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Background

The American Academy of Pediatrics has stated that mental and behavioral health is the largest unmet need for children in foster care. While mental health services are considered a critical component to solving the ongoing capacity crisis within the Texas foster care system, child welfare professionals, advocates, legislators, judges, and families have long recognized that accessing high quality mental health care is a challenge – for many reasons.

Why this is a problem

Children with unmet mental health needs who could otherwise live in a family setting can become caught in multiple placements and eventually be completely without a placement. The longer children in foster care have unmet mental health needs, the more difficult it is to keep them in family-like settings, widening the placement chasm and exacerbating the traumas related to constant changes, transitions, and broken family relationships. This breakdown in the system intensifies the child's problems and exacerbates traumas, where healing could have otherwise been in place. Children exposed to trauma can experience far-reaching negative effects which can create problems with physical growth and development, serious health problems, difficulty forming attachments, and significant mental health conditions.

Systemic barriers to mental health care

Factors that affect access to quality mental health care for children experiencing foster care include: 1) a lack of high quality mental health providers; 2) insufficient reimbursement rates for mental health services; 3) restrictive and time consuming credentialing processes; and 4) inefficient and ineffective authorizations for services.

1. It is well known and well established that there is a behavioral health professional workforce shortage. Private providers who primarily have access to Medicaid dollars cannot compete with the market on salaries and benefits to employ mental health providers such as licensed therapists and qualified mental health professionals.
2. The Medicaid reimbursement rates do not cover the cost of providing fee for service therapies and interventions, psychological and psychiatric evaluations, or SB58 services.
3. The credentialing process, which is required to bill Medicaid for services takes up to six months and providers cannot afford to wait for a clinician to be credentialed. This is a more significant barrier than in the past because formerly providers could recoup billable service time once a provider was credentialed, but that option was discontinued.
4. The Clinical Management for Behavioral Health Services (CMBHS) only authorizes one provider to provide services to a client at a time which deprives clients of the choice to receive different services from different providers. In instances where the authorized provider has a limited scope of services, the results are a deprivation of much needed interventions.

Solutions to Consider

The Legislature clearly intended for private providers to serve Medicaid eligible clientele, including children experiencing foster care, as an alternative to Local Mental Health Authorities (LMHA) when it passed Senate Bill 58 in the 83rd Texas Legislature, Regular Session, which expanded the number and type of providers who can provide mental and behavioral health services to children experiencing foster care. There are Medicaid credentialed private mental health organizations who work alongside LMHAs, but deliver mental and behavioral health services to communities in homes and schools at times that are preferable and convenient for the client. However, workforce challenges prevent private providers from achieving an effective and consistent delivery of services to children, especially after COVID. **The Legislature should direct mental health funding to the private provider network which it can utilize to address workforce challenges.** Private behavioral health providers have as their primary mission to serve the foster care population. By supporting and expanding the private mental health provider network for this population, mental health services can be delivered by well-qualified clinical professionals who are trained in a variety of trauma-informed modalities that are tailored specifically for children and families navigating the foster care system. This approach facilitates healing, recovery, and ultimately helps secure permanency for children.

The Legislature should study the adequacy of the reimbursement rates for individual and group therapy, targeted case management and rehabilitative services, and psychological and psychiatric assessments to determine if the rates are adequate to meet the needs of the population that these treatments are intended to help. The overhead and administrative costs to operate a behavioral and mental health program are significant, requiring constant recruiting and onboarding, training, credentialing, scheduling, billing, reconciliation, and client follow-up, the costs of which far exceed the reimbursement rates. Providing licensed and experienced psychological and

psychiatric services is simply beyond the financial reach of private providers. Consequently, children can wait months to receive an assessment and clinically indicated services.

The Legislature should direct managed care organizations to examine credentialing processes and endeavor to make it easier and faster for organizations to credential providers or to obtain the authority to credential their own providers. Currently, it takes between six and nine months to complete the credentialing process. Unless and until a provider is credentialed, the behavioral health provider cannot bill Medicaid for the provider's service or time. This is an expense that most behavioral health providers cannot afford, thus, they forego hiring providers or offering services. This results in child mental health needs going unaddressed.

The Legislature should invest the dollars required to upgrade the CMBHS so that a technical barrier of the authorization system does not prevent a client from receiving an appropriate mental health service. CMBHS is a first in line system. For example, if a client seeks any service from a community health authority, the client is attached to that mental health provider even if the client needs a different type of treatment that the community mental health provider cannot readily or timely provide. This prevents the client from receiving the needed treatment from another organization that is ready and able to serve until the original provider releases the client from its system. This complicates and confuses consumers who are not sophisticated in how Texas' arcane CMBHS authorization system works.

The Legislature has invested millions of dollars in supporting, stabilizing, and expanding capacity for children with exceptional needs. High quality mental health services are part of the capacity solution. A placement without adequate supports and services is merely a place where a child sleeps. In order for the child to heal, our capacity solution must include the efficient and steady delivery of mental health services as well.

For more information, please contact policy@tacfs.org.