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October 29, 2021

The Honorable Ron Wyden  
Chairman

The Honorable Mike Crapo  
Ranking Member

Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D. C. 20510

Re: U.S Senate Committee on Finance Request for Information on  
Improving behavioral health access for Children and Young People

Senator Wyden and Senator Crapo:

The Juvenile Welfare Board of Pinellas County (JWB), created by the Florida Legislature in 1945 and approved by Pinellas voters in 1946, as the nation's first children's services taxing authority, is honored to submit information regarding behavioral health improvements for children, young people, and their families.

In 2018, the JWB along with Evara Health (formerly Community Health Centers of Pinellas, Inc.), Pinellas County's federally-qualified health center, launched the [Children's Mental Health Initiative](#) (CMHI) a cross-sector collaborative to increase prevention, early detection, intervention, and treatment with a focus on children ages four to eleven years. CMHI is a community-wide effort involving 40 partner organizations and five design teams working toward achieving the collective vision of enhancing care coordination for children and their families in Pinellas County. The value of this initiative is significantly enhanced because it is a collaborative effort by organizations that are nonprofit, governmental (including the public school system), and for profit.

The CMHI offers comments on Improving Access for Children and Young People:

**How should shortages of providers specializing in children's behavioral health care be addressed?**

Increasing capacity to manage low to moderate behavioral health conditions within pediatric practices leads to fewer children needing to be referred to community mental health providers. This enables the community mental health providers specifically psychiatrists to focus on and treat children with more complex and severe conditions.

To ensure that local pediatricians become more knowledgeable and comfortable identifying, diagnosing, and treating low to moderate behavioral health conditions, JWB procured national experts in psychiatry, psychology, and pediatrics from the [REACH](#) (REsource for Advancing Children's Health) Institute to conduct a Mini-Fellowship followed by a series of consultation calls focused on patient-centered mental health in the pediatric practice available to a limited number of pediatric providers.

We offer this model as a promising practice for consideration. See the attached 2021 Children's Mental Health Initiative Quarter 3 Update for data. The Quarter 4 Update is currently being finalized.

- 30 pediatric providers from five healthcare entities (BayCare, Evara Health, Department of Health in Pinellas, Johns Hopkins All Children's Hospital, and North Pinellas Children's Medical Center, INC) participated.
- CMHI has expanded the integration of behavioral health and support services beyond Evara Health to now include North Pinellas Children's Medical Center, INC., a private practice. Due to the North Pinellas Children's Medical Center, INC. (NPCMC) participation in the Mini-Fellowship and their ongoing involvement with the CMHI, including weekly participation in the Centralized Oversight Committee, they now possess a keen understanding of how to incorporate new staff positions into their Palm Harbor location to maximize therapeutic interventions and connections to other community resources.

Established in 1991, the NPCMC provides services to patients from birth up to 18 years of age at four locations throughout the Tampa Bay area. Their first location, in Palm Harbor, includes ten pediatricians and is open seven days a week. It is the largest pediatric practice in north Pinellas County, serving approximately 20,000 children each year, of which one-third are Medicaid eligible.

The addition of a private practice to the CMHI will allow primary care doctors to better identify, treat and manage low to moderate mental health conditions for children up to age 18 years and their families. This will be accomplished by administering universal screenings, monitoring and improving processes, and workflows at both the patient and systemic levels. Provider will employ a licensed behavioral health clinician, a care coordinator, a nurse case manager, and a behavioral health program administrator to

provide behavioral health and support services as detailed in its program methodology approved by JWB.

**How can peer support specialists, community health care workers, and non-clinical professionals, and paraprofessionals, play a role in improving children’s behavioral health?**

Given the current stress on mainstream healthcare staff, peer support specialists and non-clinical professionals are needed now more than ever. According to the National Alliance for Mental Illness (NAMI), a Certified Peer Support Specialist is a professional who utilizes their personal lived experience to provide support to others and demonstrate that recovery is possible. Given the stigma of mental illness combined with the COVID-19 pandemic, those with first-hand knowledge of the daily struggle are the best suited to offer assistance and coping strategies. Similarly, other paraprofessionals including Wellness Coaches, Patient Care Coordinators, and Nurses support the complex needs of children and families with behavior health diagnoses.

**Are there different considerations for care integration for children’s health needs compared to adults’ health needs?**

Yes, due to the malleability of a child’s brain, it is typically easier to modify or change their behaviors when compared to adults. While children may not possess the stigma associated with behavioral health, they depend on their parents/caregivers to seek the appropriate care. As such, pediatric primary care and urgent care providers must be able to identify child and adolescent mental health symptoms and be equipped to guide parents and caregivers to seek appropriate services and ensure their connection with appropriate providers is accessible, coordinated, and timely.

**How can federal programs support access to behavioral healthcare for vulnerable youth populations such as individuals involved in the child welfare system and the juvenile justice system?**

- Equitable reimbursement for behavioral health visits equal to routine medical visits
- Expand the FQHC’s same day coverage of behavioral health visits to Medicaid providers
- Expand the National Health Services Corps loan forgiveness program to include eligibility for FQHC employees

**And what key factors should be considered with respect to implementing and expanding telehealth services for pediatric populations?**

Telehealth for behavioral health care provides flexibility for families and providers to access services in public transportation deficient communities. It also offers direct support options for dealing with issues such as an eating disorder that can be scheduled during mealtimes. Closing the digital divide with enhanced affordable broadband will be key to increasing the utilization of telehealth. Since the onset of the pandemic, the demand for

telehealth services has risen dramatically. An analysis by [FAIR Health](#) found insurance claims for remote services in April 2020 rose more than 8,000 percent from the prior year. A study from the [Commonwealth Fund](#) found that in May 2020, telehealth visits made up 14 percent of all provider visits, up from only 1 percent just two months earlier.

As leaders of the Senate Committee on Finance, JWB applauds you both for seeking input on the very important issue of access to behavioral health services for all, with a focus on children and youth. We are prepared to present our cross-sector collaborative approach and successful outcomes in our communities to the Senate Committee on Finance, should you find it helpful.

Sincerely,



Beth A. Houghton, JD  
Chief Executive Officer



Lynda M. Leedy, JD  
Chief Administrative Officer