

Child and Adolescent Mental Health Coalition Statement for the Record

U.S. Senate Committee on Finance

Protecting Youth Mental Health: Part I-An Advisory and Call to Action

February 8, 2022

On behalf of our organizations, which are members of the Child and Adolescent Mental Health Coalition,¹ we commend the Senate Finance Committee for holding a hearing on youth mental health. We seek to underscore the importance of addressing mental health in children across the continuum of mental health care, from promotion and prevention to early identification, intervention and treatment, to children and youth in crisis. This statement follows comments our coalition previously shared with the committee, [available here](#).

The pandemic has exacerbated the already existing child and adolescent mental health crisis. The inequities that result from structural racism have contributed to the disproportionate impacts on children from communities of color. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020, and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies, including suspected suicide attempts.

The challenges facing children's mental, emotional, and behavioral health are so dire that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a [national emergency](#) in child and adolescent mental health last fall. We thank and appreciate the Surgeon General for raising the youth mental health crisis as a priority public health challenge. As his advisory notes, this is not a problem we will fix overnight, but starting now, we can make a difference working together. We hope the advisory will encourage further, bold action by the administration such as a **federal emergency declaration in children's mental health**.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary or secondary caregiver, with youth of color disproportionately impacted. The emotional impact of losing a caregiver, including trauma and grief, is often compounded with loss of material stability and economic hardship, and with poor educational and long-term mental health consequences.

¹ CAMH is a coalition of organizations dedicated to promoting the mental health and well-being of infants, children, adolescents, and young adults. Our organizations reflect a diversity of viewpoints and expertise, ranging from clinical providers to school-based services to suicide prevention organizations and others. As a coalition, we seek to advance a robust mental health safety net, inclusive of programs, supportive payment models, and infrastructure, that provide the full continuum of mental health care, in a manner that facilitates easy and prompt access to services. Our coalition has prepared a set of core principles, [available here](#). Our full coalition consists of over 30 organizations; entities specifically endorsing this statement are specified at the conclusion of this statement.

The experiences and needs of children and adolescents are different from those of adults, and the system must be designed to address their needs across the continuum of care, improving access to and quality of care from mental health promotion and prevention to early identification, intervention and treatment to children and youth in crisis. We offer the following policy solutions that, if enacted, will help to increase access to quality pediatric mental health care:

- Workforce: To address the dire shortage of practitioners specializing in mental health care for infants, children, adolescents and young adults, the Committee **should increase investments to support and strengthen the development of a diverse clinical and non-clinical pediatric workforce**. To reduce the barrier that low payment rates presents for workforce development, the Committee should find ways to **increase payment rates to primary care and behavioral health providers for mental and behavioral healthcare**. Dedicated support for a larger and more diverse pediatric workforce is critical to addressing children’s mental health needs now and into the future. Stronger Medicaid investments supporting children’s mental health services will improve engagement in the program and encourage more people to enter these fields.
- Integration with Primary Care: Research supports the **integration of mental health and primary care** for infants, children, adolescents and youth. The Committee should work to develop sustainable funding models that allow for the integration of mental health practitioners and services into pediatric primary care practice, rather than these initiatives relying on patchwork funding. These models should allow providers to bill for time spent coordinating care.
- Care Coordination: Family navigators and family support providers are key partners in helping families navigate the difficult landscape of behavioral healthcare. The Committee should provide **funding for care coordinators or navigators** who help families navigate the mental health system.
- Early Access to Services: Children who may lack a diagnosis still have important mental health needs that require intervention, but pediatric providers and behavioral health providers often need to specify an ICD-10 diagnostic code to bill and be paid for their time. The Committee should find ways to allow **providers to bill non-specific codes when a child does not have a diagnosable condition** but has mental health needs that require care.
- EPSDT Access: As state Medicaid programs, as well as Medicaid Managed Care Plans, implement Early and Periodic Screening, Diagnostic and Treatment Benefit (EPSDT) and medical necessity determinations, differently, Congress can take action to **direct CMS to review how EPSDT is implemented in states** to support access to prevention and early intervention services, as well as developmentally appropriate mental health and substance use disorder services across a continuum of care. In addition, to address the real and perceived barriers to payment for mental health care for children by Medicaid, CMS should **provide guidance to states on Medicaid payment for evidence-based mental health services for children including those that promote integrated care**.
- Crisis Response: There has been an alarming increase in the number of children and adolescents in behavioral health crisis, with emergency departments seeing increases in suicidal

ideation and self-harm. A 24/7 crisis response system must be accessible to meet the needs of children and families, schools and providers. The system must be equitable, accessible, trauma-informed and culturally appropriate, **with staff that are trained in child development and family-centered approaches**. The system should be able to connect families with the appropriate next level of care to meet their needs.

- School-based Services: **Co-location of mental health services in schools** allows children and adolescents to access the care they need with less disruption. The Committee should work to identify and reduce barriers to payment for services in schools and the ability of schools to recruit and retain mental health providers on-site. Better assistance and technical guidance for schools to be reimbursed for health services delivered to Medicaid eligible and enrolled students would expand access to services in that setting.

American Academy of Pediatrics

American Association of Child and Adolescent Psychiatry

American Psychological Association

Association of Children's Residential & Community Services (ACRC)

Association of Maternal & Child Health Programs

Bazelon Center for Mental Health Law

Children's Hospital Association

Eating Disorders Coalition for Research, Policy & Action

National Association for Children's Behavioral Health

National Association of Pediatric Nurse Practitioners

Nemours Children's Health

REDC Consortium

School-Based Health Alliance

Society for Adolescent Health and Medicine

The National Alliance to Advance Adolescent Health

Youth Villages