



**Written Testimony**  
**Hearing on “Communities in Need: Legislation to Support Mental Health and Well-Being”**  
**U.S. House Committee on Energy & Commerce**  
**Subcommittee on Health**

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Chairwoman Eshoo, Ranking Member Guthrie, and members of the subcommittee, thank you for convening this hearing on mental health and for the opportunity to submit a statement for the record.

As Senior Director for Psychiatry Services at Children’s Health in Dallas, Texas, I oversee clinical operations related to pediatric psychiatry programs at Children’s Health — including inpatient services, partial hospitalization, intensive outpatient, outpatient, consultative and research services — as well as the embedded psychological services for patients who are being treated throughout the hospital for a chronic or acute medical diagnosis. Children’s Health has seen firsthand the growing crisis in pediatric mental health, which has only been compounded by COVID-19.

The pandemic has taken a toll on children, whose lives were disrupted at a critical time in their development. Children and families — especially those in underserved communities disproportionately impacted by the virus — have experienced significant social isolation, economic stress, fear and grief. These challenges have contributed to a sharp increase in the number of children with mental health concerns, including depression, anxiety, suicidal ideation, disordered eating, anger and substance use. As a result, more children and families in crisis are presenting to pediatric emergency departments without anywhere else to turn.

**The Pediatric Mental Health Crisis at Children’s Health**

Since the start of the pandemic, Children’s Health has seen a larger percentage of children in the emergency department (ED) with mental health needs than ever before. In 2021, more than 5,400 children presented to our Dallas and Plano EDs in need of mental health evaluations and services. This is a 43% increase from 2020 and a 273% increase in the past five years. Often, these children are presenting with acute mental and behavioral health needs — including aggression, intentional self-harm and suicidal ideation — that require significant resources to keep patients and staff physically safe.

In addition to the increasing number and acuity of behavioral health patients, we are also seeing these children stay in the ED longer due limited alternative placement options such as available inpatient psychiatric hospitalization, outpatient psychiatric treatment programs, and longer-term care options for children with chronic and severe mental health issues. North Texas lacks sufficient

pediatric inpatient psychiatric beds and facilities to meet the growing need in our community. In 2021, 49% of children (1,787) seen for mental health concerns at Children's Medical Center Dallas waited in the ED for more than 8 hours, and 16% of children (583) waited for more than 24 hours. Inpatient psychiatric beds are increasingly hard to find and wait times for outpatient psychiatric programs can be weeks or months long. These children have no better option but to board in our ED for extended periods of time while they wait for space to become available in an appropriate pediatric mental health care setting. Not only does ED boarding delay appropriate treatment and recovery for the child, but it also drains staff and resources.

### **Psychiatry Programs at Children's Health**

Despite this broken system and limited resources, Children's Health is implementing strategies to mitigate ED volumes and ensure more children can access appropriate mental health care. Last year we launched a multifaceted response that included integrating an electronic bed search tool for inpatient placement to psychiatric facilities, as well as the launch of a mental health coordinator program to increase efficiencies in transferring patients from direct patient care to inpatient psychiatric care. Together, these initiatives decreased ED throughput times for patients with mental health chief complaints by 29% from January 2021 to year end and reduced the percentage of patients in the ED for more than 24 hours from 24% in April 2021 to 12% by year end.

Children's Health has also developed and grown unique programs and strategies to address pediatric mental health needs, including:

- **Suicide Prevention and Resilience at Children's Health (SPARC)**, an innovative, nationally renowned teen suicide prevention program that aims to help teens manage intense emotions and reduce risk for self-harm and suicidal behaviors. Suicide is the second leading cause of death in adolescents. The SPARC program was developed to help adolescents who have had a recent suicidal event and need intensive care and support. It is the only program in Texas that uses a combination of teen skills group therapy, multifamily therapy, individual therapy and family therapy and is specifically designed to target the risk and protective factors associated with suicidality.
- **The Center for Pediatric Eating Disorders** at Children's Health, the nation's only pediatric program that has earned the Joint Commission's Disease-Specific Certification for eating disorders treatment. The program is a part of the Psychiatry Department, and our highly trained psychologists and psychiatrists have decades of experience treating eating disorders and other mental health issues that may play a role in a child's overall well-being. The program includes an inpatient program as well as a partial hospitalization and intensive outpatient program, designed to support the child and family throughout their journey towards recovery.
- **The Teen Recovery Program**, the only program in North Texas offering intensive outpatient care — designed just for teens — to address substance use and mental health conditions at the same time.

- **The Center for Autism and Developmental Disabilities**, which brings together experts in different specialties to provide care to children living with autism and developmental disabilities. This includes psychiatry services that help children cope with anxiety, aggression and other emotional or behavioral disorders.
- **The Children's Health School-Based Tele-Behavioral Health Program**, which connects students with licensed behavioral health specialists via telemedicine and is currently available to students in more than 250 schools across North Texas. The program partners with school districts to expand access to behavioral health services for students experiencing common behavioral health issues such as depression, anxiety and self-esteem. Last year, Children's Health launched a new virtual reality technology that is being successfully used with students to treat their anxiety and depression in telehealth visits. Virtual reality can help teach positive coping skills and self-management techniques, such as muscle relaxation and deep breathing, to manage behavioral health issues.
- **Strengthening our relationship with community behavioral health providers**, Children's Health recognizes that hospitals and community providers must work together to address the capacity crisis and improve access to pediatric behavioral health care. In 2021, Children's Health established an agreement with a community-based behavioral health care provider to reserve 40 beds for Children's Health patients. Ten of these beds are intensive beds for children who require more oversight, which is especially important as these children are often the hardest to find community placements and treatment for. Since September 1, 2021, 59% of behavioral health patients in our ED requiring inpatient psychiatric treatment have been admitted to this community provider, allowing more children to access care in an appropriate mental health setting.

These programs are models for innovative and scalable public/private partnerships that the Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources & Services Administration (HRSA) should encourage nationwide. More resources could be allocated to help communities leverage existing partnerships and expand evidence-based programs with successful outcomes.

### **Request for Robust Support to Enhance Access to Pediatric Mental Health Care**

While our current programs help us meet the immediate needs of our community, Congress must act to bolster mental health care infrastructure nationwide. Simply put, the behavioral health needs of our children will not go away, and we must invest in services and supports that promote access to pediatric mental health care.

Children's Health supports policies that will improve mental health services for children across the continuum of care, including increased Medicaid investments in pediatric behavioral health services, more resources to bolster and grow the pediatric workforce, expanding access to mental health services through telehealth, and ensuring parity for mental health services. In addition, Children's Health encourages Congress to address the pediatric mental health capacity crisis by strengthening community-based systems of care and investing in pediatric mental health infrastructure to expand care capacity. Together, these investments and improvements would

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address severe gaps along the entire continuum of care – from prevention and early intervention through acute episodic care and crisis intervention – and ensure more children can access mental and behavioral health services in the most appropriate setting.

Specifically, Children's Health endorses bipartisan policy solutions like the **Strengthen Kids' Mental Health Now Act of 2022** ([H.R. 7236](#)), which incorporates many of the above policy priorities and fosters improvements across the full continuum of pediatric mental health and substance use disorder care. This bill would extend support to communities, schools and health care providers by matching Medicaid payment rates with Medicare payments rates for pediatric behavioral health services, provide guidance to states to expand access to mental health services, including through telehealth, and provide competitive awards to strengthen and improve the mental health system infrastructure and workforce. Children's Health strongly supports this bill and commends Chairwoman Eshoo and Reps. Fitzpatrick and Blunt Rochester for taking meaningful action for our children and youth.

The impact of the COVID-19 pandemic on children's mental health will be felt for years to come, and it is imperative that we make the right investments now to ensure the appropriate level of care is available for children with immediate and future behavioral health needs. This includes providing more resources for early identification and preventive care, a full continuum of acute care and stepdown services, and long-term care services with improved care coordination for our most seriously ill children. Building capacity and addressing profound gaps in the care continuum will take collaboration, and children's hospitals are ready to be a part of the solution.

### **About Children's Health**

Children's Health is the leading pediatric health care system in North Texas and one of the largest pediatric health care providers in the nation. A private, not-for-profit organization, Children's Health is anchored by two full-service hospitals and one specialty hospital. The system includes an extensive network offering specialty, urgent, primary, virtual care and more to the children of North Texas and beyond. In addition, Children's Health is affiliated with UT Southwestern as the official pediatric teaching hospital for the medical school. This provides families with access to a world-renowned medical faculty and transformative biomedical research. For more information about Children's Health, visit [www.childrens.com](http://www.childrens.com).

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