



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:

On behalf of Children's Wisconsin, thank you for your efforts to develop bipartisan legislation to address the many barriers patients across the country face in accessing mental health care when and where they need it. We appreciate the opportunity to share Children's Wisconsin's perspective on addressing the mental and behavioral health crisis facing kids and teens in Wisconsin and across the nation. We urge you to ensure there is both a specific focus and tailored support included for children in any mental health legislation developed by the Committee. Importantly, we encourage you to continue to explore how to address the current crisis facing our youth as well as their future mental, emotional and behavioral health needs.

### **Background on Children's Wisconsin**

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. Children's is committed to addressing the mental and behavioral health crisis facing our kids today.

### **Our commitment to improving kids' access to mental and behavioral health care**

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. Children's saw an 80% increase in referrals for mental and behavioral health care services in December of 2020 compared to December of 2019. Unfortunately, tracking what others are seeing across the country, we have also experienced a statistically significant increase in positive suicide screens in our emergency department since the pandemic began.

In 2019, Children's 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 more than 700 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.**

#### Workforce programs to support underrepresented professionals

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.**

#### Training supports and workforce initiatives to accelerate professionals entering the field

**In particular, Children's encourages the Senate to advance the workforce provisions included in the *Helping Kids Cope Act (H.R. 4944)* that would support training and other innovative workforce programs to accelerate pediatric mental and behavioral health professionals entering the field.** 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.

Additionally, Children's, in partnership with the Medical College of Wisconsin, plans to establish a health psychology fellowship and residency training program as another strategy to create a new pathway in Wisconsin to grow a qualified workforce competent to provide health psychology services to children. Federal funding, such as what is outlined in H.R. 4944, would help accelerate the innovation and training opportunities that are critical to increasing the available workforce and creating access to services for children.

#### Supporting pediatric mental health professionals through loan repayment and pediatric-specific medical education

Importantly, 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, as well as developing new programs to better support students entering and completing their education and training.** It's also relevant to note that 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. Therefore, we urge Congress to 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 \$250 million increase that was included for CHGME in the Build Back Better Budget Reconciliation package advanced by the House Energy and Commerce Committee.**

#### Reducing licensure and regulatory barriers

**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.**

#### Increase reimbursement rates for mental and behavioral health care

Finally, reimbursement rates for mental health care provided to patients covered by Medicaid and CHIP, as well as private insurance, have been historically well below the cost of providing care. Low reimbursement rates contribute to difficulty in both recruitment and retention of professionals into mental health careers and lead to fewer providers participating in Medicaid, CHIP and commercial

health plans which presents 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 the federal medical assistance percentage (FMAP) for pediatric mental and behavioral health services provided by physicians and other mental and behavioral health providers. This will better support state efforts to mitigate pediatric reimbursement gaps and in turn help meet address workforce needs.**

### **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. **We need additional investments to stand-up these new, integrated care systems and partnerships, along with a sustainable payment system to incentivize and sustain these much-needed transformational changes.**

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. In addition to the workforce efforts outlined above, **the *Helping Kids Cope Act of 2021 (H.R. 4944)* supports flexible funding for communities to fund 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. We encourage the Senate's support of this legislation.**

### **Integrating mental and behavioral health in other clinical settings**

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. **We support Congress developing incentives for states to implement systems and payment models that align with the aims of the high-value and high-return investment of integrated care.**

### Supporting school-based mental health providers in increasing kids' access to care

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.

To establish a sustainable school-based therapy program, Children's typically utilizes a braided funding approach that weaves together third party billing (insurance coverage, including Medicaid) with funding from the schools, community partners, Children's own foundation, grants or other sources to cover the gap between insurance reimbursement and the cost of providing care. We are grateful for the support we have received to-date from our donor community and state government to support maintaining and expanding school-based services. This includes the implementation of a new Medicaid reimbursement code in 2018 for consultation services that school-based therapists can leverage to support their work in coordinating and collaborating with teachers, school staff, parents and caregivers. **However, this braided funding stream is not sustainable for providers or schools long-term; additional funding to pediatric providers, like Children's, would help accelerate implementation of services in more school settings and allow us to reach the goal we set in 2019 to double our presence in schools.**

### Care coordination for children and families with increased needs

Effectively coordinated care relies on the expertise and collaboration of both clinical and non-clinical team members to ensure children are connected to the right care and that families are well-supported as they navigate a complex and often inadequate patchwork of mental and behavioral health care options for their child. Children's employs mental and behavioral health navigators to support a variety of clinicians whose patients need wraparound supports related to socioeconomic issues, transportation challenges, food insecurities and those needing higher levels of mental and behavioral health care. These navigators, whom we aim to hire more of in 2022, are social work-trained and assist with critical care coordination. These positions are fully funded by Children's and their work is non-reimbursable, yet the services they provide are cost effective and often have a high impact on the children and families receiving the various care and supports they need to be healthy and well. This further highlights the importance of investing in non-clinical workforce programs for pediatric mental and behavioral health professionals.

As mentioned earlier, Children's offers a wide array of child well-being services and programs for children and families across the state and supports children involved with the child welfare system - another population of significance that must be supported through coordinated and integrated care. Children's Community Health Plan (CCHP), an affiliate of Children's Wisconsin, offers a Medicaid medical home for children in out-of-home care in southeastern Wisconsin called Care4Kids. Care4Kids, in partnership with the Wisconsin Department of Children & Families and Wisconsin Department of Health Services, offers coordinated and comprehensive care to provide children in foster care with access to stable and reliable health care, including medical, behavioral, vision and dental services. Children's child

well-being teams, biological parents and foster parents often navigate multiple complex, resource-intensive systems in order to best advocate for children to ensure they receive timely, appropriate health care. Care4Kids, in partnership with these advocates, provide care coordination and offer a large provider network which enables receiving needed consents, arranging rides, locating therapists and working with the clinical providers to ensure that children get the care they need when and where they need it. Care4Kids screens children within 30 days of enrollment to assess their mental and developmental progress. For kids who screened positive for mental health concerns so far in 2021, nearly 90% of kids have received a comprehensive mental health assessment within 90 days of their positive screen. This timely screen and assessment is made possible by the coordinated, trauma-informed approach implemented by Care4Kids and its many partners in order to provide quality health care for this population who often have complex needs.

As described in the numerous efforts above, there are several initiatives underway at Children's, and other providers in the state and across the country, to transform the way we serve kids to meet their physical and mental health care needs in an integrated, coordinated and convenient fashion for them and their families. **We urge Congress to consider policies to drive and support these necessary changes to create seamless integrated, community care systems. One effective method may include providing increased incentives via Medicaid FMAP for state and provider investments in these new models of care.**

### **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.**

### **Ensuring parity and access to services**

The implementation and enforcement of mental health parity requirements are essential to ensuring that children and adolescents with mental health conditions have timely access to needed care. We support the provisions included in the Consolidated Appropriations Act of 2021 which were an important step towards improving private insurers' compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAE). However, there is more that can be done to ensure that children

and adolescents are not denied or delayed access to needed mental health services across the continuum of care. **In particular, health plans' design of provider networks, payment rates and payment procedures are areas where more can be done to ensure that those practices are not impeding access to care.**

For example, many health plans carve out mental and behavioral services from their medical network and administer these services through a separate payer/network. This creates confusion for patients, limits access to providers and creates barriers for receiving integrated, coordinated health care. It also contributes to additional administrative burdens for providers as they navigate the different claims and prior authorization processes that can lead to delays for care and slower reimbursement.

More oversight of health plan network and payment procedures is needed to ensure that children, particularly those in mental health crisis, are not waiting for care due to network, payment and other unnecessary insurance delays that are wholly unrelated to their mental health needs.

**We also support stronger network adequacy standards and oversight in all insurance markets** to ensure that members have access to the appropriate number of trained mental health professionals with expertise in child and adolescent mental and behavioral health. Currently, it is not unusual for health plans to have fewer providers at all levels of care in their mental health networks than they do in their medical/surgical networks.

### **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. Please contact Lindsay Punzenberger, Children's Director of Government Relations, at [lpunzenberger@chw.org](mailto:lpunzenberger@chw.org) with questions or additional information.

Sincerely,



Smriti Khare, M.D.  
President, Children's Medical Group  
Executive Vice President, Children's Wisconsin