

Dear Chairman Baucus and Ranking Member Hatch,

Thank you for this opportunity to submit comments to the Senate Finance Committee on solutions to mental health challenges facing the nation. The Child Welfare League of America and its Mental Health Advisory Board has placed a high priority on improving mental health policy and practice. We couldn't agree more that failure to address mental illness negatively impacts society. We applaud your commitment to this issue. Please accept the following comments which relate most directly to the first question you posed: What administrative and legislative barriers prevent Medicare and Medicaid recipients from obtaining the mental and behavioral health care they need?

1. Current systems pay little attention to and provide inadequate reimbursement for the full array of children's mental health.
 - Children and youth with dual disabilities including Serious Emotional Disorders/Disturbances (SED) and Development Disabilities (DD) often have a complex array of needs related to their physical, psychological, and intellectual development. Few states offer these children and their families accessible and skilled services that typically involve multiple service systems. Despite ongoing implementation of the Affordable Care Act and other recent health reform legislation, few states have targeted the development of programs for dual diagnosis children and their families. The children are often diagnosed incorrectly. The use of evidence-based interventions is also quite limited resulting in preventable and expensive psychiatric hospitalizations.
 - Children and youth, especially those with a dual diagnosis, require comprehensive coordination to address their biopsychosocial needs, both during intervention and at the level of early detection. While coordination is required to meet the definition for Medicaid funded targeted case management, families often struggle to navigate multiple service systems in an attempt to access services.
 - Traumatic stress, which includes a variety of trauma related emotional and psychological challenges and symptoms, often develops before a child experiences a fully developed psychiatric disorder. Yet, traumatic stress is not part of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and therefore there is no way to bill for services that would allow practitioners to intervene early and prevent the development of more severe psychiatric problems. Children affected include those involved with child welfare service systems that often experience complex trauma caused by chronic abuse and neglect. Although these children and youth are eligible to receive some related services through EPSDT they often do not.

Similarly, children and youth in out-of-home care have high rates of PTSD (higher than veterans returning from Iraq and Afghanistan). Yet, large numbers do not receive needed services as there are not enough trained professionals and the entities that manage the healthcare insurance do not understand the complex needs of these children.

- Because of the unique challenges facing children in out-of-home care, improvements to Medicaid are needed that would provide payment for services for age and developmentally appropriate mental health care as often as weekly and especially throughout a child's first year in care.
2. Improved capacity to provide prevention, early detection and early intervention services are needed to improve the mental health status of children.

- Suicide in young children under 10 years of age is especially concerning. In many states, existing laws do not recognize that these children can commit suicide. For example, according to statutes in Washington, D.C. a child age 10 or younger cannot be considered to have left a suicide note so can't be considered to have committed suicide. Statutory changes that would prompt inclusion of routine screening for key signs of suicidal or serious distress including notes and other gestures would help to improve prevention, early detection and early intervention to ensure these children receive prompt attention especially when combined with public awareness efforts to assist parents and others to better identify serious and suicidal concerns among young children.
3. Research regarding the identification and treatment of children's mental health needs is seriously lacking.
- A key area of concern is the limited research underway regarding the identification of alternatives to the current high use of psychotropic medications, especially among children in the child welfare system. Expanded resources to support this research are needed and should seek to identify and confirm the clinical, programmatic, and resource factors that may contribute to overutilization of medication. Expanded research is also needed to document the effectiveness of alternatives to psychotropic medications such as cognitive-based interventions and to conduct pilot studies that test the effectiveness of non-pharmacological interventions for children in pre-k through 2nd grade.
4. Medicaid management, administration and spending issues related to state level policies, and who gets contracts to manage cost-effective ideas, need to be examined and addressed.
- When states contract with managed care companies to administer Medicaid-based programs, the state Medicaid authorities are inconsistently specifying provisions and expectations for mental health and development disability services. Typically managed care companies are not being required to understand and address the special needs of children and youth with dual diagnoses. Without requirements to specify diagnostic criteria, there are an increasing number of children and youth with dual diagnoses who are not receiving needed services.
 - There appears to be limits on the diagnoses that are covered in the managed care plans. These limits narrow which services are available and reimbursable.
 - Health insurance and managed care policies related to psychiatric hospitalization typically provide for a brief two-day stay for medication stabilization. These stays do not take into account the kinds of discharge planning required to meet the needs of children. When children are discharged quickly, community-based service referrals and needed supports to coordinate multiple service activities may not be in place. This lack of continuity can readily result in a revolving door of repeat admissions and discharges.
 - Managed care companies should be incentivized for tracking well-being and achieving improved outcomes for populations covered in contracts. Likewise, Medicaid should be incentivized for achieving longer-term results rather than the immediate outcomes for the year of the contract.
5. Addressing workforce issues is a critical part of improving mental health policies for children.
- Nationwide, there are not sufficient numbers of trained child psychiatrists available to provide needed assessment and treatment services. Because child psychiatrists tend to earn less than other specialists, new policies are needed that will encourage entry into this field. Such incentives might include offsetting the education costs to become a child psychiatrist, and increased reimbursement rates paid by Medicaid, private insurers, and managed care entities.

These changes provide a means of recognizing the complex nature of treating children and youth. Child psychiatrists are never just dealing with "one person" as with adult care, but rather they must also work with the parents and other caregivers, day care/school, social workers, and others. This is especially important for children living with relatives, in foster care, or with adoptive families.

- Workforce concerns also affect other service providers. There are insufficient numbers of skilled mental health/behavioral health and behavioral science professionals available to work with children and families, especially with the training needed to work in ethnically diverse communities. Federal level programs are needed that would allow for student loan forgiveness for social work, psychology and psychiatry students who serve in ethnically diverse, rural, and inner city areas.
- There is also a need to focus training and education resources for mental health and allied professionals on early detection and intervention. Currently Medicaid is narrowing the pool of professionals who can serve children, e.g. in some areas master's level clinicians are not eligible to be reimbursed for treatment services to Medicaid patients unless they are in clinics or other agencies. This policy may be significantly reducing the number of private practitioners at a time when more rather than fewer, well-trained mental health and behavioral health professionals are needed.

We look forward to working with you as the Committee continues its consideration of policy improvements in these important areas.

Sincerely,

A handwritten signature in cursive script that reads "Christine James Brown".

Christine James-Brown
President & CEO