DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Testimony before the United States Senate Committee on Health, Education, Labor, and Pensions on Strengthening Federal Mental Health and Substance Use Disorder Programs: Opportunities, Challenges, and Emerging Issues

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Chair Murray, Ranking Member Burr, and Members of the Committee:

Thank you for the opportunity to speak with you about the Health Resources and Services Administration's (HRSA) programs to support the mental health and well-being of our nation. I am Carole Johnson, Administrator of HRSA.

As you know, the Biden-Harris Administration is committed to bipartisan solutions to address mental health challenges. In his State of the Union Address, the President announced a national strategy to tackle the nation's mental health crisis as part of his Unity Agenda. This strategy centers on three pillars: strengthening system capacity, connecting Americans to care; and, supporting Americans by creating healthy environments. Secretary Becerra has launched a national tour focused on strengthening mental health and is hearing directly from Americans across the country about the mental health challenges they are facing and the opportunities to improve our mental health and crisis care systems. At HRSA, we recognize that mental health is essential to overall health. I appreciate the opportunity to speak with you today about how HRSA is working to achieve the President and Secretary's goals and how we are actively working to advance mental health priorities through our programs.

HRSA supports health care services in communities across the country, including for the nearly 29 million people who receive care through HRSA-funded health centers; the more than a half a million people diagnosed with HIV who receive care through the Ryan White HIV/AIDS program; an estimated 60 million pregnant individuals and children who benefit from HRSA-funded infant screenings, preventive care visits, and other services; and individuals in more than 1,500 rural counties who receive HRSA-supported substance use disorder services. HRSA also supports multiple programs to grow and sustain the health care workforce, including providing scholarship and loan repayment assistance to more than 22,700 clinicians in return for working in underserved communities – the highest number ever for these programs – and investing in recruiting, training, and retaining a wide range of health professionals, from community health workers to psychiatrists to advance practice nurses.

Two of HRSA's mental health programs are currently up for reauthorization:

- The **Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program** helps train maternal health care providers on how to screen for, assess, treat, and, as necessary, refer pregnant and postpartum individuals with mental health conditions or substance use disorders as part of routine maternal health care. Maternal health care providers also receive real-time psychiatric consultations for their patients through telehealth services and care coordination support.

- The **Pediatric Mental Health Care Access Program** aims to make early identification, diagnosis, treatment, and, as needed, referral for behavioral health conditions a routine part of children's health care services. The program promotes the integration of behavioral health services into pediatric primary care through statewide and regional pediatric mental health care telehealth programs. These statewide or regional networks provide tele-consultation, training, technical assistance and care coordination to community-based pediatric health care

providers in order to expand the reach of critical mental health services and support children's needs.

HRSA also received COVID-response funding to enhance our investments in supporting the mental health needs of parents and children, grow the mental health workforce, and reduce health care provider burnout and promote resiliency. HRSA has many other investments that support behavioral health initiatives.[1]

HRSA Health Workforce Programs that Support Behavioral Health

HRSA programs play an important role in growing and training the behavioral health workforce and creating supports and incentives to help encourage providers to practice in the communities that need them most. Our programs include **the Behavioral Health Workforce Education and Training Program,** which supports the training of social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, marriage and family therapists, community health workers, outreach workers, social services aides, mental health workers, substance use disorder workers, youth workers, and peers; the **Graduate Psychology Education Program,** which supports innovative doctoral level health psychology programs that foster a collaborative approach to providing mental health and substance use disorder prevention and treatment services in high need and high demand areas through academic and community partnerships; the **Children's Hospitals Graduate Medical Education Program,** which supports the training of pediatric residents, including pediatric psychiatry residents, in freestanding children's teaching hospitals; the **Teaching Health Center Graduate Medical Education Program,** which supports residency training, including for psychiatry, in community-based ambulatory care settings; and the **National Health Service Corps,** which provides scholarships and loan repayment for clinicians, including mental health and substance use disorder providers, who commit to practice in underserved communities. We also launched new programs with American Rescue Plan funding to address mental health and promote resilience in the health care workforce through the **Promoting Resilience and Mental Health Among the Health Professional Workforce** and the **Health and Public Safety Workforce Resiliency Training Program**.

Our workforce programs also include initiatives specifically focused on substance use disorder training, which is a vital component of behavioral health training. These programs include the **Addiction Medicine Fellowship Program**, which focuses on increasing the number of board certified addiction medicine and addiction psychiatry specialists trained in providing behavioral health services, including prevention, treatment, and recovery services in underserved, community-based settings; the **Integrated Substance Use Disorder Treatment Program,** which supports training and expansion of the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care and mental health and substance use disorder services; the **Substance Use Disorder Treatment and Recovery Loan Repayment Program**, which focuses on recruiting and retaining medical, nursing, and behavioral health clinicians and paraprofessionals who provide direct treatment or recovery support of patients with or in recovery from a substance use disorder through loan repayment in return for providing services in high need areas; and the **Opioid-Impacted Family**

[1] Behavioral health is inclusive of mental health and substance use disorders.

Support Program, which trains paraprofessionals to support children and families living in in underserved areas who are impacted by opioid use disorder and other substance use disorders.

HRSA Health Care Services Programs that Support Behavioral Health

HRSA's health care services programs also play a key role in providing mental health and substance use disorder services, with a focus on delivering care and supports in underserved and rural communities. These programs include the **Health Center Program,** which helps provide primary care in underserved communities across the country and are increasingly focused on integrating behavioral health into primary care services; the **Health Care for the Homeless Program**, which supports coordinated, comprehensive, integrated primary care including substance abuse and mental health services for individuals experiencing homelessness; the **Rural Communities Opioid Response Program**, which supports high need rural communities in establishing, expanding, and sustaining prevention, treatment, and recovery services for opioid use disorder; the **Ryan White HIV/AIDS Program,** which funds and coordinates with cities, states, and local clinics/community-based organizations to deliver HIV care, treatment, and support, including mental health and substance use disorder services, to people with HIV who have low incomes.

In addition to the two programs up for reauthorization, our programs focused on maternal and child health include the **Maternal, Infant, and Early Childhood Home Visiting Program**, which supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children where trained professionals address needs such as conducting screenings and providing referrals to address caregiver depression, substance use, and family violence; the **Maternal and Child Health Block Grant**, which supports states in improving access to and the quality of health services for mothers, children, and their families, including initiatives to address national or regional needs, priorities, or emerging issues including mental health and substance use disorder; and the **Bright Futures Preventive Services Program**, which develops national guidelines to support children receiving high quality, efficient, and comprehensive pediatric care, including behavioral health services. Bright Futures' recommended preventive services are covered without cost-sharing by most health plans. In 2022, Bright Futures updates include adding universal screening for suicide risk to the current depression screening category for individuals ages 12 to 21, and new guidance for behavioral, social and emotional screening.

Mental Health is Essential to Maternal and Child Health

Last week, HRSA published a study in the American Medical Association's journal *JAMA Pediatrics* based on our *National Survey of Children's Health* that found significant increases in the number of children diagnosed with mental health conditions between 2016 and 2020. During the study timeframe, the number of children ages 3-17 years old diagnosed with anxiety grew by 29 percent and those with depression grew by 27 percent. The survey also showed declines in parental well-being during this time: there was an 11 percent decrease in parents' reported ability to cope with the demands of raising children and a 5 percent decrease in parents' mental and emotional well-being.

HRSA funds the *National Survey of Children's Health*, which is the largest national and state-level annual survey of the health and health care needs of children, their families, and their communities to regularly assess the state of children' health. Data from the 2020 national survey found that 14.9 percent of U.S. children ages 3-17 years – just over 9 million – had a current, diagnosed behavioral health condition, and about one-third (34.7 percent) of these children had two or more conditions. Yet only half (50.5 percent) of those with a current behavioral health condition received treatment or counseling from a mental health professional in the past year. This can have long-term effects on health, well-being, and opportunity. As noted in the 2021 Surgeon General's Advisory on Protecting Youth Mental Health, the pandemic has compounded many of these adverse impacts by disrupting educational, social, and service supports and opportunities upon which so many vulnerable children, youth and families depend.[2] Children and families have weathered the sudden interruption of in-person learning, prolonged isolation during stay-at-home orders, loss of regular school-based behavioral health services, family economic stressors like housing instability and food insecurity, and the trauma and grief associated with personal and family experiences and loss during the COVID-19 pandemic.

The Centers for Disease Control and Prevention reports that nearly 1 in 5 children[3] have a mental, emotional, or behavioral disorder and that suicide is the second leading cause of death for people ages 10 to 24.[4] In 2019, 18.8 percent of high school students, ages 14-18 years, had seriously considered attempting suicide, and 8.9 percent had attempted suicide one or more times, based on self-reporting[5]. Data from the Substance Abuse and Mental Health Services Administration's 2016-2019 National Surveys of Drug Use and Health found that while nearly half of White adolescents with a depressive episode (46.0 percent) received treatment in the past year, the same was true for only one-third of their Black and Hispanic counterparts (36.3 and 35.6 percent, respectively) and one-quarter of Asian adolescents (26.2 percent).[6] In 2017-2018, depression, anxiety, and behavioral conditions were more prevalent among rural children ages 3-17 years compared to urban children.[7]

Research also shows that maternal mental health conditions are the most common complications of pregnancy.[8] About 1 in 8 women experience symptoms of postpartum depression.[9] Mental health conditions, including suicides, drug overdoses or poisonings, and unintentional injuries related to a mental health condition, are among the leading underlying causes of pregnancy-

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[2] https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[3] National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. E. O'Connell, T. Boat, & K. E. Warner Eds. Washington, DC. The National Academic Press

[4] https://www.cdc.gov/injury/wisqars/index.html

[5]https://www.researchgate.net/publication/343795548_Suicidal Ideation and Behaviors Among High School Students-Youth Risk Behavior Survey United States 2019

[6] Substance Abuse and Mental Health Services Administration Report: Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019)

[7] https://mchb.hrsa.gov/sites/default/files/mchb/data-research/rural-urban-differences.pdf

[8] Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. J Clin Psychiatry. 2019 Jul 23;80(4):18r12527. doi: 10.4088/JCP.18r12527. PMID: 31347796; PMCID: PMC6839961..

[9]https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm?s_cid=mm6919a2_w

related deaths .[10] As a result of pandemic-related worries and stressors, pregnant and postpartum people in the United States and internationally report elevated symptoms of depression, anxiety, post-traumatic stress, and loneliness.[11,12] Several empirical studies related to the pandemic have reported higher prevalence of mental health problems among women compared to men. In this context, pregnant and new mothers could be more vulnerable.[13] Yet, only 75 percent of mothers who need treatment are finding and getting it.[14,15] Without treatment, mothers are at increased risk for a range of poor outcomes. In addition, substance use during pregnancy can have serious consequences for maternal and infant health, including preterm labor and complications related to delivery.

Access to mental health care is related to the volume and distribution of maternal and child mental health and substance use disorder providers. In fact, ratios of child and adolescent psychiatrists range by state from 1 to 60 per 100,000 children, with a median of 11 child and adolescent psychiatrists per 100,000 children.[16] As of December 2021, an estimated 136 million people in the United States—over 40 percent of the total U.S. population—live in designated "Mental Health Professional Shortage Areas."[17] Only 28 percent of the need for mental health care in these Mental Health Professional Shortage Areas has been met. The need for prevention, treatment, and recovery services to support children and families' mental health are important drivers of the President's national strategy to tackle the nation's mental health crisis and Secretary Becerra's National Tour to Strengthen Mental Health.

HRSA's Maternal and Child Behavioral Health Programs

HRSA's maternal and child health work focuses directly on improving the health and well-being of our nation's mothers, children and families so they can thrive and reach their full potential. Our program investments in behavioral health have four primary aims:

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[10] Davis NL, Smoots AN, Goodman DG. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019.

[11] Liu, CH *et al*. "Risk Factors for Depression, Anxiety, and PTSD Symptoms in Perinatal Women during the COVID-19 Pandemic" *Psychiatry Review* DOI: 10.1016/j.psychres.2020.113552

[12] Basu A, Kim HH, Basaldua R, Choi KW, Charron L, Kelsall N, et al. (2021) A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. PLoS ONE 16(4): e0249780. https://doi.org/10.1371/journal.pone.0249780

[13] Thapa SB, Mainali A, Schwank SE, Acharya G. Maternal mental health in the time of the COVID-19 pandemic. Acta Obstet Gynecol Scand. 2020 Jul;99(7):817-818. doi: 10.1111/aogs.13894. PMID: 32374420; PMCID: PMC7267371.

[14] Byatt, Nancy et al. "Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review." *Obstetrics and gynecology* vol. 126,5 (2015): 1048-1058. doi:10.1097/AOG.0000000000001067

[15] Wright, T.E., Terplan, M., Ondersma, S.J., Boyce, C., Yonkers, K., et al. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. *American Journal of Obstetrics & Gynecology*, 215(5), 539-547.

[16] https://www.aacap.org/AACAP/Press/Press_Releases/2018/Severe_Shortage_of_Child_and_Adolescent_Psychiatrists_Illustrated_in_AAACP_Workforce_maps.aspx

[17] Health Services and Resources Administration. (2021). Fourth Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary. As of December 31, 2021. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.

First is to **increase identification** of behavioral health conditions. By that, we mean linking women and families to treatment and supports through routine screening, referral, and direct service to prevent mental health and substance use disorders whenever possible and treat them appropriately when necessary.

The second aim is to **improve access** to quality services. Patients should be able to see care providers either in person in their local communities or through telehealth. This care should be high quality, patient-centered, and culturally and linguistically appropriate.

The third aim is to **advance equity**. We must eliminate health disparities, including racial and geographic disparities that affect far too many. Our programs seek to address systemic and social inequities and promote protective factors for families.

The fourth aim is to **strengthen the maternal and child health workforce** to meet the behavioral health needs of families. That includes offering the training that our health care workers need to integrate all best practices – including those that are culturally and linguistically appropriate, equitable and trauma informed.

The two HRSA programs up for reauthorization, the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program and the Pediatric Mental Health Care Access Program, are key investments that support primary care providers' ability to routinely screen and treat behavioral health conditions.

Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program

HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program supports states in integrating behavioral health into maternal health care using telehealth. The 21st Century Cures Act (P.L. 114-255) authorized the program through fiscal year (FY) 2022. This program supports new or expanding state telehealth access programs, including in rural and underserved areas. The Screening and Treatment for Maternal Depression program gives providers the tools to integrate behavioral health care into routine maternal health care through telehealth services that can help local providers bridge the gap in access to psychiatrists, especially perinatal psychiatrists.[18] With telehealth support from the program, maternal health care providers are able to receive real-time psychiatric consultations and care coordination support. Community-based maternal health providers also are offered training on how to screen for, assess, treat, and refer pregnant and postpartum individuals for mental health and substance use disorders.

The Screening and Treatment for Maternal Depression program is implemented through 5-year cooperative agreements to states and funded at approximately $4.5 million in total per year. Each state health department receives approximately $650,000 per year. We are currently in the fourth of five years of funding. HRSA received tremendous interest in the program—demonstrating the acute need for it—but is only able to fund approximately a quarter of applicants. The seven states that currently receive awards are Florida, Kansas, Louisiana,

[18] https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health

Montana, North Carolina, Rhode Island and Vermont. In FY 2020, awardees trained 1,085 health care providers, participating providers screened 24,500 pregnant and postpartum individuals for depression, and providers sought and received expert mental health consultation for nearly 7,500 pregnant and postpartum individuals, with nearly half being from rural and underserved areas.

One example of the impact of the program is the story of a pregnant, Native American woman from a Montana reservation who went to a satellite site of a large hospital system to seek prenatal care. Her midwife noticed that the patient presented with symptoms of psychosis and was not receiving medication or therapy. The patient lived in a part of the reservation that does not have cell service or internet, so the only time the patient could seek telehealth services was when she was at the satellite clinic. The midwife called the Montana Screening and Treatment for Maternal Depression program, which is called PRISM for Moms, in order for the patient to be seen by the perinatal psychiatrist. The psychiatrist was able to see the patient that day and made medication recommendations. The psychiatrist also talked with the midwife about options to get the patient to see a mental health provider regularly. If this midwife did not have access to Montana's teleconsultation line, she likely would have referred the patient to a prescribing provider in Billings (the largest city in the state), a two-hour drive from the reservation.

As another example, the Vermont awardee is helping to build a statewide system of supports and services for expectant parents and families with young children. The program helps the perinatal population in accessing perinatal mental health providers and other resources. Through this program, medical and mental health clinicians are able to screen and provide culturally respectful and tailored services to patients. Over time, there has been an increase in the complexity of calls from maternal health care providers to the program's mental health expert consultation line, suggesting that the program's training not only expands access to expertise, but also results in maternal health providers addressing more and more of their patients' needs.

In short, the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program has provided important tools to support the mental health of pregnant and post-partum individuals. The FY 2022 appropriation of $6.5 million, a $1.5 million increase, will help us further address the maternal behavioral health needs we are seeing in the nation, and we look forward to working with the Committee on its reauthorization.

Pediatric Mental Health Care Access Program

Just as the Screening and Treatment for Maternal Depression program helps fill the gaps in behavioral health care for pregnant and postpartum mothers, the Pediatric Mental Health Care Access program helps do the same for pediatric care providers.

The 21st Century Cures Act (P.L. 114-255) authorized the Pediatric Mental Health Care Access program through FY 2022. The program promotes behavioral health integration in pediatric primary care through new or expanded statewide or regional pediatric mental health care telehealth programs. These statewide or regional networks of pediatric mental health care teams provide tele-consultation, training, technical assistance and care coordination. With this support, pediatric primary care providers can diagnose, treat and refer children to the care they need for

behavioral health concerns. The telehealth technologies promote long-distance clinical health care, clinical consultation, and patient and provider education, helping to address challenges in accessing psychiatrists, developmental-behavioral pediatricians, and other behavioral health clinicians who treat behavioral concerns in children and adolescents.

Beginning in FY 2018, HRSA initially funded 18 awardees for 5 years. In FY 2019, we funded 3 additional awardees for 4 years. These awards are funded at $445,000 per year. The American Rescue Plan allowed HRSA to broaden the program's reach to 45 awards in 40 states, the District of Columbia, the U.S. Virgin Islands, the Republic of Palau, and two Tribal areas – the Chickasaw Nation and the Red Lake Band of the Chippewa Indians. On January 5, 2022, HRSA released a Notice of Funding Opportunity for a second round of American Rescue Plan funding to further expand the Pediatric Mental Health Care Access program. This funding will support up to 10 awards at $445,000 each for a 4-year period. In addition, in the coming year, HRSA plans to establish a technical assistance resource center for program grantees. The resource center will develop online resources accessible to all states.

Grantee work in Alabama, particularly in rural areas, illustrates the program's impact. The Alabama Pediatric Access to Tele-Mental Health Services (PATHS) program consultation team is composed of psychiatrists, psychologists, psychiatric Nurse Practitioners, licensed counselors and social workers. An early childhood mental health consultant on the PATHS consultation team enables team members to address a broad range of questions during consultations before providing a psychiatric diagnosis. Through PATHS, pediatric providers have access to consultation typically within an hour, and all consultations are usually addressed the same day. PATHS also offers Project ECHO, a tele-mentoring program that links providers with the PATHS team to review cases together as a group. PATHS can provide children and adolescents with specialty interventions not available in the community through tele-therapy at Children's Hospital of Alabama. Care coordinators provide community-based resources to providers and families. The program reaches children and families across the state. As one pediatric provider noted about the impact of the program: "Participating in PATHS has improved my education to treat psychiatric illnesses in patients. PATHS has had a huge impact on my patient population. I can treat illnesses more immediately and not have my patients waiting months for care."

As the program expands to new states through funding provided through the American Rescue Plan Act, we expect to see more providers and children benefit from these services. For example, the Washington Partnership Access Line (PAL) received a HRSA Pediatric Mental Health Care Access grant in September 2021 that will allow the program to expand existing and offer new supports and services. PAL has been in operation since 2008, and currently delivers over 2,000 consultations a year for primary care providers, four mental health training conferences a year, and distributes thousands of copies of the program's care manual for primary care mental health. The service also delivers a statewide mental health referral service for parents, provides training and support to primary care clinic based mental health therapists, and provides second opinion psychiatric medication reviews for Washington State Medicaid.

With Pediatric Mental Health Care Access funding, PAL will expand efforts to provide crisis support services for youth in rural Washington. In the remote, primarily rural counties of eastern Washington State, the numbers of children and adolescents showing up in primary care and at

community hospitals with suicidal ideation and psychological distress is of significant concern. Through a partnership with the Department of Health, Seattle Children's Hospital, and Frontier Behavioral Health, the Supporting Adolescents and Families Experiencing Suicidality (SAFES) project will address the behavioral health patient surge due to the COVID pandemic, assist children in crisis and their families, develop enhanced access to telehealth behavioral services, provide access for primary care providers to psychiatric consultation for children and adolescents, increase the capacity of community therapists to safely care for suicidal youth in outpatient settings, decrease the need for mental health emergency department utilization, and address disparities in behavioral health care in rural eastern Washington communities.

In short, the Pediatric Mental Health Care Access Program is helping states fill critical needs for children's mental health. The FY 2022 appropriation of $11 million will help us to continue to address the pediatric behavioral health needs we are seeing across the nation, and we look forward to working with the Committee on reauthorizing the program.

Conclusion

Thank you for the opportunity to discuss HRSA's key investments to address the nation's behavioral health with you today. We are looking forward to working with the Committee on this critical issue and reauthorizing the Screening and Treatment for Maternal Depression Program and the Pediatric Mental Health Care Access Program.