Cook Children's Medical Center

December 4, 2020

Thank you, Madame Chair Kolkhorst and Members of the Texas Senate Health and Human Services Committee.

My name is Dr. Kia Carter, I am a Child and Adolescent Psychiatrist at Cook Children's Medical Center in Fort Worth. I have the pleasure of serving as the Medical Director of the Inpatient and Consultative Psychiatry Services at Cook Children's Medical Center. Cook is a 430 bed freestanding not-for-profit pediatric medical center. Cook serves 150 counties in Texas through all of their locations. Cook Children's treats over 1.5 million children each year through the medical center, health plan, and home health. At the Behavioral Health Department at Cook Children's we offer the entire continuum of behavioral healthcare through our Intake Department, Inpatient Psychiatric Unit, Partial Hospitalization Program, Outpatient Psychiatry, Outpatient Psychology and a unique Clinical Therapy Department offering psychosocial services to children on the medical floors and outpatient with primary medical diagnoses.

I primarily function on the inpatient unit, which is the most acute and restrictive level of care a child will receive when seeking mental health services at Cook Children's. In order for a child to be admitted to an inpatient level of care at Cook or any other inpatient psychiatric facility, the child must display an imminent risk of safety to themselves or others. This includes suicidal ideation, suicide attempt(s) or a danger to someone else. Our inpatient unit serves children ages 2- 12 years old along with consultative psychiatry services being provided to any child ages 3-18 admitted to our medical floors receiving medical treatment with a co-morbid psychiatric concern.

I appreciate the opportunity to provide the invited testimony today and have been tasked to provide an overview of what Cook Children's has observed regarding the increase in youth suicide attempts. Starting in 2015, our Psychiatry Department began to track the number of children admitted to Cook Children's Medical Center secondary to a suicide attempt. This would include patients who require admission to a medical unit or intensive care unit to stabilize the suicide attempt prior to transfer to the inpatient psychiatry level of care. Sadly, we have seen the number of children admitted secondarily to a suicide attempt has more than doubled over the past five years. The national data supports this upward trend, as well. The CDC's published data from the National Center of Injury has also shown that from 2010 to the most recently published data of 2018 – suicide in children ages 10-18 rose from being the 3rd leading cause of death to the 2nd leading cause of death in less than a decade.

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Eighty percent of the youth admitted to our inpatient psychiatric unit endorse suicidal ideation or have attempted suicide. In the month of September of 2020, we saw the highest number of patients – 37 youth – who had attempted suicide admitted to Cook Children's. We attribute this rise to multiple factors including but not limited to the stressors of the pandemic, virtual schooling, and limited or lack of access to care/resources for mental health concerns. Unfortunately, the upward trend of suicide nationally in children and adolescents along with the stressors from the pandemic have significantly contributed to this alarming number.

From my professional experience at Cook, we see many families unable to access the ongoing care that their child may need due resource limitations. This may be secondary to payor source (financial support/insurance), availability of mental healthcare providers in the area, and/or a family's inability to navigate the complex healthcare system in order to receive the appropriate psychiatric care their child may need. Many of our families utilize our Emergency Department (ED) as a way to access psychiatric resources. Families come to our ED and risk being exposed to medical illness solely due to their inability to find mental health services independently. We see the limited access to community services post-discharge as a barrier to helping or families who have children at risk of suicide or worsening mental health concerns. Many families return to the ED with some of those children being readmitted to inpatient psychiatry for continuing suicidal ideation due to the inability to receive the appropriate care after discharge. The inadequate financial resources or mental health insurance coverage restrictions limit their ability to access the most appropriate care. Regrettably, in Tarrant County we see many providers who are private-pay only due to the limited reimbursement schedules. In the past 5 years that I have been at Cook Children's, I have seen a tremendous rise in the number of mental health providers in the community who opt out of accepting any type of insurance solely due to the concern with reimbursement schedules for mental health. We have experienced a payor source not allowing a specific type of testing, level of care, or most effective medication necessary for a child in need.

Therefore, we would like to respectfully request support through any mental healthcare funding as well as potential leverage with insurance providers. We know that early identification, intervention, and treatment is essential to prevent further complications of mental illness such as substance abuse as well as unfortunate events such as suicide.

Regarding insurance, it would be most beneficial if there were to be equity in access, care, and reimbursement to facilitate necessary mental healthcare. Moreover, we wish to continue to offer telehealth and telemedicine in order to improve access to services for our patients and families. We would like to see extended coverage of these benefits beyond the pandemic. We utilize both the Behavioral Health CPT codes (Current Procedures Terminology) as well as the HBAI (Health and Behavioral) codes.

In summation, we thank you for your time, concern, and support for helping youth with mental health issues.

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