

American Association of Child & Adolescent Psychiatry

March 4, 2024

The Honorable Sheldon Whitehouse
Chairman
U.S. Senate Committee on the Budget
Washington, D.C. 20510

The Honorable Chuck Grassley
Ranking Member
U.S. Senate Committee on the Budget
Washington, D.C. 20510

Dear Chairman Whitehouse and Ranking Member Grassley:

On behalf of the American Association of Child and Adolescent Psychiatry (AACAP) and our more than 11,000 members, thank you for holding the hearing entitled, “How Primary Care Improves Health Care Efficiency.” AACAP represents child and adolescent psychiatrists, fellows, residents, and medical students, all of whom grasp the gravity of our nation’s pediatric mental health crisis and continue to respond to it. Our members work in every child-facing system of care – in urban and rural communities – and from outpatient settings to hospitals and in schools.

Even prior to the COVID-19 pandemic, the mental health struggles of America’s children and adolescents had been increasing and are well-documented. However, pediatric mental health-related emergency visits soared as COVID-19 disrupted school and normal social interactions.

In response to the unprecedented mental health needs of America’s youth, AACAP, along with the American Academy of Pediatrics and the Children’s Hospital Association, declared a national state of emergency in children’s mental health in October 2021, which enumerated several policy recommendations,¹ which include (1) funding comprehensive, community-based systems of care that connect families in need of behavioral health services to support for their children through evidence-based interventions in their home, community, or school; (2) increasing implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment; and (3) accelerating adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payments.

To increase access, we can extend the reach of the child and adolescent psychiatry workforce by supporting primary care providers and school-based providers in identifying, assessing, and stabilizing children with pediatric behavioral health disorders and then escalating to specialty behavioral healthcare when a patient’s needs require a higher level of care.

There are several innovative models of mental health care delivery that can improve access to mental health care and increase health care efficiency for children. One model is the Collaborative Care Model (CoCM), which is a systematic strategy for treating behavioral health conditions in primary care through the integration of psychiatric consultants, such as child and adolescent psychiatrists, and care managers. Based on the AIMS Model from the University of Washington² and adopted by the Current Procedural Terminology Editorial Panel and Medicare, Medicaid, and private payers in recent years, CoCM provides primary care providers a way to bill for and be

¹ [Pediaticians, CAPs, and Children’s Hospitals Declare National Emergency \(aacap.org\)](https://www.aacap.org)

² [AIMS Center | Advancing Integrated Mental Health Solutions in Integrated Care \(uw.edu\)](https://www.aimscenter.org)

reimbursed for the integration of psychiatrists and behavioral health managers into their practice. In this model, primary care physicians receive reimbursement for the staff – psychiatrists and behavioral health care managers – needed to implement this model. Psychiatrists and the behavioral health managers are then paid by the primary care physician through contractual arrangements. CoCMs have proven to be effective in the early identification of children who need treatment for behavioral and mental health conditions because children are seen by pediatricians on a regular basis. A pediatrician’s office, therefore, serves as a natural entry point of access to mental and behavioral health care.³

Pediatric Mental Healthcare Access (PMHCA) consultation programs, administered by the Health Resources and Services Administration (HRSA), commonly called child psychiatry access programs (CPAPs),⁴ are another model that facilitates the integration of behavioral health and primary care and have been implemented in most states across the country. They are funded through HRSA grants, state funding, institutional funding, or a combination of each, yet some states with large rural and underserved areas have not yet developed such programs. Pediatricians use CPAPs in their state to consult with child and adolescent psychiatrists about treatment options for children and youth they see who may need mental and behavioral health care. Research has shown that the use of CPAPs significantly improves outcomes for the patients who receive integrated medical and behavioral health care through this model compared to treatment as usual.⁵

Telepsychiatry is another key therapeutic intervention that extends a child and adolescent psychiatrist’s reach across large geographic areas to youth in different community settings, including primary care offices, schools, daycare facilities, detention centers, and homes.⁶

CoCM and CPAPs in primary care and pediatric settings meet children and adolescents where they are – in the pediatrician’s office, the family physician’s office, and in other systems of care – and therefore eliminate barriers to mental and behavioral health care. AACAP is grateful for recent Congressional investments in these programs and urges Congress to continue to support these resources and promote state and provider adoption to ensure that these models are sustainable. We must meet children where they are to eliminate additional barriers and increase efficiency in health care.

AACAP appreciates the opportunity to share how integrating mental and behavioral health care in primary care can improve health care efficiency. If you have any questions please contact, Ben Melano, Deputy Director of Federal Affairs, at bmelano@aacap.org.

Respectfully,



Tami D. Benton, MD
President

³ [Integrating Primary Care and Behavioral Health: The Role of the Psychiatrist in the Collaborative Care Model | FOCUS \(psychiatryonline.org\)](#)

⁴ [Map — NNCPAP National Network of Child Psychiatry Access Programs](#)

⁵ [Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis - PubMed \(nih.gov\)](#)

⁶ [Clinical Update: Telepsychiatry With Children and Adolescents \(jaacap.org\)](#)