



Connecticut's Child & Adolescent Behavioral Health Crisis

Legislative Issue Brief:
Connecticut's Child & Adolescent Behavioral Health Crisis
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Strengths and Challenges

Connecticut has a relatively **strong infrastructure** in place for providing behavioral health care to children and adolescents, along with an array of services offered in many areas of the state. However, these services can be **difficult to access** based on factors including insurance status and **reimbursement levels**, and there are **pockets of the state with fewer resources and services**. Fortunately, **telehealth has greatly expanded the reach** of programs and providers, and there is no need to create more programs, but rather to adequately support those that are already in place and struggling to meet needs under the current level of demand and reimbursement schedules.

The high demand for services is due to an **unprecedented increase in the need for child and adolescent behavioral health services**, not only in greater numbers but in younger children and with more severe illnesses. Especially notable are **increases in post-traumatic disorders, depression, anxiety, suicidality, and eating disorders**. This is true across all socioeconomic levels, though **children facing adversity** (e.g., histories of trauma, parental substance use) are at **greater risk for more severe illness**. This increase in need was evident before the pandemic and **greatly accelerated throughout the pandemic**.

The state's child behavioral health delivery system is not equipped to handle this level of need for a variety of factors, including:

1. long-standing **poor reimbursement** by both government and non-government payers that has not kept pace with inflation (as noted in the CHDI policy brief on [Strengthening the Children's Behavioral Health Workforce to Meet Families' Increasing Behavioral Health Needs](#))
2. an on-going **workforce shortage** of sufficiently trained providers
3. **gaps in a continuum** of care to provide children the level of care matching their needs
4. poorly staffed to no **prevention programs in schools**
5. **inadequate training** for pediatricians in basic behavioral health assessment and intervention

To further highlight the first point listed above, across the state – and the nation – **children's behavioral health services are inadequately reimbursed**, whether by commercial or government dollars. Reimbursement rates are not sufficient to cover salaries of key providers, and very low reimbursement rates severely compromise the ability to adequately serve families in need. Specifically:

- Current **Medicaid reimbursement rates are half the amount needed to cover costs** for a full-time social worker and less than half for the costs of a psychologist or child psychiatrist; average commercial payer reimbursement may cover a full-time social worker but not a psychologist or child psychiatrist
- Hospital inpatient Medicaid reimbursement **covers only 34.1% of the cost to provide care**; Medicaid reimbursement is 40% of the average non-government rate, which also does not cover the cost to provide care
- Hospital outpatient Medicaid reimbursement **covers 53% of the cost to provide care**; Medicaid reimbursement is 27.9% of the average non-government rate; this also does not cover the cost to provide care

Additionally, compared to other states, Connecticut has **regulatory requirements involving much greater documentation** for providers. A single provider spends far more hours per case completing the required materials; this is time that could be spent on new and additional cases. This level of regulatory oversight is not required in other states, where more flexibility can thus be offered to those seeing families on Medicaid, in addition to higher reimbursement rates.

Recommendations

As indicated in the YCSC and YNHCH 2023 legislative agenda and complete list of recommendations, rather than seeking a single point solution to this crisis, it is essential to consider multiple avenues, including:

- **implementing a continuum of care**, addressing entry points into the behavioral health system for children, continuing access to **telehealth services**, and **connecting families with services**
- **strengthening the next levels of outpatient services** when emergency and inpatient services are needed
- **addressing the impact of poor reimbursement on services and workforce**, including working to increase reimbursement for outpatient settings, where the majority of children and families receive behavioral health services