**RESPONSE TO UNITED STATES SENATE FINANCE COMMITTEE REQUEST FOR FEEDBACK REGARDING BEHAVIORAL HEALTH**

Chair Wyden and Senator Crapo,

Thank you for the opportunity to provide feedback on behavioral healthcare issues. I am Jay Reeve, PhD, a clinical psychologist by training who serves as the President and CEO of Apalachee Center, a community behavioral health center in Tallahassee, Florida, along with currently serving as chair and as a member of several regional and statewide initiatives and organizations dealing with behavioral health. I have been in the field since 1985. I have served on psychiatry faculties at Brown University School of Medicine, Albany Medical College, and Florida State University, along with several others. I should note that my responses below are my own, and have not been vetted through, nor necessarily or specifically represent, any of the councils that I chair or commissions or faculties on which I serve. I mention my background only to note that I have been engaged in similar conversations about mental health throughout my career. In response to your questions:

1. **Strengthening Workforce:**

The behavioral health workforce is in a state of crisis across the country as a consequence of shrinking labor pools, rising costs and, particularly, historically stagnant rates of reimbursement. Most community mental health centers and psychiatric hospitals struggle to maintain minimal staffing levels, which in turn limits access to care. While not all behavioral healthcare is supported by federal funding, several policy and practice changes would help remedy this situation:

1. Federally mandated increases in reimbursement rates for Medicaid and Medicare funding that are specifically tied to provider reimbursement that may be used for salary enhancement.
2. Continued support for the Certified Community Behavioral Health Center (CCBHC) grants from SAMHSA for all fifty states, to continue to move the reimbursement model for community behavioral health towards adequate revenue to cost ratios.
3. Federal support for training programs and particularly internships and externships in the behavioral health field for entry-level healthcare providers, especially Mental Health Assistants, Psychiatric Assistants, Psychiatric Nurses and Social Workers.
4. Expansion of ACGME psychiatric residency opportunities, especially in historically workforce challenged areas.
5. Federal support for expanded practice areas among APRNs and PA’s to accommodate the nationwide shortage of psychiatrists.
6. **Increasing Integration, Coordination and Access to Care:**

Decades of research have demonstrated the efficacy of integrating behavioral healthcare and physical healthcare. Programs such as CAHOOTS, STAR and TEAMS (here in Tallahassee) have demonstrated the enormous potential of improving street-level access for individuals in behavioral health crisis. In response to specific questions, here are some thoughts on ways to improve these efforts:

1. Continued support for the Certified Community Behavioral Health Center (CCBHC) grants from SAMHSA for all fifty states, to continue to build a nationwide network, similar to FQHCs, that integrate behavioral and primary care.
2. Federal support for requirements that federally funded payors actively support the development of integrated care models.
3. In Tallahassee, we have pioneered an integration between the FSU College of Medicine and our local community mental health center (Apalachee Center, which I lead), that brings research faculty into the community to provided treatment to individuals who are uninsured and supported by government insurance, creating a Center of Excellence that is part of the National Network of Depression Centers, but also part of the community system. Create a grant program to support those efforts nationally.
4. Support efforts to expand CAHOOTS style programs, ensuring that the lead agencies (as is true with CAHOOTS and the TEAMS program here in Tallahassee) are local behavioral healthcare providers working in tandem with law enforcement and other community agencies, thus ensuring rapid access to wrap-around care.
5. **Ensuring Parity**

Private MCOs managing Medicaid and Medicare funding have traditionally required levels of pre-authorization for service delivery and, in the case of Medicaid, documentation standards, that are considerably beyond those generally seen in other forms of healthcare. In addition, the basic payment mechanism (service coding v. procedure coding) is different. Ensuring parity would require, minimally, some of the following adjustments:

1. Reviewing rates for publicly-funded, privately managed plans to ensure not only that those rates are actually reflective of market conditions, but that they are proportionally commensurate with rates paid for other medical services.
2. Reviewing documentation and pre-authorization requirements for behavioral health interventions, ensuring those requirements are no more onerous than those required for other medical services.
3. **Expanding Telehealth**

Rural behavioral health services, like the one I direct, have been increasingly reliant on telehealth for the past several years. This movement was enormously advanced by the advent and spread of COVID. It is safe to say that, without the aggressive pivot to telehealth made by the behavioral health industry, the provision of behavioral health services during the initial phase of COVID would have dropped dramatically, at the time that it was needed most. This is a technology shift exactly commensurate with the advent of electronic medical records and should be sustained by federal support. Specifically:

1. After years of study, there is no empirical evidence of which I am aware that showing inferior outcomes for outpatient telepsychiatry when compared to in-person treatment. There should be no differences in authorization or payment support for in-person v. telepsych services.
2. While voice-only telemedicine (telephonic services) have some anecdotal limitations in terms of clinicians’ ability to assess non-verbal behaviors, in the absence of outcome studies showing that these services are inferior, they should be supported at the same level as in-person and other teletherapy engagements.
3. In order to accomplish A and B, a stance of “Telehealth parity” should be enacted to congress requiring publicly funded MCO’s to continue the pandemic-era policy of fully supporting telehealth modes of service deliver.
4. **Improving Access For Children and Young People:**

Children’s Mental Health falls into two overlapping categories: genetically influenced vulnerability to heritable psychiatric diseases such as schizophrenia and bipolar disorder, and environmentally conditioned illnesses that often cluster in the anxiety/depression category (PTSD, etc.). The key to treating both clusters lies in early detection. It is crucial that schools include simple mental health screening protocols among other health screening protocols that are routinely administered to primary school and secondary school students. This will involve ensuring an infrastructure of assessment and treatment to support children and youth in need of services:

1. The federal government should support implementation of locally-based anti-stigma campaigns targeting both youth and parents, in order to educate local communities about the importance of mental and emotional wellness assessments.
2. Rather than creating further siloed systems to assess and treat these issues, school systems should be incentivized to work with local community mental health networks to provide assessment and treatment within the schools.
3. Advocacy organizations such as NAMI and Mental Health America should be utilized to engage students and parents about the importance of mental health screening and treatment.
4. New federal funding is needed to support these initiatives at the community level, but the reduction of stigma connected with mental health intervention is equally important to promote use of these services.

I appreciate the work that you are leading in improving our behavioral health system. Please don’t hesitate to reach out if I can be of any assistance,

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President and CEO

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