



February 8, 2024

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
2433 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

Dear Speaker Johnson, Majority Leader Schumer, Minority Leader Jeffries, and Minority Leader McConnell:

On behalf of the Child and Adolescent Mental Health (CAMH) 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 adults, we write to urge you to make addressing the youth mental health crisis a priority in 2024 by advancing legislation that enhances pediatric mental health promotion, prevention, early intervention, and treatment, as well as supporting the pediatric workforce which is the foundation for this care. While we are grateful for legislative efforts taken to date, they fall short of a sufficient response to meeting the mental health needs of our nation's youth.

This past October marked the second anniversary of the declaration of a National State of Emergency in Children's Mental Health issued by the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association.ⁱ In recognition of this anniversary, the presidents of each organization came together to release an op-ed summarizing opportunities for Congress to make meaningful changes to address the mental and behavioral health needs of the nation's youth.ⁱⁱ We urge you to prioritize these policy solutions and others.

Our nation's children cannot wait. Suicide is the second leading cause of death for youth ages 10-18 in the United States.ⁱⁱⁱ In 2021, 42% of high school students reported feeling persistently sad or hopeless, and 29% reported experiencing poor mental health.^{iv} Additionally, 20.1% of youth ages 12-17 had a major depressive episode in the past year, compared to 15.7% of youth in 2019.^v Now more than ever, families and children from infancy through adolescence need access to mental health screening, diagnostics, and a full array of evidence-based therapeutic services, including trauma-informed care, to appropriately address their mental and behavioral health needs. The US falls woefully short of meeting these needs.^{vi} Nearly half of youth suffering with mental health disorders do not receive treatment from mental health professionals.^{vii}

We applaud the committees that have taken action on youth mental health in 2023 and in 2024 we urge Congress to come together to make additional dedicated investments in programs and policies tailored specifically to the needs of children and youth. The experiences and needs of children and adolescents are different from those of adults, and the system must be prepared to address their unique needs across the continuum of mental health care services. Current federal programs and investments are not sufficient to address the emergency now or mitigate the crisis in the long term.

For example, steps must be taken to support prevention and early intervention efforts, such as codifying a prevention and early intervention set aside in the existing SAMHSA Community Mental Health Services Block Grant which would enable the grant to better meet the mental health needs of children and youth. Additionally, we urge you to take steps to increase community-based options across the continuum of care, including intermediate levels of care such as intensive outpatient services and integrate medical and behavioral health care services into primary care. One barrier to integrating mental health care into primary care is restrictions on billing for both medical and mental health services received on the same day. Eliminating these restrictions, as the *Improving Coordination and Access to Resources Equitably (CARE) for Youth Act* (S. 2556) does for Medicaid, will reduce barriers to children and youth receiving needed mental and behavioral health care, and move forward towards behavioral health integration.

Medicaid is the largest payer of behavioral health services in the United States, and that is particularly true for behavioral health services for children. As such, Congress must make significant investments in Medicaid in order to expand access to mental and behavioral health services for youth and meet the promises of Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Congress must also bolster the pediatric mental health care workforce to address existing and worsening shortages. This includes rectifying inadequate payment rates for behavioral health services, as well as implementing other innovative solutions to increase provider capacity and improve patient access to appropriate mental and behavioral health care. To support the full continuum of child and adolescent mental health care and expand our national capacity to deliver timely care in appropriate settings for children, new dedicated investments in pediatric health care infrastructure and services are vital.

CAMH has also identified nine priority areas with specific and actionable opportunities to increase access to evidence-based prevention, early identification, and early intervention; expand mental health services in schools; integrate mental/behavioral health into pediatric primary care; grow and strengthen the child and adolescent mental and behavioral health workforce; increase insurance coverage and payment; ensure mental health parity; extend access to telehealth; support children in crisis; and address the mental health needs of justice-involved youth. These opportunities are detailed in our CAMH Principles^{viii} and have also been distilled into a one-page document for your convenience.^{ix} We urge you to refer to these materials as you pursue youth mental health policies this year.

On behalf of our organizations, we thank you for the work that has been done already this Congress to address the mental health needs of children and adolescents. We look forward to working with you and your staff to ensure that children and adolescents' unique needs are well addressed and incorporated in any final legislation enacted in the 118th Congress. If we can be of further assistance, please contact Tamar Magarik Haro at tharo@aap.org.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
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American Foundation for Suicide Prevention
American Muslim Health Professionals
American Psychiatric Association
American Psychological Association Services
Association of Children's Residential & Community Services (ACRC)
Children's Defense Fund
Children's Hospital Association
Family Voices
First Focus Campaign for Children
Futures Without Violence
Meadows Mental Health Policy Institute
Mental Health America
MomsRising
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
National Children's Alliance
National Federation of Families
National League for Nursing
Nemours Children's Health
Network of Jewish Human Service Agencies
Sandy Hook Promise
Save the Children
School Social Work Association of America
Society for Adolescent Health and Medicine
The Jed Foundation
The National Alliance to Advance Adolescent Health
The Youth Power Project
Voice for Adoption
Youth Villages
ZERO TO THREE

ⁱ A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association. American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association; 2021. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

ⁱⁱ Amy Wimpey Knight, Sany Chung, Warren Ng. The Youth Mental Health Emergency Isn't Over. Government Must Act Now. U.S. News & World Report; 2023. <https://www.usnews.com/news/health-news/articles/2023-10-19/the-youth-mental-health-emergency-isnt-over-government-must-act-now>.

ⁱⁱⁱ National Vital Statistics System. Leading Causes of Death, United States. Centers for Disease Control and Prevention; 2020 <https://wisqars.cdc.gov/data/lcd/home>.

^{iv} Youth Risk Behavior Survey Data Summary & Trends Report, 2011-2021. Centers for Disease Control and Prevention; 2023. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

^v Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. US Department of Health and Human Services; 2020. <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>; Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. US Department of Health and Human Services; 2023. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

^{vi} Substance Abuse and Mental Health Services Administration. Behavioral Health Workforce Report. US Department of Health and Human Services; 2022. <https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>

^{vii} Study: One in Six U.S. Children has a Mental Illness. American Academy of Family Physicians; 2019.

<https://www.aafp.org/news/health-of-the-public/20190318childmentalillness.html>

^{viii} Child and Adolescent Mental Health Coalition. CAMH Principles; 2023. <https://www.camhcoalition.org/our-work/camhprinciples2023>.

^{ix} Child and Adolescent Mental Health Coalition. CAMH Principles for the 118th Congress; 2023. <https://www.camhcoalition.org/our-work/principles118congress>.