Increasing Access to Mental and Behavioral Health Services for CYSHCN

Problem Statement

Mental and behavioral health for children and youth with special health care needs (CYSHCN) was identified as a priority for Title V in the last needs assessment. Since then, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the National Children's Hospital Association joined together to declare a National State of Emergency in Children's Mental Health.[1] A gap between the need for mental and behavioral health services and actual receipt of those services is especially apparent for CYSHCN.

In 2022, 18.7% of children and youth ages 0-17 years in Nebraska had a special health care need.[2] Within this CYSHCN population, 51% have an ongoing emotional, behavioral, or developmental condition that would require treatment or counseling.[2] However, only 53.2% of these children are receiving all the mental health care or counseling they need,[2] leading to a gap in care.

Current efforts are underway across organizations to address the barriers to mental and behavioral health interventions. Additionally, there are evidence-based strategies and interventions available with a proven record to help improve access, coordinate mental health care across multiple points of care and better support for children and families.

Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

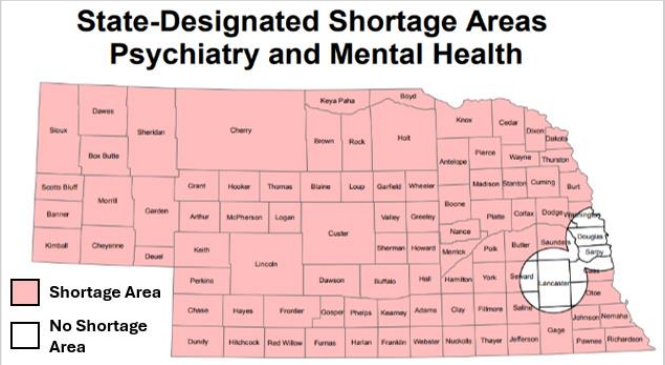

Figure 1. Source: Nebraska Department of Health and Human Services – Office of Rural Health[3]

Inequities exist for children and CYSHCN in Nebraska who experience mental and behavioral health conditions. Unfortunately, one of the greatest barriers is access to care. As shown in the maps and charts in this section, disparities in access occur across geography, insurance status, and race/ethnicity. Nebraska has been designated as a mental health shortage state with long-standing shortages of psychiatric and mental health resources (Figure 1).[3] Nebraska families who have CYSHCN have lower rates of adequate health insurance and experience higher rates of inadequate healthcare coverage (Figure 2).[2]

Indicator: Health Insurance	Nebraska	United States	Nebraska is...
CYSHCN (ages 0-17) inadequate health care coverage	40.3%	34.7%	Higher
CYSHCN (ages 0-17) whose families have adequate public and/or private insurance to pay for needed services	56.9%	61.3%	Lower

Figure 2. Source: Nebraska Department of Health and Human Services[2]

For example, in the 2022 Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) report found that, in a convenience sample of 343 parents or family caregivers, 41.1% of families with private insurance and 25.6% of families with public insurance covered all their mental health needs, and over one third of families reported paying out of pocket for all their mental health care needs.[4]

Poor mental health is a leading cause of disability.[5] Nebraska has statistically significant racial and ethnic differences in CYSHCN who received all the mental health care or counseling they needed (Figure 3).[2]

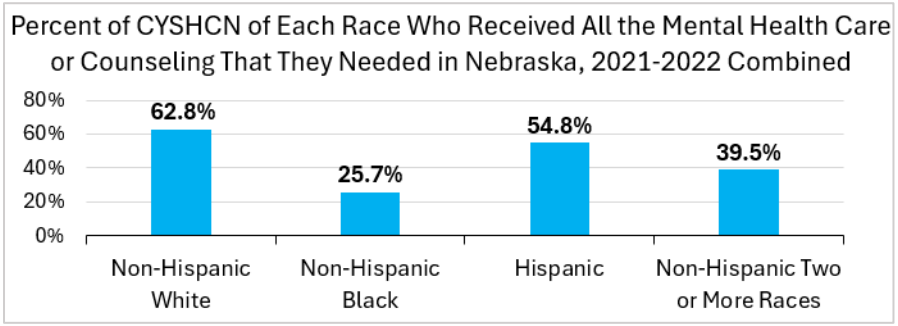

Figure 3. Source: Nebraska Department of Health and Human Services[2]

Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available

There are 17 evidence-based strategies for mental health treatment and 5 field-based practices from the Maternal Child Health Evidence Accelerator and Innovation Hub. Listed below are several of these strategies which can be initiated alone, combined with other strategies, or modified to meet community need.

The following strategies have scientifically rigorous evidence to support their effectiveness. **Medical Home:** This is a Title V National Performance Measure and within this there are several evidence-based models including use of patient navigators, and partnerships with Federally Qualified Health Centers and school-based health centers. I**ntegrated behavioral health into primary care practice:** This brings mental health and/or substance abuse screenings and treatments into a primary care setting. **Collaborative care for management of depressive disorders:** Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that generally uses case managers to link primary care providers, patients, and mental health specialists. **Universal school-based cognitive behavioral therapy (CBT)** Programs to prevent or reduce depression and anxiety symptoms, that are delivered to all students, regardless of the presence or absence of mental health conditions.

The following strategies have moderate and/or growing evidence to support their effectiveness. **Holistic and community-based approaches:** This comprehensive mental health approach uses environments that are accessible and familiar to adolescents, such as schools, youth centers, and faith-based organizations, to improve access, engagement, and effectiveness. Holistic and community-based approaches often incorporate peer support, skill-building, recreational activities, and collaboration across sectors. **Parent and Family Engagement:** Parent and family involvement in adolescent mental health treatment recognizes the critical role that caregivers play in supporting their children's well-being and is designed to actively include them throughout the treatment process. **Tele-mental health services:** These are mental health care services provided from a distance via telephone or videoconference. This approach has moderate evidence but trend positive in combination with other strategies.

Criterion 3: Capacity to Address the Problem

Nebraska has both strong capacity and support to address the mental and behavioral health needs of CYSHCN. There are currently many well-established relationships between a variety of public and private partners, institutions, and service providers. **Nebraska Medicaid**, as allowed by the Centers for Medicare & Medicaid Services (CMS), is updating its Medicaid State Plan to allow schools to receive reimbursement to support children who have health plans and who are eligible for accommodations based on their identified mental health needs.

Multi-Tiered Systems of Support (**MTSS**) is a framework which includes all components of teaching and learning such as a student's academic, social-emotional, and behavior needs. The Nebraska Department of Education offers technical assistance for MTSS implementation to schools as requested by school leadership.

There are also projects supporting the integration of behavioral health into primary care. **UNMC's Munroe-Meyer Institute's (MMI) Integrated Care Model** and the **Integrated Healthcare Project at the Nebraska Medical Association** support integrating psychologists and therapists into primary care across

Nebraska. Cost sharing structures within schools via MMI's Integrated School Behavioral Health clinics are bringing behavioral health to schools where it otherwise would be inaccessible. The **NEP-MAP** brings stakeholders across the state together to inform, advise and advance access to pediatric mental healthcare across Nebraska. NEP-MAP trains community health workers/parent resource coordinators to be integrated in primary care practices to support CYSHCN families. **Children's Outreach Provider Education** (**COPE**) and **UNMC/MMI's tele-behavioral health consultation line** provide support to clinicians who need assistance with children's mental health management.

Nebraska legislative support for mental and behavioral health illustrates the on-going need, as well as the recognition of this need by constituents and legislators. The passage of LB852 in 2022 required Nebraska school districts to have behavioral health points of contact. LB1014 in 2022 allocated $10 million from the American Rescue Plan Act for pediatric mental health urgent care centers.

Criterion 4: Problem is Worse than the Benchmark or Worsening

The percent of children receiving treatment for mental or behavioral health conditions in Nebraska is significantly lower than the national average. This is true for all children and CYSHCN. Only 47.5% of children ages 3-17 years with a mental or behavioral condition received treatment or counseling in 2022, which is significantly lower than the national average of 52.8%.[2] Of CYSHCN ages 3-17, 53.2% received the mental health care or counseling that they needed in 2022, compared to a national average of 59.8% (Figure 4).[2] Across both categories, there is significant variation within the population for different racial backgrounds.[2]

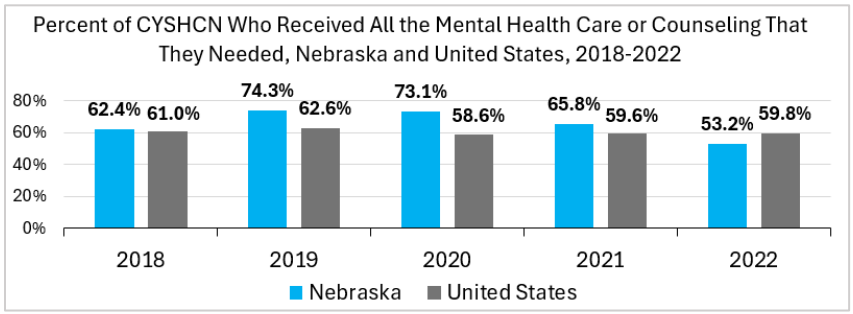

Figure 4. Source: Nebraska Department of Health and Human Services[2]

Youth Risk Behavioral Surveillance System data indicate that the percentage of high school students in Nebraska who reported feeling sad or hopeless almost every day for 2 or more weeks in a row increased from 2003 to 2023.[6] In Nebraska's 2020 Title V MCH Needs Assessment, mental health was identified as a priority for CYSHCN. Since then, concerns about children's mental health have increased. Recent Surgeon General Dr. Vivek Murthy indicated that there was a "57% increase in the suicide rate in the decade before COVID-19, 44% of high school students report feeling persistently sad and hopeless."[7] Factors such as social isolation during COVID-19, and increased use of technology and social media may have further exacerbated this issue.

> *"The negative effects of the pandemic on pediatric mental health are further exacerbated by an overwhelmed, understaffed, and underfunded mental healthcare system, especially in medical deserts like those found in rural Nebraska."- NEP-MAP Report, Family Perspectives 2021*[4]

Criterion 5: Community Readiness to Address the Problem

Many groups and community organizations are currently working to improve mental and behavioral health for children. The "Connecting Families" Project has created a space where stakeholders connect

to design a framework for sharing and advancing individual knowledge and skills to navigate a continuum of family support and maximize the interaction of family and service providers. The 2024 caregiver focus group from the Connecting Families Project found that collaboration and consistency were key markers of success for families seeking mental and behavioral health services.[8] The project's objectives were to identify a formalized, statewide support structure for mental and behavioral health services. Through focus groups, caregivers called for better communication and the need for a centralized resource hub. In addition to these activities, UNMC's Center for Reducing Health Disparities has done multiple assessments of the state of mental health services and accessibility of those services in Nebraska. Over the course of their assessments, they identified areas of improvement and made recommendations to better support families and improve access to mental health services. Overall, these reports highlight the need for coordination of care, improvements in provider's knowledge of resources and accessibility of resources, and improvements in infrastructure to support CYSHCN and others identified by early screening and intervention. These active groups and on-going projects demonstrate both community and state support of and desire for mental and behavioral health care access.

If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

In five years, CYSHCN will have increased access to mental and behavioral health supports. Title V will have increased support of mental and behavioral health, including autism, for those who cannot access Medicaid and have inadequate or no insurance. By addressing lack of insurance coverage and high out of pocket costs, Title V would remove barriers to care for patients and families. Families with CYSHCN will have increased support and assistance through a coordinated system, creating a centralized resource hub with expertise to triage cases, make warm referrals to the proper programs, and support closed loop referrals that are evaluated for satisfaction and outcomes. Families and professionals across Nebraska will collaborate to improve outcomes for CYSHCN. Title V will build a learning collaborative to bring together families and organizations who focus on mental and behavioral health initiatives for children, adolescents, and CYSHCN to build and leverage collaborations across the state.

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