

June 21, 2022

Senator Patty Murray
Chair
Senate Committee on Health,
Education, Labor, and Pensions
Washington, DC 20510

Senator Richard Burr
Ranking Member
Senate Committee on Health,
Education, Labor, and Pensions
Washington, DC 20510

Dear Senator Murray and Senator Burr:

On behalf of the Child and Adolescent Mental Health Coalition, a group of organizations representing a diverse array of perspectives, dedicated to promoting the mental health and well-being of infants, children, adolescents, and young adults¹, we commend you for your bipartisan commitment to addressing mental health legislation and look forward to working with you to ensure that this legislation addresses the full continuum of child and adolescent mental health needs. CAMH is encouraged by many of the provisions in S. 4170, the *Mental Health Reform Authorization Act of 2022*. We urge you retain these provisions and to make critical additional new investments in pediatric mental health promotion, prevention, early intervention, and treatment, along with investments for the workforce and infrastructure as the foundation for this care, for children and adolescents.

The pandemic has exacerbated the already existing child and adolescent mental health crisis. 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. An urgent crisis such as this necessitates urgent action, funding, and attention. We urge Congress to make new investments in order to address mental health in children across the continuum of mental health care services, from promotion and prevention to early identification, intervention and treatment, to children and youth in crisis. To support this continuum of care, new dedicated investments in pediatric health care infrastructure are vital, including to grow the pediatric behavioral health workforce.

CAMH is heartened by many of the provisions of the *Mental Health Reform Authorization Act of 2022*. The introduction of a prevention set-aside within the Community Mental Health Services Block Grant for early identification and early intervention is critically important and should be enacted into law. The Community Mental Health Services Block Grant is SAMHSA's primary investment in community mental health services, yet children's mental health needs continue to be insufficiently met by this program. Children urgently need access to prevention and early intervention services to improve outcomes and prevent worsening conditions.

By some estimates, as many as 19% of children have mental health symptoms that impair their functioning without meeting criteria for a disorder. Programs and funding that are limited to children with serious emotional disturbance (SED) miss a key opportunity to support early prevention and early intervention. The set aside for

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.

prevention and early intervention would allow states to fund programs that provide help upstream to people who have not been diagnosed with SED or Serious Mental Illness (SMI). Research shows that early intervention and prevention activities can mitigate, or in some cases, prevent the incidence of mental health conditions. The block grant allows flexibility for states to determine what prevention programs are needed in their communities. This can include mental health literacy programs, outreach programs, and integrated services in primary care and school settings that reach underserved communities.

We strongly support the 5% set aside for the Mental Health Block Grant targeted for prevention and early intervention included in this bill to begin addressing these needs not currently met with these funds. We encourage a greater emphasis on addressing the mental health needs of children, including young children and children who do not have a diagnosis. Congress must make targeted investments in expanding the availability of a full spectrum of mental health care for children and the critical infrastructure to support these services. While this set aside is a good first step, it is unlikely to be enough to facilitate the expansion needed to meet children's mental health needs across settings and across the continuum of mental health service levels.

The Health Resources and Services Administration's (HRSA) Pediatric Mental Health Care Access Program supports pediatric primary care practices with telehealth consultation by child mental health provider teams, thereby increasing access to mental health services for children and enhancing the capacity of pediatric primary care to screen, treat, and refer children with mental health concerns. Integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment.

Our organizations are pleased that your legislation would reauthorize the HRSA Pediatric Mental Health Care Access Program for another five years at a level that allows HRSA to maintain all existing grantees and allow programs to expand the services they offer to additional settings, including schools and emergency departments. These are critically important sites for enhancing the availability of pediatric mental health team consultations because they are sites where children may present with mental health needs but there may not always be a pediatric mental health provider on site.

CAMH urges Congress to ensure that the legislation reauthorizes the Infant and Early Childhood Mental Health (IECMH) grant program administered by SAMHSA, which improves outcomes for children aged zero to twelve by developing, maintaining, or enhancing evidence-informed, culturally appropriate IECMH services. The goal of the program is to ensure that children and families have access to a continuum of services, including prevention, early identification, early intervention, and treatment activities.

Important research shows that the integration of mental health and primary care makes a difference for infants, children, and adolescents in terms of expanded access to mental health care, improved health and functional outcomes, increased satisfaction with care, cost savings, and improved coordination among primary care clinicians and behavioral providers in clinics and school-based and community settings. Integration also allows for the primary care clinician to receive training that enables them to practice more advanced mental health care. Most integrated care efforts are funded through a patchwork of short-term public and private grants, limiting their reach and sustainability. While our organizations are in support of funding this sort of integration, we fear that without an increased authorization, the set-aside within HRSA's Primary Care Training and

Enhancement Program would only move money around an already under-resourced system. We urge the inclusion of dedicated resources for such a program in your legislation.

We also urge you to include a grant program with an adequate authorization of appropriations to support pediatric behavioral health integration and coordination. Such a program would increase the capacity of pediatric and family medicine practices, and school-based health centers to integrate pediatric behavioral health services into their practices. It would help with training, expanded use of integrated models of care, address surge capacity, and increase community-based care options for children and adolescents. Additionally, we urge you to consider providing direct financial assistance for pediatric primary care practices to integrate behavioral health with primary care, since doing so often presents significant up-front costs for practices.

Children must be able to access care in the settings where they are, particularly in schools. Lack of mental health professionals in schools is another significant barrier to children's access to needed services. Comprehensive school mental health systems provide an array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness. By having mental health services available in schools, children can have access to the care they need with minimal disruption to their school day, and in the case of acute behavioral health crises in school, they could receive urgently needed services and de-escalation on site. We urge you to ensure that any final mental health legislation includes provisions that enable schools to provide more mental health services on-site, either by direct provision of care or through behavioral health consultation programs.

Workforce shortages across pediatric mental and behavioral health professions are persistent and severe. Without a robust, diverse pediatric behavioral health workforce across a wide variety of professional fields, too many children will not receive the care they need when they need it. Delayed access to mental health services can lead to worse outcomes in children and adolescents with mental health conditions. While the increased funding for existing pediatric behavioral health workforce education and training programs in this bill are appreciated, more is required to fully address this crisis. Dedicated funds are needed to build a robust pediatric mental and behavioral health workforce, both clinical and non-clinical, to meet the increased demand for children's services now and into the future.

On behalf of our organizations, thank you for your commitment to addressing the mental health needs of children and adolescents. We are eager to work with you to ensure that final legislation adequately addresses the needs of children and adolescents. If we can be of further assistance, please contact Tamar Magarik Haro at tharo@aap.org.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Psychological Association
Children's Hospital Association
Family Voices
First Focus Campaign for Children
Futures Without Violence

(continued on next page)

Inseparable
MomsRising
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
Nemours Children's Health
Network of Jewish Human Service Agencies
School Social Work Association of America
The Jewish Federations of North America
The National Alliance to Advance Adolescent Health
ZERO TO THREE