



Roundtable On

CHILDREN'S MENTAL & BEHAVIORAL HEALTH

AUGUST 1, 2022

**FIGHT
THE
STIGMA.**
MENTAL HEALTH AWARENESS

Table of Contents

<i>The Current Landscape: National and State Data</i>	2
<i>The Biden-Harris Administration</i>	4
<i>Congress</i>	6
U.S. Senate: Senator Tom Carper (D-Del.)	6
U.S. Senate: Senator Chris Coons (D-Del.)	8
U.S. House of Representatives: Rep. Lisa Blunt Rochester (D-Del.)	9
<i>State of Delaware: Lt. Governor Bethany Hall-Long</i>	11
<i>Delaware General Assembly: Rep. Valerie Longhurst & Sen. Sarah McBride</i>	12

THE CURRENT LANDSCAPE: NATIONAL AND STATE DATA

Children's Hospital Association

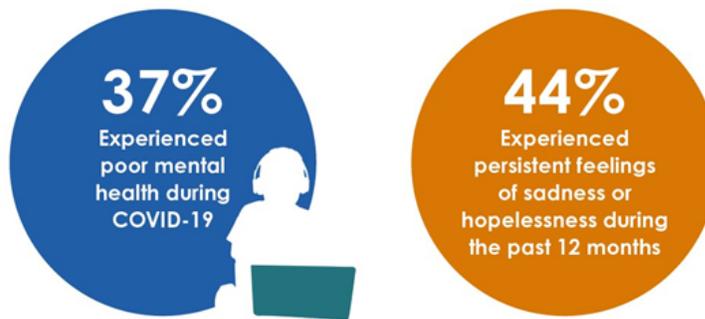
- CHA Mental Health (February 2022)
 - Symptoms of depression and anxiety and risk of suicide among children and adolescents have increased over the course of the pandemic.
 - Children's hospitals have seen a 14% increase in mental health emergencies for kids ages 3-18 from Jan. to Sept. 2021 as compared to the same period in 2019.
 - In the first three quarters of 2021, children's hospitals reported emergency department (ED) visits for self-injury and suicide in children ages 5-18 at a 42% higher rate than during the same time-period in 2019.
 - More than half of adults (53%) with children in their household say they are concerned about the mental state of their children.

Centers for Disease Control and Prevention

Pandemic-Related Statistics

- The current trends in the number and proportion of mental health conditions (MHCs) related ED visits, along with previous research, indicate that the mental health effects of the pandemic might be particularly high among adolescent girls.
- Compared to 2019, weekly ED visits for MHCs among adolescent females (aged 12–17 years) increased during:
 - 2020: For eating and tic disorders
 - 2021: For depression, eating, tic, and obsessive-compulsive disorders
 - January 2022: For anxiety, trauma and stressor-related, eating, tic, and obsessive-compulsive disorders
- Among adolescent females during the pandemic, the proportion of ED visits for eating disorders doubled and those for tic disorders approximately tripled.

CDC DATA ON YOUTH MENTAL HEALTH DURING COVID-19



For more information, visit
cdc.gov/nchhstp/newsroom



Mental Health America

- Youth with At Least One Major Depressive Episode (MDE) in the Past Year, 2022
 - 15.08% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year.
 - Childhood depression is more likely to persist into adulthood if gone untreated.
- Youth with Severe Major Depressive Episode, 2022
 - 10.6% of youth (or over 2.5 million youth) cope with severe major depression.
 - The number of youths experiencing Severe MDE increased by 197,000 from last year's dataset.
- Youth with Substance Use Disorder, 2022
 - 4.08% of youth in the U.S. reported having a substance use disorder in the past year.
 - 1.64% had an alcohol use disorder in the past year, while 3.16% had an illicit drug use disorder.
- Youth with MDE Who Did Not Receive Mental Health Services, 2022
 - 60.3% of youth with major depression do not receive any mental health treatment.
 - Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, 1 in 3 youth are still not receiving the mental health services they need.
- Youth with Severe MDE Who Received Some Consistent Treatment, 2022
 - Nationally, only 27.2% of youth with severe depression receive some consistent treatment (7-25+ visits in a year).
 - Even when simply measuring the number of visits, fewer than 1 in 3 youth with severe depression meet this determination of consistent care.

Delaware Statistics

Kaiser Family Foundation

- In 2020, 10.2% of children ages 3-17 in Delaware received mental health care in the past year, compared to 10.8% of children in the U.S.
- Prior to the pandemic, 15.5% of adolescents in Delaware reported having a major depressive episode in the past year, which was similar to the U.S. share of 15.1%.
- In the past year (2018), 1.5% of adolescents in Delaware reported having alcohol use disorder. Additionally, 3.6% of adolescents in Delaware reported having an illicit drug use disorder in the past year.

THE BIDEN-HARRIS ADMINISTRATION

Through the American Rescue Plan, HHS has:

- Distributed nearly \$11 million to expand the Pediatric Mental Health Care Access program by supporting telehealth service integration. These teams provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care and other providers to diagnose, treat, and refer children and youth with behavioral health conditions.
- Awarded \$62 million, including nearly \$1 million in ARP funds, to National Child Traumatic Stress Network recipients in July 2021 to increase access to effective treatment and services systems for children who experience traumatic events and their families.
- Announced \$5.4 million in ARP funds for Project AWARE. Recipients will establish and build on existing work to develop a sustainable infrastructure for school-based mental health programs and services.
- Awarded over \$120 million to home visiting recipients to support children and families affected by the pandemic, including through training to identify and address mental health needs.



Responding to the Youth Mental Health Crisis

- Bright Futures, a HRSA partnership with the American Academy of Pediatrics, made 2022 updates to its national guidelines including adding universal screening for suicide risk to the current guidance for individuals ages 12 to 21, and new guidance for behavioral, social and emotional screening.
- The Centers for Medicare & Medicaid Services (CMS) is developing guidance reminding states about Medicaid's Early and Periodic Screening, Diagnostic and Treatment requirements for individuals under age 21, including in the provision of behavioral health services. Expected release is summer 2022.
- In March 2022, HHS announced a joint effort with the Department of Education to develop and share resources to ensure that children have access to school-based health services. CMS is conducting listening sessions with school-based services stakeholders to understand key challenges preventing more schools from enrolling as Medicaid providers.

- CDC has developed emotional wellbeing resources for parents, families, and schools, a Toolkit on the mental health impacts of the pandemic on children and is expanding funding to improve the health of children, adolescents, and school staff in priority areas of emotional wellbeing and school health services.
- ACF supports implementation of the Family First Prevention Services Act, through which states, territories, and tribes can submit title IV-E prevention plans to provide trauma-informed, evidence-based behavioral health services and supports to help prevent unnecessary entry into foster care.

CONGRESS

U.S. Senate: Senator Tom Carper (D-Del.)

U.S. Senator Tom Carper (D-Del.) has been a champion for children's access to affordable, quality health care, and that includes access to mental health services. As Governor, he worked to put wellness centers in every high school, and that work has continued in Delaware middle and elementary schools today. As Senator, he helped draft landmark health care legislation, the Affordable Care Act. This congress, he's working to bring quality, affordable access to mental health services for our children and their families.



Senate Finance Committee's Youth Mental Health Working Group Recommendations Signed into Bipartisan Safer Communities Act

Earlier this year, Senator Carper and his colleagues on the Senate Finance Committee convened bipartisan working groups focused on our nation's mental health care system. As co-chair of the youth mental health working group with Senator Bill Cassidy (R-LA), Carper worked toward an agreement that would ultimately make it easier for schools to provide vital mental health services to students on campus and more manageable for states to face head on an impending mental health crisis.

On June 25, 2022, President Biden signed the Bipartisan Safer Communities Act into law. Senator Carper authored several bipartisan provisions in the legislation with Senator John Cornyn (R-TX) and Senator Bill Cassidy (R-LA) to address the youth mental health crisis by increasing access to telehealth and school-based mental health care.

Telehealth Improvement for Kids' Essential Services (TIKES) Act:

- The Bipartisan Safer Communities Act includes Senator Carper's bipartisan legislation with Senator John Cornyn (R-TX) that requires CMS to provide guidance to states on how they can increase access to health care, including mental health services, via telehealth under Medicaid and CHIP.
- This guidance would outline strategies related to training and providing resources for providers and patients; include best practices for providing mental health and substance use disorder services via telehealth in schools; include recommendations for measuring telehealth care quality; and include best practices for conveying the availability of telehealth to Medicaid and CHIP enrollees.

Medicaid Reimbursement for School-Based Health and Planning Grants for School-Based Health Centers:

- Medicaid is the third largest federal funding stream for school districts, providing much needed funding to support school health services, including mental health services. However, key federal guidance on how schools can claim Medicaid funding has not been updated in nearly 20 years, making it extremely challenging for school districts, particularly small and rural high-poverty districts, to access this funding.
- The Bipartisan Safer Communities Act also includes a bipartisan provision authored by Senator Carper and Senator Cassidy (R-LA) to improve access to mental health care in schools by requiring CMS to provide states with critical tools and resources to implement, enhance, and expand school-based health programs under Medicaid.
- CMS will now be required to issue guidance to state Medicaid programs outlining how states may receive Medicaid funding for health services provided in school settings.
- This guidance would address best practices for enrolling school health care providers in Medicaid, facilitating payment and reimbursement, utilizing telehealth, and forming partnerships with community-based behavioral health providers.
- The provision would also establish a technical assistance center at CMS and provide \$50 million in planning grants to states to help them take advantage of the flexibilities and best practices identified in this Medicaid guidance.

Review of State Implementation of Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT):

- The Bipartisan Safer Communities Act includes another bipartisan provision authored by Senator Carper and Senator Cassidy (R-LA) that requires CMS to regularly review states' implementation of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which guarantees comprehensive health coverage for the nearly 40 million children enrolled in Medicaid today. Specifically, CMS must identify gaps and deficiencies with respect to state compliance, provide technical assistance to help address these gaps, and issue guidance outlining best practices for the benefit.

U.S. Senate: Senator Chris Coons (D-Del.)

Following reductions to the number of pediatric medical researchers funded by the National Institutes of Health (NIH), U.S. Senators Chris Coons (D-Del.) and Joni Ernst (R-Iowa) re-introduced bipartisan legislation in April of 2021 to invest in pediatric scientists and research. The *Pediatricians Accelerate Childhood Therapies (PACT) Act* would address challenges in researcher recruitment and retention and create a pipeline of early-career pediatric researchers with a focus on those historically underrepresented in research such as women and people of color. The bill:

- Requires NIH to make awards to support early-career pediatric research.
- describes priority research population, which have been historically underrepresented in pediatric medical research, and priority research topic areas.
- Authorizes the Trans-NIH Pediatric Research Consortium to coordinate pediatric research across all NIH pediatric research programs.

Over the past several years, the number of pediatric medical researchers supported by the NIH has been reduced. This includes reductions of Child Health Research Center Awards, which supports fewer than half of the young investigators that it did in 2010. The Pediatric Scientist Development Program has also seen cuts in recent years. These reductions contrast with the consistent increases Congress has provided to the overall NIH budget.



The PACT Act would establish an NIH-wide grant to support early-career pediatric researchers, with a focus on those who have been historically underrepresented in pediatric research, including women and people of color, and researchers from institutions disproportionately serving them. Awards will support a variety of activities that ultimately seek to enable recipients to achieve research independence. The bill also directs the NIH Pediatric Research Consortium to set priorities, improve coordination and collaboration, and identify gaps and opportunities to support the development of new treatments and cures for diseases and conditions that affect children across the country.

In addition to the endorsement of Nemours Children's Health System and the Coalition for Pediatric Medical Research, the bipartisan legislation is supported by the Burroughs Wellcome Fund, St. Baldrick's Foundation, the International Eosinophil Society, Kids v. Cancer, and the CURED Foundation.

U.S. House of Representatives: Rep. Lisa Blunt Rochester (D-Del.)

As Delaware's sole member of the House of Representatives, Congresswoman Lisa Blunt Rochester (D-Del.) continues to fight for policies and funding to improve the everyday lives of Delawareans. As the Energy and Commerce Committee's only former statewide health official, Congresswoman Blunt Rochester understands the urgent need to address the children's mental health crisis in Delaware and across the nation. The COVID-19 pandemic exacerbated the need for reliable mental health services and infrastructure in Delaware, especially for children. To help combat this crisis, Congresswoman Blunt Rochester has introduced four bipartisan pieces of legislation to expand capacity in pediatric behavioral and mental health services, fund community-based activities, support training and workforce innovations, and expand telehealth access. These bills include:

H.R. 1397, the Telehealth Improvement for Kids' Essential Services (TIKES) Act Introduced by Congresswoman Lisa Blunt Rochester (D-DE) and Congressman Michael Burgess (R-TX)

- Provides states with guidance and strategies to increase telehealth access for Medicaid and Children's Health Insurance Program (CHIP) populations.
- Requires a GAO study to examine data and information on the impact of telehealth on the Medicaid population.
- Requires a GAO study to review coordination among federal agency telehealth policies and examine opportunities for better collaboration as well as opportunities for telehealth expansion into early care and education settings .



H.R. 4943, the Children's Mental Health Infrastructure Act Introduced by Congresswoman Lisa Blunt Rochester (D-DE) and Congressman Brian Fitzpatrick (R-PA)

- Provides funding to children's hospitals for additional pediatric care capacity for behavioral and mental health services.
- Supports costs associated with reallocating existing resources, including converting general beds to accommodate behavioral health patients, creating new capacity for "day hospital" care, and supporting the associated costs of meeting safety standards to protect children and adolescents.

H.R. 4944, the Helping Kids Cope Act

Introduced by Congresswoman Lisa Blunt Rochester (D-DE) and Congressman Brian Fitzpatrick (R-PA)

- Provides funding to support pediatric behavioral health care integration and coordination.
- Allows for flexibility to fund a range of community-based activities including community health workers or navigators to coordinate family access, pediatric practice integration, funding to support telehealth treatment, pediatric training for crisis response, mental and behavioral health urgent care, community-based initiatives such as school-based partnerships, and initiatives to decompress emergency departments.
- Provides funding to support training and other workforce innovations at children's hospitals, pediatric delivery settings, and other settings in multiple disciplines related to pediatric behavioral health.

H.R. 7236, the Strengthen Kids' Mental Health Now Act

Introduced by Congresswoman Anna Eshoo (D-CA), Congresswoman Lisa Blunt Rochester (D-DE) and Congressman Brian Fitzpatrick (R-PA)

- Strengthens support for pediatric mental health through Medicaid.
- Increases reimbursement for pediatric mental health services, targeting support directly to providers.
- Guides states toward best practices for improving access to a full continuum of mental, emotional, and behavioral health services for children, including through telehealth.
- Reviews state implementation of EPSDT annually to identify barriers and opportunities to improve the availability of pediatric mental and behavioral health services.
- Identifies regulatory and legal barriers that inhibit providers' ability to increase care capacity and promote existing flexibilities states might use to expand pediatric mental health service availability.
- Creates a new grant program at the Health Resources and Services Administration (HRSA) focused on strengthening community-based pediatric mental health services and enabling communities to implement or develop new programs and policies tailored to meet the mental and behavioral health needs of children and adolescents.
- Establishes a new HRSA workforce grant program focused specifically on bolstering the pediatric mental and behavioral health workforce, through expanded training for the current workforce and targeted investment in the recruitment, retention and diversity of the next generation of pediatric mental health professionals.
- Creates a HRSA program dedicated to strengthening critical pediatric mental health infrastructure and expanding our national capacity to deliver appropriate care for children with more intensive treatment needs, including inpatient psychiatric care and step-down care, such as day programs or intensive outpatient service.

STATE OF DELAWARE: LT. GOVERNOR BETHANY HALL-LONG

Expansion of Telehealth Services

Lt. Governor Hall-Long has been a leader and champion of nearly all of Delaware's telehealth initiatives including championing Delaware's first telehealth bill ten years ago. Since then, she has been a part of numerous telemedicine initiatives and advocacy efforts including those that make it easier for Delawareans to receive behavioral health services virtually. Her work to break down barriers to the use of telemedicine have made it far easier for Delawareans of all ages to access quality physical and behavioral health care.

Prevention, Trauma and Adverse Childhood Experiences (ACE's)

Lt. Governor Hall-Long also serves on Governor's John Carney's Family Services Cabinet Council, which focusses on behavioral health for children and families as part of its work. Lt. Governor Hall-Long works closely with the council to identify prevention methods for Delaware youth and help schools and other state facilities to identify trauma and Adverse Childhood Experiences (ACE's) in children. This work is critical to making sure Delaware children have the tools and resources needed to prevent major behavioral health disorders from developing in their future.

Improving Student Social and Emotional Learning Behavioral Health (SEL)

In 2021 Lt. Governor Hall-Long was joined by former Congressman Patrick Kennedy, and his wife Amy at the Colonial School District for a roundtable discussion on improving social and emotional behavioral health for Delaware students of all ages. Roundtable participants included legislators, community leaders, education officials and members of the public. Several recommendations and strategies emerged from the discussion and are being advanced by the Behavioral Health Consortium.



DELAWARE GENERAL ASSEMBLY: REP. VALERIE LONGHURST & SEN. SARAH MCBRIDE

Representative Valerie Longhurst
Majority Leader, Delaware House of Representatives

Increasing Mental Health Access for Delaware's Children

- H.B. 100, introduced by Representative Valerie Longhurst, adds more mental health resources to Delaware's schools by providing additional school counselors and psychologists to elementary schools and establishes ratios in line with national recommendations. This bill passed in 2021.
- H.B. 300, introduced by Representative Valerie Longhurst, establishes ratios in line with national recommendations that would create new positions for school counselors, social workers, and school psychologists in all Delaware middle schools. This bill passed in 2022.
- H.B. 301, introduced by Representative Valerie Longhurst, would establish a statewide mental health education curriculum for kindergarten through grade 12. This bill passed in 2022.
- H.B. 303, introduced by Representative Valerie Longhurst, would require Delaware health insurers to cover a yearly behavioral health wellness check by a licensed mental health clinician. This passed in 2022.

Senator Sarah McBride
Delaware Senate, Chair of the Senate Health & Social Services Committee

As the state senator for Delaware's First District and the highest-ranking openly transgender elected official in the U.S. history, Sen. Sarah McBride has successfully passed legislation that expanded access to healthcare, required mental health and literacy education in public schools, promoted the use of green technologies, and supported working families. In just her first term, Sen. McBride passed the landmark Healthy Delaware Families Act, legislation signed into law in May that will provide paid family and medical leave to workers throughout the First State – marking one of the largest expansions of the social safety net in Delaware history.

SS2 for SB 1, the Healthy Delaware Families Act

Introduced by Sen. Sarah McBride and Rep. Debra Heffernan

- Creates a statewide paid family and medical leave insurance program that will allow most Delaware workers to access up to 12 weeks of paid family and medical leave.
- Qualifying events include the worker's own serious health condition, care for a family member's serious health condition, bonding and caring for a newborn, and to address the impact of a family member's deployment.
- Both the medical and family caregiving leave can be used for many forms of mental health care, covering both the patient and their caregivers during treatment.

House Bill 301, Mental Health Education in Our Schools

Introduced by Rep. Valerie Longhurst and Sen. Sarah McBride

- Requires the Delaware Department of Education to establish a statewide mental health education curriculum and programming for use in schools from kindergarten through Grade 12, tailored to the developmental needs of students at each grade level.
- Will help break down stigmas and provide students with the tools they need to be mindful of their emotional state and reach out for help when needed, preparing future generations for a lifetime of wellness and good health.

Senate Bill 195, the Digital Citizenship Education Act

Introduced by Sen. Sarah McBride and Rep. Debra Heffernan

- Requires the Delaware Department of Education to adopt evidence-based digital media standards for use in classrooms from kindergarten through Grade 12, tailored to the developmental needs of students at each grade level.
- In addition to news and media literacy, the standards will require that students understand the negative impact of inappropriate uses of technology, including online bullying and harassment, hacking, hate speech, invasions of privacy and piracy.
- Provides guidelines for health online behavior, including cybersafety, cybersecurity, and cyberethics.

Senate Bill 300, Promoting Physician Wellness by Addressing Stigma and Removing Barriers to Mental Health Treatment Act

Introduced by Sen. Sarah McBride and Rep. David Bentz

- Reforms draconian reporting policies for physicians to break down barriers to mental health care in the medical community.
- By reforming these policies, we're also addressing stigma around mental health care more broadly and demonstrating that needing mental health care won't limit your professional dream.