



2021- Children's Mental Health Bill Proposal

Connecticut Children's has seen a tremendous increase in patients seeking behavioral health services via our emergency department (ED). Historically speaking, we have always experienced an uptick in behavioral health patients at the start of the school year, however, the current volumes and acuity we are seeing is quite concerning. Children have faced almost two years of unprecedented challenges due to the pandemic and we believe that we will continue to see high volumes of children in need of behavioral health support. In addition to middle and long-term state planning regarding how best to improve the children's behavioral health system, state leaders should act quickly to 1) address the current urgent need for additional services and 2) establish a process for measuring outcomes to promote State accountability for children's emotional wellness.

Expand Pediatric Behavioral Health Services

Emergency Mobile Psychiatric Services (EMPS) is a necessary and important resource for children and families, however, many EMPS staff members lack the training to effectively care for children presenting with high-level mental health challenges. When this occurs, EMPS will often refer children directly to the ED. Increasing training for EMPS staff will allow workers to feel more prepared to refer children to the appropriate mental health provider and avoid unnecessary admissions to the ED.

Additionally, the statewide demand for EMPS can sometimes lead to delayed response times, which often results in caregivers, school personnel, or law enforcement bringing a child directly to the ED instead of waiting for EMPS support.

- Utilize ARPA dollars to increase funding to expand Emergency Mobile Psychiatric Services (EMPS) capacity.
 - This would increase the capacity of EMPS to respond to children in crisis, reduce wait times and increase the number of children who are served.
 - Support additional training for EMPS to empower staff to better respond to children in acute crisis. The increase in acuity warrants additional training and support to ensure workers can more appropriately respond to patients' changing needs and acuity. Currently, some EMPS workers are entry-level employees who are hesitant to care for children with higher-level needs.
 - Establish a central data repository for EMPS providers to share data, experiences, and outcomes in pursuit of improved patient care and service delivery. This data sharing would allow the agency, state legislators, leadership and established planning bodies to have a greater understanding of children's mental health needs across the state and lead to improved quality of care for patients.
 - Estimated cost: TBD

Grow the Pediatric Behavioral Health Workforce

The fact that the Connecticut Children's ED is in surge is a symptom of a greater issue—a lack of community-level behavioral health services for children. Parents who bring their children to the ED are seeking help because they have no other supports at their disposal or have exhausted all other resources for their children. A significant contributing factor to the lack of resources for children is the pediatric behavioral health workforce shortage. There is a shortage of qualified behavioral health workers at all levels of the care continuum. State leaders should focus on building a strong pediatric behavioral health workforce pipeline to ensure that all kids have access to the care they need, when they need it.

- Expedite licensing for out-of-state pediatric behavioral health telemedicine and on-site providers to quickly increase patient access to these providers.
 - The current process can be lengthy and burdensome for out-of-state providers. Expediting licensing requirements could bolster the state's current pediatric behavioral health provider workforce almost immediately.
 - Patients needing emergency department, inpatient, or outpatient care could benefit from behavioral health care delivered via telemedicine.
 - Estimated cost: No anticipated cost
- Utilize ARPA funds to create an emergency grant program for hospitals to hire behavioral health providers (e.g; temporary physicians, travel nurses, social workers, psychologists, psychiatrists, advanced practice registered nurses).
 - This program would be accessible to all hospitals who apply for emergency funds during high-demand or crisis scenarios.
 - Estimated cost: \$20 million
 - Funding could be utilized by both adult and pediatric hospitals to increase capacity to care for behavioral health patients.
 - Alabama utilized \$12.3 million in CARES funding for travel nurses in response to the pandemic. ([Link to press release](#))
- Utilize ARPA funds to create a tuition relief program for certain professionals who enter into the pediatric behavioral health field (social workers, psychologists, psychiatrists, advanced practice registered nurses)
 - To help address the severe pediatric mental health provider workforce shortage, the state could create a program for tuition relief or reimbursement for providers who agree to live and practice in Connecticut for a defined time period.
 - Estimated cost: \$5 million
 - Note that the NCSL has a [Student Loan Bill Tracking Database](#).
 - The State of Maine utilized \$1 million in ARPA funds to contribute to its Maine Health Care Provider Loan Repayment Program.

- Normally funded via proceeds from contract renewals for the state's wholesale spirits business, private, public funding.
- In 2020, there was [a bill](#) in the New Jersey state legislature last year which would have provided tuition reimbursement for child psychiatrists.
- In 2018, Iowa appropriated \$640,000 a year for the state's rural physical loan repayment program, which is enough to bring about six additional physicians to the state. Utah also passed a Talent Development Incentive Loan Program funded at \$2.5 million for certain tech professions.

Require a Data-Based Approach for Assessing the Children's Behavioral Health System and to Promote Accountability

- Connecticut's Behavioral Health Plan for Children is intended to ensure that the state's behavioral health system and its services promote well-being and meet the mental, emotional, and behavioral health needs for all children in our state.
- Unfortunately, the Annual Progress Reports that are submitted to the legislature focus entirely on process outcomes (what the Advisory Board did, what the workgroups did, how many grant dollars were secured) but not on kids' outcomes.
- If the State is not measuring and reporting on how kids are doing, the legislature cannot know if the Plan is working.
- Legislators should enact certain changes to the Annual Progress Report to better understand the needs of kids and any potential gaps in services
 - Assign the state's Office of Health Strategy to:
 - Develop a list of key indicators that can assess the state of children's emotional wellbeing that could include data collected from
 - the [Connecticut School Health Survey](#)
 - providers of behavioral health services (e.g., EMPS, primary care providers, mental health counselors, hospital emergency departments and others)
 - Specify a reporting frequency and timetable for implementing comparisons to goals and benchmarks.
 - Require state agencies to report any plans for a change in behavioral health service offerings (ie; a reduction or increase in beds, programs, services, etc...)
 - Assess the outcomes data to measure how well the Plan is meeting children's mental, emotional and behavioral health needs.