



600 13TH ST., NW, SUITE 500  
WASHINGTON, DC 20005  
p | 202-753-5500  
f | 202-347-5147

16011 COLLEGE BLVD., SUITE 250  
LENEXA, KS 66219  
p | 913-262-1436  
f | 913-262-1575

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February 15, 2022

The Honorable Patty Murray  
Chairwoman  
Committee on Health Education Labor and Pensions  
United States Senate

The Honorable Richard Burr  
Ranking Member  
Committee on Health Education Labor and Pensions  
United States Senate

Dear Chairwoman Murray and Ranking Member Burr:

Thank you for your commitment to addressing the crisis of mental health and substance use disorders facing Americans as we work towards a national recovery from the COVID-19 emergency. The Children's Hospital Association (CHA) is grateful for your leadership in holding the recent hearing, "Mental Health and Substance Use Disorders: Responding to the Growing Crisis," which had a substantial focus on the needs of children, adolescents and the pediatric provider community proudly committed to serving them. As your committee works to develop policies to address these issues, we ask that you advance proposals that provide tailored and dedicated support for children's mental health.

CHA represents more than 220 children's hospitals nationwide, dedicated to the health and well-being of our nation's children through innovations in the quality, cost and delivery of care. Children's hospitals serve as a vital safety net for all children across the country regardless of insurance status, including those that are uninsured, underinsured and enrolled in Medicaid, the single largest payer of mental health services for children. As essential providers dedicated to providing the highest quality pediatric care, children's hospitals look forward to working with you to address the crisis in mental health facing America's children.

Prior to the pandemic, trends in child and adolescent mental health were worrying, as mental health symptoms increased among children, and many did not receive needed care. The stressors of the pandemic on families and children have worsened these trends significantly. In 2021, children's hospitals reported emergency department visits for self-injury and suicidal ideation and behavior in children ages 5-18 at a 44% higher rate than during 2019.<sup>1</sup> An increased demand for mental health services across the continuum of care for children, but particularly for children in crisis, has stressed already inadequate and under-resourced systems, leaving far too many children waiting for needed mental and behavioral health care, frequently "boarding" in emergency departments until an appropriate placement becomes available. As a result, CHA, alongside the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics, [declared a national emergency](#) in youth mental health last year.

As you consider changes to existing programs and contemplate new initiatives, it is critical to examine how these changes may affect the pediatric population. Our nation's pediatric mental health system is fragmented and insufficiently supported, which too often results in inadequate or delayed care. While one in five children and adolescents experience a mental health condition each year<sup>2</sup>, and half of mental illness begins by age 14<sup>3</sup>, many of our current systems and federal programs for mental health are designed for adults. Investment in Medicaid, including through better support for services, integrated care and consistent implementation of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, is critical to supporting children's mental health needs. If children do not receive timely, developmentally appropriate treatment, challenges may become worse or compound, causing ongoing issues into adulthood. The importance of investing in services and supports that promote timely access to necessary pediatric mental health care cannot be overstated.

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<sup>1</sup> Analysis of Children's Hospital Association PHIS database, n=38 children's hospitals.

<sup>2</sup> Centers for Disease Control and Prevention (CDC), "[Key Findings: Children's Mental Health Report](#)," March 22, 2021.

<sup>3</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), [Adolescent Mental Health Service Use and Reasons for Using Services in Specialty, Educational, and General Medicaid Settings](#), March 5, 2016.

We look forward to partnering with you as you work to implement programmatic improvements and address the continued mental, emotional and behavioral health needs of children across the country. As the Senate HELP Committee moves forward, we urge you to prioritize:

- Tailoring new policies and refining existing programs to ensure that they are intentionally designed to meet the unique needs of children and adolescents.
- Increasing and targeting investments to support the recruitment, training, retention and professional development of a diverse clinical and non-clinical pediatric workforce.
- Strengthening systems of care and removing unnecessary barriers to ensure children have timely access to culturally and developmentally appropriate mental health services in the appropriate setting for their needs.

## Unique Needs of Children and Adolescents

Within HHS, there are a number of effective programs that aim to improve children's access to evidence-based treatment for mental health conditions, yet they do not go far enough to address the widespread and unmet needs of children. Both the creation of new initiatives and enhancements to existing programs will be needed to adequately address the growing crisis in child and adolescent mental health. SAMHSA's Programs of Regional and National Significance have built a strong evidence-base, and they make a significant impact in the communities that they serve. However, we know that even with effective models available to replicate, too many children in America with mental health needs go unidentified and others struggle to get necessary care to treat their mental health needs. Other programs within HELP Committee jurisdiction have broad goals of supporting the mental health workforce or expanding access to mental health services, such as the Community Mental Health Services Block Grant, yet they are not tailored to meet the unique needs of children and pediatric providers. Now is the time for Congress to explore how the reach of effective initiatives might be expanded and the parameters of existing grant programs altered to serve more children and fill in gaps in the pediatric continuum of mental health care to best meet children's needs.

**Pediatric Mental Health Infrastructure.** When children's and adolescents' mental health needs are significant enough to require services outside of schools and community-based outpatient settings, it is critical that they are delivered in appropriate settings designed for them and staffed by professionals with pediatric expertise. Throughout the pandemic, we have seen a growing demand for inpatient psychiatric care, as well as step down levels of care including partial hospitalization, day hospitals, and intensive outpatient services. Unfortunately, there are too few of these programs designed specifically for children, adolescents and young adults. This shortage of appropriate treatment options has resulted in a growing number of children and adolescents in mental health crisis boarding in emergency department facilities until they can be admitted into a psychiatric treatment program or transferred to another facility. Children who are boarding are kept safe from physical harm, but while they wait, they are not receiving the treatment that they need to help them recover and return to their homes and communities.

While investing in upstream prevention, early identification and intervention for children is critical, including to prevent conditions from worsening to the point of crisis, we also need to ensure that there are appropriate treatment options across the full continuum of care for children and adolescents who need them. We urge Congress to provide resources to support efforts to scale up inpatient care capacity, including costs associated with the conversion of general beds to accommodate mental health patients, as well as to support the development of intermediate levels of care such as partial hospitalization, day programs and intensive outpatient services. Bipartisan legislation has been introduced in the House, [H.R. 4943, the Children's Mental Health Infrastructure Act of 2021](#), which would provide grants to children's hospitals and other providers to increase their capacity to provide pediatric mental health services such as those described above.

**Priority Mental Health Needs of Regional and National Significance.** These long-standing programs provide funds to support prevention, treatment and rehabilitation of mental health services and other programs. Typically, Programs of Regional and National Significance (PRNS) target specific populations or areas of concern, and include programs such as Project AWARE, the National Child Traumatic Street Network, Project Launch, Healthy Transitions, and other children and family programs. Together, these programs focus on several priority areas for supporting children's mental health, such as promoting healthy development and early identification in young children, supporting recovery from trauma, building school-based mental health programs and more. While there are potential areas of opportunity for alignment for these programs and pediatric providers, additional clarification is needed on whether children's hospitals and other pediatric providers are eligible to receive funding under certain programs. We urge greater investment to enable the effective models refined through these

programs to be replicated and expanded to reach more children and families in a wider variety of communities and settings across the country.

**The Community Mental Health Services Block Grant.** The Community Mental Health Services Block Grant, frequently called the Mental Health Block Grant, supports state mental health agencies to provide comprehensive community mental health services and investments in evidence-based prevention for adults with severe mental illness or children with serious emotional disturbances (SED). The parameters of the funding as currently written focus on children with SED, making it difficult to spread funds to broader activities, such as evidence-based prevention efforts or mental health services for children whose needs do not reach the threshold of a serious emotional disturbance. More must be done to target these funds to pediatric providers to ensure more children benefit from the program.

The set asides and report language from the FY 2022 House Labor-HHS bill are critical steps to ensure that the Community Mental Health Services Block Grant funds support the services children need. We strongly support the 10% set aside to support prevention and early intervention programs, as well as the 10% set aside for evidence-based crisis care programs. We appreciate the additional funding this Mental Health Block Grant has received through COVID-19 relief packages, as well as the proposed increase of \$825 million for FY 2022. This increase in funding will enable the block grant to reach more communities and ensure that the set asides are substantial enough to be effective. We further appreciate the acknowledgement in the report language regarding the unique behavioral health needs of children from infancy to five years of age and would support dedicated funding for this population.

### Children's Mental Health Workforce

Congress must address the urgent need to relieve pressure on the existing pediatric mental health workforce, as well as invest in its long-term expansion across disciplines to meet the ongoing and growing mental health needs of our children. Pediatric mental health workforce shortages are persistent and projected to increase over time. Nationally, there are approximately 8,300 practicing child and adolescent psychiatrists and only 5.4 clinical child and adolescent psychologists per 100,000 children 18 years of age and younger, far fewer than needed to meet the existing and increasing demand. Shortages also exist for other vital pediatric mental health specialties critical to improving early identification and intervention for children with mental health needs. Additionally, racial and ethnic minority providers are under-represented across many mental health professions, which can be an added burden on racial and ethnic minority communities who already face inequitable access to care. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children's mental health needs now and into the future. Congress can take several immediate steps to address the current and ongoing mental health workforce shortage.

**Loan forgiveness for pediatric mental health providers.** Existing loan forgiveness programs can sometimes be difficult for pediatric specialty providers to access. We support robust funding for the Pediatric Subspecialty Loan Repayment Program, which would provide loan forgiveness for pediatric subspecialists, including mental health providers, practicing in underserved areas. We strongly support the \$30 million for FY 2022 proposed by Senate appropriators, but additional funding should be considered to expand the reach of this program to better meet the crisis moment we face. Additionally, we support [S. 1578, the Mental Health Professionals Workforce Shortage Loan Repayment Program Act](#), which would extend loan repayment to mental health providers across a wider array of mental health professional fields, who serve in areas with shortages of mental health professionals. We look forward to working with you to identify realistic and effective immediate solutions to support and retain a diverse national pediatric mental health workforce.

**Children's Hospitals Graduate Medical Education (CHGME) program.** Pediatricians build strong relationships with families and can play a critical role in identifying children with mental and behavioral health needs earlier, before more serious issues emerge. The CHGME program supports the training of more than half of the nation's pediatric physician workforce and is essential to the continued access of children to needed pediatric specialists, including developmental pediatricians and child adolescent psychiatrists. However, CHGME represents only 2% of the total federal spending on GME. These funding shortfalls must be financed by children's hospitals' child-patient care operations and are a key contributor to the overall pediatric workforce shortage. We appreciate the funding levels included in the House and Senate appropriations bills, but we would encourage Congress to consider a higher overall appropriations level to reduce the growing and unsustainable gap between GME and CHGME funding and to secure the future pediatric physician workforce.

**Mental and Behavioral Health Education and Training.** The Mental and Behavioral Health Education and Training (BHWET) grants program aims increase the supply and distribution of behavioral health professionals, including a special focus on the workforce serving children, adolescents and young adults. The program supports pre-degree clinical internships and field placements for doctoral-level psychology students, master's level social workers, school social workers, behavioral pediatricians and psychiatric mental health nurse practitioners, among others. Several children's hospitals have received funding through this program, and we support further targeting existing funding toward pediatric providers.

While BHWET is an important program, more must be done to address longstanding shortages across pediatric mental health professions, which result in significant barriers to care for children with mental health conditions. We urge Congress to consider a dedicated investment in growing the pediatric mental health workforce by designating an additional targeted pool of funding, under the oversight of the Health Resources and Services Agency (HRSA), to support training and development in pediatric behavioral health disciplines within children's hospitals, pediatric practice and clinical settings.

**Minority Fellowship Program.** A diverse pediatric mental health workforce prepared to deliver culturally and developmentally appropriate care is essential. While all mental health professionals receive training that prepares them to provide care with cultural sensitivity and awareness, the ability of a child, adolescent and their family to connect and identify with a mental health professional can be critical. Shared cultural beliefs and experiences can further strengthen therapeutic relationships and lead to better outcomes for kids and families. The Minority Fellowship Program provides training, career development opportunities and mentorship to racial and ethnic minority mental health professionals and researchers with the goal of reducing health disparities within minority communities. We support the essential aims of this program and encourage the committee to explore how to sustainably expand its reach, including enhanced support for the participation of fellows who are specialized to serve pediatric populations.

## Systems of Care for Children's Mental Health

At the core of a strong pediatric mental health care delivery system is a strong, interconnected network of pediatric health providers and supportive services that are available to deliver high-quality, developmentally appropriate mental and behavioral health care. Building a strong system of care starts with ensuring that children are able to access services in the settings where they are: early learning and childcare settings, schools, their pediatrician's office, community settings and emergency departments. A truly comprehensive approach must include full continuum of clinical and non-clinical health services and supports that encompass promotion and prevention, early intervention and treatment. In too many communities, there are few local options for children in need of mental health treatment and investment is urgently needed to scale up services and support for the pediatric population. Given the workforce shortages within pediatric mental health professions, the importance of innovative approaches to utilizing our current workforce, such as through integrated care, and support for enhanced care coordination are paramount.

**Dedicate new funding to support community-based systems of care for children.** To expand and strengthen pediatric systems of care at the community level and to fill key gaps, the Senate should consider [H.R. 4944, the Helping Kids Cope Act of 2021](#), bipartisan legislation that would provide flexible funding for communities to initiate or expand a range of child and adolescent-centered community-based services, as well as to 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 promote children's long-term access to providers and services across the continuum of care.

**Pediatric Health Care Access Grants.** The Pediatric Mental Health Care Access program is administered through HRSA with the goal of improving access to quality health care services through supporting the development of pediatric mental health care telehealth access programs or support existing programs. Integrated care, including through telehealth consultation supported by this program, can improve identification of mental and behavioral health needs in children and streamline connections to care. To date, 45 states, D.C., tribal organizations and territories have received grants from HRSA to create or expand their programs. Integrating mental health with primary care has been shown to substantially expand access to mental health professionals, increase children's utilization of behavioral health services and improve pediatric provider's knowledge of mental health. We are grateful for the leadership of senators on the HELP Committee that has enabled this program to grow, and we supported the continued expansion of funding and sites for this effective program.

**Children's Mental Health Initiative.** The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances program was established nearly 30 years ago and provides funds to public entities to support children

with serious emotional disturbance (SED), which may include efforts to identify and serve children at risk. The program, also known as the Children's Mental Health Initiative, has shown improved outcomes for children and families, including fewer behavioral and emotional symptoms, fewer thoughts of suicide and suicide attempts and improved school attendance and academic performance. The program has demonstrated the value of investing in and implementing systems of care services and supports. Congress should consider increased investment in this program to build stronger systems of care in more states and communities and ultimately improve outcomes for children with SED. While this program is focused on children who are at clinical risk for developing SED or who are already diagnosed, the success of the systems of care approach for these children should be examined so that lessons learned may be applied to develop better, more integrated systems for children with moderate symptoms or who are at risk of developing mental health conditions more broadly.

Thank you again for your commitment to improving the mental and behavioral health care delivery system for children and adults. Children's hospitals and their affiliated providers stand ready to partner with you as you continue your work. If we can be of any additional assistance, please contact Aimee Ossman Vice President, Public Policy at [Aimee.Ossman@childrenshospitals.org](mailto:Aimee.Ossman@childrenshospitals.org) or Cynthia Whitney, Manager, Federal Affairs, at [Cynthia.Whitney@childrenshospitals.org](mailto:Cynthia.Whitney@childrenshospitals.org).

Very best regards,

A handwritten signature in black ink, appearing to read "Mark Wietecha". The signature is fluid and cursive, with the first name "Mark" and last name "Wietecha" clearly distinguishable.

Mark Wietecha  
Chief Executive Officer  
Children's Hospital Association