December 19, 2016

The Honorable Mike Pence
Vice President-Elect
Chairman of the Presidential Transition Team
1800 F St. NW
Washington, DC 20006

Dear Vice President-Elect Pence:

As organizations dedicated to promoting the mental health and well-being of children and adolescents, we appreciate this chance to offer opportunities that the new administration can take in order to ensure all children and adolescents receive early intervention and effective treatment for mental and behavioral health conditions.

Families and children, from infancy through adolescence, need access to mental health screening and assessment and a full array of evidence-based therapeutic services to appropriately address their mental and behavioral health needs. As many as 1 in 5 children in the U.S. suffers from a diagnosable mental disorder, but only 20 to 25 percent of affected children receive treatment. Recently, the Centers for Disease Control and Prevention released new data showing that suicide rates for youths ages 10 to 14 are comparable to the rates of death due to traffic accidents, the leading cause of death in this age group. The human and economic toll of inadequately addressing childhood mental and behavioral health problems is significant. Untreated mental and behavioral health disorders are associated with family dysfunction, school expulsion, poor school performance and drop-outs, juvenile incarceration, substance abuse, unemployment, and suicide.

Our organizations, representing a diverse array of perspectives, have come together to offer President-Elect Trump, you, and your transition team six concrete opportunities to improve and enhance mental health services for children. As a coalition, we have identified a set of specific and actionable opportunities that strengthen the health care workforce, insurance coverage and payment, integration of mental/behavioral health into pediatric primary care, early identification and intervention, mental health parity, and juvenile justice reform.

In order to meet the essential health needs of children, the burden of mental health disorders in childhood should be elevated and given priority attention within the federal government. Further, investments must be made to ensure spending levels and allocations for child and adolescent mental health are sufficient. Lastly, more than 45 million children and adolescents rely on Medicaid and CHIP for their insurance coverage. Taken together with private coverage expansions, we have reached historic levels of insurance coverage for children, with more than 95 percent of all children covered. We urge you to build upon that progress when it comes to coverage, affordability, and access for children and adolescents.

We note the passage of important mental health provisions within the *21st Century Cures Act,* and we look forward to the opportunity to work with you and the Trump Administration on implementation of those provisions so that all children and adolescents receive the care they need to live healthy, productive lives. We respectfully request a meeting with your transition team staff to discuss our ideas

in greater detail. To arrange a meeting, please contact Tamar Magarik Haro with the American Academy of Pediatrics at (202) 347-8600 or tharo@aap.org. Thank you for your consideration of our ideas for the Trump Administration.

Sincerely,

AIDS Alliance for Women, Infants, Children, Youth & Families

American Academy of Pediatrics

American Association of Child & Adolescent Psychiatry

American Dance Therapy Association

American Psychiatric Association

American Psychological Association

Association of Maternal & Child Health Programs

Bazelon Center for Mental Health Law

Children's Hospital of Philadelphia

Family Voices

The Jewish Federations of North America

Mental Health America

NAMI

National Alliance to Advance Adolescent Health

National Association for Children's Behavioral Health

National Association of Counties

National Association of Pediatric Nurse Practitioners

National Association of State Mental Health Program Directors

Nemours Children's Health System

School Social Work Association of America

School-Based Health Alliance

United Way Worldwide

ZERO TO THREE

Child and Adolescent Mental Health Principles for the Transition Team

Principles Endorsed by:

AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Pediatrics
American Association of Child & Adolescent Psychiatry
American Dance Therapy Association
American Psychiatric Association
American Psychological Association
Association of Maternal & Child Health Programs
Bazelon Center for Mental Health Law
Children's Hospital of Philadelphia
Children's Hospital Association
Family Voices
The Jewish Federations of North America
Mental Health America
NAMI
National Association for Children's Behavioral Health
National Association of Counties
National Association of Pediatric Nurse Practitioners
National Association of State Mental Health Program Directors
Nemours Children's Health System
School Social Work Association of America
School-Based Health Alliance
The National Alliance to Advance Adolescent Health
United Way Worldwide
ZERO TO THREE

1. Child and Adolescent Mental and Behavioral Health Workforce

Challenge: Across the United States, there is a dire shortage of health professionals specializing in mental and behavioral health for children and adolescents. Currently, there are fewer than 9,000 actively practicing child and adolescent psychiatrists, and over 15 million children and adolescents in need of their special expertise. Workforce shortages also persist in psychology, social work, and other behavioral health specialties, including school behavioral health providers, which severely impede access to needed care for children and adolescents with mental health and substance abuse problems. Today, 75-80% of children with mental health problems receive no treatment at all. Expanding both the child and adolescent mental and behavioral health and primary care workforce is critical for addressing the enormous unmet mental and behavioral health needs of children and adolescents.

Opportunities

- Fund loan repayment assistance programs such as the Pediatric Subspecialty Loan Repayment Program.
- Invest in workforce training programs like the Health Resources and Services Administration's Graduate Psychology Education Program, the Children's Hospitals Graduate Medical Education Program, and the Substance Abuse and Mental Health Services Administration's Minority Fellowship Program.
- Expand telehealth and teleconsultation mechanisms to expand access to mental and behavioral health services to underserved populations.
- Develop a nationwide strategy with public and private partners to expand the supply and distribution of health professionals specializing in infant, child, and adolescent mental and behavioral health.

2. Insurance Coverage and Payment

Challenge: Medicaid and CHIP, which now cover more than 45 million children, are vital sources of insurance coverage for mental health and substance use disorder services. These programs, along with private insurance expansions, have resulted in historic levels of coverage for children. Today, 95 percent of children in the United States are insured as a result of these national commitments to children's coverage.

To better optimize access to the behavioral health workforce, participation by providers in both private and public insurance plans should be given heightened attention. Payment rates to providers by private and public insurance for mental and behavioral health services should be a greater priority. The use of behavioral health carve-outs, lack of payment for emerging childhood mental health conditions and non-face-to-face aspects of children's mental health care, and restrictions on same day billing of medical and mental health services create additional barriers to children's access to mental health services. Even though private insurance, CHIP, and Medicaid are subject to mental health parity requirements, access to timely and qualified behavioral health providers is often limited because cost-sharing requirements are too high, and residential and other long term mental and behavioral health services are often not covered.

Opportunities

- Preserve and extend the current structure, financing, and stability of public and private insurance coverage for children and adolescents so that the historic coverage gains for children are maintained.
- Ensure all public and private insurance plans have comprehensive, affordable coverage for mental health and substance use disorder services so that children and adolescents can access the care that they need.
- Encourage private and public payers to allow same-day billing for medical and mental health services and to recognize codes pertaining to behavioral and developmental screening and assessment, behavioral health counseling, telehealth, family therapy, care management services, and consultation services.
- Ensure payment to pediatric primary care providers for mental and behavioral health services, including for the care of children whose conditions have not risen to the level of a DSM-5 diagnosis.
- Ensure that medically necessary services for children and adolescents can be delivered at the right time for the right duration by allowing a full array of treatment settings to be covered.
- Ensure an adequate safety net system to provide mental and behavioral health services for uninsured children and adolescents.
- Commission a national study of private and public insurance participation by child and adolescent mental and behavioral health specialists. Included in this study should be a set of recommended payment policies that would be necessary to ensure the participation of child and adolescent psychiatrists, psychologists, social workers, and certified substance use counselors in private and public insurance networks.

3. Integration of Mental and Behavioral Health into Pediatric Primary Care

Challenge: Pediatric primary care is the setting where families regularly access care for their children and where identification, initial assessment, and care of medical and mental and behavioral health conditions occur. Most integrated care efforts are funded through a patchwork of short-term public and private grants, limiting their reach and sustainability. Important research shows that the integration of mental health and primary care makes a difference for children and adolescents in terms of expanded access to mental health care, improved health and functional outcomes, increased satisfaction with care, and cost savings.

Opportunities

- Support statewide behavioral health integration programs for children and adolescents, like the Massachusetts Child Psychiatry Access Project, Maryland's Behavioral Health Integration Program, and other similar projects that operate in nearly 30 states. Sustainable funding mechanisms, such as

Medicaid administrative funding, would help states to develop organized state networks of child and adolescent behavioral health specialists, conduct training of pediatric primary care providers in evidence supported diagnosis and intervention, and monitor increased access to behavioral health services in coordination with other state behavioral health resources.

- Establish and promote behavioral health integration in the pediatric medical home, through training of primary care providers and behavioral health professionals, to ensure that prevention, early identification and intervention can be delivered in the primary care setting.
- Foster the development of new, and support existing, sustainable models of co-location or integration of mental health providers in all pediatric primary care settings.

4. Early Identification and Intervention

Challenge: Roughly half of lifetime cases of mental illness begin by age 14, making early identification and intervention a key child and adolescent health issue. Although the onset of most mental disorders occurs during childhood, effective treatment is typically delayed despite the positive evidence of early intervention. This is due in large part to the fact that health care professionals, child care workers, and teachers often lack specialized knowledge and age-appropriate referral sources to identify and treat the early signs of mental health problems.

Opportunities

- Expand training of health care providers, child care workers, home visitors, early intervention providers, teachers, school behavioral health providers, first responders, and others to identify mental health problems at an early age and link children in need with age-appropriate services.
- Support Medicaid's Early and Periodic Screening, Diagnosis, and Treatment provisions and protections for children to ensure the early identification and medically necessary treatment for mental and behavioral health conditions.
- Support implementation of successful demonstration models for the prevention of psychosis and create similar models to prevent and treat other forms of serious emotional disturbance.
- Increase public awareness, screening, and treatment for maternal depression, infant mental health, and trauma and toxic stress in children of all ages as part of routine preventive and primary care.
- Encourage evidence-based suicide prevention and mental health programs in schools and on college campuses.
- Fund programs aimed at developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment.

5. Mental Health Parity

Challenge: Despite enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) and its subsequent expansions to Medicaid managed care, CHIP, and the insurance marketplaces, there are many opportunities to improve oversight and compliance with the requirements of MHPAEA. Currently, many children and adolescents still face barriers in access to mental health and substance use disorder treatment due to insurance discrimination that singles out these services. In addition, consumer and provider awareness about mental health parity protections and remedies are not well understood.

Opportunities

- Maintain applicability of MHPAEA in the current public and private insurance markets, including individual and small group markets.
- Expand MHPAEA to children and adolescents enrolled in Medicaid fee-for-service arrangements, eliminating the more restrictive limits that are placed on mental health and substance use disorder services as compared with medical and surgical services.
- Partner with state agencies, such as Attorneys General and insurance commissioners, to ensure compliance with existing MHPAEA protections for children and adolescents in the private *and* public insurance markets, including Medicaid and CHIP.

6. **Juvenile Justice Reform:**

Challenge: Unfortunately, too often children suffering from mental illness end up in our juvenile justice system instead of receiving needed mental health services within their community. More than two-thirds of all youth in the juvenile justice system have at least one mental health disorder, and nearly one in five have disorders severe enough to require immediate intensive treatment. Up to a quarter of this population is also in the child welfare system and at least 90 percent have experienced trauma. Incarceration of adolescents with mental health or substance use disorders makes outcomes worse not better. States and localities should be incentivized to provide cost-effective, early intervention programs that keep those with mental illness out of the juvenile justice system, while simultaneously working to ensure justice-involved youth receive appropriate services and supports so they do not enter the adult correctional system, but rather, contribute to local economies.

Opportunities

- Expand programs to divert adolescents with mental health or substance use disorders away from the juvenile justice system and into community-based treatment.
- Continue and support the codification, by Congress and state legislatures, of the current ban on solitary confinement for minors.
- Support efforts to reverse laws that require juvenile suspects to be transferred or waived into adult court without judicial review.
- Support efforts to end the use of indiscriminate youth shackling in courtroom settings, which not only traumatizes youth but also interferes with their right to effective assistance of counsel and violates their due process protections under the fifth and fourteenth amendments.
- Allow states to further innovate and utilize all necessary measures, including through waivers granted by the Centers for Medicare and Medicaid Services (CMS), to provide maximum flexibility within the Medicaid program to improve the continuity of health care for justice-involved youth. This includes efforts to require that states suspend Medicaid, instead of terminating it, when an eligible youth is incarcerated or held in pre-adjudication detention.