

September 1, 2016

The Honorable Dave Loebsack
1527 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Loebsack,

As organizations dedicated to promoting the mental health and well-being of children and adolescents, we write to thank you for your leadership on mental health and to support H.R. 5462, the *Children's Access to Mental Health Services Act*.

Research shows pervasive shortages of child and adolescent mental/behavioral health specialists throughout the US. To reduce this severe access barrier, 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. For children, integrating mental health into primary care settings simply makes sense. It is a setting where families regularly obtain care for their children and where identification, initial assessment, and treatment of medical and mental and behavioral health conditions occur.

Behavioral health integration programs such as the Child Psychiatry Access Programs (CPAPs) operate in nearly 30 states and represent successful models for the integration of children's mental health into primary care, but they need stable funding. Maryland's Behavioral Health Integration in Pediatric Primary Care Program, for example, offers a statewide infrastructure to support primary care providers in terms of continuing education, specialty mental health referral and behavioral health resource networking, social work co-location, and phone consultation. Currently, these integration programs are funded through a patchwork of short-term public and private grants.

Your bill, H.R. 5462, will enable states to create the necessary infrastructure to develop and implement organized behavioral health access programs for children and adolescents. By providing an enhanced federal match for state Medicaid administrative expenses for the next five years to support child behavioral health access program activities, these innovative state models of integration will be able to reach more children and operate in even more states. Expanding the capacity of pediatric primary care providers to deliver behavioral health through 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.

The human and economic toll of inadequately addressing childhood mental health problems is significant. Untreated mental health disorders lead to higher rates of family dysfunction, poor school performance and drop-outs, juvenile incarceration, substance abuse, unemployment

and suicide. In 2012, more than 5,000 young people between the ages of 10 and 24 died by suicide, making it the second leading cause of death in this age group.

Our organizations are grateful to you for your commitment to the mental health and well-being of children and we look forward to working with you to advance the legislation.

Sincerely,

American Academy of Pediatrics

American Association of Child & Adolescent Psychiatry

Association for Ambulatory Behavioral Healthcare

American Orthopsychiatric Association

American Psychological Association

Anxiety and Depression Association of America

Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)

Children's Hospital Association

Clinical Social Work Association

First Focus Campaign for Children

National Alliance to Advance Adolescent Health

National Alliance on Mental Illness

National Association of Pediatric Nurse Practitioners

National Association of State Mental Health Program Directors

National Association of Social Workers

School-Based Health Alliance

School Social Work Association of America

ZERO TO THREE