



# NEMOURS CHILDREN'S HEALTH

November 5, 2021

The Honorable Bill Cassidy  
United States Senate  
520 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Chris Murphy  
United States Senate  
136 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Cassidy and Senator Murphy,

On behalf of Nemours Children's Health, thank you for the opportunity to provide comments on your recent request for stakeholder input on mental health and substance use disorder programs and new policy ideas. We appreciate your leadership on these critical issues and your continued commitment to improving access to mental health supports and services. As you consider program improvements and other policy options, **we urge you to recognize the unique needs of children, adolescents and young people and to promote prevention, early intervention and tailored support to address their needs.**

## ABOUT NEMOURS CHILDREN'S HEALTH

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, including two free-standing children's hospitals and a network of nearly 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also caring for the health of the whole child beyond medicine. Nemours Children's also powers the world's most-visited website for information on the health of children and teens, KidsHealth.org.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy, and prevention programs to the children, families and communities it serves.

## THE ISSUE

Children are experiencing a significant mental health crisis exacerbated by the stressors of the pandemic. Children's hospitals serve as a vital safety net for all children across the country regardless of insurance status, including those who are uninsured, underinsured and enrolled in Medicaid. Medicaid is the single largest health insurer for children in the U.S. and serves as the backbone of children's health coverage. Although trends in pediatric mental health were concerning before the COVID-19 emergency, demand over the past 18 months for pediatric inpatient mental health services, partial hospitalization, step-down programs and other levels of crisis care has risen significantly.

Recently, children's hospitals joined pediatricians, pediatric specialists and pediatric mental health subspecialists to [declare a national emergency](#) in child and



adolescent mental health. This call to action sounds the alarm on the need to identify strategies to address the urgent need for mental health services and challenges faced by children and families now and in the future.

## EXECUTIVE SUMMARY

Half of mental illness begins by the age of 14 with three-quarters being diagnosed by the age of 24.<sup>1</sup> More than 45% of children diagnosed with a behavioral health disorder do not receive treatment.<sup>2</sup> The COVID-19 pandemic has exacerbated a host of stressors for children and families and contributed to the pediatric mental health crisis we are currently facing. Children have experienced more stress from changes in their routines, breaks in the continuity of learning and health care, missed life events, and an overall loss of security and safety.<sup>3</sup> In addition, sentinel agencies are reporting declines in referrals as fewer child-serving professionals are making reports of concern for child safety, such as the decline in referrals for concerns about maltreatment and neglect to child welfare agencies since March 2020.<sup>4</sup> Mental health-related emergency room visits have increased by nearly 25% for children age 5-11 and by over 30% for those 12-17 years.<sup>5</sup> Many children are requiring more immediate and intensive treatments, have a higher probability of admission, and are staying in the hospital longer.<sup>6</sup> These challenges may result in lasting impacts on children if they do not receive appropriate supports.

Notably, children from families with lower-incomes, those from marginalized racial and ethnic groups, and those from communities underserved by health and mental health care are more likely to have a family member impacted by COVID-19, including a disproportionate rate of caregivers who have died.<sup>7</sup> Preexisting inequity has important negative implications for child resilience in combination with additional COVID-related adversities.<sup>8</sup> To promote rapid improvements in the mental health and overall well-being of children in the United States and to promote equity, Congress should enact policies to:

- Bolster the workforce equipped to meet children's mental, emotional, and behavioral health (MEB) needs.
- Prioritize infrastructure investments that ensure access to an appropriate level of evidence-based care from well-trained and culturally responsive providers close to their home in a personalized caring environment.
- Empower schools to promote each child's physical, MEB health and well-being by supplying them with funding, strategies and technical assistance to implement mental health frameworks.
- Integrate and coordinate care in communities.



## RECOMMENDATIONS

### **Strengthen Workforce and Pediatric Capacity**

An insufficient supply of pediatric mental health professionals across a wide array of disciplines causes delays in access to treatment for children's mental health conditions across the continuum of care. There are approximately 8,300 practicing child and adolescent psychiatrists in the U.S.<sup>9</sup> Additionally, there only 5.4 clinical child and adolescent psychologists per 100,000 children.<sup>10</sup> The current workforce is strained under the stress of the mental health crisis faced by children, and ongoing challenges associated with COVID-19 and provider burnout. **It is essential that any mental health legislation address the current crisis in pediatric mental health care capacity.**

There is an opportunity to ensure that workforce development programs support a broad base of provider types, including MEB specialists, primary care physicians, developmental and behavioral pediatricians, nurses, social workers, community health workers, and others. Developing this capacity and integrating more providers into the MEB care model would help address the overall provider shortage by promoting identification of concerns and referrals from a variety of providers.

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 Program (CHGME) is a vital investment in our nation's pediatric workforce, supporting more than 7,000 pediatric residents annually. It supports training of front-line providers, such as pediatricians and child and adolescent psychiatrists, who play critical roles in identifying and treating mental health needs of children and youth.

The high cost of education is another contributing factor to the existing provider shortage. Students who graduate with psychology doctorates have a median student loan debt of \$82,000.<sup>11</sup> Those who attain the necessary education report delays in saving for the future (73%), planning for retirement (67%), purchasing a home (57%), having children (46%), and other major life events. **Error! Bookmark not defined.**

We strongly recommend that Congress:

- **Support a Senate version of the [Helping Kids Cope Act of 2021](#) (H.R.4944),** which would create a new pediatric behavioral health workforce program within the Health Resources and Services Administration (HRSA) to support evidence-based pediatric behavioral health workforce training within ambulatory care, children's hospitals, and other pediatric health care providers. A range of providers and professionals would be eligible to receive



the training, including child and adolescent psychiatrists, psychiatric nurses, psychologists, advanced practice nurses, family therapists, social workers, mental health counselors, and other practitioners. This bill would also provide funding supporting pediatric behavioral health care integration and coordination, allowing flexibility to fund a range of community-based activities such as: recruitment and retention of community health workers or navigators to coordinate care, pediatric practice integration, supporting pediatric crisis intervention, community-based initiatives such as school-based partnerships, and initiatives to decompress emergency departments.

- **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 that was included for CHGME in the most recent Build Back Better Budget Reconciliation package.
- **Support loan repayment programs and the Minority Training Fellowship Program.** This includes:
  - Providing additional funding for new and existing pediatric mental health workforce training and loan repayment programs such as HRSA's Pediatric Subspecialty Loan Repayment Program, and ensuring availability for MEB providers across adult and pediatric specialties.
  - Providing loan repayment incentives to increase workforce diversity across child-serving behavioral health providers that serve populations least likely to have access to culturally and linguistically responsive care, such as through the Minority Fellowship Program.
  - Exploring how to sustainably expand the reach of the Minority Fellowship Program, including enhanced support for the participation of fellows who plan to serve pediatric populations.

### **Prioritize Infrastructure Investments**

Significant capacity and infrastructure needs stymie clinical integration and limit access to MEB services overall. Investments in pediatric mental health infrastructure are critical and urgently needed to prevent children in crisis from boarding in emergency departments and to enable their swift placement in appropriate care. As noted above, mental health-related emergency room visits have increased by nearly 25% for children age 5-11 and by over 30% for those 12-17 years.<sup>12</sup>

At Nemours Children's Hospital, Delaware, we expect to end the year with more than a 35% increase in the number of emergency department visits for children reporting suicidality and intentional harm, compared to 2020. We also expect to have more than a 20% increase in transfers from our emergency department to a



psychiatric hospital or similar setting. Even more striking, we expect to have nearly three times as many total patient days requiring a one-on-one sitter due to concerns of suicide. These figures paint an incredibly concerning picture.

Children's hospitals need resources to support efforts to scale up inpatient care capacity, including costs associated with the conversion of general beds to accommodate mental health patients. There is also a vital need to increase access to alternatives to inpatient and emergency department care including step-down, partial hospitalization, intensive outpatient services and day programs. These types of programs ensure that children and adolescents continue to receive intensive services and supports they need while alleviating pressure on acute care settings. Congress should:

- **Advance a Senate version of the [Children's Mental Health Infrastructure Act \(H.R. 4943\)](#).** The bill would provide funding to children's hospitals for the creation of additional pediatric care capacity for behavioral and mental health services. The funding would support costs associated with reallocating existing resources, including converting general beds to accommodate behavioral health patients, creating new capacity for "day hospital" care and supporting the associated costs of meeting safety standards to protect children and adolescents.

### **Support Community Health Programs and School-based Partnerships**

Greater investments are urgently needed to develop and enhance community-based systems of care and children's access to the right care, in the right setting, at the right time. We appreciate that Congress has bolstered funding for the Community Health Services Block Grant last two COVID-19 relief packages.

Schools are a vital opportunity to identify children and youth experiencing MEB challenges, provide services and make necessary referrals in concert with families. Federal agencies like the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) can collaborate to provide additional technical assistance on the implementation of whole-school mental health frameworks and the integration of metrics into Every Student Succeeds Act (ESSA) (P.L. 114-95) state plans so states can track progress toward greater student well-being. Congress should:

- **Allocate additional funding under ESSA for states and schools to test and scale innovative models of promoting student and staff MEB health in schools,** with a focus on those that engage youth and families in the development, implementation and evaluation of the strategies.



- Enact the [Comprehensive Mental Health in Schools Pilot Program Act of 2021](#) (H.R.3549) and the [Mental Health Services for Students Act](#) (S.1841/H.R.721), which provide different strategies for enhancing schools' capacities to respond to students' MEB needs.
- Direct HHS and ED to provide technical assistance to states in developing ESSA plans that mainstream MEB health promotion into school settings and coordinate with Medicaid to build comprehensive systems for children. The technical assistance should promote trauma-informed and trauma-sensitive approaches to addressing problematic behaviors in schools.

### **Enhance Integrated and Coordinated Care**

Well-coordinated, effective systems of care meet children where they are. A unique feature of pediatric care is that children and youth have touch points with unique sets of providers across a continuum. Care integration for children therefore involves a wide array of providers, including MEB professionals, pediatricians, early care and education providers, teachers, counselors, and other personnel, all of whom can be trained to recognize MEB concerns and provide families with referrals to an appropriate care setting. Prevention and early identification, along with workforce development and training, are at the foundation of an integrated system of care for children's mental health.

Another unique aspect of child health is the opportunity to intervene early to shape a child's lifelong health and developmental trajectory. Evidence-based, prevention-oriented strategies, such as the [Healthy Steps](#) program, already exist to help support parents, promote resilience and positively impact the child's health trajectory while providing significant Medicaid savings.<sup>13</sup>

Congress can help primary care providers to support these evidence-based, impactful approaches by doing the following:

- Support [H.R. 4944, the Helping Kids Cope Act of 2021](#), as described above.
- Create a new Primary Care Child Development Initiative within HRSA to place early childhood development specialists in pediatrician offices that serve a high percentage of Medicaid and CHIP patients. This initiative should support programs that assess the developmental milestones of children, connect families to resources, and assist families with child development issues and concerns.

### ***Support Data Systems for Care Coordination***

Unfortunately, our health, education and social services programs and systems – as well as their underlying infrastructure – function largely independently of one another, making coordination of services and data sharing difficult to achieve. These



challenges strain the social safety net and place unnecessary burden on those we seek to serve. Over the past few years, the Centers for Medicare and Medicaid Services (CMS) and HHS have taken significant steps to improve interoperability and exchange of health data. Yet, public health entities, social service organizations, and community-based organizations have not benefitted from the same level of infrastructure, coordination and investment, and often experience difficulty in sharing information with health care organizations.

In addition, centralized intake programs would help ensure patients are directed to the appropriate level of care and to a provider with appropriate expertise. We strongly recommend that Congress:

- **Support the [LINC to Address Social Needs Act \(S.509\)](#)**, which would provide states with up to \$150M for public-private partnerships to develop or enhance integrated, cross-sector solutions to better coordinate health and social services.

#### ***Extend Flexibilities and Support Telehealth***

Nemours Children's urges Congress to make permanent the COVID-19 flexibilities for telehealth generally, and for behavioral health, more specifically. Federal waivers and state flexibilities unleashed the full potential of telehealth as a safe and effective modality of care. In Nemours Children's case, we have leveraged telehealth across all our specialties, including psychology and psychiatry. The flexibilities provided during the pandemic helped our doctors and patients work together to avoid negative consequences of delayed care, whether preventive, routine or chronic.

Amid the pandemic, when safety risks associated with in-person care were heightened, telehealth usage increased significantly with 77% of parents using telehealth, compared to 43% beforehand; and in pediatric care 79% of families used telehealth compared to 35% pre-pandemic. MEB health services at Nemours Children's shifted significantly to telehealth throughout the pandemic, and 75% of those visits are still occurring virtually.

We are encouraged to see recent action from CMS to increase Medicare access to tele-behavioral health services and permanently remove geographic restrictions. More can be done to improve access for Medicaid and commercial enrollees.

We strongly recommend that Congress:

- **Make permanent many of the temporary policies and waivers that allowed patients to access telehealth during the COVID-19 pandemic.** Examples include:
  - Expanding the places where telemedicine can be provided;
  - Expanding the providers who can provide telemedicine services.



- Pass the [Temporary Reciprocity to Ensure Access to Treatment \(TREAT\) Act \(S.168/H.R.708\)](#), which would provide temporary licensing reciprocity for health care professionals for any type of services provided, within their scope of practice, to a patient located in another state during the COVID-19 pandemic.
- Work with CMS to encourage states to develop regional licensure reciprocity agreements so that patients have access to their providers and specialists during non-emergency times. State licensure compacts, while promising tools for expanding a provider's ability to practice across jurisdictions, do not achieve licensure reciprocity.

Further, many young children spend a significant amount of time in early care and education settings. This provides an opportunity to expand access to families with young children and to diagnose and treat or triage health care issues and improve identification of new or recurring developmental, medical, or mental health concerns among this group of children.

We strongly recommend that Congress:

- **Encourage or require the creation of an Interagency Task Force to explore the potential opportunities and unique challenges associated with expanding telehealth access to early care and education settings.** Nemours Children's is aware of many unique needs and challenges associated with the provision of health care generally, and telehealth specifically, in early care and education settings. Challenges not experienced in other care settings include but are not limited to: telepresenter licensure for early care and education staff, medication administration by early care and education staff, and policies governing mandatory release of sick children.<sup>14</sup> Further exploration of existing barriers and potential solutions is needed.
- **Encourage a pilot to test the impact of telehealth expansion into Head Start programs.** Given that Head Start is a federally funded early learning program serving children nationwide, there is an opportunity to leverage existing infrastructure to utilize telehealth as a tool to meet existing, program-wide health care requirements. Eventually, such a pilot could test innovations that extend services beyond what is required by law. Such innovations could be scalable across the entire Head Start program and potentially benefit many underserved children.

## CONCLUSION

Thank you again for your commitment to improving the mental and behavioral health care delivery system for children and adults. Nemours stands ready to leverage our expertise and relevant experiences to assist in the development of a





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comprehensive mental health legislative package. We appreciate your consideration of our recommendations, and we look forward to continued collaboration. Please do not hesitate to reach out to us at [Daniella.Gratale@nemours.org](mailto:Daniella.Gratale@nemours.org) or [katie.boyer@nemours.org](mailto:katie.boyer@nemours.org) with questions or requests for additional information.

Sincerely,

Kara Odom Walker, MD, MPH, MSHS  
EVP, Chief Population Health Officer  
Nemours Children's Health

Daniella Gratale, MA  
Director, Office of Child Health Policy &  
Advocacy  
Nemours Children's Health

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