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Pennsylvania House Children and Youth Committee

"Child & Adolescent Fatality Trends & Community Responses"

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Ryan Office Building

Good morning, my name is Jennifer Dee. I am Vice Chair, Administration of the Department of Child and Adolescent Psychiatry and Behavioral Sciences at Children's Hospital of Philadelphia. I'd like to start my testimony today by thanking Chairwoman Delozier and Minority Chair DeLissio for inviting me to testify. And, I'd like to thank every member of this committee for their commitment to addressing and preventing harm to Pennsylvania's children. As you'll hear during my testimony, we're in the midst of a pediatric mental health crisis in Pennsylvania and across the country. It's imperative that policymakers, clinicians, health systems, community-based organizations, and families collaborate to find solutions and help vulnerable children.

Overview

To immediately address the subject of today's hearing, the trend is clear: suicide rates among children 10 and older have climbed significantly since 2007 and is now the second leading cause of death among 10-24 year olds.[1] Young children and adolescents in the U.S. are experiencing mental health stress at higher rates and with more dire consequences than ever before. Fifty-three percent of adults with children in their household are concerned about their children's mental wellbeing, and they are not wrong to have these concerns. In the first half of 2021 alone, children's hospitals reported cases of self-injury and suicide in ages 5-17 at a 45% higher rate than during the same timeframe in 2019, and, for children under 13, the suicide rate is twice that for black children than for white children.[2]

The reality is that we commonly only address pediatric mental health *after* the onset of a crisis. Delayed care is costly in many ways, including:

1. Emotional burden and social cost to the patient and their family,
2. Strain on our childcare and educational systems,
3. Excess cost and poor outcomes associated with providing inadequate care,
4. Delays in pediatric health care when medical hospital beds are overutilized for boarding children in mental health crisis. For example, on any given day there may be 20-40 children awaiting transfer to the appropriate level of mental health care.
5. Wrongful placement of children in the juvenile justice system.

Our current mental health care system is not adequately equipped to give our children the support they need when they need it. A key contributing factor is the lack of clinicians to deliver evidence-based interventions. In Pennsylvania for example, there are only 18 Child and Adolescent Psychiatrists per 100,000 children.[3] If the right interventions are put in place, they would build on our children's remarkable resilience and place them on a better trajectory. Our children are in crisis, which means we are in crisis as a nation. Although the pandemic deepened the crisis, it has raised awareness on this issue, creating an important and rare opportunity to make fundamental changes in the way we care for our children. We must develop innovative methods of addressing access to behavioral and mental health services. We

must pivot to proven models of prevention and treatment to reduce the number of our children entering a period of crisis and assure access to appropriate pediatric services both across the entire continuum of care and close to home.

Solutions

In the short term, we must rely on the front lines- parents, teachers, general pediatricians, and other caregivers. But they need whatever proven tools we can give them, and they need them as soon as possible. Examples include supplemental training, ready access to phone consultations and referrals, pediatric mobile crisis units, school-based interventions and telehealth. In the longer term, the whole continuum of care must be addressed so that the right types and levels of care are available. If we are doing things right, children will be treated more and more ***outside of a hospital inpatient setting***, but this will only be possible if intensive outpatient programs (IOPs), partial hospitalization programs (PHPs), day programs, a full range of additional step-down services, and preventive services are available. *Today, every one of these services are in short supply*. As a result, children often go without the services they need, or families find themselves seeking services for their child far from home (including out of state). In addition to bolstering community- and home-based behavioral health services, complex care transition teams must be set up between

Children's Hospital of Philadelphia Strategy

At CHOP, we're working in new, innovative ways and in partnership on every level towards providing children with the comprehensive mental and behavioral health care that's needed. Our mission is to provide innovative approaches in family-centered, evidence-based care; lead in cutting-edge pediatric behavioral health & neurosciences research; promote health and equitable access to care through community & global advocacy; train the next generation of behavioral health leaders. Over the next 3-5 years, our vision is to lead in developing a new continuum of clinical services for children and to be a regional destination for the diagnosis and treatment of children with mental & behavioral health conditions. What this vision looks like for a child presenting mental health challenges means access to the best care in the nation; care that is timely, family centered, and community integrated. A child can arrive at our crisis center at Cedar Avenue—coming online in 2023, in addition to having 46 inpatient psychiatric beds, the Crisis Walk-In center will provide 24/7 availability for urgent and immediate assessment, intervention, and stabilization for children experience a crisis. Once stable, the child may move to our new Center for Advanced Behavioral Healthcare—an intensive outpatient setting recently opened at 4601 Market St.—or to an outpatient program and back into their community where we are also expanding school and community partnerships to support children's natural resilience.

We are also doubling the size of our Healthy Minds Healthy Kids program to provide integrated behavioral health care in every primary care location. We will provide the full continuum of behavioral health care so that our children and adolescents can receive the right care in the right setting and at the right time.

The pandemic has forced us to come up with actionable solutions at the national, local and regional level. For the first time ever, we have an opportunity to make real change in this field.

In order to address what's happening with children's mental health, it requires all of us to take action on every level – and that's exactly what we're doing, and I appreciate your leadership to realize these solutions.

Thank you for the opportunity to provide this testimony. I'm happy to answer any questions you may have.

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[1] Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2018–2019. MMWR Morb Mortal Wkly Rep 2021;70:261–268. DOI: http://dx.doi.org/10.15585/mmwr.mm7008a1

[2] Sound the Alarm For Kids. (2021, December 14). A national emergency in child and Adolescent Mental Health. Retrieved September 8, 2022, from https://www.soundthealarmforkids.org/wp-content/uploads/2022/02/A-National-Emergency-in-Child-and-Adolescent-Mental-Health.pdf

[3] The American Academy of Child and Adolescent Psychiatry. (2019). Workforce Maps by State. Retrieved September 8, 2022, from https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx