November 15, 2021

The Honorable Ron Wyden
Chairman
219 Dirksen Senate Office Building
Washington, D.C. 20501

The Honorable Mike Crapo
Ranking Member
219 Dirksen Senate Office Building
Washington, D.C. 20501

Re: Mental Health Care Policies to Address Unmet Need

Dear Chairman Wyden, Ranking Member Crapo, and esteemed members of the committee:

On behalf of the Children's Mental Health Campaign (CMHC), thank you for the opportunity to provide comments as you explore ideas for improving access to behavioral health care. The CMHC is a large network that advocates for policy, systems and practice solutions to ensure all children have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way. The CMHC Executive Committee consists of six highly reputable partner organizations: Boston Children's Hospital, The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), the Parent/Professional Advocacy League, Health Care For All, Health Law Advocates, and the Massachusetts Association for Mental Health. The CMHC network includes more than 200 organizations.

As you know, children have been in a behavioral health pandemic long before the COVID-19 pandemic, which has only underscored the need. Prior to COVID-19, the data demonstrated that one in five children experience a psychiatric disorder within a given year and one-half of psychiatric disorders begin by age 14. However, less than one-half of children with psychiatric disorders receive treatment, and for those receiving treatment, 10 years is the average delay between symptom onset and treatment.

Notwithstanding, we are seeing a significant rise in demand for pediatric behavioral health care and the behavioral health care system is not equipped to meet the demand due to inadequate capacity and longstanding workforce shortages across the continuum of care. These shortages expressly derive from insufficient reimbursement rates for behavioral health services; notably, with 50% of children covered by Medicaid nationally and the program broadly underpaying for hospital based services, there is opportunity to address this issue within the Medicaid program to enable a sustainable, high quality system. Needless to say, the current crisis is causing significant strain on children, their families and the health care workforce.

As you explore how to best utilize resources to address to enhance access to quality behavioral health care, we ask that you prioritize allocating resources to services and supports that will ensure the safety and wellbeing of children. The mental health impact of the pandemic has strained the capacity of an already overburdened children's behavioral health system. Resources are needed now to respond to a significant increase in need for behavioral health care among kids. We look forward to working with you to implement solutions to enhance behavioral health and offer responses to the questions posed in the five priority areas identified by the committee.

Improving Access for Children and Adolescents

In order to address shortages of providers specializing in children's behavioral health care, policies that support increased payment for behavioral health providers, loan-forgiveness expansion, and enhanced training opportunities should be adopted. The behavioral health workforce is woefully undercompensated, and providers need to be incentivized to enter the field and to remain in the field.

An oft overlooked cornerstone of the behavioral health workforce, and the larger healthcare workforce, are family partners and peer support specialists. These individuals are integral to enabling many families to feel more comfortable and welcome in medical settings. Moreover, because these professionals have shared lived experience, they serve a unique role in helping families access services, increase self-advocacy skills, and decrease caregiver anxiety and stress. Yet, as critical as these roles are to engaging and supporting families in meaningful and ongoing care, family partners and peer support workers are not paid adequately, fairly or equitably for the work they do.

Another key strategy in strengthening the behavioral health workforce is to support and train the pediatric primary care workforce. Enhancing the capacity of primary care providers to effectively manage mild to moderate behavioral health conditions will alleviate the strain on behavioral health specialists, who are a very limited resource, and will also allow them to focus on patients with more acute behavioral health needs. In contrast, pediatric primary care providers are a larger workforce with less geographic disparity and deep community-based networks.

With respect to behavioral health care access for vulnerable youth populations, such as individuals involved in the child welfare system and the juvenile justice system, federal programs need to develop trauma-informed models of care to meet the needs of youth in foster care or congregate care settings, support placement stability, and facilitate successful transitions as children return home. In addition, increased funding is needed for programs like the Mental

Health Advocacy Program for Kids (MHAP for Kids), which works to remove barriers to treatment and divert children from initial or further involvement with the juvenile justice system. MHAP for Kids is a network of specially-trained attorneys that represent parents, guardians, and young people in special education and school discipline matters, in appeals for eligibility and services from state agencies, in coordinating community-based mental health services, and in private and public insurance coverage appeals.

At the federal level, we support the passage of H.R. 4943, the CHildren's Mental Health Infrastructure Act of 2021, which would authorize funding for the construction and modernization of sites of care for pediatric mental health services, enhanced capacity to provide pediatric mental health services (including digital infrastructure and telehealth capabilities) and support the reallocation of existing resources to accommodate pediatric behavioral health patients.

Strengthening Workforce

It is essential that any behavioral health legislation address the current crisis in pediatric behavioral health care capacity. As previously mentioned, longstanding inadequate reimbursements rates have resulted in the workforce shortage that we are currently navigating. Low reimbursement rates have also caused many behavioral health providers to choose not to accept insurance altogether. Within the realm of reimbursement, the types of services reimbursed should be broadened to include services such as school-based care, early childhood mental health, and in the medical setting: sitters, child life specialists, and behavioral response teams. Additionally, reimbursement should account for behavioral health condition complexity, including in integrated behavioral health primary care settings and in specialty behavioral health care settings.

It is important to note that the difficulty of working in a COVID-19 environment has made it even more challenging to attract and retain a behavioral health workforce. Workforce investments should include strategies to attract individuals from diverse backgrounds and also strategies to retain and support the workforce that we do have. An example of a targeted strategy would be free or reduced tuition for educational development opportunities for people who speak languages other than English and for culturally diverse clinicians. Focusing strategies on increased payment for providers, loan-forgiveness expansion, and enhanced training and educational opportunities, provides a comprehensive approach to a longstanding problem.

H.R. 4944, the Helping Kids Cope Act of 2021 is bipartisan federal legislation that would authorize funds for grants to children's hospitals, pediatricians and other providers to support

behavioral health care integration and coordination based on community needs. Included among the activities that could be funded through this bill are the recruitment and retention of community health workers to coordinate family access to pediatric behavioral health services, training the pediatric mental health care workforce, pediatric practice integration for the provision of pediatric mental health services, addressing surge capacity for pediatric mental health needs and addressing other access and coordination gaps to mental, emotional and behavioral health services in the community for children. Additionally, the bill would offer direct funding for evidence-based pediatric behavioral health workforce training, for a range of physician and non-physician professionals. We urge Congress to take action on this legislation this year.

Increasing Integration, Coordination, and Access to Care

Greater investments are urgently needed to develop and enhance community-based systems of care and children's access to the right care, in the right setting, and at the right time. Prevention and early identification are at the foundation of an integrated system of care for children's mental health. Well-coordinated, effective systems of care meet children where they are, such as schools and pediatricians' offices, and provide universal screening to identify needs. Unfortunately, in many communities there are gaps within the continuum of care for children and adolescents and a lack of coordination between existing providers and systems. There may be added challenges, for instance consent requirements or issues around data systems sharing, for vulnerable youth populations, such as those in child welfare or justice-involved youth.

When thinking of best practices for integrating behavioral health with primary care, we look to Boston Children's Hospital's Department of Psychiatry and Behavioral Sciences' Behavioral Health Integration Program, which delivers behavioral health education to primary care practitioners in community pediatric practice networks affiliated with Boston Children's Hospital, Children's Hospital Los Angeles, and Connecticut's Children's Hospital. The curriculum will be made available in early 2022 on the online open-access, peer-reviewed, knowledge exchange platform OPENPediatrics. Other national and local models, such as Project LAUNCH/MYCHILD, HealthySteps and TEAM UP have proven to increase the ability to address behavioral health issues in the primary care setting by embedding a behavioral health clinician, and in many instances, a community health worker or family partner within the pediatric practice.

At present however acute care has become the default safety net, leading to increased rates of psychiatric boarding among children in emergency departments and in medical/surgical units. In the four years leading up to the COVID-19 pandemic, Boston Children's Hospital saw a 61%

increase in psychiatric boarding. Currently, however, anywhere between 50-60 children are boarding in the Boston Children's Hospital Emergency Department or in a medical unit, awaiting psychiatric care. In order to prevent emergency department over-utilization and likewise, enable access to step down levels of care, there should be investment in behavioral health urgent care, crisis stabilization services, continuing care units, and in-home respite for children.

Children spend a significant portion of their lives at school and for children with behavioral health needs, schools often serve as a place where these needs are identified and treated. Furthermore, schools are often the most accessible place for minority and geographically underserved children to access behavioral health care, therefore school-based behavioral health needs to be prioritized as a matter of equity. Many schools and school districts have neither sufficient behavioral health provider capacity nor the infrastructure necessary to implement school-based behavioral health effectively. The creation of statewide school-based behavioral health advisory committees charged with developing guidance for the delivery of equitable school based behavioral health including clinical staffing ratios, model agreements between schools and community-based providers and other standards for promotion prevention and intervention programs is critical for all states. Additionally, the creation of a statewide, technical assistance centers to provide consultation, coaching, and training to assist school districts, particularly the under-resourced, in implementing behavioral health systems and meeting student behavioral health needs is also crucial for expanding access to behavioral health care.

Expanding Telehealth

Telehealth has increased access to behavioral health care by alleviating travel costs, helping families to avoid missed school or work and enabling more convenient follow-up visits, including to review developmental progress, provide strategies for positive behavior reinforcement, counsel children and parents in distress, and adjust prescribed medication. For patients with an Autism Spectrum disorder, telehealth spares families from having to navigate potentially stressful or unfamiliar environments with sensitive children.

However, expanding access to behavioral health care via telehealth must be paired with increased community access to technology, broadband, and medical monitoring devices. These expansions will mitigate socio-economic inequities and help to bridge the "digital divide" by better connecting low-income and culturally diverse populations with high-quality care that is both culturally and linguistically responsive. To make progress in expanding telehealth, states should be incentivized to increase access to free/reduced wireless/broadband internet access at speeds that are conducive to conducting video visits. In order to reduce disparities, any geographic and originating site restrictions should be removed to ensure continuity of care; any restrictions

requiring an in-person visit prior to receiving telebehavioral health care unless deemed necessary by a clinician, should be removed as well.

To ensure care provided via telehealth is high quality and cost effective, legislation must give providers the flexibility to determine what is clinically appropriate for a child and that respects family choice. For example, at Boston Children's Hospital, clinicians can recommend an in-person visit when a telehealth visit is not appropriate and vice versa without restrictions in the Massachusetts state law. Further, legislation should incentivize states to increase access to technology, internet connectivity and digital literacy education for patients, as well as mandate insurance coverage for interpretive services for patients who are hard of hearing or speak English as a second language, an important component of care for underserved communities.

Ensuring Parity

A major barrier to accessing the behavioral health care system is the limited number of behavioral health providers who are willing to accept insurance, and the resulting backlog in the availability of new appointments. One strategy to promote access to the behavioral health care system is the implementation of consumer protections, such as a simple exceptions process, to allow members to go outside of their established behavioral health network when there is no capacity within the network to meet needs. Another strategy is to enable behavioral health and primary care visits to occur on the same day without an additional copay.

Finally, extending mental health parity principles to traditional Medicaid fee for service would:

- Improve enforcement through enhanced self-reporting;
- Increase opportunities and resources for consumers to assert parity rights;
- Establish network adequacy standards and require parity of reimbursement rates for behavioral health providers and medical providers;
- Mitigate current coverage gaps; and
- Require that the procedural criteria and standards to access behavioral health services are no more burdensome than those to access medical services.

To close, we applaud the committee's commitment to reducing barriers to behavioral health care and engagement of the broader stakeholder community. We urge you to ensure there is specific focus and tailored support for children in any behavioral health legislation developed by the committee and that you continue to explore strategies to address the current and future mental, emotional and behavioral health needs of children.

Thank you again for the opportunity to weigh in on these critical issues. We have a great responsibility and opportunity to meaningfully impact a child's trajectory when we effectively treat their behavioral health needs. Please do not hesitate to reach out to me at cchelo@mspcc.org, if you would like to discuss this further.

Sincerely,

Courtney Chelo
Manager, Children's Mental Health Campaign