



U.S. Senate Committee on Health, Education, Labor & Pensions
“Mental Health and Substance Use Disorders: Responding to the Growing Crisis”
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On behalf of Children’s Wisconsin (Children’s), I want to thank Chairwoman Murray and Ranking Member Burr for holding this hearing to examine opportunities to respond to the growing mental health crisis amongst our children in this country. I also offer a special thanks to Senator Baldwin for her continued partnership with Children’s to improve the health and well-being of kids and families in Wisconsin. We appreciate the opportunity to share Children’s perspective on addressing the mental and behavioral health crisis facing kids and teens in Wisconsin and across the nation.

Children’s Wisconsin (Children’s) is the state’s only independent health system dedicated solely to the health and well-being of kids. We serve children and families in every county across the state, with inpatient hospitals in Milwaukee and the Fox Valley and more than 30 primary, specialty and urgent care clinics. At Children’s, we believe caring for a child’s mental and behavioral health is just as important as caring for their physical health. Our expertise on mental health runs wide and deep: we treat thousands of kids with mental and behavioral health challenges every year at our primary care and specialty clinics, through our foster care and adoptive services, and in schools and communities throughout the state.

As reflected in the Surgeon General’s recent Advisory and in the declaration of a “national health emergency in child adolescent mental health” by leading pediatric health care organizations, including Children’s Wisconsin, there is an urgent need to address the nation’s youth mental health crisis. Prior to the pandemic, Wisconsin, like the rest of the country, was experiencing alarming rates of mental health hospitalizations, suicide rates and depression among children and adolescents. The pandemic has hit children’s well-being hard and directly, exacerbating what was already a growing crisis. Our primary care offices and urgent care clinics continue to experience increases in the number and acuity of kids who present with primary and secondary mental and behavioral health complaints. And, reflecting what others are reporting across the country, since 2020 Children’s Emergency Department and Trauma Center (EDTC) visits for mental and behavioral health concerns have increased by 40 percent. And between 2019 and 2021, call volumes to our Mental and Behavioral Health (MBH) Access Center tripled.

Children’s is committed to addressing this crisis and in 2019 announced a five-year, \$150 million dollar initiative to address the growing mental and behavioral health crisis facing Wisconsin kids. Our strategy aims to put in place systems to detect needs sooner and help kids before they are in crisis; meet kids and families where they are by bringing mental and behavioral care closer to home by providing more services in schools, clinics and using technology to reach far and wide; and reduce the stigma by supporting a system of care that ensures mental health is part of every check-up and doctor visit. Children’s is working with state and local governments, community partners and generous donors to realize this commitment. However, our work, and that of our pediatric partners, is being accomplished within a national pediatric behavioral health infrastructure that is fragmented and has been

insufficiently supported for decades. To that end, we offer the following recommendations for Congress to address the crisis impacting our nation's children:

Strengthening the pediatric mental and behavioral health care workforce

It is essential that any mental health legislation that advances must address the current crisis in pediatric mental health care workforce capacity. The demand for pediatric mental and behavioral health services continues to outpace the availability of providers. For example, Children's current waitlist for outpatient therapy has approximately 600 children on it with the longest wait being over 100 days. Shortages in the mental health workforce are persistent, more severe within pediatric specialties, and projected to increase over time. **Children's strongly supports investments to support the recruitment, training, mentorship, retention and professional development of both the clinical and non-clinical pediatric mental and behavioral health workforce.**

Importantly, children need to have access to a diverse range of provider types – from navigators to therapists to psychiatrists – who can offer culturally competent care. Efforts to increase exposure to health care professions earlier in a student's academic journey, including access to youth mentorship, are critical to recruiting students to the mental health field. This is particularly true for students who are underrepresented in the population of those graduating from postsecondary education, especially professionals of color. **We recommend that Congress examine current HRSA workforce programs to ensure that the full range of mental health professions are substantively included and to identify opportunities to ensure programs are best supporting individuals who often are not sufficiently represented in today's workforce, particularly those from underserved populations and who face systemic barriers.**

We recognize 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 advanced degrees. **To reduce the financial burden of student debt carried by mental and behavioral health professionals, Congress should invest additional funding in new and existing pediatric mental and behavioral health workforce loan repayment programs, such as the Pediatric Subspecialty Loan Repayment Program.**

Given the significant shortages in pediatric mental health providers across the country, we strongly believe that additional investments, **such as the workforce provisions included in the *Helping Kids Cope Act (H.R. 4944)*, are needed to accelerate professionals entering the field to increase access to care for kids.** Cross-sector collaboration will be key to implementing the types of initiatives this legislation would help facilitate and support. Recognizing the immense and immediate need for action, health care providers have been on the forefront of developing workforce support programs to better serve the patients they care for.

For example, Children's launched our Therapist Fellowship Program to help reduce the barriers to therapist licensure. In Wisconsin, once someone receives their Master's degree, they need to complete 3,000 hours of clinical supervision in order to be licensed, which often occurs unpaid. With the support of our philanthropic and state government funders, Children's pays the salaries and benefits for these therapists and provides the training environment and clinical supervision they need as they work towards licensure. Before this program, therapists would often take up to 5 years to obtain the 3,000 hours required – now, on average, therapists can obtain the hours they need for licensure in less than two years. In the meantime, the 24 therapists who have gone through or are currently in the program since 2019, have been serving families statewide caring for more than 1,500 families through nearly

12,000 sessions. This program not only helps reduce barriers to licensure and supports developing the workforce, but also directly impacts kids' ability to receive the care they need.

It's also relevant to note that in general there has been a historic and growing gap between federal investments in training physicians to care for adults compared to those training to care for children. The Children's Hospitals Graduate Medical Education Program (CHGME) is a vital investment in our nation's pediatric workforce, supporting more than 7,000 pediatric medical residents at children's hospitals annually. CHGME supports the training of front-line providers at Children's, 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 also strongly support the Mental and Behavioral Health Education and Training Grants program and urge new funding be targeted towards clinicians serving children.

Another area that we recommend Congress explore is how the federal government could facilitate best practices and streamline the state licensure process for mental and behavioral health professionals. We believe that states could benefit from incentives and other successful strategies to support increasing the workforce available to care for children's mental health needs.

Additionally, we continue to see the value of offering telehealth as an effective way to deliver therapy for certain children – particularly those who live distant from our clinic sites. As we continue to work to expand our workforce, we're broadening our searches to include providers who may exclusively provide care from outside Wisconsin. **We would appreciate Congress considering ways to standardize licensure for mental and behavioral telehealth across state lines and/or to incentivize states to create interstate licensure compacts to reduce waiting periods and regulatory hurdles to improve kids' access to care.**

Increasing prevention, integration, coordination and access to care

Greater investments are urgently needed to develop and enhance community-based systems of care to support children's access to the right care, in the right setting, at the right time.

Primary prevention efforts and early identification of concerns are the foundation of children's mental health. For those with mental illness, half of individuals' concerns begin by age 14, with three-quarters being diagnosed by the age of 24. If children do not receive timely, developmentally-appropriate treatment, mental health challenges may become worse or compounded, causing ongoing, long-term issues into adulthood. We strongly believe that the core to developing an effective system of care for children requires integration of health care and support systems for children. Well-coordinated, effective systems of care respond to the needs of kids and families and provide services where they need them. Because of this, children are often well-served in locations that reduce common barriers of stigma, transportation needs and time off of school or work. This means integrating care, including primary prevention, into various settings where children spend a majority of their time – early childhood education, schools and pediatrician offices.

At Children's, we are working to ensure that mental health is part of every check-up through the implementation of depression and developmental screenings in our primary and specialty care clinics and emergency department. With a generous, substantial donation from the Yabuki Family Foundation, Children's will integrate Master's-prepared therapists to work alongside pediatricians in every Children's Wisconsin primary care office and urgent care location. More than 175,000 kids are seen by Children's Wisconsin pediatricians each year during routine checkups or at an urgent care visit. This new integration effort will allow therapists and pediatricians to collaborate on-the-spot to address timely concerns such

as anxiety, depression, trauma and suicidal ideation, as well as attention difficulties, sleep challenges and disruptive behaviors. Doing so will ensure kids have immediate access to expert help, rather than the current process of lengthy waits for referrals and mental health appointments. Children's is currently exploring sustainable payment models to support this integrated care model to best serve kids.

Additionally, Children's is working to expand our school-based mental health program which currently provides services in more than 50 schools across Wisconsin. Providing school-based therapies directly improves access to mental and behavioral health services by making it more convenient, eliminating transportation barriers and providing more collaborative care and treatment when partnering with parents/caregivers, teachers, school counselors and staff. Offering therapy services to students provides an opportunity to reduce the stigma when this care is delivered right in the school setting. Importantly, our school-based program reaches students who are underserved and under-resourced and often face significant barriers to accessing outpatient therapy services. We are also deploying group therapy in schools, which allows us to reach more students in an accessible and comfortable format. This helps identify and better support kids who may need to receive a higher level of services and helps to prevent escalation of mental or behavioral concerns which, without group therapy, may have progressed to requiring higher acuity care or additional supports.

We ask that Congress prioritize additional investments, such as those included in the *Helping Kids Cope Act*, to strengthen and address the fragmented system of care for our children and promote prevention, integration, and community partnerships—like those examples mentioned previously—that are necessary to address the health and well-being needs of our children. In order to implement these efforts, we also need a payment system to support and sustain those initiatives. Since Medicaid is the largest payer of pediatric mental health services, **we recommend Congress consider policy changes, such as increasing the federal medical assistance percentage (FMAP), to support and drive these changes.**

Increasing infrastructure & capacity of the pediatric mental and behavioral health systems

Children's supports additional federal actions to strengthen investments in the pediatric mental and behavioral health infrastructure to support our capacity to improve access to care, both immediately and in the long-term. At Children's, we're collaborating with Milwaukee County and other area health care systems to redesign and operate a new mental health emergency center to serve both kids and adults with highly specialized, patient-centered and culturally informed assessment, stabilization, emergency psychiatric treatment, care coordination and peer support services 24/7. As mentioned previously, we are also investing in technology and the workforce to scale our telehealth program to reach more kids and reduce waiting lists for services. In the coming year, Children's will also open a first-of-its-kind mental health walk-in clinic to serve kids with immediate mental health needs. This clinic will help fill a care void and connect kids and families with follow-up care and community support resources. Finally, we continue to see the need in our community to create additional capacity for caring for kids requiring hospitalization, both in the acute and in-patient psychiatric setting, and those in need of higher residential care. **Bipartisan legislation has been introduced in the House, *The Children's Mental Health Infrastructure Act of 2021* (H.R. 4943), which would provide grants to children's hospitals and other providers to increase their capacity to provide pediatric mental and behavioral health services. We encourage the Senate to consider similar legislation to scale the infrastructure investments that are being made by providers, like Children's, to address the nation's pediatric behavioral health capacity needs.**

Conclusion

Children's Wisconsin stands ready to partner with you as you continue your work focusing on improving access to pediatric mental and behavioral health care services. Thank you for your consideration of these recommendations and your commitment to improving the health and well-being of children across the country.