin.

First is the rule that does not permit licensed clinical social workers and other mental health professionals to provide mental health services in schools unless they are a state certified mental health clinic. In 2009 AB 75 passed, which implemented direct reimbursement for licensed mental health practitioners for Medical Assistance and insurance. Among other things the new law stated, “the department...may not require that clinical psychotherapy or alcohol and other drug abuse service be provided under a certified program.” One of the purposes of AB 75 was to increase access to services to underserved populations in the state by reducing costs for service providers who would no longer have to work under costly, bureaucratic and burdensome rules of the Department of Health Services.

In 2013 the Bay Area Mental Health Center, located in Washburn, Wisconsin dropped their state clinical certification, per AB 75 and State Statutes Chapter. 49.45 (30f.) The Bay Area Mental Health Center
provides mental health services in schools in their region and to the Bad River Tribe. When the Department of Health Services became aware that the BAMHC had dropped their clinic certification, they refused to reimburse them. They stated that the only allowable place of service for an independent practitioner was an “office” and that a school setting did not qualify for an office. When I asked a DHS staff person how he defines an office, he said they consider an office where the records are kept. Given the advent of electronic records that can be kept in distant states or on the “cloud”, this definition is clearly unworkable.

As a result of this rule the Bay Area Mental Health Center has had to transport the students from the school to their office, which could result in the student missing close to a half a day of school as well as being questioned by other students about why they are gone so long. This rule is completely unnecessary and is a barrier to the provision of mental health services to juveniles in Wisconsin. I am asking that this committee ask the Department to change this rule as soon as possible.

The second rule restricts the ability of independent practitioners to provide in-home family services. This new rule was brought to my attention by two of my members, each of whom has provided mental health services for over 30 years. One of my members lives in St. Germaine and travels all over the “North Woods” providing in-home family services to troubled youth and families. The other member lives in Oak Creek and has provided “wrap around” services for children in the Bureau of Milwaukee Child Welfare for years. She travels to some of the most dangerous neighborhoods in Milwaukee to provide this service. Both members are no longer part of state certified clinics per the state statute mentioned above. Both of these licensed clinical social workers operate their own business providing this service. And both were very surprised and upset to find out that the Department of Health Services would not reimburse them for these services as an independent practitioner, despite the state statute.

Providing in-home family services is often the only way to serve extremely troubled children and families who otherwise would not come to a clinic or would cause a huge disruption if they did come. It takes a very special provider who is willing to do this type of work. In addition not every provider is willing to provide services to Medicaid clients where the reimbursement is low and the paperwork very time consuming. Instead of creating barriers to providers willing to provide mental health services in homes, the Department of Health Services should be supporting providers who are willing to do this work.

In both these situation I have contacted the Department of Health Services and requested they change the rule to allow independent practitioners to provide services in the public schools and in in-home settings. In both cases the Department thanked me for my input and said they would take my comments “under consideration”. However nothing has changed and I am asking the Assembly Committee on Mental Health Reform to ask the Department of Health Services to drop these two rules and allow independent licensed mental health professionals to receive MA reimbursement for services in the public schools and in in-home family settings.

Thank you for your attention to this matter