

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5001

**Title:** AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

**Vote Date:** 3/25/2022

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/25/2022

**File No.:** 371

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## **SPONSORS OF BILL:**

Public Health Committee

## **REASONS FOR BILL:**

The goal of this bill is to improve access to mental health, behavioral health, and substance use disorders, particularly for children, and promote awareness about these insidious problems. The bill specifically addresses the following issues:

- reciprocal licensing of professionals from other states
- recruitment and retention of behavioral health professionals
- extension of temporary permits for licensed master social workers
- scholarship programs to reduce the financial burden associated with obtaining a license
- development of policies for partial hospitalization programs for adolescents
- ensuring that there are adequate numbers of school-based health centers
- transporting patients to alternative destinations that could meet their behavioral health needs

Substitute language contained in LCO No. 4047 includes additional changes to this legislation.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Manisha Juthani, MD, Commissioner, CT Department of Public Health (DPH):**

This bill provides an important framework for improving access and promoting awareness of behavioral health and substance abuse in children. During the pandemic, the need to access care was exacerbated. The percentage of emergency room visits for mental health

emergencies for children increased by 24% for ages 5-11, and 31% for ages 12-17. However, DPH is concerned that some provisions of the bill may not be under the purview of DPH, such as developing a substance abuse screening tool, developing licensure scholarship programs, and establishing school-based mental health clinics. Instead, the Commissioner requests support for the Governor's Bill, HB 5040, which would more appropriately address these provisions to enhance mental health services in CT.

**Deidre Gifford, Commissioner, CT Department of Social Services (DSS):**

The Commissioner addressed specific sections of the bill in her comments. Regarding Sections 1-3, the department needs to ensure that waiving or changing credentialing for clinical social workers adheres to Medicaid guidelines. In Section 8, the Commissioner would work with the Department of Children and Families (DCF) and the relevant Committees to determine if existing authorities could be used for a pilot. Regarding Sec 10, DSS has concerns that extending telehealth for the clinical specialists identified in the bill does not provide for the in-person requirements of these clinical categories. In Section. 30, DSS is in strong support of an enhanced emergency response system to mental health crises. In Section 37, DSS expresses concern with a grant program that includes coverage of label prescribing not covered by Medicaid. In Section 65, DSS supports the concept of payment parity and will work with the Office of Health Strategy (OHS) to help develop the program. Finally, in Section 66, DSS suggests different language to explore reimbursement models that incentivize collaboration.

**Sarah Healy Eagan, Child Advocate, CT Office of the Child Advocate (OCA):**

The OCA appreciates the bipartisan commitment to transforming the children's mental health delivery system and supports the many provisions in the bill, including the emphasis placed on children with developmental disabilities, the investment and payment structure reform, enhancing services, expanding workforce development, focusing on at-risk children, early childhood intervention, and improving the coordination and oversight of school programs for mental and behavioral health. OCA recommends a language change that ensures incentives and supports are available for all licensed behavioral health specialties, not just those mentioned in the bill.

**Vanessa Dorantes, Commissioner, CT Department of Children and Families (DCF):**

The COVID-19 pandemic exacerbated the emerging problem of a mental health crisis in children. HB 5001 has many components of the Governor's bill which provides for additional funding. DCF suggests some changes to the language regarding enhanced licensure in CT, where the priority is quality and effective service delivery. In Section 9, DCF notes that early intervention is the key to the success of our children. Also, DCF should be added to the Coordinating Advisory Board for the Enhanced 9-1-1 Commission and included in the development of policies and procedures for 911 calls regarding mental and behavioral health.

**Susan Hamilton, MSW, JD, Office of the Public Defender (OPD):**

The OPD supports this bill and the collaborative efforts to develop peer-to-peer mental health support programs, enhance 911 questions to better serve patients with mental and behavioral health issues, and the incentives to retain providers in-state as well as recruit additional providers.

**Victoria Veltri, JD, LLM, Executive Director, Office of Health Strategy (OHS):**

The intent of this bill is to enhance awareness of and behavioral and mental health services in the state. Ms. Veltri believes that Section 36 adds an exemption to the Certificate of Need (CON) status requirements to allow a new mental health facility on or before 6/26. OHS believes that this should be reconsidered for multiple reasons related to the current CON process. Regarding Section 64 and 65, the bill calls for studies on payment parity. The Governor's bill provides \$200,000 in American Rescue Plan Act (ARPA) funding to OHS to fund a comprehensive study on payment parity.

**Charlene Russell-Tucker, Commissioner-Designate, CT State Department of Education (SDE):**

Even before the pandemic, SDE has been engaged in specific efforts to address the social, emotional, physical, and mental health needs of our students. SDE supports the intent of this bill with some suggested changes. In Section 17, SDE currently collects data outlined in this section. SDE recommends the removal of the number served and replace it with direct services. Changes in Sections.18, 19, 20, 21, 22b, 22c, 24, 25, 26 and 27 all have language changes that SDE believes would improve the value of the bill.

**Vincent Candelora, State Representative, 86<sup>th</sup> District, House Minority Leader, CGA**

Thanked the PHC for hearing this bill and he will work to help its passage on the floor of the House. Rep. Candelora recognizes the mental health crisis that has been exacerbated by the pandemic. It is time for CT to focus resources available for mental and behavioral health issues and ensure that we reverse this trend that has been building for years.

**Paul Formica, State Senator, 20<sup>th</sup> District, CGA**

The pandemic has exacerbated a mental health crisis that we knew was happening pre-pandemic. Pandemic-related measures reduced in-person interactions among children, making it harder to recognize the signs of mental health concerns, abuse, and trauma. The Senator asks that we expand coverage for mental health professionals, make telehealth permanent, establish a tuition reimbursement program for mental health workers, expand access to mental health services for children, conduct a social media impact study, establish a family care coordinator as a temporary position, and improve programs for maternal mental health.

**Donna Veach, State Representative, 30<sup>th</sup> District, CGA**

This bill will be one of the most important things we do this session. The bill improves the availability of and access to mental health services. Living in a constant state of fear over the last few years has taken its toll on our children. The Representative worries about rising rates of teen suicide and believes that this bill will provide improved access to mental health services when they are desperately needed.

**Ted Doolittle, Health Care Advocate, Office of the Healthcare Advocate (OHA):**

The OHA believes many of the sections of the bill individually will result in incremental improvements in overall access to mental health care in CT. But collectively, they have the potential to shift the balance in favor of consumers who have become more desperately in need of mental health services.

**Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO):**

CWCSEO is in support of this bill for a variety of reasons. It will add additional mechanisms of accountability and oversight and include immediate funding for outpatient and intermediate levels of care to create more access for all patients. It will reduce the number of children in emergency rooms and provide them with the care they need by authorizing DCF to use Care4Kids funds for Emergency Mobile Psychiatric Service (EMPS) expansion. In particular, CWCSEO commends the measures to expand the behavioral health workforce, including examination waivers for licensed clinical social worker candidates and accommodations to allow temporary work permits to licensure applicants.

#### **NATURE AND SOURCES OF SUPPORT:**

##### **Sara Lemaster, Government Relations Manager, Community Health Center Association**

This bill provides for a continuation of telehealth benefits, which has proven to increase access to behavioral health care. Section 45 speaks to loan forgiveness, which Community Health Centers strongly endorse, a component that will help retain needed professionals.

##### **Mag Morelli, President, LeadingAge CT**

Leading Age endorses HB 5001 because particularly expediting the licensure process and removing barriers to examinations for social workers. Allowing elderly services to utilize social workers frequently and, if this bill moves forward, the provisions to help licensure will help those serving our seniors as well.

##### **Luke Bronin, Mayor, City of Hartford**

While supporting this bill, the Mayor would like to add three elements, expanding mental health services to youth detention centers, provide expanded resources to Youth Service Bureaus and Juvenile Review Boards, and support the expansion of groups like the Hartford Youth Services Corp.

##### **Sandra Carbonari, Advocacy Committee Chair, American Academy of Pediatrics-CT**

The Academy believes that the best way to address Mental and Behavioral Health issues is to improve reimbursement for mental health care, reduce and streamline licensure barriers, and increase hospital and residential beds available in CT for mental and behavioral health patients. Additionally, they recommend requiring private insurers to cover in-home mental and behavioral health services and increasing access to respite services.

##### **Other Testimony in Support**

Thomas Nuccio, Policy Analyst, CWCSEO

Nancy M. DePalma, Berlin, CT

Kate Dias, CEA

Jordana Rutigliano, Concert Health

Lisa Tepper Bates, United Way of CT.

Howard Sovronsky, LCSW, CT Childrens

#### **NATURE AND SOURCES OF OPPOSITION:**

##### **Marcy Russo, PhD, Licensed CT Psychologist, CT Psychology Association**

While Dr. Russo appreciates the work that has gone into this bill and the efforts to improve access to mental, behavioral and substance abuse health disorders, she strongly opposes Section 54. She believes that the State is trying to legislate where candidates can do their clerkships and the bill's definition of a clerkship is woefully inadequate. She argues that the provisions of this section will not increase the number of psychologists ultimately serving children, while adding another level of bureaucracy.

**Anne Manusky, President, CT Republican Assembly**

Ms. Manusky believes this bill is another means to usurp parental rights via the school system. The public school system is no longer about education but rather wrap around health care services and data collection.

**Meghan Butler, PSY.D, LLC**

While in support of the intent of the bill, Section 54 is offensive. Dictating where psychology trainees engage in clinical training is not only concerning, but does not fit with how our profession conducts training and could result in potentially dangerous consequences.

**Reported by: David Rackliffe, Asst. Clerk**

**Date: April 11, 2022**