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November 12, 2021

The Honorable Ron Wyden
Chairman
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo,

Thank you and members of the Senate Finance Committee for the opportunity to share ideas and comment on the proposed priority areas to improve access to behavioral health care. We applaud the committee's commitment to reducing barriers to care – it comes at a crucial time. We urge you to ensure there is a specific focus and tailored support for children, youth, and families in any mental health legislation developed by the committee. Children and teens have different needs than adults and we urge you to continue to explore strategies that address the current historic levels of mental and behavioral health need in children as well as ensure we are prepared for the needs of children and youth in the future.

We are in a critical moment for our children and teens. Suicide is the second leading cause of death for pre-teens, teens, and young adults. Now, they are experiencing significant mental health crisis, worsened by the pandemic's impacts on school, life, and family. At Seattle Children's, we are seeing unprecedented numbers of children and teens presenting to our emergency department in mental health crisis. In the first week of November, 36 children came to our emergency department because of a mental health concern in just 24 hours. Many children cannot safely be discharged to community care, so they "board" in the emergency department, waiting for an inpatient bed to become available. Unfortunately, this is the reality both state and nation-wide: there are few pediatric inpatient psychiatric beds in Washington State, so emergency departments around the state have had patients boarding for weeks or even a month. This dearth of inpatient psychiatric beds was a national issue prior to the pandemic, recognized in a position statement by The American Psychiatric Association (APA) released in 2016.[1]

[1] https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2016-Psychiatric-Hospitalization-of-Children-and-Adolescents.pdf

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Seattle Children's serves Washington, Alaska, Montana, and Idaho, where more than half of the teens age 12-17 who have depression did not receive any care.[2] At every level of care, our colleagues around the region and the nation are seeing dramatic levels of need among children and teens. This is truly a national crisis.

Recently, the Children's Hospital Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatrists, declared a national state of emergency for children's mental health. We at Seattle Children's wholeheartedly support this declaration. Children's hospitals have developed the Strengthening Kids' Mental Health Now proposal, a comprehensive set of recommendations focused on mitigating negative trends in pediatric mental health through delivery system improvements and advancing flexible solutions across the continuum of care, from community-based services to specialized care provided in children's hospitals. To address these immediate and ongoing needs of children, we support the development of bipartisan legislation that takes a multi-faceted approach that addresses children's urgent mental health care needs.

Specifically, we ask that the committee include policies aligned with the Strengthening Kids' Mental Health Now proposal that address the vital needs of children and pediatric providers by:

- Increasing investments to support the recruitment, training, mentorship, retention and professional development of a diverse pediatric workforce – that includes the traditional professional categories as well as innovative workforce such as community health workers, navigators, and peers – to help with access as well as bridging gaps in care for racial, ethnic, and cultural groups who are under-resourced.

- Addressing existing inequities within the pediatric mental health care system that contribute to mental health disparities in racial and ethnic minority populations and underserved communities.

- Ensuring payment models and reimbursement support professionally and racially/ethnically diverse pediatric mental health providers and workers and eliminate implementation barriers hindering coordinated and integrated care.

- Improving access to mental health services, including strengthening network adequacy, expanding access to telehealth services and ensuring consistent application of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements.

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[2] https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/WashingtonStateFactSheet.pdf
https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/AlaskaStateFactSheet.pdf
https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/MontanaStateFactSheet.pdf
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Prevention and early intervention are key for children and youth – Seattle Children's response will intentionally highlight the need to allocate funding to support protective factors such as community partnerships, parenting interventions, and universal mental health skills training for educators and school personnel. We encourage the committee to take a wide lens when considering improvements to the child and youth mental health system: considering improvements to the workforce pipeline and system infrastructure, considering care from prenatal through adulthood, and using innovative approaches that reduce silos to make the system work more effectively for children, youth, and families.

We look forward to working with you to implement solutions to enhance children's behavioral health and offer responses to the questions posed in the priority areas identified by the committee. While many of the recommended policies and program improvements fall within the purview of the committee, we urge you to work in partnership with your Senate colleagues on policies that fall out outside of the committee's jurisdiction but support broader efforts to improve the mental health care delivery system.

Strengthening Workforce

The first priority identified by this committee is strengthening the workforce, and it is critically necessary. Behavioral health providers from across the continuum of care in Washington State are reporting unprecedented levels of need in the face of decreased capacity. An Executive Director of one of Washington's community behavioral health agencies reported "we have never seen anything like what we're experiencing now" and described having to limit care, being unable to hire enough providers to keep their doors open. Some community-based behavioral health agencies in Washington have recently reported an approximate 30 percent vacancy rate, indicating there is less available care in the community than there was prior to the onset of the pandemic. Reportedly this vacancy rate is as high as a 50 percent in some counties for Master's level providers such as therapists. Agencies in five different counties throughout Washington have recently reported a month-long waitlist just for an intake of a new client, if they're accepting new intakes at all. Reports from primary care providers indicate that in four counties in Washington, the only community mental health agency serving the county is completely closed to new referrals and intakes.

This is a problem at the psychiatric level as well. Nationally, there are approximately 8,300 practicing child and adolescent psychiatrists, far fewer than needed to meet the existing and increasing demand. The American Academy of Child and Adolescent Psychiatry (AACAP) indicates that all four states Seattle Children's serves – Washington, Alaska, Montana, and Idaho – have a severe shortage of child and adolescent psychiatrists. Alaska has 11 child and

adolescent psychiatrists per 100,000 children under 18, Washington and Montana each have 10 per 100,000 children, and Idaho has only 5 per 100,000.[3] Many of our recommendations support more equitable access, including recruitment and retention policies that support racial and ethnic minorities and inclusion of historically underrepresented groups in key mental health professions, alongside locating training opportunities in medically underserved and health professional shortage areas and incentives for providers to practice in these communities. The value of diversity and representation in the mental health professional workforce cannot be stressed enough.

The specialized education and training required to work in pediatric mental health can be a barrier to entry, particularly for disciplines requiring physician training, doctorates or other advanced degrees. These programs take years to complete, and many providers accrue substantial student debt while completing their training. To reduce the financial burden of student debt carried by mental health professionals, Congress should invest additional funding in both new and existing pediatric mental health workforce loan repayment programs, such as the Pediatric Subspecialty Loan Repayment Program. Current workforce development and loan relief programs require examination to ensure that, as implemented, they remain accessible to providers in pediatric subspecialty fields, in line with congressional intent. Congress should also look at opportunities to provide additional incentives, such as grant programs or scholarships that mitigate the need for those interested in pursuing a career in the mental health field to take on a substantial amount of debt or front the cost of their education and training.

Furthermore, there is a growing gap between federal investments in physician training for the adult population and children. The Children's Hospitals Graduate Medical Education (CHGME) program is a vital investment in our nation's pediatric workforce, supporting more than 7,000 pediatric residents annually at children's hospitals. CHGME supports the training of frontline providers, such as pediatricians and child and adolescent psychiatrists, who play critical roles in identifying and treating the mental health needs of children and youth. Congress must provide robust funding for CHGME to support the pediatric physician workforce. We strongly support the $400 million provided for CHGME in the House FY 2022 L-HHS appropriations bill and the $200 million increase for CHGME included in the most recently released Build Back Better budget reconciliation package.

Congress must also increase investments to support early outreach and recruitment of providers at all levels, training programs, retention of needed clinical and non-clinical professionals and incentives for academic medical centers to encourage the development of programs focused on mental health. These programs should be equitable and support an inclusive, diverse behavioral health workforce. Exposure to health care professions earlier in education and access to mentorship are critical tools in recruiting students to mental health fields, particularly students

[3] https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

from minority communities who are currently underrepresented in higher education. Congress should examine current HRSA workforce programs to ensure that the full range of mental health fields are substantively included and identify opportunities to expand effective recruitment and retention policies, particularly for providers in geographically underserved areas and from minority communities.

Further, rates of reimbursement have historically been lower for mental health services in Medicaid and CHIP, as well as private insurance. Low reimbursement rates contribute to difficulty in both recruitment and retention into mental health fields and lead to fewer providers participating in Medicaid, CHIP and commercial health plans—a significant barrier to care for children. Together, the high cost of obtaining the training and credentials for pediatric mental health care professions and the low rates of reimbursement for services are impeding workforce growth. Since the Medicaid program is the single largest payer of pediatric mental health services, we recommend increasing Medicaid reimbursement rates for pediatric mental and behavioral health services to Medicare levels or increasing the federal medical assistance percentage (FMAP) for pediatric mental and behavioral health services to 100 percent.

Improving Access for Children and Young People

We appreciate that the committee recognizes the need to address the critical issue of access to mental health care for children and youth. In part due to the workforce crisis outlined above, the pediatric mental health system is unable to meet the current demands – leaving children and teens to wait far too long for adequate mental health treatment. We cannot overstate how critical it is to ensure our youth have access to the mental and behavioral health care they need, when they need it. Frequently, in Washington State, children in need of an outpatient therapist wait weeks or months to find a provider who will see them. Even when children are connected with outpatient therapists, there is no guarantee they will receive the evidence-based care indicated for their diagnosis. This wait time is far longer for a child psychiatrist, reportedly 6 months in some areas. Seattle Children's operates a state-funded Mental Health Referral Service, which connects families to outpatient treatment in the community. The medical director of the referral service reported that the time it takes to locate available providers increased from about 11 days on average in the previous fiscal year to 21 days in July 2021. As of October, the time it took referral specialists to locate a provider in the community was 14-20 days. The referral service also observed a spike in calls in the last two weeks of September – as expected given back to school stressors for children and families – but notably, this will worsen access to community-based care.

We also see this increasing need throughout the mental health services offered in our hospital. Our outpatient psychiatry clinic receives record high number of referrals; despite increasing services, we cannot meet the need. Our Emergency Department reports record high numbers of patients presenting for mental health. Our inpatient Psychiatry and Behavioral Medicine Unit

(PBMU) reports an increased average length of stay, due in part to an increase in patient acuity and in part to the fact that it is a challenge to find adequate community care to support patients after discharge. The pediatric primary care providers in Seattle Children's Care Network report that patients and families presenting with mental and behavioral health concerns now account for about 50 percent of primary care visits.

These barriers to accessing care are not experienced equally – there are significant inequities in access to care. Children in rural areas have markedly fewer options for care than children in urban areas. The current mental health workforce does not represent the population it serves. Equitable access to high-quality mental health care across settings and in underserved areas and racial and ethnic minority communities must be prioritized.

In considering access for children and youth, it's important to recognize that they have unique needs in mental and behavioral health care. Schools and pediatricians play a significant role in lives of children – adequately resourcing integrated care is a critical component of the continuum of services for children and youth. Most importantly, parent and caregiver involvement is crucial, as children are reliant on them for navigating, accessing, and sustaining treatment. Parents in Washington State frequently report significant challenges in navigating the pediatric behavioral health system, encountering long wait times, hidden barriers, and inadequate supports. Parents and caregivers may themselves be struggling with mental health. Increasing access to services for children and youth also supports the mental health and wellbeing of the family. Addressing the mental health needs of children and adolescents through prevention, early intervention and support throughout the continuum of care including crisis care, inpatient and partial hospitalization and coordination across systems and providers will enable children to thrive and reach their full potential.

Increasing Integration, Coordination, and Access to Care

Across the continuum of care – from integrated behavioral health in primary care, to outpatient treatment, intensive outpatient programs, inpatient units, and residential treatment beds – investments are needed to develop and enhance programs so children can access the care they need, when they need it. Intensive services such as intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs) are only available in some states because they are not a federally mandated Medicaid benefit. IOPs and PHPs are critically necessary services for children and youth who need more intensive support than weekly outpatient treatment but may not need inpatient care. Connection to appropriate outpatient services after discharge from inpatient hospitalization is associated with better outcomes;[4] many patients discharging from inpatient psychiatric hospitalization would benefit from "step-down" care in an IOP or PHP setting.

[4] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2769145

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Prevention and early identification are at the foundation of an integrated system of care for children's mental health. Primary care providers and pediatricians are seeing increasing behavioral health needs in their practices. Providers in Washington State report that before the pandemic, over 25 percent of pediatric primary care visits were for behavioral health concerns – today more than 50 percent of primary care appointments are for behavioral health needs. Integrated behavioral health in primary care is critical for prevention, early identification, and treatment before issues escalate into crises. These approaches would benefit from payment models that incentivize and include mechanisms to provide primary prevention services, conduct universal screening (including social determinants of health screenings as well as mental and behavioral health screenings), and create closed loop referral systems**.**

In addition to pediatricians, schools can bring mental health care to children and youth. School-based health centers and partnerships between schools and local providers, including children's hospitals, can play a critical role in primary prevention and early identification.

At the core of a strong pediatric mental health care delivery system is a strong, interconnected network of pediatric mental health providers and supportive services that are available to deliver high-quality developmentally appropriate care. To expand and strengthen these networks at the community level, the Senate may consider H.R. 4944, the Helping Kids Cope Act of 2021, bipartisan legislation that supports flexible funding for communities to support a range of child and adolescent-centered community-based services, as well as to support efforts to better integrate and coordinate across the continuum of care. It also supports pediatric mental health workforce development for a wide array of physician and non-physician mental health professions, to support children's long-term access to providers and services across the continuum of care.

A well-coordinated continuum of care relies on the expertise and collaboration of clinical and non-clinical providers. Care coordinators or case managers provide crucial support in conducting follow-up with patients discharged from inpatient care or crisis stabilization. Professional peer support and family peer support specialists can be critical members of a care team, supporting children and their caregivers with helpful insights, often from lived experience and strong community connections. Too often, this work is not reimbursable despite its value to the care relationships that benefit children and families. There is a critical need to fund care coordination services and identify gaps within the continuum of care that often leads to children waiting for treatment they need to overcome mental health challenges. Congress should explore payment models in Medicaid and CHIP that incentivize and include mechanisms to reimburse for care coordination services, community partnership and consultative services.

Children's hospitals play a critical role in the mental health system of care for children and youth, as do primary care providers, schools, and community-based outpatient care. A system that truly supports our children and youth is long overdue and has never been more necessary.

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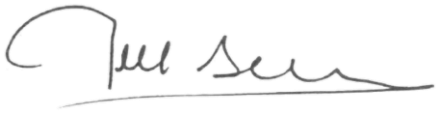

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