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Committee on Health
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Public Hearing:
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Good morning Chairman Alexander and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, the largest non-profit legal services organization in the District and the only devoted to a full spectrum of children's issues. Last year, we provided services to more than 5,000 low-income children and families, with a focus on abused and neglected children and on those with special health and educational needs. The children we serve have some of the most significant and complex mental health needs in the District, and my colleagues routinely cite the lack of appropriate mental health services as the greatest barrier to success our children face.

Introduction

Thank you, Ms. Alexander, for introducing the *Behavioral Health System of Care Act of 2014*. By creating a Behavioral Health Access Project which will improve the capacity of pediatric primary care clinicians to treat mental health conditions, it will improve the mental health care of thousands of children across the District.

This bill will help address the nation-wide shortage of child psychiatrists, following the example of 30 other states, by giving pediatricians access to a team of mental health experts to assist them in treating children within their practices.

This legislation ensures that the important work already done by the Department of Behavioral Health will continue. Last month, DBH issued a Request for Proposals

for a contractor to develop and implement a Mental Health Access in Pediatrics Program which is quite similar to the Project proposed in this legislation. DBH has worked closely with the DC Collaborative for Mental Health in Pediatric Primary Care, a public/private partnership which includes Children's Law Center, Children's National Health System, Georgetown University, DC Chapter of the American Academy of Pediatrics and the Departments of Health, Behavioral Health and Health Care Finance. The Collaborative was launched in 2012 to improve the integration of mental health into pediatric primary care.

Background

As you know, there are approximately 96,000 children and youth under 21 enrolled in DC Medicaid.[2] Many of them have mental health needs and many of these needs remain unmet. Nationwide as many as 20% of children may suffer from an emotional or behavioral disorder,[3] yet only 7% of children enrolled in the District's Medicaid program were treated for a mental health condition during FY13.[4] There is much work to be done to improve our mental health system – a topic about which I have testified many times.

The number of children requiring mental health intervention is much greater than the number of mental health clinicians. In particular, there is a nationwide shortage of child psychiatrists[5] which is also felt in the District. My colleagues report that our clients face long waits to see a psychiatrist; even for children with acute mental

health needs, the usual wait is four to six weeks. If a child misses an appointment, it is extremely difficult to get it rescheduled.

The Benefits of a Behavioral Health Access Project

Pediatricians are an excellent resource to help fill the gap between the great need for mental health services and the lack of child psychiatrists. In fact, pediatricians are already struggling to fill the gap. Nationally, approximately 25%-50% of all pediatric primary care office visits involve psychosocial concern and primary care providers prescribe the majority of psychoactive[6] medications to children and adolescents.[7]

Also, children in DC have better access to primary care than to specialty mental health care. Primary care offices are fairly well distributed across the District.[8] In FY13, 63% of children enrolled in Medicaid had their annual well-child visit.[9] Finally, families trust and rely upon their pediatricians and frequently turn to them first when their child is experiencing a mental health problem.

Given that children have much better access to pediatricians than specialists and because families naturally turn to their pediatricians with behavioral health concerns, it makes sense to ensure that pediatricians are ready to respond appropriately when their patients present with mental health conditions. With the right support, many behavioral health concerns can be managed by a primary care physician, thus providing better continuity of care for families and decreasing the burden on an already stressed mental health care system.

There are many challenges, however, in assuring that pediatricians have the skills, knowledge and time to properly identify and treat mental health concerns and make appropriate referrals. That is where this legislation comes in. It requires the Department of Behavioral Health to create a Behavioral Health Access Project which will establish a multidisciplinary team of mental health clinicians to support pediatricians in diagnosing, treating and referring patients. When patients have mild mental health conditions, pediatricians will be assisted in treating the children within their own practices. If the child has more intensive needs, the consultative team will help the pediatrician make the necessary referral. If there is some uncertainty about the patient's need, the consultative team will be able to provide a face-to-face consult to make sure the child is assessed quickly and referred to the most appropriate provider.

An Approach with Proven Results

This legislation and the Behavioral Health Access Project it seeks to establish are based on best practices from around the country. The first Project was launched in Massachusetts in 2003 and over the decade 30 other states have developed projects.[10] These states are now sharing ideas through the National Network of Child Psychiatry Access Programs which is based at the Center for Mental Health Services in Pediatric Primary Care at Johns Hopkins University. Similar initiatives have proven very successful in other states. After a child psychiatric access project was implemented in Massachusetts, the number of pediatricians who felt that they were usually able to meet

the needs of children with psychiatric problems, using existing resources, rose from 8.4% to 63.1%.[11] This increase in pediatricians who felt they could meet their patients' psychiatric needs was a result of more coordination and better use of existing resources – not from an increase in the number of specialty mental health providers. I look forward to seeing similar results in DC.

While the basic components of most state's program are similar, each state's model is unique. This legislation appropriately gives DBH, and any non-profit organization it contracts with to carry out the functions of the Project, the ability to shape DC's Project. But it creates the legislative mandate that such a Project exist and ensures our children will benefits from this best practice, proven approach.

Conclusion

I applaud DBH for the efforts they have already taken to bring a Behavioral Health Access Project to the District. I thank you, Councilmember Alexander, for introducing this legislation and for your leadership on children's mental health. We look forward to working with you and DBH to implement this legislation.

I look forward to answering any questions you may have.

Thank you.

1 Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children's comprehensive needs. Our 90-person staff partners with local pro bono attorneys to serve more than 5,000 at-risk children and their families each year. We use this expertise to advocate for changes in the District's laws, policies and programs. Learn more at www.childrenslawcenter.org.

2 96,000 children and youth under 21 were enrolled in DC Medicaid at some point during FY13. Data analysis prepared by Katherine Rogers, Associate Director Division of Research and Rate-Setting Analysis, DHCF.

3 Ruth Perou, Rebecca H. Bitsko, et al. Centers for Disease Control and Prevention, Mental Health Surveillance Among Children – United States, 2005-2011 (May 17, 2013).

4 In FY13, 6,575 children age 0-20 received either a MHRS or a MCO mental health service. This is a6.8% of the approximately 96,000 children who were enrolled in Medicaid during any point in FY13. Data analysis prepared by Katherine Rogers, Associate Director Division of Research and Rate-Setting Analysis, DHCF. DBH data extracted in April 2013.

5 American Academy of Child & Adolescent Psychiatry, Resources for Primary Care, AACAP Workforce Fact Sheet (2009). Only about 20% of emotionally disturbed children and adolescents receive mental health services and only a small fraction of them receive treatment by a child or adolescent psychiatrist. In 2009, there are only 7,000 child and adolescent psychiatrists practicing in the United States.

6 Psychoactive medications are those drugs which affect the brain.

7 Anne E. Pidano, Judith C. Meyers, et al. IMPACT, Child Health and Development Institute of Connecticut, Pediatric Psychopharmacology: Improving Care Through Co-Management, 9 (September 2011). Many of the medications prescribed by pediatricians are for ADHD and depression.

8 Anita Chandra et al., RAND Health, Health and Health Care Among District of Columbia Youth (2009).

9 Center for Medicare and Medicaid Services, Form CMS-416: Annual EPSDT Participation Report (April 4, 2014).

10 National Network of Child Psychiatry Access Programs, Existing Programs, Member Organizations by State. http://nncpap.org/existing-programs.html

11 Karen Kuhlthau, et al; Increases in Behavioral Health Screening in Pediatric Care for Massachusetts Medicaid Patients; Arch Pediatr Adolesc Med. 2011;165(11):660-664.