FIRST FOCUS ON CHILDREN

1400 Eye Street NW Suite 450 | Washington DC 20005 | t. 202.657.0670 | f. 202.657.0671 | www.firstfocus.org

March 20, 2023

Senator Bernard Sanders
Chairman, Senate HELP Committee
U.S. Senate
Washington, D.C. 20510

Senator Bill Cassidy
Ranking Member, Senate HELP Committee
U.S. Senate
Washington, D.C. 20510

Dear Chairman Sanders and Ranking Member Cassidy,

Thank you for your leadership on the HELP Committee regarding health care workforce issues and for the recent hearing on this important topic.

First Focus on Children is a bipartisan advocacy organization dedicated to making children and families a priority in federal and budget decisions. We appreciate the invitation to share our thoughts on the health care workforce as it impacts children, youth, and young adults. Our letter will address pediatric behavioral health workforce issues and pediatric health care workforce issues.

BEHAVIORAL HEALTH

The behavioral health of a child is as integral to their overall well-being as their physical health. Prevention, early diagnosis, and treatment of mental health issues are critical to ensuring that a child remains healthy through childhood and also grows into a healthy adult. Half of all mental health disorders show first signs before a person turns 14 years old, and 79% of mental health disorders begin before age

24.[1] Typically, 11 years pass between the onset of symptoms in a child and when they first receive treatment.[2] Children living in poverty, children of color and those living in underserved areas are more likely to suffer from disorders which have resulted in ethnic and racial health disparities around the country. Teens are experiencing very high levels of suicide and death by drug overdose.
While these behavioral health issues escalated during the COVID-19 pandemic, a true behavioral health crisis among children and adolescents had been brewing for many years.

In light of the national mental health crisis for children, teens, and young adults, First Focus on Children is concerned that Congress has not adequately assessed how our country currently allocates health care workforce development dollars for behavioral health in general, but particularly for ***pediatric behavioral health.***
Dr. Mitch Prinstein, the Chief Science Officer from the American Psychological Association was a witness during the Senate HELP Committee's February 1, 2022 hearing titled "Mental Health and Substance Use Disorders: Responding to the Growing Crisis." During the hearing, he was asked the question "How much does the U.S. spend on the mental health workforce?" He responded that the government spends $15 billion annually in federal funding for the health care workforce but only 1% on mental health workforce development. ***And of that 1%, only a fraction of that amount is for pediatric behavioral health workforce development***.

First Focus has asked several Congressional offices if they can provide a list of specific federal programs which fund pediatric behavioral health workforce development, and one office has asked the Congressional Research Service for this information. First, we don't believe this information should be so hard to find. Second, we believe that if Congress knew exactly which programs improve the pediatric behavioral health workforce – and their miniscule funding levels – they would redirect more dollars to the pediatric behavioral health workforce.

[1] Mental Health By the Numbers. National Alliance on Mental Illness. June 2022. https://nami.org/mhstats.
[2] Youth Ranking 2022. Mental Health America.
https://www.mhanational.org/issues/2022/mental-health-america-youth-data

Congress cannot address a national crisis for our children without a clear understanding of where the dollars are being spent and how much is being spent for pediatric behavioral health workforce development. Once Congress has this information it can grapple with various questions. How many psychiatrists, psychologists, school counselors, trained social workers, etc., do we currently have? How many are currently in the professional pipeline? Where are the federally designated "health care deserts" where 160 million live? How much do we need to grow each profession in order to produce enough pediatric behavioral health professionals to address current and future demand? Finally, when will there be a national strategy for doing so?

The need for professional behavioral health services far outweighs the capacity of our current workforce to provide care. Recruitment, pipeline, and funding issues inhibit the quick expansion of the professional workforce. First Focus on Children believes that youth peer-to-peer networks offer another viable and more immediate way to provide help to youth and young adults. Experts acknowledge that teens are more likely to initially talk with their peers about behavioral health issues than with an adult. The peer-to-peer model utilizes untapped resources to address the teen mental health crisis. Whether in-person, via text, or through a telephone hotline, there are many ways for trained peers to provide support to other teens and young adults so they know they are not alone and can be directed to professional services if necessary.

First Focus on Children is also concerned that our current behavioral health system relies too heavily on inpatient settings which are very expensive and often not in the best interests of children, teens, and young adults. Too many children end up in hospital emergency rooms, often boarding for weeks because their parents had no other place in the community to turn. We should not use our emergency rooms in this manner. Unless there is a severe case of self harm, most children recover better in their own homes, with support from professionals and the support of their families. If there are more accessible behavioral health care options in their community, children and teens are less likely to end up in expensive emergency rooms and inpatient settings. However, for this shift to occur, Congress will need to

provide more support for home and community based services. This all ties back to the workforce shortage and the fact that there are not enough professionals available either through Medicaid or the private sector.

Below are some specific pediatric behavioral health workforce recommendations to consider:

Grow and strengthen the workforce so that all children, teens and young adults have access to appropriate mental health and behavioral health services in a timely fashion.

- **Rebalance the allocation of federal workforce dollars spent on health care vs. behavioral health**
  The U.S. spends approximately $16.2 billion a year on developing the Graduate Medical Education (GME) workforce. [3] Of all the GME medical health care specialties, fewer than 5% of students are pursuing psychiatry; of those students, well under 1% — just 0.11% are pursuing child and adolescent psychiatry. [4] Within the $1.7 billion Health Resources and Service Administration (HRSA) health care workforce budget, only 9.4% is allocated to the behavioral health workforce; of that amount, just 4% goes to child and adolescent health.[5] We acknowledge that the health care workforce is not fully funded but given the size and severity of the national mental health crisis, our investment in behavioral health workforce development is woefully insufficient to provide enough mental health professionals for our nation – particularly for the children, teens and young adults who are experiencing a serious crisis.

[3] "Medicare Graduate Medical Education Payments: An Overview." Congressional Research Service. September 29, 2022. https://crsreports.congress.gov/product/pdf/IF/IF10960.
[4] "Number of Active Residents, by Type of Medical School, GME Specialty, and Sex." American Association of Medical Colleges. 2018. https://www.aamc.org/data-reports/students-residents/interactive-data/table-b3-number-active-residents-type-medical-school-gme-specialty-and-sex.
[5] "Budget in Brief, Fiscal Year 2023," U.S. Department of Health and Human Services. Accessed on January 18, 2023. https://www.hhs.gov/sites/default/files/fy-2023-budget-in-brief.pdf.

- **Rebalance the allocation of mental health workforce dollars spent on child and adolescent mental health**
  Nationally, 60% of youth who experience a severe depressive episode do not receive treatment.[6] As noted in the recommendation above, "Rebalance the allocation of federal workforce dollars spent on health care vs. behavioral health," the U.S. does not spend enough on developing the child and adolescent mental health workforce. Priorities must change if we expect to help our nation's children through this crisis. We urge the HELP Committee to hold hearings on this topic and call for the rebalancing of funding and/or allocate more resources to build a workforce that can meet the emotional needs of our nation's children, teens, and young adults.

- **Support and Expand Youth Peer-to-Peer Networks**
  Whether in-person, via text, or through a telephone hotline, there are many ways for trained peers to provide support to other teens and young adults so they know they are not alone and can be directed to professional services if necessary. One very successful peer-to-peer phone/text/chat/e-mail network that already reaches youth across the country is Oregon's YouthLine. Currently, over 300,000 young people from all 50 states reach out to the Oregon Youthline for support each year. Youth peer-to-peer networks like Youthline are poised to quickly scale and reach millions of teens and young adults. We urge Congress to designate peer-to-peer programs like YouthLine to be funded as part of the 988 Suicide and Crisis Lifeline program so youth have tailored responses. Also, as the Department of Health and Human Services (HHS) determines eligibility for grants under the BSCA, we urge HHS to allow youth peer-to-peer programs to be eligible for funding.

- **Review the allocation of resources for children and youth in the Certified Community Behavioral Health Clinics (CCBHCs) program.**

[6] Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA. https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf.

CCBHCs are a valuable resource for children and families who might not otherwise receive behavioral health care. The government has put more federal funding toward this program to help alleviate the country's mental health crisis, particularly among our nation's youth. We urge the HELP Committee to request a report from the Department of Health and Human Services to determine what percentage of children, teens and young adults (ages 0 to 26) are receiving services at CCHBCs compared to the adult population. Is demand for services by children, teens, and young adults greater than the supply of services? What type of support is HHS offering these clinics to appropriately serve this population? Do CCBHCs employ enough pediatric trained behavioral health professionals to meet the needs of the 0 to 26 population?

- **Request a Government Accountability Office (GAO) report to review the way states spend Medicaid dollars for behavioral health and substance use disorder services for children, teens and young adults ages 0 to 26, disaggregated by race and ethnicity**.
  At this time with a national mental health crisis for children, are more dollars being spent to place children in residential care or to serve them in their homes and communities? What percentages of Medicaid dollars do states spend on in-patient care within their states? What percentages do they spend on in-patient care provided outside of their states? How much is being spent on home and community-based care? Which states have successfully rebalanced their Medicaid behavioral health funding? Is there an overutilization of psychotropic drugs with little behavioral health support to achieve successful outcomes? All of this data must be disaggregated by race and ethnicity to ensure equitable access and use of care.

Better integrate behavioral and physical health to allow health care providers to work together to connect children, teens and young adults with behavioral health services.

- **Request that HHS collect and share data on the integration of behavioral health services in the Medicaid and CHIP programs for children, teens, and young adults.**
  New guidelines by CMS (as of 1/5/23) clarify that states can integrate behavioral health care with Medicaid and CHIP. Congress should request that HHS collect and share data showing how often the pediatric setting integrates behavioral health for children and youth ages 0 to 26. CMS also should be required to share best practices with other states.

- **Encourage the co-location of pediatric health care and behavioral health services through payment incentives and reduced administrative burdens**
  The easiest way to ensure that children and teens get the services they need is to co-locate services. However, financial and administrative barriers hamper these efforts. CMS has issued guidance and funded several demonstration models of integrated care (both for early childhood and for older children). We urge Congress to continue this course of action to better meet the behavioral health crisis for our nation's children.[7]

Provide mental health supports, services, referrals, and community resource connections in schools, where prevention and early intervention can be effective.

- **Track regulations and implementation of the Bipartisan Safer Communities Act**. The BSCA passed Congress and was signed into law in July 2022. This legislation, written in the aftermath of the Uvalde, Texas elementary school shooting, included $500 million for the School-Based Mental Health Services Grant Program and $500 million for the Mental Health Service Professional Demonstration Grant Program, which would increase the number of qualified mental health providers in schools. The legislation also funded school-based programs such as Project Advancing Wellness and Resilience Education

[7] Frank, Richard G, Vikki Wachino, and Karina Aguilar. "White Paper Making Progress on Integration of Behavioral Health Care ..." Brookings. Accessed January 11, 2023. https://www.brookings.edu/wp-content/uploads/2022/12/20221212_SIHP_IntegrationWhitePaperFinal.pdf.

(AWARE) and the Stronger Connections grant program, as well as efforts to improve school-based mental health services through Medicaid, Mental Health Awareness Training grants for schools, School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth grants. The government already has begun implementing the BSCA, and evaluating the progress of these efforts will help guide future programming.

- **Ensure the Department of Health and Human Services and the Department of Education coordinate mental health efforts**. Under the BSCA, both the Department of Health and Human Services and the Department of Education distribute mental health funding. These two departments must coordinate as they release these significant resources. Congress must ensure this coordination by requesting regular updates from these departments on their activities and disbursement of funds, and by requiring that applications for state grants are submitted by a team of agencies that includes Medicaid, education, public health, and behavioral health.

- **Expand on the Success of Project Aware.** Expand on the success of Project AWARE to provide on-site mental health professionals in schools and support for family members of children with mental health concerns. Project AWARE, operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), has successfully increased mental health awareness in schools across the country, and lawmakers should support it to reach more students, families, and schools.

- **Improve data on racial disparities in access to mental health care in schools**. Most public schools have an unacceptable student-to-school-based mental health personnel ratio. High-poverty schools and those with more non-white students often have armed school resource officers on-site, but few counselors, psychologists, or social workers. Data that identifies where the disparities exist would fuel a better allocation of resources. We urge the HELP Committee to require the Department of Education to conduct a detailed analysis of student-to-school-based mental health personnel ratios in all

school districts, with data disaggregated by students' race and ethnicity and their access to mental health services.

- **Invest in evidence-based prevention programs at the earliest ages in schools.** Numerous early intervention mental health strategies and programs have proven effective for young students. Congress must fund and prioritize these interventions as a way to prevent mental illness in children at the earliest stages. Programs such as these are and can be further funded through several federal agencies, including the Departments of Health and Human Services, Justice, and Education.

Specifically include children, youth, and their families in the design and planning of crisis response systems and suicide prevention.

- **Design the 988 Suicide and Crisis Lifelines to address the specific needs of children and families.** States are currently implementing their 988 Suicide and Crisis Lifelines. Children's needs can be very different from adults', and states — with assistance from the federal government —must design and create these systems to meet the specific needs of children, youth, and families from the beginning.[8] To date, 16 states have enacted legislation to implement 988. Of these, only four have included one or more child- or youth-specific planning provisions. Congress must continue to robustly fund 988, require the Department of Health and Human Services to provide states with technical assistance on designing their systems to prioritize children's needs, and require a regular report from HHS detailing how states are addressing children's needs in their 988 systems.

- **Require the Centers for Medicare & Medicaid Services (CMS) to report on how state mobile crisis intervention services support children and families.** The needs of children in a behavioral health crisis can be very different from

[8] First Focus on Children, "Issue Brief: The Need to Incorporate Children, Youth, and Adolescents into State 988 Systems." July 14, 2022. https://firstfocus.org/resources/fact-sheet/issue-brief-the-need-to-incorporate-children-youth-and-adolescents-into-state-988-systems.

those of adults. Mobile crisis response tailored to a child's needs can help them avoid dangerous contact with law enforcement, potential removal from their home, and exclusion of their families and caregivers during the response.[9] The American Rescue Plan Act enhanced the match rate for mobile crisis response in states, and CMS has shared guidance with states on implementing this policy. Congress must require CMS to report on state efforts to create mobile crisis response systems that specifically address children's needs to ensure that states are not using a system designed for adults to respond to children.

PEDIATRIC HEALTH CARE WORKFORCE

While the COVID-19 pandemic exposed cracks in the pediatric health care infrastructure, problems have existed for many years. During the past several autumn and winter seasons, RSV, flu, and COVID-19 have overwhelmed the system. Workforce shortages continue to strain an already overwhelmed care system. Reimbursement rates are too low. Pediatric beds are in short supply at both children's hospitals, where teens with mental health issues are often "boarding"due to a lack of community resources, and in private and public hospitals, where pediatric beds were transferred to adult care during the pandemic. Medicaid unwinding threatens to compound these problems by increasing the number of uninsured children.

Devise short and long-term plans to fix our broken pediatric health care system.

- **Hold hearings on our nation's broken pediatric health care system**
  While the COVID-19 pandemic exposed cracks in the pediatric health care infrastructure, problems have existed for many years. During the past several autumn and winter seasons, RSV, flu, and COVID-19 have overwhelmed the system. Pediatric beds are in short supply at both children's hospitals, where teens with mental health issues are often "boarding"due to a lack of community resources, and in private and public hospitals, where pediatric

[9] Ibid, 30.

beds were transferred to adult care during the pandemic. Workforce shortages continue to strain an already overwhelmed care system. Reimbursement rates are too low. And Medicaid unwinding threatens to compound these problems by increasing the number of uninsured children. We urge the Senate HELP Committee to hold hearings to assess the severity of problems plaguing the pediatric health care system, determine how to ensure access for all children and recommend immediate and long-term solutions.

First Focus on Children appreciates the attention that the HELP Committee is giving to the pediatric healthcare workforce. As we have shared in our letter, we are very concerned about the pediatric behavioral health workforce crisis and the pediatric healthcare workforce shortage. As you pursue workforce hearings and legislation, we urge you to remember that ***children are not "little adults."*** They have special and unique needs. As the Committee prioritizes various workforce solutions, we urge the Committee to focus on the benefits of investments in our children and youth, and not only on the cost.

Thank you for your leadership with the Senate HELP committee and your commitment to ensuring the good health and well-being of all children. First Focus on Children looks forward to working with you and your staff. Please feel free to contact me at BruceL@firstfocus.org, or Elaine Dalpiaz at ElaineD@firstfocus.org, or Averi Pakulis at AveriP@firstfocus.org with any questions.

Sincerely,

Bruce Lesley

Bruce Lesley
President, First Focus on Children