

# PEDIATRIC MENTAL HEALTH CARE ACCESS (PMHCA) PROGRAMS

## New Federal Funding and Opportunities for State Advocacy

On June 25, 2022, the [Bipartisan Safer Communities Act \(BSCA\)](#) was signed into law; among its many important provisions, the BSCA reauthorized the Health Resources and Services Administration (HRSA) [Pediatric Mental Health Care Access \(PMHCA\)](#) program for 5 years and provided an additional \$80 million for the program. To date, the PMHCA program has enhanced access to child and adolescent mental health care by funding tele-mental health access line programs in 43 states, several U.S. territories and Tribes and Tribal organizations. The additional \$80 million, coupled with \$13 million in the Fiscal Year 2023 omnibus appropriations bill allows HRSA to maintain funding for all existing programs and expand support to all remaining states and U.S. territories.

On April 11, 2023, HRSA released the [Notice of Funding Opportunity \(NOFO\)](#) for continuation of current federally funded PMHCA programs as well as additional state, territorial, and Tribal organization applicants for the program. Approximately \$22 million is available to fund grants of up to \$700,000 for existing PMHCA programs and \$500,000 for new awardee applications. The funding period runs September 30, 2023- September 29, 2026.

### **About the Program**

The goal of the PMHCA Program is to promote behavioral health integration in pediatric primary care through supporting tele-behavioral health care access. State or regional teams of pediatric mental health teams, which may include Developmental-Behavioral pediatricians, provide timely telehealth consultation, training, technical assistance, and care coordination for primary care clinicians to diagnose, treat, and refer children and adolescents with behavioral health conditions. Included in the BSCA were provisions to expand PMHCA programs to support emergency departments and schools.

The PMHCA Program is critically [important](#). Nearly 30% of the US population lives in a mental health professional shortage area, and roughly one-third of children with mental health disorders have their pediatrician as their sole mental healthcare provider. COVID-19 has also exacerbated the need for pediatric mental health services; a recent study showed that pediatric mental health-related emergency department (ED) visits have increased by 24-31% as a proportion of all children's ED visits since the pandemic began.<sup>i</sup> In addition, researchers studied data on 28,551 children ages 6-17 years from a Medicaid database who had a mental health related emergency department visit from January 2018 to June 2019 and found that after discharge from the emergency department, only 31.2% had a mental health follow up visit within 7 days, and 55.8% within 30 days<sup>ii</sup>. A recent study found that child psychiatry access programs enable pediatricians to manage most cases referred for consultation, thereby extending the behavioral health workforce to the primary care setting.<sup>iii</sup> The program has been successful, both clinicians and parents report high satisfaction with the PMHCA program.<sup>iv</sup>

### **PMHCA Programs**

As of April 2023, HRSA funded PMHCA programs in 43 states, the District of Columbia, the U.S. Virgin Islands, the

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Republic of Palau, the Chickasaw Nation, the Red Lake Band of Chippewa Indians, the Federated States of Micronesia, and the Commonwealth of Northern Mariana Islands. Currently, 4 states (Arizona, Idaho, Ohio, and South Dakota) do not have PMHCA programs, while 3 other states (Oregon, Pennsylvania, and Utah) have a comparable program, but are not currently receiving HRSA funding. The new NOFO allows current grantees to apply for continued funding and at a higher maximum grant award of \$700,000 per year and allows new awardees to apply for higher maximum grant award of \$500,000. More on the status of each state's program can be found at the [HRSA Pediatric Mental Health Care Access Program](#) site.

Among other activities, under the notice of funding, HRSA-funded programs are expected to:

- Build a statewide/regional network of pediatric mental health teams;
- Demonstrate strong partnerships with the state's Maternal and Child Health (MCH) Title V program (if the Title V program is not the state applicant, a letter of support from Title V agency must be obtained and applicant agency must detail how it will work in collaboration with Title V);
- Develop a telehealth referral database populated with information on community mental health resources;
- Develop statewide/regional partnerships to enhance the provision of behavioral health services via telehealth – including with AAP chapters;
- Create and convene an advisory board comprised of diverse stakeholders;
- Participate in national network of PMHCA programs and engage with PMHCA Innovation Center;
- Create a sustainability plan, collect data and participate in program evaluation; and
- Sustain elements of the project that are effective.

HRSA-funded programs must also report annually on a number of performance, outcome, and other measures.

### **What AAP Chapters Can Do Now**

If your state [has a PMHCA program](#) and your chapter has not yet formalized a relationship, now would be an important time to connect and offer chapter expertise. HRSA-funded PMHCA programs are [awarded](#) to states; the lead state agency varies by state—while the applicant agency may be the Title V program in your state, it could be another agency. AAP chapters, especially those in states that were not previously HRSA-funded, should reach out to their awarded state agencies to discuss plans for implementation.

If your state has a PMHCA program that is not yet receiving a HRSA grant or it does not yet have a PMHCA program, chapters are encouraged to reach out to your state and other advocates to discuss the status of state plans to create or support such a program and apply for federal funding. AAP chapters can offer to play a leadership role and provide expert pediatric input into program development. As an example, AAP chapters can offer to have representation serve on the state's PMHCA Program advisory board.

### **More Info from HRSA**

Additional information from HRSA is available on the [HRSA PMHCA website](#).

### **We're Here to Help**

AAP is here to support AAP chapters in efforts to create, sustain, and strengthen PMHCA programs across the country—please contact [AAP State Advocacy](#) for targeted consultation.

<sup>i</sup> Leeb R, Bitsko R, et al. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *Morbidity and Mortality Weekly Report (MMWR)*. November 13, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

<sup>ii</sup> Hoffman, JA, et al. Follow-up After Pediatric Mental Health Emergency Visits. *Pediatrics*. February 13, 2023. Available at <https://publications.aap.org/pediatrics/article/151/3/e2022057383/190647/Follow-up-After-Pediatric-Mental-Health-Emergency>

<sup>iii</sup> Shaligram, D and Walter, H. Utilization and Outcomes of Direct Consultation in a Child Psychiatry Access Program. *Psychiatry Services*. October 13, 2022.

<sup>iv</sup> Keller D, Child Psychiatry Access Programs: A Historical Perspective. 2020. Available at: <https://www.cmhnetwork.org/wp-content/uploads/2020/05/TampaWebinarFinal.6.7.20-UPDATED.pdf>