

Request for Funding to Address Florida’s Acute Children’s Mental Health Crisis

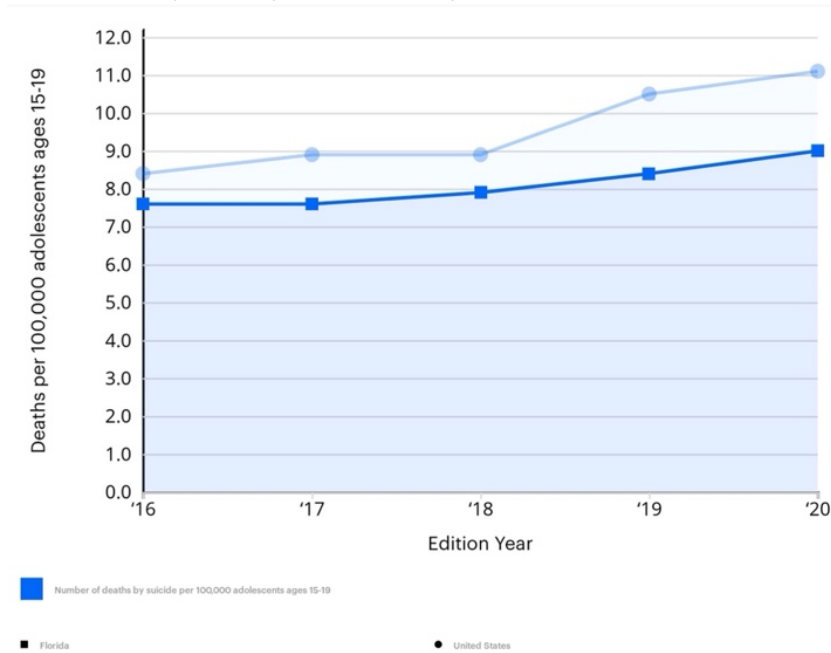
FACH is recommending that the Florida legislature appropriate at least **\$75-million one-time funding** to support an innovative solution that will:

- define the scope of mental/emotional/behavioral (MEB) health needs across communities and regions of the state
- evaluate modifications of existing mental/emotional/behavioral resources and networks and determine areas for improved efficiency and effectiveness
- evaluate innovative solutions using telehealth, tiered levels of intervention, and novel intervention strategies that can be taken to scale once shown to be effective
- support expansion of training programs to address a statewide workforce shortage in mental/emotional/behavioral health providers at every level.

Background: Well before the pandemic, suicides among adolescents and young adults were increasing to levels not seen in the U.S. since 2000. According to the Centers for Disease Control and Prevention (CDC), suicide rates in all age groups increased 30% from 2000 to 2016.¹ In reporting the CDC data, the *Journal of the American Medical Association (AMA)* emphasized the adolescent increase as of particular concern. The AMA suggested a more detailed analysis of trends in the 15- to 24-year-old population, since this group also showed increases in social media use, anxiety, depression and self-inflicted injuries requiring medical attention.²

Florida mirrors the nation in increasing teen suicide rates, rising from 7.6 suicides per 100,000 adolescents 15 to 19 in 2016, to 9.0 suicides per 100,000 adolescents in 2020.³ In Florida, suicide is the third leading cause of death for ages 15-24.⁴

Trend: Teen Suicide, Florida, United States, 2020 Health of Women and Children



Alarmed by this trend, the Florida Children & Youth Cabinet, chaired by Florida's First Lady Casey DeSantis, established in 2019 a single focus on teen suicide. "As the pandemic progressed over the course of 2020, gaining a full understanding of the increased mental toll caused by stress and isolation became increasingly important," she wrote in the introduction to the Cabinet's *2020 Annual Report*.⁵ While the increase in suicides cannot be directly linked to the pandemic, there is an increasing amount of evidence that youth mental health dramatically worsened in 2020 and beyond. Data collected in September of 2021 show that 41% of Florida youth 18 to 24 reported they felt nervous, anxious or on edge for more than half of the days or nearly every day in the past two weeks.⁶

The worsening youth mental health crisis: For many children and families, what began as a public health emergency turned into a mental health crisis. The duration of the pandemic, isolation from friends and family, effects of parental stress and economic hardship, and loss of loved ones take their toll on children's mental health. "Our children lost critical aspects of the environment that support social and developmental function at one of the most important times in their lives," says Daniel Armstrong, Ph.D., president of the Florida Association of Children's Hospitals (FACH) and respected pediatric psychologist. The result is rising levels of anxiety and depression in youth, along with self-inflicted injuries – all strong risk factors for suicide.

On Dec. 7, 2021, citing mounting evidence of ongoing harm, U.S. Surgeon General Vivek H. Murthy issued a public health advisory on the mental health challenges confronting youth, a rare warning and call to action to address an emerging crisis exacerbated by the pandemic.

The Kids Count Data Center of the Annie E. Casey Foundation has documented worsening mental health in youth since April 2020. An analysis of Florida data from April 2020 to March 2021 shows that:

- One in 3 adults live in households with children birth to age 17 who felt nervous, anxious, or on edge for more than half of the days or nearly every day in the past seven days.
- One in 4 adults live in households with children birth to age 17 who felt down, depressed or hopeless for more than half of the days or nearly every day for the past week.
- One in 3 adults live in households with children birth to age 17 who delayed getting medical care because of the coronavirus pandemic in Florida.⁷

With reduced access to normal support systems, including pediatricians, many families have turned to children's hospitals' emergency departments for help. During 2020, the proportion of mental health visits among adolescents 12-17 increased 31% compared to 2019.⁸ However, only 644 of Florida's 8,071 psychiatric beds are child and adolescent psychiatric beds.⁹

While parents have resorted to using emergency departments to assist with crisis mental health situations, clearly this is not a long-term solution. Once treated and/or stabilized, children are referred to community providers for ongoing care. In Florida, the wait for children's mental/behavioral health services can be as long as six to nine months, creating additional opportunities for a crisis to occur in the meantime.

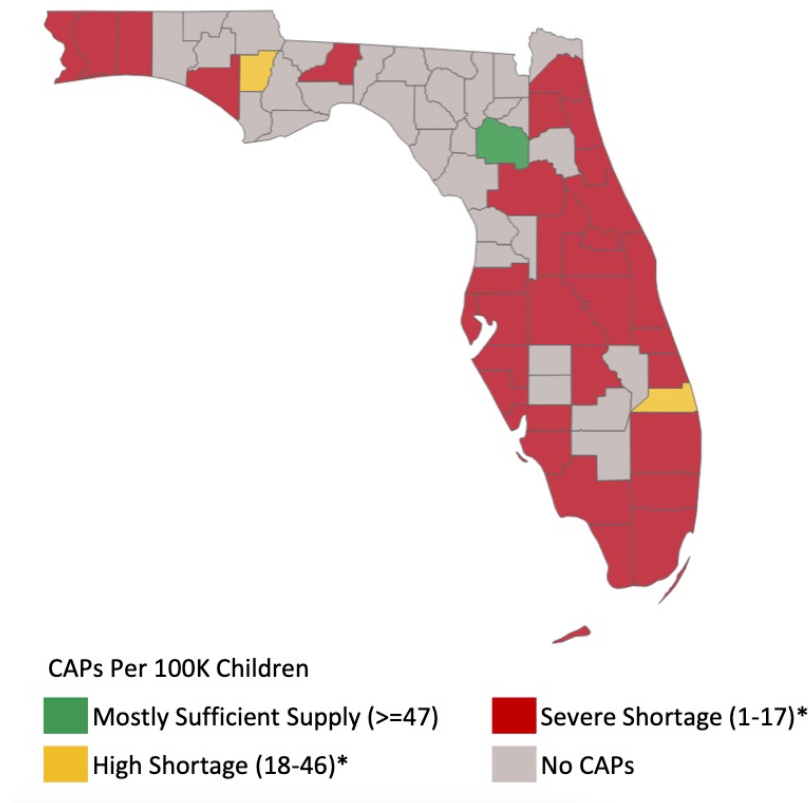
The solution that Florida lacks: The obvious solution to this is a solid statewide system of mental, emotional and behavioral health services that supports children early, as well as during a crisis. Such a system provides early recognition of need and responsive care for children with mental and behavioral health needs; integrates mental health care with primary care services and strengthens care

coordination services; promotes access, especially for families and children distant from care sites; and coordinates and supports effective transitions from hospital and emergency care to resources in the community.

Florida has never had a workable, ongoing plan for addressing the mental health needs of children and adolescents. Various institutions have developed plans, and there have been efforts to locally organize and coordinate efforts, but these have only had modest impact on a statewide basis. There never have been adequate resources or staffing, and there has been little coordination across institutions, locales, and provider types. For many years, clinical psychologists have specifically not been covered by Florida Medicaid. Efforts to integrate mental health into primary care have been limited and sporadic, and since mental health consults are often more lengthy than traditional medical care consults, difficult for primary care practices to sustain. The national shortage of child and adolescent psychiatrists, child clinical and pediatric psychologists, and most other child mental health experts has exacerbated the problem.

From 2007 to 2016, the number of child psychiatrists in the United States increased from 6,590 to 7,991, a 21.3% gain. The number of child psychiatrists per 100 000 children also grew from 8.01 to 9.75, a 21.7% increase. In Florida, the number of child psychiatrists grew from 5.9 per 100,000 children in 2007, to 10 per 100,000 children in 2017.¹⁰ However, the Children’s Hospital Association (CHA) estimates that the U.S. needs 47 child psychiatrists per 100,000 children and teens. Florida is significantly below this number, and that is concerning.

Practicing Child and Adolescent Psychiatrists (CAP) by FL County 2017
Rate per 100,000 children ages 0-17



Equally concerning is that a segment of the pediatric mental/emotional/behavioral workforce is only available to well-funded patients. Many general pediatricians and child psychiatrists don't take Medicaid, the nation's largest insurer of children, because of low payments. In Florida, 37% of children 18 and under (1.68-million) have only "public" health coverage, which includes at least one of the federal programs Medicare, Medicaid, and other medical assistance programs, VA Health Care, the Children's Health Insurance Program (CHIP), or individual state health plans, and no private coverage. Overall, 8% of Florida's children 18 and under (343,000) are without health insurance of any type.¹¹

Florida's children's hospitals are the "deep end" of the pediatric mental/emotional/behavioral crisis, but the urgency of addressing the needs of our youth is recognized statewide. Research and data show that 1 in 7 teens nationwide have at least one treatable mental health disorder, but half of them do not receive needed treatment from a mental health professional.¹² Gaps and deficits in mental health services ultimately can lead to increased, preventable risk for these and other health conditions becoming worse later in life. In fact, the "savings" from inadequate children's mental health services clearly lead to far greater societal costs in the longer term. As a pure societal investment, Florida would reap solid returns by not only addressing the current crisis, but developing a continuum of care that includes prevention and timely access to treatment.

Filling the gaps: The pandemic has underscored the gaps in Florida's mental health system for children and youth. It also has revealed ways to address these gaps:

⇒ ***Improving pediatric mental/emotional/behavioral health infrastructure through:***

- Timely access to services
- Expanded telehealth
- Additional outpatient crisis capacity and inpatient care
- Adequate step-down, partial hospitalization and day programs to bridge inpatient and traditional outpatient/community-based setting

⇒ ***Increasing the availability of mental health practitioners through:***

- Training and development in children's hospitals, pediatric practices and clinics, and in related mental health disciplines providing pediatric behavioral health
- Workforce development in disciplines such as pediatric and family counselors, pediatric social workers and care coordinators
- Continuing education support for pediatricians, child and adolescent psychiatrists, psychiatric nurses, child and adolescent psychologists, advanced pediatric practice nurses, and physician's assistants
- Workforce loan forgiveness to expand the population of pediatric subspecialists and non-physician mental health providers (e.g., psychiatric nurses, social workers, family therapists)

Florida's short- and longer-term solutions:

It will require short-term investments to acutely ameliorate the pediatric mental/emotional/behavior health crisis now being experienced by our children's hospitals emergency departments and our families, AND a longer- term process to better understand the local and regional problems, to create structures to ask and answer problems, and a system to fund programs and analyze outcomes. The differences across communities, urban vs. rural settings, and to coordinate with local resources and institutions, will require targeted and varied approaches.

Our request for legislative consideration:

The Florida Association of Children's Hospitals (FACH) recommends that the Florida Legislature, in collaboration with the Executive Branch, address MBHS for children in Florida through a grand initiative that will provide the basis for sound policy-making and appropriations in the future.

Specifically, FACH recommends appropriation of at least \$75-million, using currently undesignated funds from the CARES Act, other Federal initiatives, and state surpluses, to support a grant program that will:

- (a) define the scope of MBHS needs across regions of the state,
- (b) evaluate modifications of existing MBHS resources and networks and determine areas for improved efficiency,
- (c) evaluate innovative solutions using telehealth, tiered levels of intervention, and novel intervention strategies that can be taken to scale once shown to be effective, and
- (d) support expansion of training programs to address a statewide workforce shortage in MBHS providers at every level.

We recommend that this program be administered by one of Florida's agencies in collaboration with other agencies involved in MBHS, that awards be subject to peer-review, and that the projects resulting from the initiative be funded for a minimum of three (3) years and maximum of five (5) years. The Biomedical Research Advisory Council (BRAC) is already in place and could be designated for this purpose.

FACH further recommends that a statewide Pediatric Mental and Behavioral Health Advisory Council be created with broad representation, similar to the Florida Genetic and Newborn Screening Advisory Council (GNSAC).

There are a variety of federal funding sources that the Legislature could authorize to be utilized for this purpose. These funds will help support and expand access to broaden the continuum of children's mental health services these hospitals provide, enabling them to train and recruit mental health professionals, train primary care providers and schools to identify and address mental health issues among their patients and students, cover fixed costs associated with construction to increase access to children's mental health services, provide prevention and early intervention services that support healthy child development and treat early behavioral health problems, increase mental health supports for children with complex medical conditions, and build out telehealth infrastructure/broadband to increase access to mental health services for our states children as well as providing access for other services.

Depending on individual hospital and community needs, examples of types of proposals that may emerge from this program include:

1. *Infrastructure development.* Florida allows hospitals flexibility in psych beds to allow reimbursement as patients are stabilized. The build-out of additional psych beds is also needed in many communities. Short term non-recurring infrastructure dollars could be used for this effort as well as to support the addition of step-down services and crisis stabilization units.
2. *Evaluation and expansion of effective telehealth services.* Florida allows for the flexibility of telehealth services with appropriate reimbursement. While it might seem counterintuitive,

remote therapy has improved engagement, mitigated symptoms and reduced repeated hospitalizations among an especially vulnerable population of teens and young adults, according to a joint study by the Tulane University School of Medicine and the Tulane School of Social Work.¹³ The study began in March 2020 at the Early Psychosis Intervention Clinic in New Orleans (EPIC-NOLA).

3. *Elimination of barriers to access.* Researchers attribute the success of virtual treatment largely to the elimination of transportation as a barrier to clinical care. They also noted that telehealth enabled clinicians to learn more about patients, meet family members, get to know patients' physical environments and observe patients' moods in their home settings. And, no surprise, youth tend to be more comfortable with telehealth services.
4. *Expansion of effective services in the school setting.* The Florida Children & Youth Cabinet also has noted the effectiveness of telehealth services at Florida's universities and in the K-12 school system. In addition, T-Mobile is working with the Florida Department of Education (FDOE) to connect 632,000 households with the most need to the internet in the next five years. The project is an application-based process and T-Mobile is currently accepting applications from schools. The FDOE also has partnered with the Florida Department of Children and Families (DCF) to provide nearly 1,000 devices to children in foster care.
5. *Acute, crisis care models.* Florida implements a hotline for both crisis intervention and resource and referral.
6. *Statewide needs and resource assessment.* Statewide assessment provides solid data on staffing and capacity issues that leads to a comprehensive plan to address service needs. Solving the workforce shortages will take a longer-term effort. However, some immediate options are: recruitment incentives, including loan forgiveness, and training "extenders" in some mental health assessments and interventions.
7. *Innovative models of training for workforce expansion.* Florida expands mental health training programs, and develops and implements residencies and fellowships to increase the workforce. Increasing the child mental/behavioral health workforce – including licensed clinical child and adolescent psychologists, pediatric psychologists, pediatric neuropsychologists, and developmental and behavioral pediatricians - would help address the shortage in Florida. Additionally, the state can expand capacity by recruiting service extenders, such as child psychiatric nurses, Licensed Clinical Mental Health Counselors and Licensed Clinical Social Workers. Creating a network of pediatric-specific practitioners would make mental health services available when a child is most in need and minimize the onerous wait times families now experience trying to access these services, especially if linked to a robust telehealth system reaching underserved areas such as Florida's panhandle.

Advisory Council

In addition, FACH recommends that the Legislature directs the appropriate agency/interagency entity to establish an advisory group to create a Florida Pediatric Mental Health Advisory Council. This Council could help advise on the issues that will need to be addressed, as well as provide some coordination and oversight. Any recommendations by the Council would require the approval of DOH and Legislative funding. Our experience with the Newborn Screening for Genetic Diseases program is an example of a

model that could be applied to behavioral and mental health for children in Florida. The Genetic and Newborn Screening Advisory Council (GNSAC) was created by the Legislature in 1980 and modified several times since. It is closely linked to CMS and the Department of Health. Although the process is not perfect, Florida has met or exceeded all national standards for genetic care for many years. This program has made it possible for Florida to add various types of screens rapidly, deliver follow-up care to a diverse population across geography, and to regularly review processes to ensure efficiency and accuracy.

¹ Hedegaard H, Curtin SC, Warner M. Suicide rates in the United States continue to increase. *NCHS Data Brief*. 2018;(309):1-8.

² Mercado, MC, Holland, K, Leemis, RW, Stone, DM, & Wang, J. Trends in emergency department visits for nonfatal self-inflicted injuries among youth aged 10 to 24 years in the United States, 2001-2015. *JAMA*. 2017;318(19):1931-1933. doi:[10.1001/jama.2017.13317](https://doi.org/10.1001/jama.2017.13317)

³ Wonder.cdc.gov

⁴ 'Suicide: Florida 2018 Facts & Figures', AFSP; 'Florida Life Course Indicator Report: Mental Health', Florida Health; USA Suicide: 2015 Official Final Data, accessed on December 7, 2017

⁵ <https://www.flgov.com/wp-content/uploads/childadvocacy/FCYC%202020%20Annual%20Report%20-%20FINAL.pdf>

⁶ Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2021

⁷ Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020-2021

⁸ Klass P et al, 2021; CDC Weekly June 2021

⁹ Ryan K. McBain, Aaron Kofner, Bradley D. Stein, Jonathan H. Cantor, William B. Vogt and Hao Yu *Pediatrics* December 2019, 144 (6) e20191576; DOI: <https://doi.org/10.1542/peds.2019-1576>

¹⁰ Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey. These data are derived from Table C27001 on data.census.gov.

¹¹ Whitney, DG & Peterson, MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatrics*, 11/11/19

¹² Chaudhry S, Weiss A, Dillon G, O'Shea A, Hansel TC. Psychosis, Telehealth, and COVID-19: Successes and Lessons Learned From the First Wave of the Pandemic. *Disaster Med Public Health Prep*. 2021 Feb 16:1-4. doi: [10.1017/dmp.2021.42](https://doi.org/10.1017/dmp.2021.42). Epub ahead of print. PMID: 33588969; PMCID: PMC8129681.