

Testimony Submitted to the Public Health Committee

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**In Support of H.B. 5001, An Act Concerning
Children's Mental Health**

Thank you, Senator Daugherty Abrams, Representative Steinberg, and members of the Public Health and Children Committees for this opportunity to speak today on the critically important topic of children's mental health. I am Dr. Tichianaa Armah, Chief Psychiatry Officer at Community Health Center, Inc.

As many of you know, Community Health Center, Inc. (CHC) offers behavioral health services for children across Connecticut at 16 outpatient care sites and nearly 200 school-based health centers. Our behavioral health staff of more than 230, including 30 psychiatrists and psychiatric mental health nurse practitioners, has seen a 22% increase in the number of children we have treated directly in the last 2 years, with well over 8,000 children served in 2021 alone. The majority of our patients are Husky members, so access to behavioral health care through private providers is challenging for them. Expanded access to school-based health care (SBHC), combined with permanent telehealth and payment reform, are solutions the state needs to pursue.

Funding the expansion and training of the behavioral health workforce is also critical, as many more providers will be needed to support the unprecedented surge of mental health needs. Through our Weitzman Institute, we provide behavioral health training for behavioral health and medical providers nationally via the online Project ECHO®, focused on issues such as depression, trauma, anxiety, and substance use disorders, and this platform can be expanded to reach more providers in our state.

At a local level, over the last 9 years CHC staff have given hands-on clinical training to more than 130 mental health workers. Master's in social work candidates, psychology interns, psychiatric mental health nurse practitioner residents, psychiatry residents, child psychiatry fellows and many more have rotated through CHC. Last year alone, more than 30 providers in the mental health field either trained fully or experienced a one-year rotation learning how to provide care in an integrated setting here at CHC.

Based on our expertise addressing the behavioral health needs of children, we are making recommendations in the following areas:

1. School-based mental health care
2. Telehealth and payment reform
3. Workforce development and training

I will now address each of these areas in more detail.

1. Expansion of school-based mental health care

School-based health care is an essential resource for families across Connecticut, especially those living at or below the poverty level, as time off from work, school absence, transportation, and other barriers make it difficult for parents to schedule care for their children. CHC's experience providing behavioral health care in urban schools for 25 years has shown that early and sustained access to these essential services reduces psychiatric admissions to hospital emergency departments.

With the surge of pandemic-related behavioral health needs, SBHC offers a safe and convenient environment, and we need many more school-based clinics across the state. While we encourage multi-disciplinary SBHC (medical, dental, and behavioral health), our experience indicates most schools simply do not have space for these larger facilities; thus, we are recommending establishing centers for care within schools focused specifically on behavioral health. We propose \$15M be appropriated for the Department of Public Health to create an open bid process for new school-based health facilities dedicated to the behavioral health needs of students.

Currently, when our school-based clinicians identify patients in need of psychiatric support, we are able to call upon providers within CHC and our Child Guidance Center of Southern CT. This hub-and-spoke model

has proven effective and can be utilized more broadly as behavioral SBHC expands. CHC and CGC also offer additional levels of care through psychotherapy groups and specialized care addressing issues such as gender identity, crisis services, and testing and assessment.

2. Telehealth and Payment Reform

Telehealth continues to be a vital resource for a large number of patients, especially the underserved and under-resourced. For some CHC patients, telehealth via video or phone is their only link to the outside world, their life saving medications and mental wellbeing. The pandemic has proven the need and efficacy of telehealth. It must be made permanent and there must be parity in payment by all insurance companies for telehealth audio-only, telehealth video, and in-person mental health visits.

We must eliminate prior authorization requirements for behavioral health. Prior authorization – online paperwork listing information about the patient into a database – does not alter treatment or add value to the patient or the provision of care. Instead, it adds paperwork and takes time away from the mental health professionals when they could be providing care.

An increasing number of young patients are served through mental health professionals providing consultations to pediatricians, family medicine doctors, and nurse practitioners. However, there is a lack of reimbursement for this valuable time and activity from mental health specialists. Additionally, pediatricians and family physicians, nurse practitioners, and physician assistants on the front lines feel a lack of support in caring for a large proportion of their patients in need of mental health care without the support of mental health providers during their short visit time. Thus, we recommend reimbursing in-house consultation services by licensed behavioral healthcare specialists in existing integrated settings, reimbursing external consultation services, and incentivizing integration of behavioral health and medical in office settings and schools.

3. Workforce Development and Training

CHC is one of only a few Federally Qualified Health Centers in the U.S. to have a fully accredited postdoctoral clinical psychology residency program and a postgraduate psychiatric/mental health nurse practitioner residency program, creating a critical pipeline in Connecticut. This training leads to providers better prepared to cope with the challenges of the work in a community-based setting, helping to maintain growth in the field through better retention, and increased access for communities in need. There must be focus on expanded funding for training within integrated settings, including stipends to support students, graduate students, and postgraduate professionals from varied disciplines and backgrounds.

The return on investment is significant, as the majority of these professionals choose to stay where they received their training for ongoing employment. In a recent case of a psychiatry resident who was trained at CHC, he moved on to a new organization and is building integrated care into three of the practices sites. Greater funding to train mental health workers is needed. As a force multiplier, incentivize medical residencies and child psychiatry fellowships to partner with established integrated settings for a portion of the experience provided to their trainees.

Given the demographic makeup of the under-resourced environments, a special focus on supporting the recruitment and retention of minority mental health provider trainees within Connecticut is imperative. Underrepresented minorities are more likely to remain as mental health providers in communities of highest need after job entry. We recommend a \$5M appropriation for loan repayment to support recruitment and retention of minority behavioral health providers.

Online learning has proven extremely effective during the pandemic, and for several years CHC has successfully trained thousands of providers across the country via its Project ECHO platform. Funding for distance learning can have significant benefits given the need to bring a large number of providers into Connecticut's behavioral health system to respond to the need.

Community health workers are a health care lifeline for people struggling with mental health issues, and many more CHWs must be trained and deployed across the state. The challenge with CHW programs is that they are often grant funded, so when the grant goes away, the CHWs go away.

Reimbursement for CHW services will ensure consistency and better outcomes for patients.

CHWs improve the connection between the patient, the community, the clinic and the healthcare provider. Making the connections between all areas of the patient's life helps to close the gaps in access while breaking down barriers to meeting care needs. The CHW's ability to join the medical visits as an advocate and member of the care team has shown to be instrumental with increasing health literacy and engagement while supporting wellness interventions recommended by both the medical and behavioral health provider teams.

For more information, please contact:

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