



Testimony Regarding H.B. No. 5001: An Act Concerning Children's Mental Health

Karen Siegel, MPH
Public Health Committee
Children's Committee
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Dear esteemed members of the Public Health Committee and Children's Committee,

Health Equity Solutions (HES) is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony regarding H.B. No. 5001, An Act Concerning Children's Mental Health. **We support these efforts to improve the state's mental health system and recommend centering equity in these proposals by focusing on workforce diversity, whole family approaches to care, and efforts to address the root causes of increased mental health needs.**

Children live in families and their mental health depends on not only the mental health of their parents and siblings, but on their family's overall health, economic security, and wellbeing. Due to systemic racism and its consequences, Black, Indigenous, Latino/a, Asian, and other people of color are at higher risk of experiencing trauma, adverse childhood events, poverty, chronic disease, cancer, negative birth outcomes, lack of health insurance, and exposure to unhealthy environments—all of which contribute to mental health.¹ Further, the experience of racism itself—including systemic, interpersonal, and internalized racism—affects mental health.² Finally, the disproportionate impact of COVID-19 on Black and Latino/a residents of our state has further exacerbated disparities in mental health care access and overall health outcomes.³ To equitably address the emerging mental health crisis we must center family voices in developing solutions and meet people where they are with what they need.

Health Equity Solutions strongly recommends embedding a community health worker-based approach to support whole family wellbeing. We applaud the inclusion of respite care, parent-to-parent programs, and staff for the Office of the Healthcare Advocate to coordinate a statewide effort to ensure that minors have insurance coverage and access to behavioral and mental health services. At the same time, psychotherapy and other mental health services are just one key part of broader mental health needs. Mental health is impacted by physical health, poverty, experiences of racism, and lack of access to basic needs and services (like food, housing, and transportation). Community health workers can help

¹ Seaberry, C., Davila, K., Abraham, M. (2021). Equity Report. New Haven, CT: DataHaven. Retrieved from <https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf>

² David R. Williams & Ruth Williams-Morris (2000) Racism and Mental Health: The African American experience, *Ethnicity & Health*, 5:3-4, 243-268, DOI: 10.1080/713667453

³ See, for example: Snowden L. & Snowden J. (2021) Coronavirus Trauma and African Americans' Mental Health: Seizing Opportunities for Transformational Change. *Int J Environ Res Public Health*. <https://dx.doi.org/10.3390/2Fijerph18073568> and Substance Abuse and Mental Health Services Administration. Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. Retrieved from: <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>



mitigate disparities in health by providing information, helping people to navigate the health care system, connecting people to health insurance and social services, connecting people with health care providers, and providing social support throughout the screening, diagnosis, and treatment processes.⁴ Community health workers can provide support for the whole family, helping to address the basic needs and parental health that have a direct impact on children's wellbeing.

Workforce Adequacy and Diversity

Health Equity Solutions appreciates the efforts to increase the mental health workforce in the state and recommends promoting workforce diversity as well. Scholarships to cover licensure and exam fees and which prioritize minoritized populations are an important step in addressing barriers to careers in mental health. We also support efforts to allow social workers to retake licensure exams while remaining under supervision. HES recommends extending these flexibilities to other mental health professionals who must pass licensure exams and pay licensing and exam fees in a period shortly following their graduation from higher education in mental health care. In addition, Health Equity Solutions strongly supports including mental health care providers in loan forgiveness programs.

To further diversify the mental health workforce and evaluate the success of these programs, we recommend regularly publishing demographic data on licensed mental health professionals in the state. The Department of Public Health collects race, ethnicity, and other demographic data on licensure and renewal forms, and should release summary data publicly. The study of school-based social workers included in this bill should also disaggregate results by race, ethnicity, and language. Finally, we note that community health workers are disproportionately people of color and recommend not only sustainably funding a community health worker workforce, but also developing career pathways to allow professional development within community health work and to careers that require additional formal education.

Service Scope and Delivery

Health Equity Solutions supports the extension of Medicaid telehealth services and urges an indefinite extension of these services complemented by regular review of emerging guidelines from professional organizations and the federal government. The impacts of systemic racism mean that several social and economic factors disproportionately limit access to care for Black and Latino residents of our state. Telehealth has the potential to improve access to care, but only if implemented thoughtfully. As telehealth expansion occurred rapidly, professional medical organizations have yet to release clear

⁴ Connecticut Health Foundation, *What is a community health worker?*. Retrieved from: https://www.cthealth.org/topic-guides/community-health-workers/?gclid=CjwKCAjwy7CKBhBMEiwA0Eb7al7pdeYgRAV0ShhoBQui5CeXApukvEGWNydbqNjdFyCk1BCUaChQ7xoCGN8QAvD_BwE



guidance for when telehealth is and is not effective.⁵ Emerging best practices should be identified and implemented to ensure telehealth truly improves access to health care and health outcomes.

Factors such as housing density, household size, and related privacy concerns are more likely to impact people of color and may limit the viability of telehealth for people facing these concerns.⁶ To address these issues, we recommend regularly evaluating telehealth utilization and health outcomes so that the Medicaid programs can intentionally address any gaps or inequities identified, including gaps in access to broadband and technology. Finally, barring a pandemic or other safety concerns, patients should be provided a choice regarding whether an appointment is in person or virtual so that any concerns about privacy or comfort with technology are addressed.

The adoption of the Collaborative Care Model has the potential to expand access to behavioral and mental health services for HUSKY Health Program members and should center equity in implementation.⁷ To ensure this approach advances equity, we recommend (1) fostering culturally responsive care by requiring providers to engage in ongoing health equity or cultural humility training and adhere to culturally and linguistically appropriate services (CLAS) standards and (2) incentivizing collaboration with community-based supports, including community health workers.

Health Equity Solutions supports behavioral health screening during pediatric and emergency department visits. We note that the Children’s Behavioral Health Plan Implementation Advisory Board convened a working group to identify no-cost, culturally appropriate screening tools for statewide use and should be consulted on this effort.⁸ Further, the HUSKY program incentivized behavioral health screenings for children and would be able to share the results of this effort. One concern raised by pediatricians when this effort began was that they cannot ethically screen patients unless there is somewhere to refer them should a concern be detected. Screening efforts must be accompanied by efforts to improve both the behavioral health provider workforce and systems that connect people to care, such as the ACCESS Mental Health CT program that is expanded in this bill.

HES strongly supports expanding school-based delivery of mental health services to children and young adults. A Connecticut study found Black and Latino adolescent males attended mental health appointments in school-based settings at rates far higher than in community-based settings.⁹ By

⁵ Volk J., Palanker D., O’Brien M., Goe C. (2021). States’ Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. Retrieved from: <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>

⁶ Siegel K. & Volk J. (2021) Considerations for Telehealth Equity. Retrieved from: <https://www.shvs.org/considerations-for-telehealth-equity/>

⁷ Unutzer J., Harbin H., Schoenbaum M., & Druss B. (2013) The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes. Retrieved from: https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model_052113_2.pdf

⁸ For more information, please consult with tri-chairs Elisabeth Cannata, PhD, Carl Schiessl, JD, & Ann Smith, JD, MBA or the staff of state agencies who participated and include Tim Marshall and William Halsey.

⁹ Connecticut Association of School Based Health Centers. (2011) Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services. Retrieved from: https://www.cthealth.org/wp-content/uploads/2011/04/IssueBrief_web2-Final-2.pdf

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meeting children where they are, school-based health services remove barriers to behavioral health care. Services located in schools are vital to promoting health equity; at the same time, overrepresentation of Black and Latino/a children in punitive measures at schools and in the child welfare system have led to distrust and Black, Latino/a, and other parents of color may be unwilling to seek support for their own or their family's broader needs in a school setting. ***HES recommends complementing school-based mental health services with community-based trusted messengers such as community health workers, doulas, and peer support workers.***

Finally, we note that systemic racism is a root cause of inequities in health outcomes, and we must dismantle the racism in our state's systems, policies, and programs to truly advance equity in mental health.

Thank you for the opportunity to submit this testimony regarding H.B. 5001: An Act Concerning Children's Mental Health. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.