Youth VILLAGES
The force for families

November 1, 2021

The Honorable Ron Wyden
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Committee on Finance
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Dear Chairman Wyden and Ranking Member Crapo:

As you determine your priorities for a bipartisan legislative package to address many of the behavioral health care challenges currently faced by millions of Americans, Youth Villages makes the following requests and recommendations which we believe are important to improving mental and behavioral health outcomes for children, youth, and families.

Youth Villages is a national leader in children's mental and behavioral health committed to building strong families, delivering effective services and significantly improving outcomes for children, families and young people involved in child welfare and juvenile justice systems across the country. Founded in 1986, the organization's 3,300 employees help more than 30,000 children annually in 23 states and the District of Columbia.

Strengthening Workforce

In 2016, with the passage of the 21st Century Cures Act, Congress mandated that a study be conducted on the nation's mental health and substance abuse disorder workforce. The National Center for Health Workforce Analysis (the National Center) indicates that approximately 136,000 new social workers would enter the behavioral health workforce between 2016-2021.[1] The Social Work profession comprises the largest behavioral health practitioners' group and has the most providers. The Substance Abuse and Mental Health Services Administration's (SAMHSA) estimates that due to the current workforce shortage and the demand for behavioral health care, the mental health and substance abuse social workers will have shortages of more than 10,000 FTEs by 2025. The National Projects of Supply and Demand for Behavioral Health Practitioners indicates that factors such as population growth, overall economic conditions, changes in health care reimbursement, or geographic location of the health workforce will impact the future supply and demand of the profession.

Youth Villages' workforce continued its in-home services, residential care, and community-based services to thousands of children, youth, and families during the pandemic. Although many states declared social workers as essential, the federal government has yet to recognize the critical work that child serving workers provide for

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf.

children, families, and communities as vital. We urge Congress to work with providers, community agencies, local, and state groups to ensure that public and private entities are included in workforce development opportunities and reform, and to expand the accepted definition of an essential worker to include anyone serving youth like social workers, counselors, and their equivalents.

Youth Villages also suggests the Committee consider similar legislation to H.R.3150 - Mental Health Professionals Workforce Shortage Loan Repayment Act of 2021, that would amend the Public Health Service Act to authorize a loan repayment program for mental health professionals to relieve workforce shortages.

We believe that a major barrier that prevents children, youth, and families from accessing needed behavioral health care services is high caseloads maintained by service providers. This often prohibits timely evaluation and assessments. An employee caseload number does not determine the workload involved in providing high-quality care. Many children, youth, and families present with complex needs that for one referral can be equal to five referrals. To reduce the high turnover and burnout among behavioral health practitioners, Youth Villages recommends the Committee study and determine a recommended caseload size for service providers that provides prevention, intervention, and treatment services for various behavioral and mental health treatments.

Increasing Integration, Coordination, and Access to Care

Youth Villages recommends integrating behavioral health into primary care offices to ensure services are accessible and allow participants to be seen at one location versus multiple. This would be beneficial to a continuum of care approach. In addition, making mental and behavioral health assessments a primary need that can be easily recommended by physicians would also be helpful to the field.

Technology systems that are integrated and offer both physicians and mental health providers access to necessary data and assessments offer a more efficient level of care and improves transitions between health systems and services. The ability to have timely records, medication management, and treatment plans for a participant is a best practice that many health centers and integrated care centers are implementing. To connect people to key non-clinical services and supports that maintain or enhance behavioral health, providers need flexibility to bill for community services, including ancillary services, which should be included in healthcare plans as options.

Ensuring Parity

Youth Villages provides intensive in-home services for families with children from birth to age 18, most notable is our Intercept model, which the Title IV-E Clearinghouse has rated as "Supported" and is currently under re-review. There are multiple structural barriers that impede access to the behavioral health care system and intensive in-home services mitigate many of these challenges. In some states, a small handful of providers deliver an evidence-based model that is delivered 100% in the home. These services mitigate the barrier of a family's ability to travel to a provider for services. In addition, in-home, evidence-based services can reach some of the most rural communities (families who may otherwise have to travel great distances to access services), as well as serve youth with some of the most high-intensity needs – preventing them from the need to

be removed from the home or helping them successfully transition back to the home setting following an out-of-home placement.

In regard to payment rates or other payment practices that contribute to challenges in mental health parity in practice the traditional fee-for-service rate structures (i.e. 15-minute units, hourly units, or per day paid on days of encounters) are not compatible with many evidence-based, intensive in-home service models – due to, but not limited to, the following reasons:

- Fee for service or encounter billing methodology incentivizes providers to avoid working with the hardest-to-engage youth/families (who may require multiple "unscheduled" visits to engage or might have high rates of no-shows before they attend sessions and become engaged in services).
- Fee for service typically does not account for un-billable time, including but not limited to – travel to/from family homes; attending clinical consultation; documentation.
- Many states do not have a Healthcare Common Procedure Coding (HCPC) code with a definition and rate/rate structure that is compatible with evidence-based, intensive in-home services; and
- Many states also do not have a HCPC code that is compatible with intensive, community-based services specifically targeting the transition-age youth population.

Children, youth, and families need timely and responsive services that meet their individual needs during moments of crisis. Youth Villages provides assessment and referral services to children and youth experiencing psychiatric emergencies in Tennessee and Oregon. These programs are designed to help connect families with appropriate intensive help. All states have the ability to fund programs like Intercept through Medicaid or their managed care organization (MCO). Youth Villages is currently billing for services through Medicaid in North Carolina and Tennessee, but most states only solution is through a Medicaid Waiver and state plan amendment, which is not timely and not permanent.

As noted above, payment structures and rates are a real challenge in providing community-based services, especially in rural areas and with disconnected children and families. Clinicians and behavioral health specialists are drastically underpaid for the nature, sensitivity, and urgency of the services they provide. These professions often have long and far drive times and are not reimbursed for missed or no-shows when families cannot make it to their scheduled appointment times. Youth Villages suggest the Committee consider legislation such as H.R. 3450 - Medicaid Bump Act, that would increase the federal matching rate in Medicaid for behavioral health and substance abuse services and impose accountability for states to receive supplementary funding that must be used exclusively for behavioral health-mental health and substance abuse-services.

Expanding Telehealth

During the pandemic, telehealth expanded as the primary way of providing comprehensive health services. However, for mental and behavioral health, telehealth should not be an end-all-be-all approach because many challenges continue to exist, including:

- Access to broadband/consistent internet service (especially in rural areas).
- Having a device capable of video.

- Having technology know-how to connect to telehealth sessions.
- Engagement and trust-building through telehealth.
- Attention span/ability to engage over telehealth (especially for younger youth, youth with diagnoses such as ADHD, etc.).
- Differing definitions of what "counts" as a session.
- Risk/safety issues related to in-home services and the highest risk population – with telehealth delivery, it must be considered if the youth/family can be successfully served with telehealth (examples: conducting safety sweeps of the home, engaging in safety-planning in person).
- Security and privacy risks.

The benefits of telehealth for behavioral health care services include quality and cost-effective care that can serve as a viable option for those who are underserved and do not have access to transportation. It may be appropriate for telehealth for on-going or routine mental health sessions wherein mental health crisis is not present. In addition, for rural communities, telehealth can serve as a viable option for families without transportation. However, there are specific mental health and behavioral health services for which the visual component of a telehealth visit is particularly important, and for which an audio-only visit would not be sufficient such as high acuity mental health needs that require in-person care to appropriately assess and provide needed support (e.g., active suicidality, high acuity drug use). For low-income families without access to technology and internet services telehealth creates additional barriers to accessing services.

Regardless of the benefit of telehealth, mental and behavioral health sessions are still most effective when completed in person. Telehealth services run the risk that abuse and neglect are missed because it is much easier to hide conditions in a home, body language of a child and parent can be ignored or misread, and any physical markings on a child's body can be hidden as well. It is also harder to build trust with vulnerable individuals via telehealth. This is especially important for those with severe and acute mental or behavioral health concerns such as active suicidal thoughts, non-suicidal self-injurious behavior, homicidal thoughts, or intense anxiety. Telehealth remains a valuable option for those whose needs are stable and who do not present safety concerns toward themselves or others. With respect to implementing and expanding telehealth services for youth, additional factors to consider include privacy and consent of the child, ensuring that the appropriate parties can provide consent for treatment, ensuring that children can be seen in a timely fashion, and ensuring that the caregiver has the resources to follow through on recommendations.

Improving Access for Children and Young People

As stated before, recruiting and retaining a qualified and skilled workforce has always been a challenge for the mental and behavioral health field and the pandemic has only exacerbated this problem. To address the shortages of providers specializing in children's behavioral health care, Youth Villages recommends the following:

- Streamline payment structures to remove barriers for billing.

- Increase wages for mental health providers[2].
- Provide educational incentives for educational pursuits in the mental health field.
- Provide incentives for licensure pursuits in the mental health field.
- Allow reimbursement for transportation to take children to and from appointments.

Peer support specialists, community health workers, and non-clinical professionals and paraprofessionals play a role in improving children's behavioral health in the following concrete ways:

- Advocating for the youth to receive needed help.
- Connecting children to community resources.
- Helping families to complete paperwork and understand the steps that it takes to meet requirements for services.
- Communicating with anyone on the child's case to share information in a succinct way.

Based on specific code definitions in Medicaid state plans, certain codes may or may not support the use of non-licensed staff to deliver intensive in-home services; however, there are evidence-based practices that have fidelity standards and oversight by a licensed professional, which could utilize certain codes if not for a requirement for licensed staff to directly deliver the service. Additionally, for peer support, we recommend utilizing peer support in conjunction with a therapeutic service, not instead of a therapeutic model.

For children's mental health care, it is important for services and models to be holistic in nature – engaging not only the youth, but their family and other systems that surround them, in the treatment process – this is especially important for the highest risk youth. These mental and behavioral health services should be universally funded with the same scale and importance as is physical health. Additionally, it is imperative transition-age youth, who have been disproportionately impacted throughout the pandemic (FosterClub, 2020) have access to effective programs that impact multiple domains that will have a positive ripple effect on their mental and physical health (i.e. homelessness – LifeSet™ as example) as they transition to adulthood. System integration and coordination are critical factors to ensuring access to behavioral health care for vulnerable youth populations, like those involved in the child welfare system and the juvenile justice system and federal program design and implementation can shape the shared outcomes for these targeted groups. Additionally, ensuring quality providers are part of the insurance networks for those with insurance and accessible to those without insurance for a reasonable (or no) cost is important to providing equity and ensuring youth get the services they need, regardless of their circumstance.

Evidence-Based Services for Adolescent

In addition, Youth Villages' LifeSet™ program is the country's largest program designed to help young people ages 17 to 23 who are aging out of child welfare, juvenile justice or children's mental health systems get a good start on independent adulthood. The program was validated in one of the country's largest randomized controlled studies. Youth Villages is now expanding the program through direct service and partnering with

[2] In 2020 Average Median Income for Family and Individual Social Workers was $ 50,450. State social workers was $ 49,810 and Local government social workers was $ 69,520. https://www.bls.gov/oes/current/oes211029.htm#nat

other high-performing nonprofit and state agencies in a drive to make comprehensive services available to every young person who ages out of care by 2026. When the Family First Prevention Services Act is fully implemented in states it is hoped that any child or youth, including older youth considered to be a "candidate" for foster care will be able to access services that have been rated by the Title IV-E Clearinghouse, that adequately meet their need. However, many states are developing their Prevention Services to expand "Well-Supported" (and mainly home visiting) programs and not services that are needed for large groups of "candidates," like youth transitioning from the foster care system.

Youth Villages recommends that Congress provide additional funding for research and evidence-based programs to expand high quality services for older youth, including allowing effective transition services to qualify for federal Title IV-E funding.

To ensure that there is a stable and well-rounded workforce in place to continue providing services like described above, Youth Villages suggests the Committee consider similar legislation to H.R. 4944 – Helping Kids Cope Act. This legislation would increase the scope of health care provider grant funding. Use of funds includes grants for recruitment and retention of health care workers, training, expanding evidence-based models, addressing surge capacity, pediatric care via telehealth, decompression of emergency departments, preventive and crisis intervention services, urgent care, school-based partnerships, and filling other gaps in health services. Additionally, it would add psychologists, psychiatrists, and other mental health professionals to the list of grant eligible health care workers. To support these activities, the legislation provides $100,000,000 per fiscal years 2022-2026.

Conclusion

We appreciate the opportunity to provide recommendations to the Committee and look forward to working with you on any mental and behavioral health reforms that will benefit children, youth and families. If you need additional information, please contact Youth Villages' Director of Federal Policy, Shaquita Ogletree at Shaquita.Ogletree@youthvillages.org.

Sincerely,

Patrick W. Lawler
Chief Executive Officer
Youth Villages