



# 2022 LEGISLATIVE AGENDA

*Advancing Excellence in Practice & Policy*

## HOT TOPIC

### Address the National Mental Health Crisis

#### ACTION

- Support legislation that addresses barriers to mental health care for youth and their families, including maternal mental health care, services and prevention for children and adolescents, Medicaid reform, and bolstering the workforce.

#### Maternal Mental Health

Maternal mental health can have an important impact on child and adolescent health. Postpartum depression affects up to 15% of women, and the negative short- and long-term effects on child development are well established. Therefore, prevention researchers have noted that waiting for the onset of depressive episodes before intervening is not sufficient and that preventing major depressive episodes at any time, but particularly during pregnancy and the postpartum period, is critically important to the welfare of both children and mothers.

#### Congress should:

- Increase funding and efforts through the Maternal and Child Health Block Grant to target additional funding to address these needs.
- Increase funding to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

#### Adolescents and Youth

Although the ongoing COVID-19 pandemic has exacerbated mental health concerns among youth, these concerns were present prior to the start of the pandemic. According to the Surgeon General's Advisory, "Protecting

Youth Mental Health," the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40% between 2009 and 2019; the share of these students seriously considering attempting suicide increased by 36%; and the number creating a suicide plan increased by 44%. Between 2011 and 2015, youth psychiatric visits to emergency departments for anxiety, depression, and behavioral challenges went up by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the United States increased by 57%; estimates suggest there were more than 6,600 deaths by suicide among the 10-24 age group in 2020.

Vulnerable populations are disproportionately impacted: suicide rates among Black children under the age of 13 have been steadily increasing, with Black children now nearly twice as likely as White children to die by suicide. "Moreover," the Surgeon General states, "socioeconomically disadvantaged children and adolescents—for instance, those growing up in poverty—are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status." There is a particular need for culturally relevant screening and treatment for these populations.

CWLA endorses the following recommendations from the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA):

- Increase federal funding dedicated to ensuring all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of populations that are under-resourced.
- Promote and pay for trauma-informed care services that support relational health and family resilience.

***Additionally, Congress should:***

- Pass HR 4944 Helping Kids Cope Act, increasing the scope of health care provider grant funding.
- Through Title IV-B Reauthorization, create tutoring and mentoring programs for students in foster care, with particular focus on students of color.
- Support LGBTQ+ children in foster care and their families, who are more vulnerable to mental health issues, by passing the John Lewis Every Child Deserves a Family Act.

## **Medicaid**

Child welfare agencies are responsible for meeting the physical and mental health needs of all children in their custody. Virtually all children in foster care are eligible for and receive their health care through Medicaid. Considering the volume and intensity of the health needs of children and youth in child welfare, Medicaid must provide the physical, mental, and behavioral health services vital to their well-being.

Medicaid is integral in helping child welfare agencies address the prevention, early intervention, and the treatment of children in foster family homes, children with special needs in residential treatment, children who move from foster care to guardianship, and those with special needs adopted from foster care. The success of Medicaid is, therefore, integral to the success of these children. It's that simple. However, Medicaid often fails these children in its access, services, and enforcement.

***Congress should:***

- Adopt the Medicaid Bump Act to increase the Federal matching rate in Medicaid for behavioral health and substance abuse services.
- Make Medicaid mandatory for all children and youth in and from foster care, including subsidized guardianships, even if they are ineligible for Title IV-E federal funding.

- Fully enforce Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to ensure psychiatric services for children.
- Adopt the Treatment Family Care Services Act to provide a uniform national definition of Treatment Foster Care (TFC) through Medicaid.

## **Workforce**

“The lifetime prevalence of any mental disorder among adolescents is estimated to be 49.5 percent (National Institute of Mental Health, 2019). Furthermore, 1 in 25 adolescents has a substance use or abuse condition (American Addiction Centers, 2019) and suicide is the second leading cause of adolescent death (Heron, 2016). However, the ratio of board-certified adolescent medicine providers to adolescents is 0.8 to 100,000.”

The need for a more professional well-trained, staffed, encouraged, and supported behavioral health workforce is evident. That means we need a multi-pronged, ongoing, and long-term strategy. These strategies must include school loan forgiveness, better reimbursement, training, and integration of training between professions and a host of efforts by HHS and their umbrella agencies, the Department of Education and the Department of Labor.

***Congress should:***

- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.
- Examine strategies to designate certain careers as an underserved need (just as geographic and population areas in the country are designated as underserved through the Health Professional Shortage Areas program under the Health Resources and Services Administration).



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