November 15, 2022

The Honorable Ron Wyden
Chairman
United States Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
United States Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Debbie Stabenow
United States Senate
731 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Steve Daines
United States Senate
320 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Stabenow, and Senator Daines:

On behalf of our organizations, representing a diverse array of perspectives, thank you for the opportunity to provide feedback on your discussion draft entitled, "Enhancing the Mental Health Workforce." This draft is an important step in advancing policies that provide meaningful support for the mental health workforce, including the pediatric mental health workforce. We ask for additional focus on children and their needs to materially address the national children's mental health emergency.

We have witnessed soaring rates of mental health challenges among children, adolescents, and their families in recent years, with COVID-19 exacerbating worrying trends that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10- 24. The pandemic has intensified this crisis: we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including self-injury and suicide ideation and attempts nation-wide.

The pandemic has struck at the well-being and stability of families. More than 200,000 children in the United States lost a primary or secondary caregiver, with youth of color disproportionately impacted. The emotional impact of losing a parent or caregiver, including trauma and grief, is often compounded with loss of material stability and economic hardship and with poor educational and long-term mental health consequences. We are already witnessing this in our practices, hospitals, schools, and communities where the number of young people with depression, anxiety, trauma, loneliness, and suicidality are all increasing. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

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, in October of 2021 the American Academy of Child and Adolescent Psychiatry and the American

Academy of Pediatrics and the Children's Hospital Association, declared a national emergency in child and adolescent mental health. One year later, 134 organizations stand behind the national emergency declaration as the crisis for children continues to worsen.

Federal Medicaid Investments Essential to Support Pediatric Workforce

We appreciate your commitment to addressing the mental health needs of America's children and youth. We strongly recommend meaningful and targeted Medicaid investments to enhance the low reimbursement rates that pediatric behavioral health providers currently receive and tailored approaches to recruit and train a robust and diverse (race/ethnicity, sexual orientation, gender identity, disability, languages spoken) pediatric behavioral health workforce to ensure that children and youth receive culturally responsive care. We look forward to working with you to develop solutions that provide resources to support the policies you have shared to date and make improvements in children's access to needed services.

Medicaid is the largest payer for children's behavioral health services, but there continue to be access issues. In 2018, only 54% of non-institutionalized children on Medicaid and the Children's Health Insurance Program (CHIP) who experienced a major depressive episode received mental health treatment.[1] Persistent shortages within the pediatric behavioral workforce only exacerbate these access challenges.

We must enhance Medicaid reimbursement to keep existing mental health providers engaged in the Medicaid program and to show potential participants an appropriate and consistent financing stream for their work. We should also provide support for all levels of the workforce, including peer supports and community health workers, who play a critical role in supporting children and families and helping them navigate and access the care that they need. This is crucial to make measurable improvements for the millions of children who rely on Medicaid.

Require Focus on Children for Workforce Demonstration

We support a mental health capacity demonstration program, such as the one proposed in your discussion draft, that would be available to all states, but with meaningful and targeted planning funding and ongoing enhanced federal Medicaid funding to support pediatric mental health services. We ask for a stronger focus on children and the needs of the pediatric mental health workforce. We recommend a requirement that any states receiving funds must demonstrate and report on how this funding will be used to better support the pediatric mental health workforce and children's access to care. This is currently an option in your draft, but we strongly encourage you to make this a requirement for all states who would like to receive federal funding given the national children's mental health emergency. We also suggest that state assessments on mental health and substance use disorder treatment needs include data on service settings/levels of care and specific provider types in the estimates regarding treatment delivery and provider capacity, respectively. This information is necessary for states' gap analyses and in informing state plans for building sustainable provider networks and continuums of care.

We recommend requiring grantees to report on how demonstration funds will be used to bolster the pediatric behavioral health workforce and the impact and outcomes of these initiatives on children's access to care. We also request specific language to confirm that peer support and community health workers would be included in allowable workforce support activities.

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[1] MACPAC: Response to Senate Finance RFI on behavioral health. November 2021.

We also request more details on the payment phase of the demonstration program. Specifically, how that will support the pediatric mental health workforce broadly and the recruitment, training and education of the providers as outlined in the planning phase of the funding. We look forward to your thoughts on this support and how we can build this into the Medicaid program to be able to sustain a strong workforce for children. We also hope that the funding level for the demonstration will allow all interested states to participate in a meaningful way.

We also request a specific focus on children's provider capacity in the guidance required in your discussion draft. We support this guidance to better explore what state Medicaid programs can do to support the Medicaid workforce with a focus on children.

Impact of Medicare Support for the Workforce on Children

We appreciate the focus on Medicare improvements to better support the mental health workforce, including coverage of marriage and family therapists, clinical social workers and psychologist trainees and allowing the provision of wellness programs for physicians under the Stark law and additional support for psychiatry and psychiatric specialists trainees. As you know, a small number of children are covered by Medicare and the bigger impact program for them is Medicaid with over 35 million children relying on the services provided under this program. Having said that, some states and private payers adopt Medicare policies. We also understand that national intervention is needed to address mental health needs more broadly across ages and populations.

We thank you for your efforts to advance policies to support the mental health workforce, but more tailored support for the pediatric mental health workforce is needed. We stand ready to partner with you to take additional steps necessary to ensure comprehensive and bold policy change that addresses the national children's mental health emergency.

Sincerely,

AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Foundation for Suicide Prevention
Association of Children's Residential & Community services (ACRC)
Catholic Health Association of the United States
Center for Law and Social Policy (CLASP)
Children's Hospital Association
Family Voices
First Focus on Children
Mental Health America
MomsRising
National Association of Pediatric Nurse Practitioners
National Children's Alliance
Nemours Children's Health
School Social Work Association of America
School-Based Health Alliance
The Jed Foundation (JED)
The National Alliance to Advance Adolescent Health