PHE and Pediatric Mental Health
Tele-BH Care

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Pediatric Pandemic Network &
WRAP-EM
Mental Health

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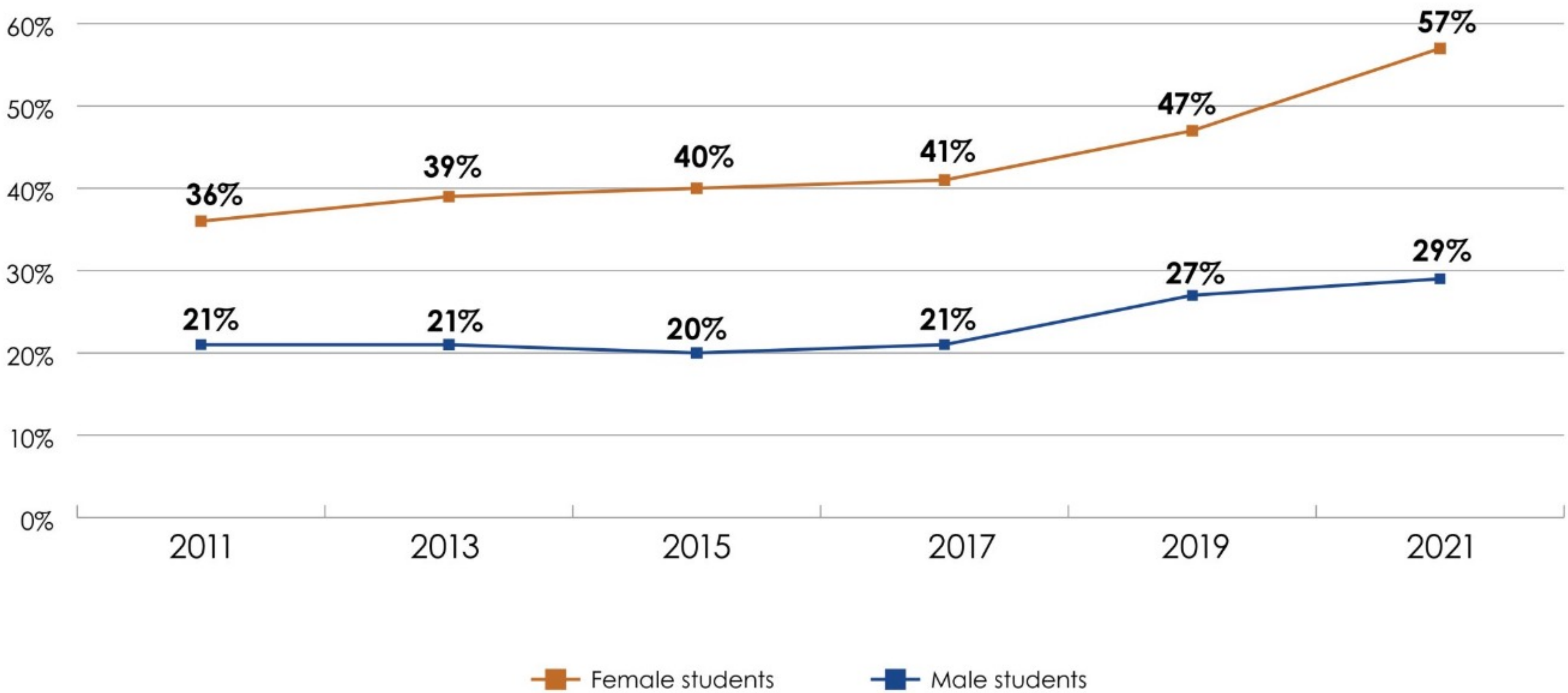
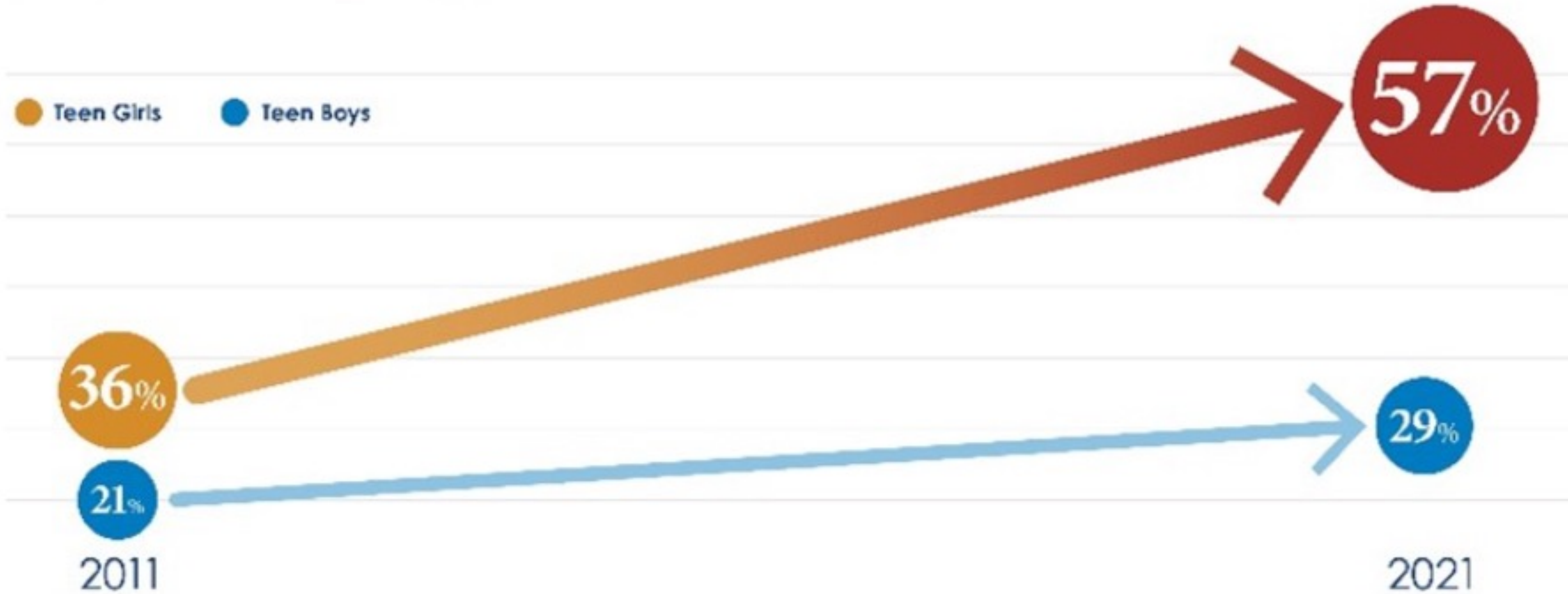
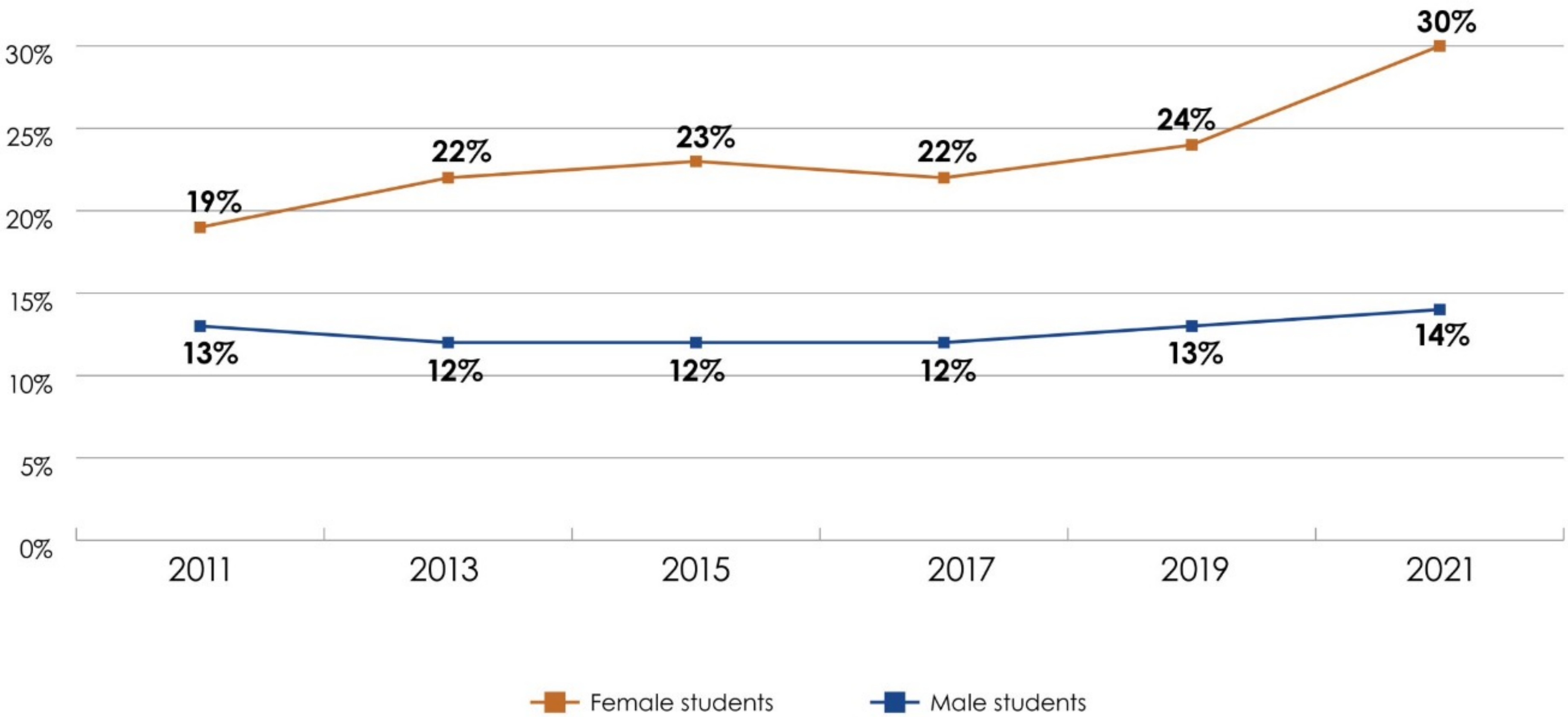
PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS AMONG U.S. HIGH SCHOOL STUDENTS, BY SEX, 2011-2021



TEEN GIRLS WHO PERSISTENTLY **FELT SAD OR HOPELESS INCREASED DRAMATICALLY** FROM 2011 TO 2021



SERIOUSLY CONSIDERED ATTEMPTING SUICIDE AMONG U.S. HIGH SCHOOL STUDENTS, BY SEX, 2011-2021



Explosion of Tele-Health/BH

- “Use of telehealth by adults during the COVID-19 pandemic has been well documented, peaking at a ***2013% increase***.”
- “84% of adolescents 13 to 18 years of age own a cell phone and spend an average of >7hoursaday using screen media outside of school or homework.*
- “Between 2008 and 2017, the use **of telehealth in school-based health centers increased by 271%, with most of the growth occurring in rural schools and sponsored by hospitals**.”*
- AAP Pediatric Research in Outcomes and Utilization of Telehealth: multiple evaluation frameworks into 4 domains: (1) health outcomes, (2) health delivery: quality and cost, (3) experience, and (4) program implementation and key performance indicators
- PEDIATRICS Volume 151, number S1, April 2023:e2022057267J

Emerging data

- Adolescents and their caregivers in 55 academic sub-speciality clinics: (n=123) identified that telehealth was “highly acceptable” and noninferior to in-person care for confidentiality, communication, medication management, and **mental health care.** However, adolescents in this study had a higher degree of concern about **confidentiality than their caregivers, and one-quarter of patients had technical difficulties.**

- **Tremendous untapped resource:**
- **Digital/Tele-Health Divide/ App fatigue?**
  - **Adolescent preferences for in-person care?**

Permanent Medicare changes

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral/mental telehealth services.
- Medicare patients can receive telehealth services for behavioral/mental health care in their home.
- There are no geographic restrictions for originating site for behavioral/mental telehealth services.
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- Rural hospital emergency department are accepted as an originating site.

Sources: Consolidated Appropriations Act, 2021 (PDF), Consolidated Appropriations Act, 2022 (PDF), CMS CY 2022 Physician Fee Schedule (PDF), CMS CY 2023 Physician Fee Schedule (PDF)

Temporary changes through the end of the COVID-19 public health emergency

- Telehealth can be provided as an excepted benefit.
- Medicare-covered providers may use any non-public facing application to communicate with patients without risking any federal penalties — even if the application isn't in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Source: Guidance on How the HIPAA Rules Permit to Use Remote Communication Technologies for Audio-Only Telehealth; Families First Coronovirus Response Act and Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation.

Additional Considerations:

The U.S. Department of Health and Human Services Office for Civil Rights released guidance to help health care providers and health plans bound by Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules (HIPAA Rules) understand how they can use remote communication technologies for audio-only telehealth post-COVID-19 public health emergency.

Temporary Medicare changes through December 31, 2024

- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) can serve as a distant site provider for non-behavioral/mental telehealth services.
- Medicare patients can receive telehealth services authorized in the Calendar Year 2023 Medicare Physician Fee Schedule in their home.
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services.
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required.
- Telehealth services can be provided by a physical therapist, occupational therapist, speech language pathologist, or audiologist.

Source: Consolidated Appropriations Act, 2023 (PDF)

Behavioral health

Medicare patients can receive telehealth services for behavioral health care in their homes in any part of the country. This includes most behavioral health services, such as counseling, psychotherapy, and psychiatric evaluations.

The in-person visit requirements before a patient may be eligible for telebehavioral health care services is delayed through December 31, 2024.

Sources: Consolidated Appropriations Act, 2023 (PDF), Consolidated Appropriations Act, 2022 (PDF), Consolidated Appropriations Act, 2021 (PDF)

Extensions of telehealth access options

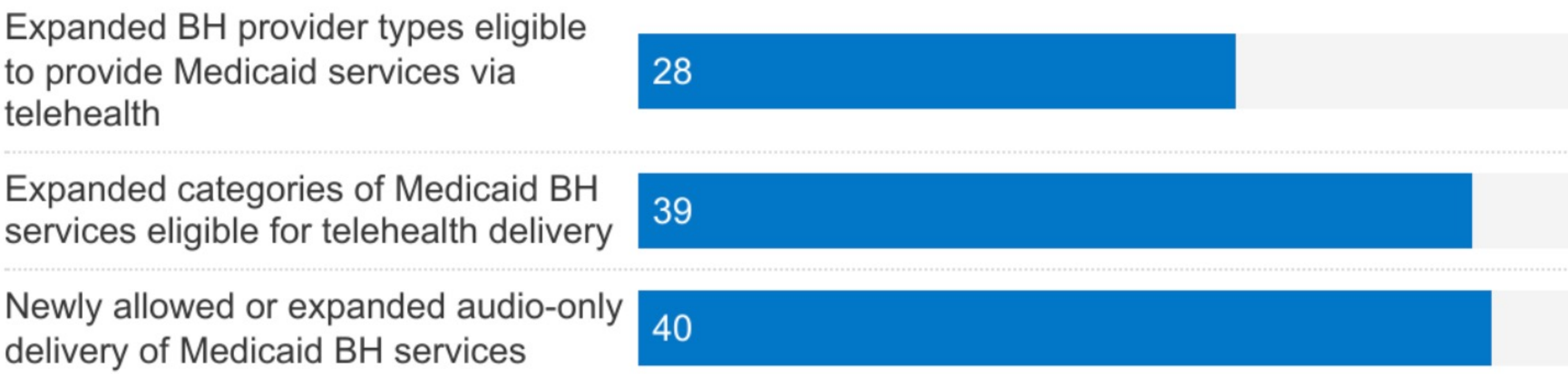
Medicare beneficiaries

Many of the telehealth flexibility waivers are extended, including geographic and originating site restrictions so that Medicare patients can continue to use telehealth services from their home and allowing audio-only telehealth services through December 31, 2024.

Additionally, the list of providers eligible to deliver telehealth services is expanded so that Medicare beneficiaries can continue to receive physical therapy, occupational therapy, and speech language sessions via telehealth through December 31, 2024.

Behavioral Health Medicaid Policy Actions Taken to Expand Telehealth in Response to COVID-19.

n = 44 states



SOURCE: Behavioral health supplement to the annual KFF survey of state Medicaid officials conducted by Health Management Associates.

KFF

PEDIATRIC PANDEMIC NETWORK

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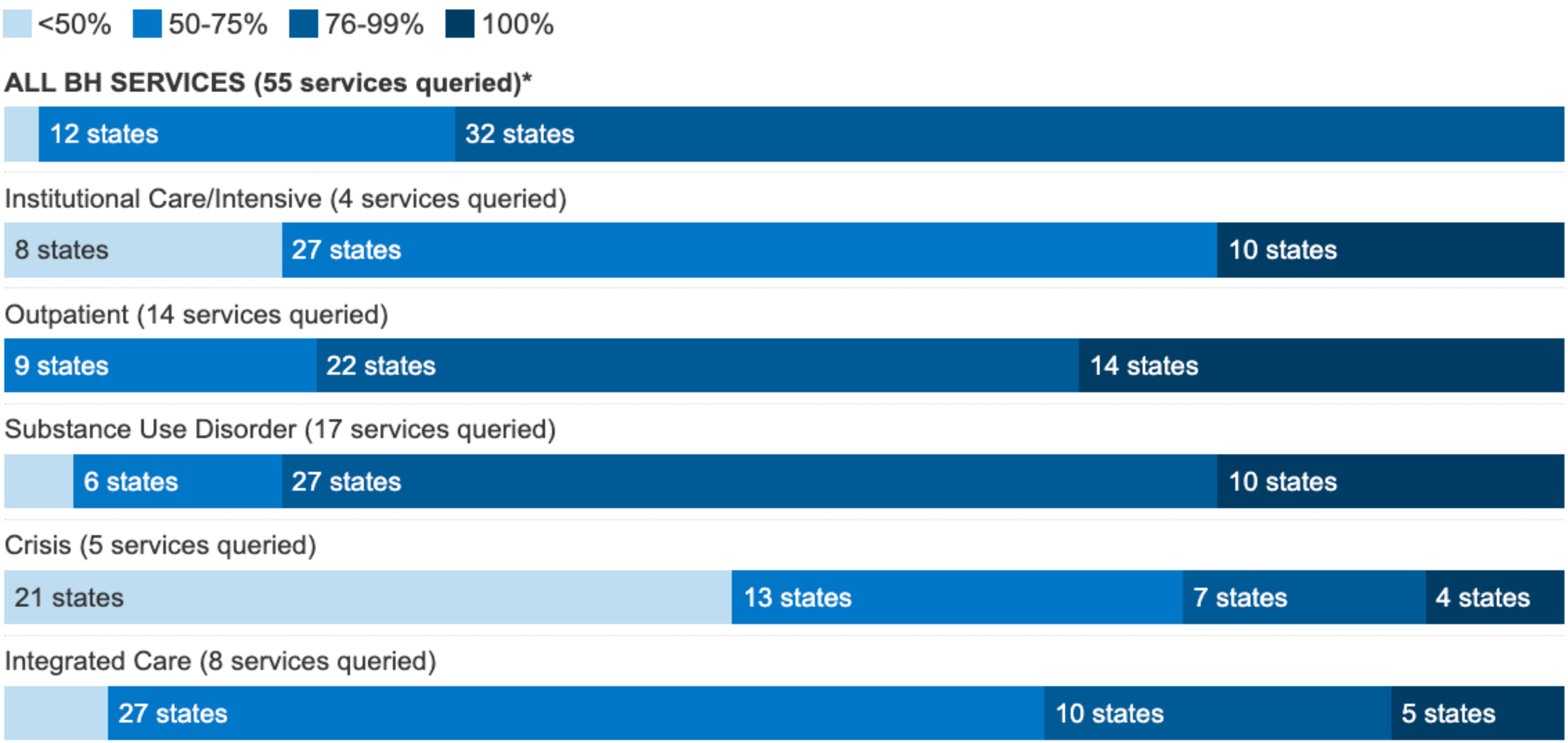
State Coverage of Behavioral Health (BH) Services in FFS Medicaid

In each BH service category, # of states that covers % of services queried



NOTE: *** In addition to the service categories in this figure, the total of 55 BH services queried overall includes Naloxone Services Without Prior Authorization and Other BH Services (see brief for more info and data).**
Findings are from KFF's Behavioral Health Survey of state Medicaid programs, fielded as a supplement to the 22nd annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA). 6 states did not respond to the Benefits survey section: AR, DE, GA, MN, NH, and UT. These findings are limited to fee-for-service (FFS) Medicaid. For more information, see this brief

SOURCE: Medicaid Behavioral Health Services database • PNG

KFF

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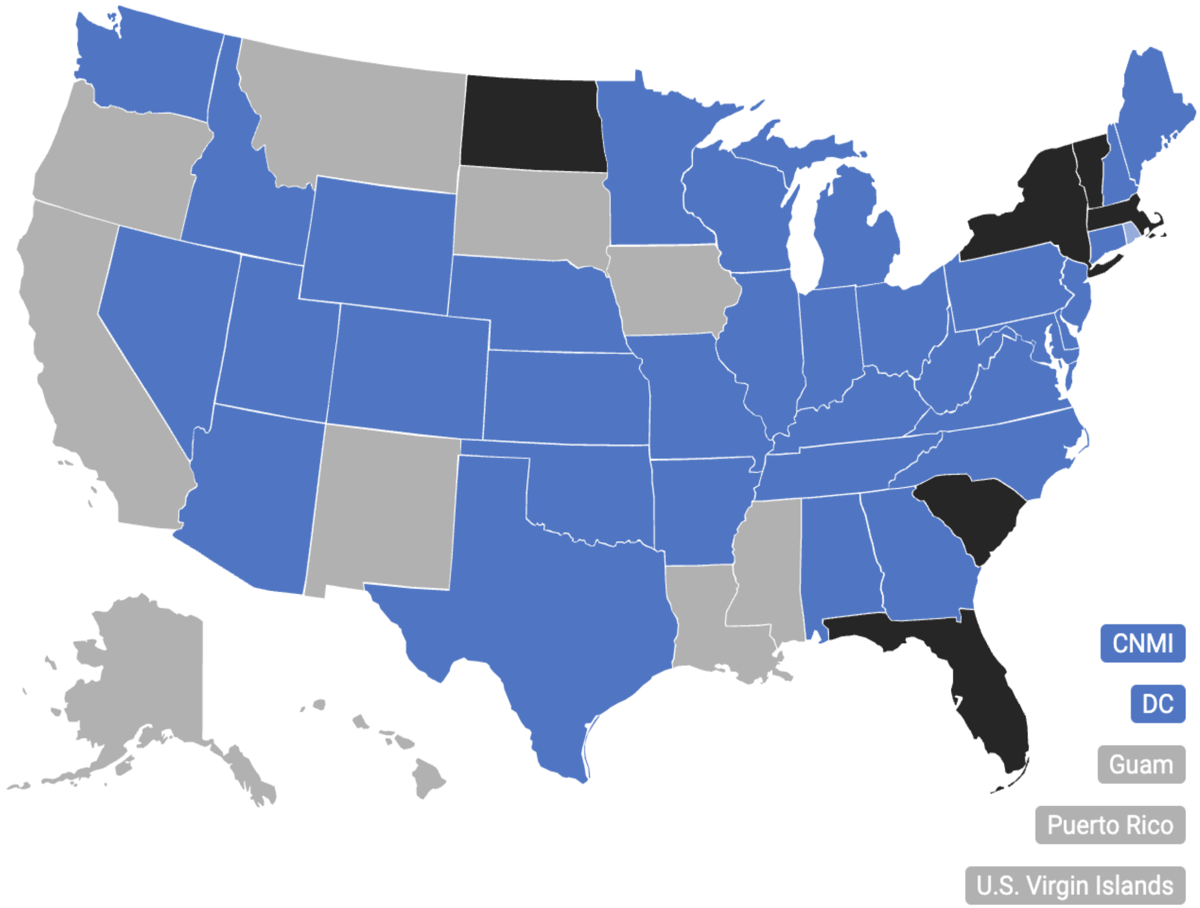
States' expansion of telehealth has taken a variety of forms, including the addition of audio-only coverage of behavioral health services; **the expansion of the types of behavioral health services that can be delivered via telehealth (e.g., group therapy or medication-assisted treatment); and the expansion of provider types that may be reimbursed for telehealth delivery of behavioral health services (e.g., marriage and family therapists, addiction specialists, and peer specialists).**
Source: KFF

The second KFF analysis finds that some state Medicaid programs are implementing strategies to address the behavioral health workforce shortage, including:

- Increasing provider reimbursement rates—two-thirds of responding states reported rate increases, which may encourage providers to participate in Medicaid.
- Extending the workforce by reimbursing for new provider types, loosening restrictions on in-person requirements, and targeting outreach to recruit new providers.
- Reducing administrative burdens though steps that may include streamlining documentation, centralizing enrollment processes, and asking providers for their thoughts on Medicaid's administrative process.
- Incentivizing provider participation through the adoption of measures such as prompt payment policies and loan repayment.

PSYPACT



Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation - practice under PSYPACT not permitted
- PSYPACT Legislation introduced

Deep dive on reducing barriers to access in communities with limited connectivity

Plenary ideation session
(Duration 45 mins)

- How could DHCS engage **schools, community-based organizations and care providers** to serve communities with limited access to broadband / devices at home? (e.g., provide schools funding for loaner tablets)
- What are some **initiatives** across CA that are working to provide **connectivity** to unconnected or underconnected communities that DHCS should consider engaging/partnering with?
- Who are **other stakeholders** that DHCS could engage to reach communities with limited access to broadband / devises at home? (e.g., cellular providers)

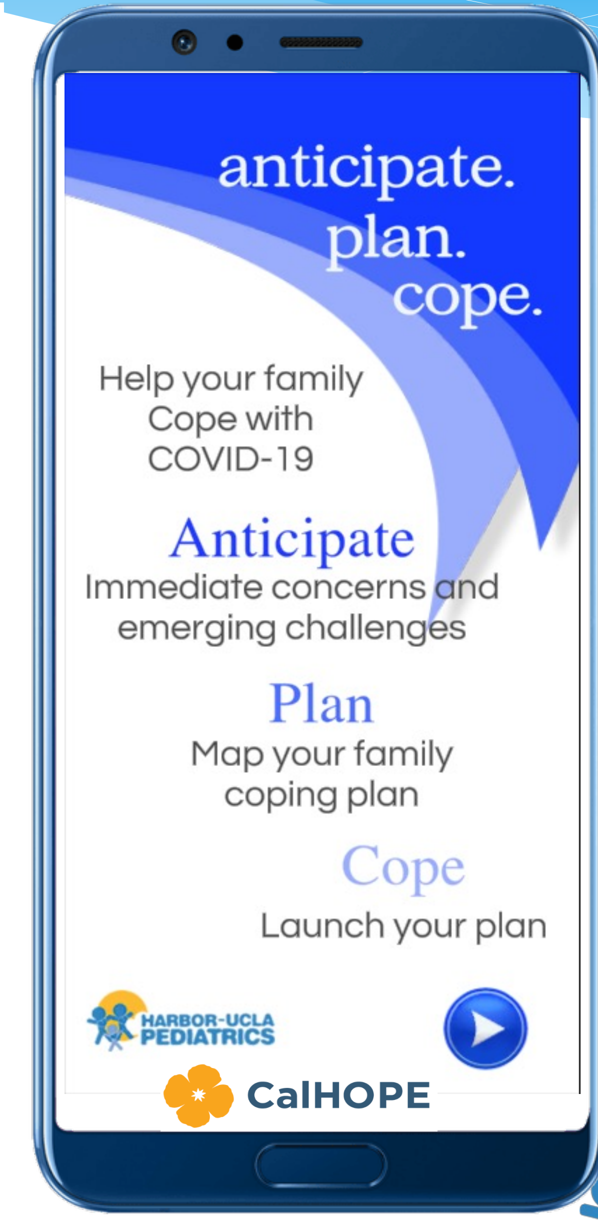
Source: DHCS CYBHI BH Platform working session meetings

Other digital supports coming — APC for CalHope System

CalHOPE

Current APC Prototype "Live":

- Android and IOS versions
- Built on a "gamification" model
- Needs further development for "Prime Time" JIT
- Urgent need for wildfire, hurricane and tornado events
- Caveat: Not EB



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PsySTART TF-CBT Stepped Tele-BH System

<u>Step 1: PsySTART Risk Triage Via School Screening Outreach</u>

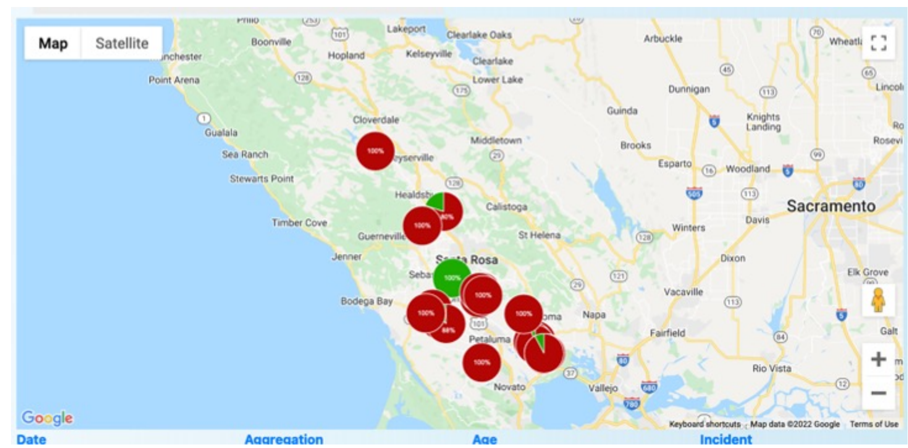
- Targeted intervention engagement:
  - Algorithm 1=11% of total screened school population
  - Algorithm 2= 23% of total screened school population
  - Provides "trauma temperature"(relative evidence based risk levels) at school, district, county, region or state level (SEMS/NIMS)

<u>Step 2: TF-CBT- *Acute*</u>

4 Tele-health resiliency skills sessions(PRAC Skills Components)

(PRAC skills can be delivered in groups of 5-6)

- 1: PTSD education
- 2: Relaxation skills
- 3: Affective modulation
- 4: Cognitive coping processing skills
- Reassess with CPSS for Step 3
  - About 50% required next level of care: Step 3



<u>Step 3: TF-CBT Full intervention (est. 50%)</u>

- 6-8 additional sessions to complete the full TF-CBT model
- Trauma Narrative, conjoint parent and child sessions and safety planning
  - Tele-health or in-person
- Reassess at post treatment with CPSS 5,
- Refer or monitor("watch and consult")

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New System for SCOE: student/parent PsySTART

PsySTART®

Sonoma County Office of Education

Admin

Filters

Date

2021-09-16 to 2022-02-26 15:55:18

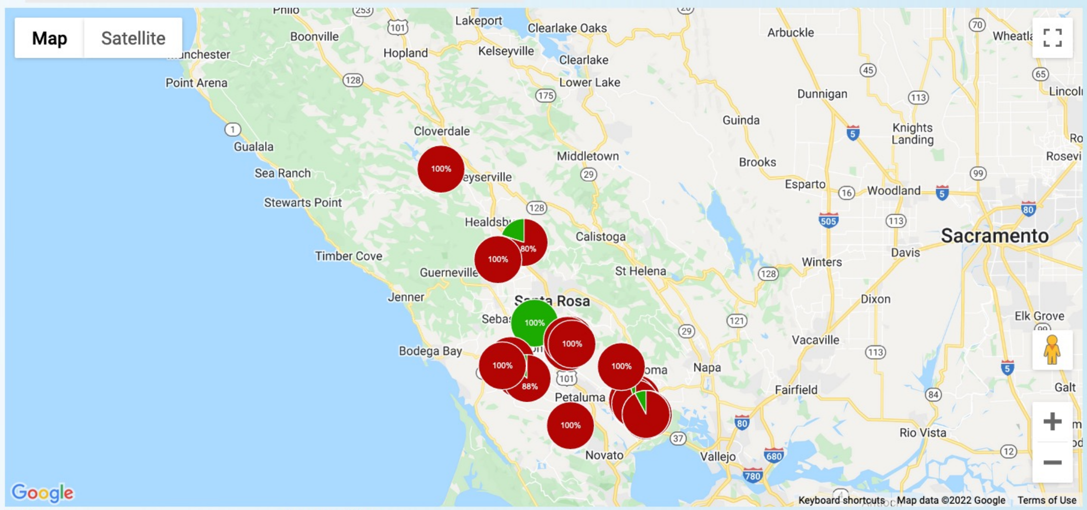
Incident

All Incidents

Submit

Aggregation Level

- Location
- Region
- Site-Groups
- County



Date	Aggregation	Age	Incident
16-Sep-21 to 26-Feb-22	location		

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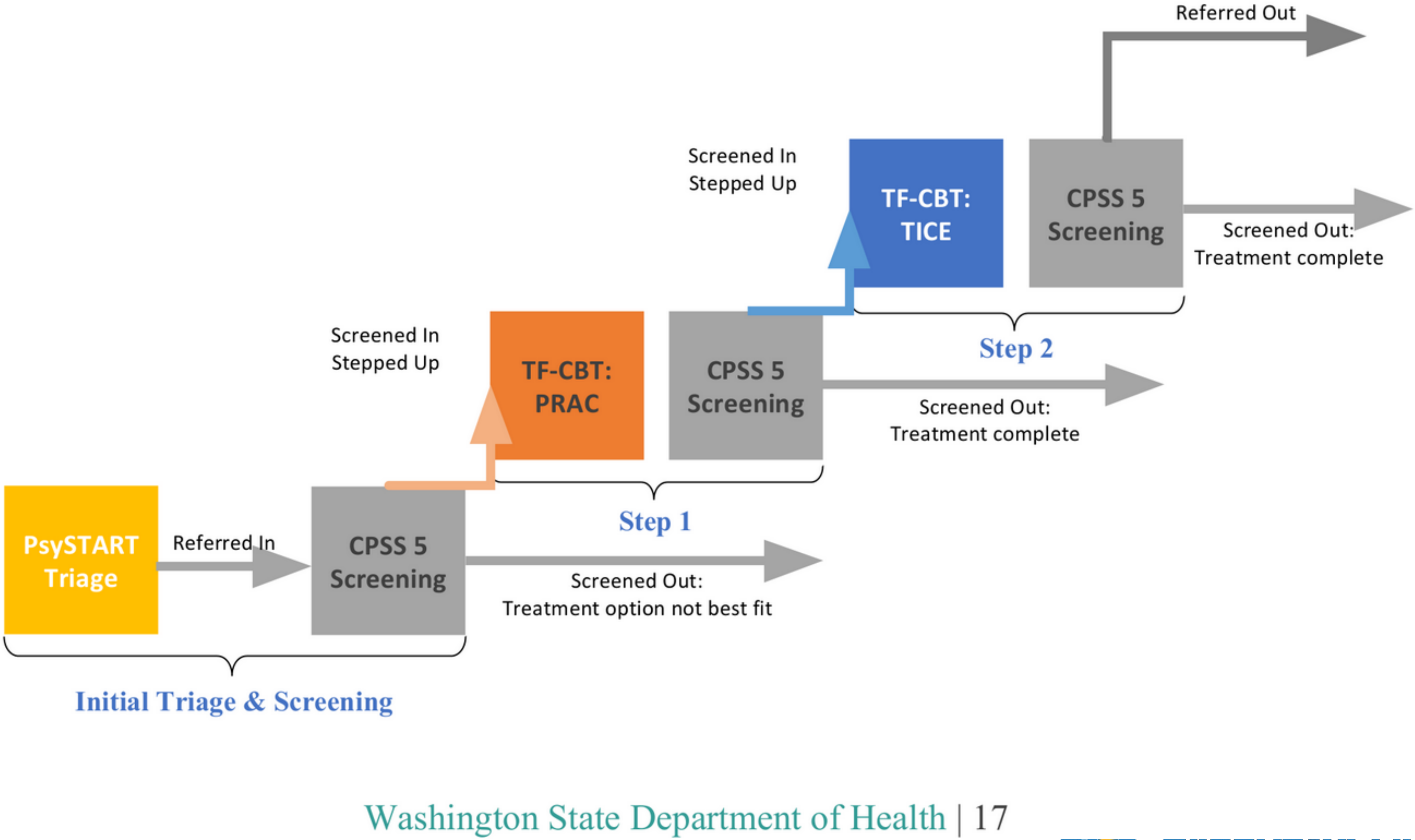
WA DOH Stepped Care Project



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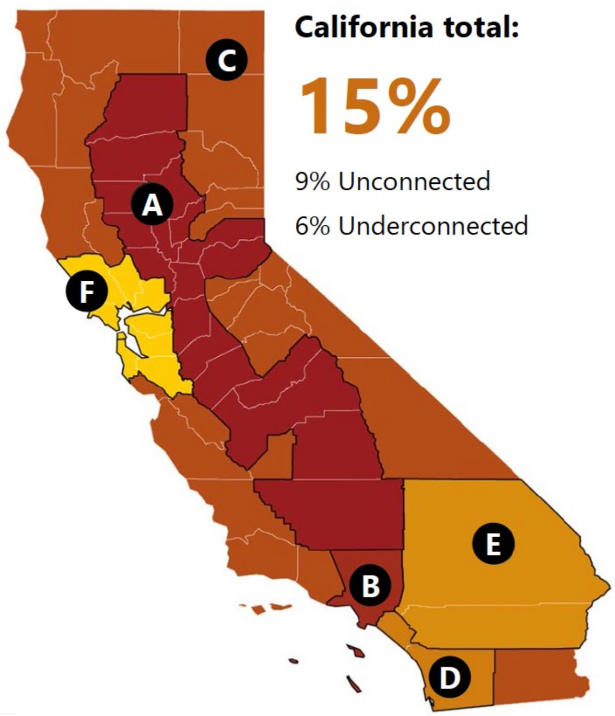
The Digital divide and fragmented care ?

DRAFT AS OF 07/26/2022 PRELIMINARY NON-EXHAUSTIVE

Overview: The Digital Divide in California (1/2)

Access to broadband in California



California total:

15%

9% Unconnected

6% Underconnected

Percentage unconnected or underconnected *(smartphone only)* **by region**

A	**Central Valley** Unconnected 14% | Underconnected 6%	**20%**
B	**Los Angeles County** Unconnected 11% | Underconnected 8%	**19%**
C	**Rest of California** Unconnected 9% | Underconnected 8%	**17%**
D	**Orange County / San Diego County** Unconnected 11% | Underconnected 3%	**14%**
E	**Inland Empire** Unconnected 8% | Underconnected 5%	**13%**
F	**Bay Area** Unconnected 5% | Underconnected 4%	**9%**

Select insights

15% of Californian households are **unconnected or underconnected** (i.e., smartphone only)[1]

In 2020, **10%** of Californians reported **not having a desktop, laptop, or other computing device** (e.g., smartphones) at home[2]

5% of households with **school-age children** did not have **home access to a device**[2]

Source: University of Southern California and the California Emerging Technology Fund
1. 2020 American Community Survey
2. "California's Digital Divide," Public Policy Institute of California

DHCS

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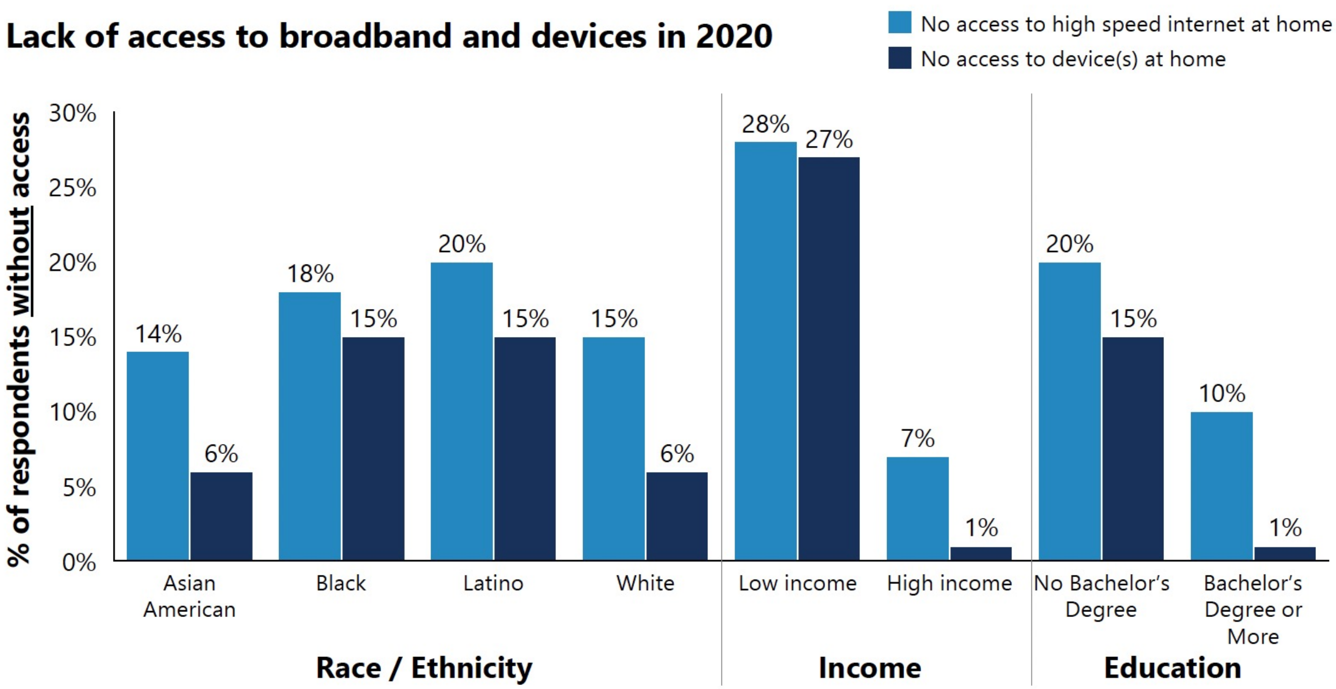
Overview: The Digital Divide in California (2/2)

Access to digital devices at home in California

Lack of access to broadband and devices in 2020



Notes: The average household size in the 2020 American Community Survey is three. Low-income households are those with annual income below $50,000; this is roughly 225% of the federal poverty line for a household with three persons ($51,818). High-income households have annual incomes above $100,000. Education level and race/ethnicity are those of the household head. Within-category differences from the privileged group (white, high income, and BA plus) are significant at the 1% level.

Source: 2020 American Community Survey and "California's Digital Divide," Public Policy Institute of California
1. "California's Digital Divide," Public Policy Institute of California

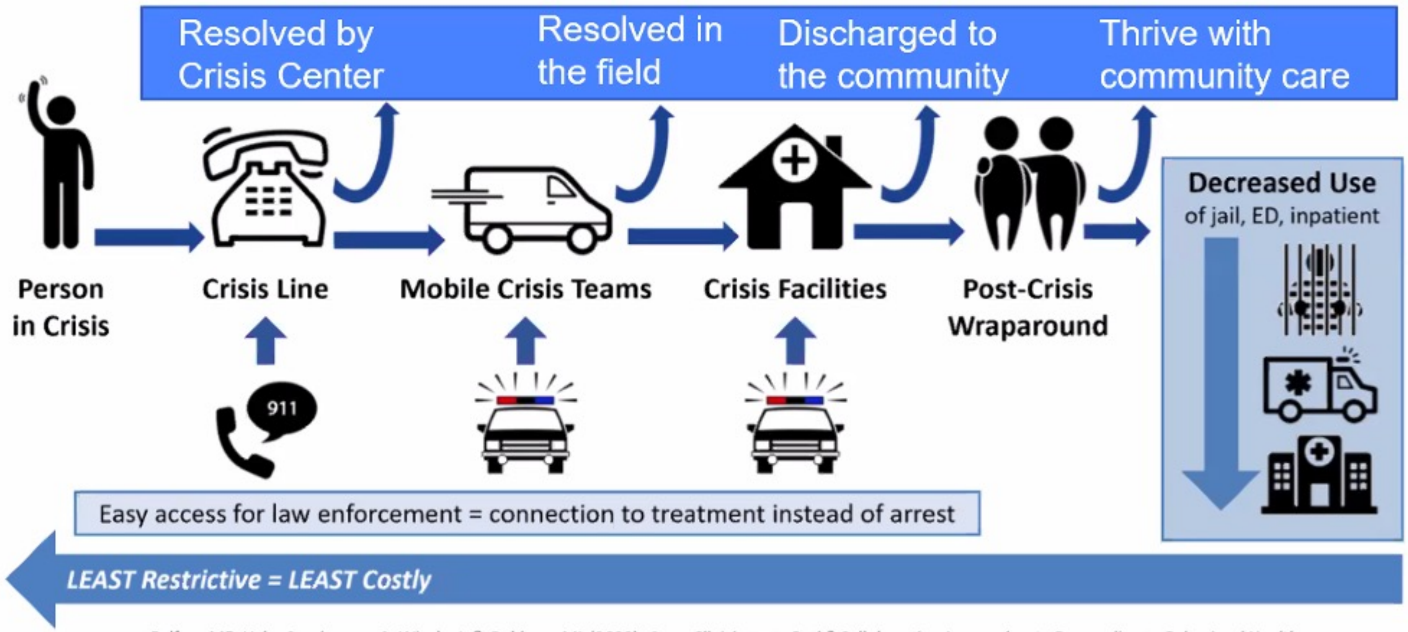
Select insights

In 2020, **10%** of Californians reported **not having a desktop, laptop, or other computing device** at home.

Access was especially limited among **low-income** (27%), **less-educated** (16%), **Black** (15%), **and Latino** (15%) households

Potential Crisis Cost Savings

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.* Alexandria, VA: National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf

*Slide courtesy of Crisis Talk Now and RI International

https://wrap-em.org/index.php/mentalhealth

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