MAMH
Massachusetts Association for Mental Health

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October 29, 2021

The Honorable Michael J. Finn
Chair, Joint Committee on Children, Families, and Persons with Disabilities
24 Beacon Street, Room 274
Boston, MA 02133

The Honorable Adam Gomez
Chair, Joint Committee on Children, Families, and Persons with Disabilities
24 Beacon Street, Room 413-B
Boston, MA 02133

RE: Testimony in support of S.107, *An Act relative to child ED boarding*

Dear Chair Finn, Chair Gomez, and Honorable Members of the Joint Committee on Children, Families, and Persons with Disabilities:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for strong and steadfast leadership in advancing the health of children and adolescents with behavioral health conditions and their families across the Commonwealth. I am writing as the President and CEO of the Massachusetts Association for Mental Health (MAMH) and as an executive member of the Children's Mental Health Campaign (CMHC) in support of S.107, *An Act relative to child ED boarding,* filed by Senator Cindy Friedman.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

The CMHC is a statewide network that advocates for policy, systems, and practice solutions and shared responsibility among government and institutions to ensure that all children in Massachusetts have access to resources to prevent, diagnose, and treat behavioral health issues in a timely, effective, and compassionate way. Executive members of the CMHC include the MA Society for the Prevention of Cruelty to Children, Boston Children's Hospital, Health Care For All, Health Law Advocates, Parent Professional Advocacy League, and MAMH.

COVID-19 created unprecedented levels of behavioral health needs, especially among young people. The Centers for Disease Control and Prevention (CDC) reported that almost 75 percent of people aged 18-24 reported at least

one adverse behavioral health symptom due to the COVID-19 pandemic and that roughly 1 in 4 seriously considered suicide.[1] Last June, the CDC reported that visits to emergency departments for suspected suicide attempts for adolescent girls increased roughly 50 percent in early 2021 compared with the same period in 2019.[2]

The number of youth boarding, or waiting to be placed in an appropriate therapeutic setting after being assessed to need acute psychiatric treatment, intensive community-based treatment, continuing care unit placement, or post-hospitalization residential placement, has similarly skyrocketed in light of the COVID-19 pandemic. According to the Massachusetts Health and Hospital Association, there were 455 children and adolescents either waiting for psychiatric evaluation or boarding in emergency departments or medical-surgical units as of October 4, 2021.[3]

Even prior to the pandemic, research demonstrated that approximately one in five children and adolescents experienced the signs and symptoms of a diagnosable mental health condition each year.[4] Moreover, we know that 50 percent of all behavioral health conditions onset by age 14 and 75 percent onset by age 24.[5-6] At a time when our understanding of the importance of getting upstream of life threatening behavioral health crises has been thrown into high relief by the pandemic and its increased demands on our health care system, we need to take swift action to implement solutions to address the pediatric emergency department (ED) boarding crisis.

The provisions in S.107, *An Act relative to child ED boarding*, represent critical components of a solution to help children and adolescents receive the clinically appropriate behavioral health treatment they need in manner that is both timely and favors community-based therapeutic settings and supports. You'll hear compelling testimony today from family members, providers, my colleagues at the CMHC, and other advocates. As such, I will focus my remarks on the need for the provisions in S.107 related to the creation of a publicly accessible, online portal with real-time data on youth who are boarding, awaiting residential disposition, or are in the care of a state agency awaiting discharge to an appropriate foster home or congregate or group care program.

S.107 requires that we leverage and channel the technological experience and expertise that exists across the Commonwealth to develop a real-time bed search function for youth and families who are waiting in EDs and medical-surgical units for therapeutic behavioral health placements. The bed search function would include data on the number of available beds by geography and by age range, as well as information on the total number of available beds across the Commonwealth, the average number of daily beds available, and the average length of stay. Currently, information on bed availability is decentralized and requires calls to multiple facilities to find openings. Likewise, youth with the greatest resources and strongest advocates are more likely to secure placements in a timely manner. Children and adolescents of color and those under the care and custody of state agency are most likely to face some of the longest waiting times. A real-time bed search function is critical to all youth and families, as waiting days, weeks or even months in EDs and medical-surgical units without receiving appropriate behavioral health treatment is not therapeutic and can be traumatizing. A real-time bed search is especially important to advancing health equity. Marginalized youth are particularly disadvantaged by the current

[1] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.

[2] Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021;70:888–894. DOI: http://dx.doi.org/10.15585/mmwr.mm7024e1.

[3] Massachusetts Health and Hospital Association. Capturing a Crisis: Massachusetts Behavioral Health Boarding Metrics. 8 October 2021. Available at: https://mhalink.informz.net/mhalink/data/images/21-10-08BHreportNEW.pdf.

[4] Centers for Disease Control and Prevention. Mental health surveillance among children – United States, 2005—2011. MMWR 2013;62(Suppl; May 16, 2013):1-35.

[5] World Health Organization. (2018). Retrieved from https://www.who.int/mental_health/world-mental-health-day/2018/en/.

[6] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalance and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of Gen Psychiatry, 62, 593-602.

fragmented system, and technology that allows for real-time data and information transparency will better serve these youth in getting timely and therapeutic placements.

S.107 also requires that data are collected on the level of care required for children and adolescents as determined by a licensed health care provider, the primary behavioral health diagnosis and any co-occurring conditions, the primary reason for boarding, whether the child or adolescent is in the care and custody of a state agency, the type of insurance coverage, and information on age, race, ethnicity, preferred language spoken, and gender. These are exactly the right kinds of information that should be collected and analyzed to better understand and develop solutions to the ED boarding crisis. With support from The Herman and Frieda L. Miller Foundation and The Peter and Elizabeth C. Tower Foundation, MAMH and the CMHC have engaged in a multi-year initiative to develop recommendations for a pediatric behavioral health urgent care system for the Commonwealth, as a part of the solution to address ED boarding. The recommendations were informed by years of work that incorporated multiple qualitative data sources, including peer-reviewed and grey literature, key informant interviews, focus groups, site visits, and an expert panel.[7] It was made clear through our research that youth with Autism Spectrum Disorder/Intellectual and Developmental Disabilities (ASD/IDD), that are under the care or custody of state agencies, have complex or co-occurring medical conditions, or exhibit aggressive behavior are most likely to board and to board for longer than their neurotypical peers, sometimes waiting months for an appropriate placement. It is critical that data are tracked across the Commonwealth in a way that is systematic and transparent to continue to illuminate disparities and inform strategic and sustainable solutions.

Finally, S.107 requires the Health Policy Commission, with data compiled by the Executive Office of Health and Human Services, to develop a planning report on the types of beds needed across the Commonwealth and the capacity of the workforce to address the behavioral health needs of youth. The report shall include statutory, regulatory, and operational recommendations to address needs and fill gaps. S.107 also requires the Office of the Child Advocate to file an annual report with recommendations on strategies to reduce or eliminate the number of children and adolescents boarding by geography and by sub-specialty. In addition to addressing the immediate needs of youth and families, data are so critical to longer-term planning purposes for the Commonwealth. As we think about how to redesign our pediatric behavioral health urgent care and crisis systems, our decisions and strategies must be data-driven and grounded in fact. This will be imperative for both responding to the immediate crisis and for assessing the effectiveness of implemented strategies and responding to the evolving landscape.

Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at dannamauch@mamh.org. I urge you to report S.107, *An Act relative to child ED boarding* favorably out of Committee. Thank you.

Sincerely,

Danna Mauch, PhD
President and CEO, Massachusetts Association for Mental Health
Executive Member, Children's Mental Health Campaign

[7] Children's Mental Health Campaign. Pediatric Behavioral Health Urgent Care, Second Addition. Supported by The Herman and Frieda L. Miller Foundation and The Peter and Elizabeth C. Tower Foundation. March 2020. Available at: https://3kozyt2hoxl130a3go16kkwu-wpengine.netdna-ssl.com/wp-content/uploads/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed._0.pdf.