



November 15, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Comments on the Request for Information (RFI) on Addressing Challenges Related to the Access of Mental Health Care and Substance Use Treatment

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the California Alliance of Child and Family Services (the Alliance), thank you for the opportunity to provide input on the challenges and opportunities to addressing improved access to behavioral health care and substance use treatment for children and families. We sincerely appreciate your leadership.

The Alliance represents 157 community-based agencies that serve children, youth, and families in public human services systems including behavioral health, child welfare, juvenile justice, and education.

No one questions the impact of the pandemic on the most vulnerable among us. We can and should use the unprecedented experience of COVID-19 to make reforms that will invest in the social and emotional health of our children. As they return to school, let us ensure every school is healing centered, and every child has access to dramatically expanded behavioral health supports, including clinical resources. Let us make sure low-income children have what they need to survive and thrive in a post COVID world. As we seek to heal our nation, let us begin with our children, carefully cultivating their resilience and the positive wisdom and intelligence that is their birthright.

We respectfully offer the following recommendations to guide your policy deliberations and efforts to develop a robust legislative package to successfully address critical unmet behavioral health needs at this historic moment in time.

Investing in Our Future: 100% for our Children (FMAP) Strategy For Supporting their Social and Emotional Health Now

COVID-19 has exacerbated striking health care disparities and brought new and important focus to our social and emotional well-being. And it has exacerbated the existing children's behavioral health crisis we were previously only beginning to come to terms with. In the decade before COVID 19, children experienced a 104% increase in inpatient visits for suicide attempts and self-injury. Suicide rates increased 87%, self-reported mental health needs by 67%.

And then came the pandemic. School closures and shelter-in-place orders have disconnected children and families from some of their best supports - education, food, social networks, access to care. Despite a crisis

that self-evidently is deeply affecting children and youth, the already overburdened and under-resourced children's mental health system has seen a 30-40% decrease in children's access to care.

There is a current opportunity to immediately inject tremendous additional resources into children's mental health supports, while laying the groundwork for the long-term systems transformation that we need. Federal Medical Assistance Percentages (FMAP) are the percentages used to determine federal funding to states for key healthcare and social programs, including children's mental health programs. The Affordable Care Act increased FMAP to 100% to encourage states to expand Medicaid coverage.

We propose that to address the unprecedented social, emotional, and behavioral health needs of children, the federal government should immediately increase to 100% the FMAP for all children's mental health and supportive services provided under the Medicaid [EPSDT](#) entitlement. This will facilitate a massive and immediate investment by states and localities in mental health services for children and youth. As with the Affordable Care Act, the percentage can be gradually reduced over five years, to 90%, where we recommend it be permanently fixed. In addition to funding immediate response, this investment will develop sustainable system infrastructure and facilitate innovation.

Strengthening Workforce

As numerous reports and headlines indicate, we are experiencing what has been coined, "The Great Resignation". This has only exasperated the behavioral health workforce shortages across all levels of care that were well underway pre-pandemic. The competition for qualified and committed behavioral health professionals due to competition with private sector and government pensions has only grown worse over the past 18 months. It is critical that Congress identifies and accelerates strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, tuition reimbursement, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.

Additional federal funding, *dedicated to community-based mental health and substance use organizations to support their workforce*, for the purposes of providing retention bonuses as it relates to hazard pay, overtime pay, and shift deferential pay for a specific set of clinical staff that are necessary to continue the provision of high-quality mental health and substance use services is a crucial need across our state to retain and promote our workforce and allow them the ability to help mentor future clinical staff.

Increasing Integration, Coordination, and Access to Care: Incentivize same-day billing

We would like to support and underscore one of the recommendations made from our partners at the California Primary Care Association regarding same-day billing. Integrated care in the right setting, at the right time is critical to meeting the needs of complex patients who require a high level of care, but are often unable or unwilling to return to their medical provider for additional services. The ability to see these patients and provide needed services on the same day is essential in ensuring they receive necessary care. Although this is already required in Medicare's FQHC regulations and allowed in several state Medicaid programs, it is not specifically stated in Medicaid FQHC law. Because of this, states like California do not allow for same-day billing. The Alliance recommends CMS provides clear guidance to states stressing the importance of their providing for and reimbursing an FQHC's medical and mental health visits on the same day.

Commercial Insurance Parity

We are seeing suicide attempts and losses at alarming rates across the United States. Now is the time to ensure that mental health care is available to all those who need it regardless of payer (Medicaid, Anthem, Kaiser, etc.). While we still need to ensure parity among mental health coverage to physical health care benefits; we must also ensure that individuals (adults or children) have access to the same mental/behavioral health benefits regardless of insurance carrier. Too often we see folks drop their employer insurance coverage or enroll their child in Medicaid to access high intensity mental health services because the private/commercial plan does not offer the same coverage.

Certified Community Behavioral Health Clinics (CCBHCs)

In 2014, Congress enacted the bipartisan Protecting Access to Medicare Act (PAMA) that authorized the Certified Community Behavioral Health Clinic (CCBHC) demonstration to allow states to test a model to improve the quality of addiction and mental health care and fill the gap in the unmet need for care. This invaluable demonstration program, which has now expanded to ten states, seeks to provide comprehensive, coordinated mental health and substance use services through a nationwide network of Certified Community Behavioral Health Clinics.

Expanding the CCBHC model, which provides critical care for people with mental health and substance use challenges, remains a priority for the Alliance. In the 117th Congress, Senators Stabenow and Blunt, together with Representatives Matsui and Mullin, introduced the Excellence in Mental Health and Addiction Treatment Act (S. 2069/H.R. 4323) with the goal of expanding access to community-based mental health care and substance use treatment services. This program is crucial to redesigning the nation's mental health and substance use treatment system as it increases access to high quality care for people living with mental health and substance use challenges, including those with schizophrenia, bipolar disorder, major clinical depression, and opioid use disorder (OUD). Additionally, through meaningful partnerships with Federally Qualified Health Centers (FQHCs) and front-line primary care providers, CCBHCs successfully help manage the high incidence of comorbid chronic diseases in this patient population, including diabetes, heart diseases, cirrhosis, emphysema, Hepatitis C, and HIV. We have several CCBHC programs in California that are showing promising outcomes and results. Our efforts were recently published in an op-ed in the California Health Report [HERE](#).

Expand use and definition of Telehealth Services

One specific area we would like to recommend on telehealth pertains to the National Suicide Prevention call centers and the crisis intervention services that they provide. According to the National Guidelines for Behavioral Health Crisis Care issued by SAMHSA last year¹, crisis call centers are considered to be one of the three core elements of a crisis system (pg.13). A crisis center is a resource for individuals going through mental health crises. They provide mental health services and emotional support for their state or local communities. Most crisis centers are non-profit organizations and many utilize trained volunteers as well as

¹ <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

mental health professionals.² While there are CMS billing codes for crisis intervention, much of the success in getting callers across the age span to utilize the NSPL is the fact that it is a free service and callers remain anonymous. Nevertheless, having a State Medicaid agency recognize the 988 call, text, chat as a billable crisis intervention, stabilization and or case management service could serve as a first step to beginning to develop a state payment structure on a covered lives basis- whereby 988 is in part paid by funding based on a state's % of insurance enrollment (Medicaid, vs. Blue Cross vs. Kaiser, etc.) and considered in lieu of / offset to costlier health services such as inpatient care, etc.

Strengthen the Community-Based Behavioral Health System and Focus on Upstream Services

We must strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention programs in schools, primary care, and community settings. *Also needed is additional research on disparities in suicide and suicidal ideation rates among Black youth, which has experienced a significant increase, particularly among 15-17 year olds.*³

Further, we must address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding by expanding access to step-down programs from inpatient units, and **emphasizing early intervention programming** such as short-stay crisis stabilization units, and community-based mobile crisis response teams. *According to a November 2020 report from the Centers for Disease Control and Prevention, mental health-related emergency room visits for children 5-11 rose 24% last year compared to 2019, while visits among adolescents 12-17 increased 31%.*⁴

One final point we would like to make here is the essential need to fully fund comprehensive, community-based systems of care that connect families in need of behavioral health services and supports for their child with evidence-based interventions in their home, community, or school. *Simply put: Non-profit community-based organizations have the flexibility to provide 24/7 care in the home and community that government operated programs/clinics simply do not and cannot provide. Such non-profit agencies also operate more efficiently and cost effectively.*

Identify/Allocate specified funding to sustain the National Suicide Prevention Lifeline's new 3 digit dialing code, "9-8-8"

Once the "switch is flipped" and 9-8-8 goes "live" in July 2022, call centers throughout the country are anticipated to experience a tremendous increase in call volume. While it is difficult to accurately forecast what that increase will be in every state, it is reasonable to anticipate a 30-60% increase depending on region/county/state. "9-8-8" is a critical telehealth service, providing peer support and clinical support thus saving lives and countless dollars to other public systems (law enforcement, emergency departments/hospital systems). Crisis hotlines across the country have historically been funded at the local level, but given the shift to simplify the process with a 3 digit number, that is combined with a platform allowing text and chat capabilities

² <https://suicidepreventionlifeline.org/our-crisis-centers/>

³ [https://www.jaacap.org/article/S0890-8567\(21\)01365-4/fulltext](https://www.jaacap.org/article/S0890-8567(21)01365-4/fulltext)

⁴ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>



(much preferred by adolescents) and meet increasing demands for this life saving resource, federal appropriations will be required for crisis infrastructure, including for additional staff to “man” hotline phones, training for staff and volunteers, and technology and operations upgrades to field the projected increase in call volume. There are currently several promising bills and appropriations in front of Congress today that seek to address this gap. The Alliance encourages your committee members to sign on as co-sponsors and provide any needed committee support for these bills and help move them forward.

We appreciate the opportunity to provide feedback as you consider next steps. Should you have any questions about our comments, please feel free to contact Chris Stoner-Mertz at chris@cacfs.org or Adrienne Shilton at ashilton@cacfs.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Christine Stoner-Mertz", is written over a light blue horizontal line.

Christine Stoner-Mertz, CEO
California Alliance of Child and Family Services