



June 11, 2025

The Honorable Brett Guthrie  
Chair  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Bill Cassidy  
Chair  
Committee on Health, Education, Labor, & Pensions  
United States Senate  
Washington, DC 20510

The Honorable Bernie Sanders  
Ranking Member  
Committee on Health, Education, Labor, & Pensions  
United States Senate  
Washington, DC 20510

Dear Chair Guthrie, Ranking Member Pallone, Chair Cassidy, and Ranking Member Sanders:

On behalf of the Child and Adolescent Mental Health (CAMH) Coalition, a group of organizations representing a diverse array of perspectives, including patients and providers, and dedicated to promoting the mental health and well-being of infants, children, adolescents, and young adults, we write in support of the *Early Action and Responsiveness Lifts Youth (EARLY) Minds Act* (H.R.1735/S. 779) and encourage you to promptly take Committee action on the legislation. The bipartisan, bicameral *EARLY Minds Act* would allow states to better tailor the response to the youth mental health crisis in their states by allowing them to use funds from the Community Mental Health Services Block Grant (MHBC), which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), for prevention and early intervention services.

The MHBC is SAMHSA's most significant investment in the provision of mental health care services throughout the country. However, as currently authorized, states cannot spend MHBC dollars in ways that could most effectively address the mental health needs in their states. Most significantly, the MHBC can be used only to provide services to adults with serious mental illness (SMI) or children with serious emotional disturbance (SED), which limits its use to individuals with very high needs and effectively prohibits funds from being used for early intervention and prevention. Prevention and early intervention services are particularly critical for children and teens, regardless of whether or not they have a mental health diagnosis, because services may delay or prevent crisis situations, potentially reducing future treatment costs and improving outcomes. Research shows that early intervention services can reduce the severity of mental health conditions in youth and delay or stop the onset of SED.<sup>i</sup>

Prevention and early intervention initiatives are wide-ranging, and many evidence-based programs have shown success in improving mental health outcomes and reducing anxiety, depression, and stress in participants over time. These programs include mental health literacy programs, parenting programs, outreach initiatives, and integration of mental health care into primary care and school settings, among many others. The *EARLY Minds Act* would allow states to expand the reach and impact of these programs.

The *EARLY Minds Act* also requires states to report on prevention and early intervention strategies funded through the MHBC. SAMHSA must then compile that information and report to Congress every two years detailing which states utilized the option to fund prevention and early intervention activities, how they allocated the funds, the ages of populations reached, and outcomes of participants in the funded initiatives. Through these reports, SAMHSA, Congress, and stakeholders will be able to review the impact of prevention and early intervention services on mental health outcomes.

On behalf of our organizations, we thank you for your leadership in addressing the mental health needs of children and adolescents. As you know, our nation's children cannot wait. Suicide is a leading cause of death for youth ages 10-18 in the United States.<sup>ii</sup> In 2023, 29% of high school students reported experiencing poor mental health, and 40% reported feeling persistently sad or hopeless.<sup>iii</sup> To address this crisis, youth deserve investments across the full continuum of pediatric mental health care, including prevention and early intervention. We look forward to working with you to advance this legislation. If we can be of further assistance, please contact Carrie Swope ([cswope@aap.org](mailto:cswope@aap.org)) at the American Academy of Pediatrics.

Sincerely,

American Academy of Pediatrics  
American Association of Child and Adolescent Psychiatry  
American Foundation for Suicide Prevention  
American Psychiatric Association  
American Psychological Association  
Association of Children's Residential & Community Services (ACRC)  
Association of Maternal & Child Health Programs  
Association of State and Territorial Health Officials  
BPC Action  
Center for Law and Social Policy (CLASP)  
Children's Hospital Association  
Committee for Children  
Family Voices National  
First Focus Campaign for Children  
Futures Without Violence  
MomsRising  
National Alliance on Mental Illness  
National Association of Pediatric Nurse Practitioners  
National Federation of Families  
National League for Nursing  
Nemours Children's Health  
Sandy Hook Promise  
School Social Work Association of America  
The National Alliance to Advance Adolescent Health  
Youth Villages  
Zero to Three

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<sup>i</sup> Cuijpers P, Pineda BS, Quero S, Karyotaki E, Struijs SY, Figueroa CA, Llamas JA, Furukawa TA, Muñoz RF. Psychological interventions to prevent the onset of depressive disorders: A meta-analysis of randomized controlled trials. *Clinical psychology review*. 2021 Feb 1;83:101955.

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<sup>ii</sup> Web-based Injury Statistics Query and Reporting System (WISQARS). Leading Causes of Death, United States. Centers for Disease Control and Prevention; 2023. <https://wisqars.cdc.gov/>.

<sup>iii</sup> Youth Risk Behavior Survey Data Summary & Trends Report, 2013-2023. Centers for Disease Control and Prevention; 2024. <https://www.cdc.gov/yrbs/dstr/index.html>