



# THE STATE OF CHILDREN AND YOUTH BEHAVIORAL HEALTH

SOLUTIONS BY CONGRESS, THE  
ADMINISTRATION, AND HEALTH PLANS

| Association for Behavioral Health and Wellness



Advancing Health Care Policy for  
Mental Health & Substance Use Disorders

■ October 2024

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# Action Needed for Children and Youth Mental Health

Recognizing the adversity facing children, youth, and families, Congress and the Administration have undertaken several activities to help mitigate this crisis. ABHW member plans are also supporting children, youth, and families by developing innovative programs and models of care.

Mental health affects every aspect of our lives: how we feel about ourselves and the world; our ability to solve problems, cope with stress, and overcome challenges; build relationships and connect with others; and perform in school, work, and throughout life. Mental health encompasses our emotional, psychological, and social well-being, and it is an essential component of overall health. Mental health challenges can be difficult to define, diagnose, and address.


During the COVID-19 pandemic, children and youth faced unprecedented challenges. The pandemic drastically changed how they attend school, interact with friends, and receive health care. Their families may have lost access to mental health care, social services, income, food, and/or housing. It is estimated that 229,000 children have lost one or both parents due to COVID-19. The mental health of America's youth has grown steadily worse over the last decade, with the COVID-19 pandemic exacerbating the trend.

Forty-two percent of high school students in 2021 reported feeling so sad or hopeless for at least two consecutive weeks that they stopped engaging in their usual activities. In 2009, 26% reported feeling this way. Female high school students and LGBTQ+ students were more likely to experience poor mental health and suicidal thoughts.

Nearly 60% of female students and nearly 70% of LGBTQ+ students experienced persistent feelings of sadness or hopelessness. Ten percent of female students and more than 20% of LGBTQ+ students attempted suicide. Hispanic and multiracial students were more likely than Asian, Black, and White students to have persistent feelings of sadness or hopelessness. Black students were more likely to attempt suicide. Twenty-two percent of high school students seriously considered attempting suicide in the past year.

**42% of high school students in 2021 reported feeling so sad or hopeless for at least two consecutive weeks that they stopped engaging in their usual activities.**

Mental illness and substance use disorders oftentimes overlap, with mental illness contributing to substance use disorders and substance use disorders contributing to the development of mental illness. While substance use among high school students decreased from 2011 to 2021, the lack of change in the use of certain substances is concerning. The percentage of students who used electronic vapor products did not change from 2015 to 2021, and the percentage of students who misused prescription opioids did not change from 2019 to 2021.





In 2021, 13% of high school students used illicit drugs such as cocaine, heroin, methamphetamines, or ecstasy. Twelve percent of high school students had misused prescription opioid medicine such as codeine, Vicodin, OxyContin, or Percocet. Female students were more likely to have taken illicit drugs or misused a prescription opioid.

The mental health of families is critical to support children, yet the mental health of mothers is in crisis. Perinatal mental health conditions are the leading cause of maternal mortality, responsible for 23% of such deaths. Rates among Black and Native American mothers are even higher. Seventy-five percent of mothers with perinatal mental health conditions never get treatment.

Recognizing the adversity that children, youth, and families are facing, the Administration and Congress have undertaken several activities to help mitigate this crisis.

## BIDEN ADMINISTRATION ACTIVITY

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President Biden introduced the Unity Agenda to focus on policy areas that have broad, bipartisan support and are important to the American people. As a part of that agenda, the Administration has focused on addressing the mental health crisis in the United States, including for youth. The White House hosted a Youth Mental Health Forum in 2022 and has taken several other actions to address this crisis. The Administration has made significant investments in the U.S. Department of Health and Human Services (HHS) and Office of National Drug Control Policy (ONDCP) to advance critical policies. HHS has provided \$190 million in supporting



initiatives such as Project LAUNCH, the Children's Mental Health Initiative, and the Infant and Early Childhood Mental Health Grant Program. ONDCP announced \$13.2 million in grants for Drug-Free Communities Support Programs, which provide funding to community coalitions working to prevent youth substance use through evidence-based strategies.

In addition to funding, HHS launched a new Children and Youth Resilience Prize Challenge to reward community-led solutions to improve mental health in children and adolescents. HHS also established a technical assistance center and awarded grants for implementing, enhancing, or expanding school-based mental health. The U.S. Department of Education proposed a rule under the Individuals with Disabilities Education Act (IDEA) to streamline billing under Medicaid.

In December 2021, the Surgeon General released an advisory on Youth Mental Health. Such advisories are relatively rare and are reserved for “significant public health challenges that need the nation’s immediate awareness and action.”

The advisory recommends improving youth mental health by expanding behavioral health care services for children and youth through telehealth and developing the school-based mental health workforce. In May 2023, the Surgeon General released a second advisory on Social Media and Youth Mental Health. The advisory acknowledged that while research about social media's effects is ongoing, a growing body of evidence suggests potential harm.

The Surgeon General outlined immediate actions that the U.S. could take to make social media safer and healthier for youth such as policymakers strengthening safety standards and better protecting youth’s online privacy; technology companies more transparently assessing the impact of their products on youth; and parents establishing better online habits with their children.

The Administration also continues to make strides in addressing maternal mental health. Launched in late 2023, the Federal Task Force on Maternal Mental Health is charged with identifying, evaluating, and making recommendations to coordinate and improve federal activities to improve maternal mental health care. Secretary Becerra unveiled the Postpartum Maternal Health Collaborative. This initiative aims to address postpartum mortality by fostering collaboration among state leaders, community partners, and federal experts. Through the Advanced Research Projects Agency for Health (ARPA-H), First Lady Dr. Jill Biden announced a \$100 million investment in women’s health.





# CONGRESSIONAL ACTIVITY

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Since 2021, Congress has also taken significant steps in addressing the critical issue of children's and youth's mental health by passing legislation aimed at supporting children and youth.

The American Rescue Plan (ARP) is a \$1.9 trillion economic stimulus bill that was passed by the 117th Congress in response to the COVID-19 pandemic to help speed the United States recovery. The ARP contains several provisions that provide funding for states to support children and youth mental health. These investments included \$80 million for the Pediatric Mental Health Care Access program, which promotes integrating care for behavioral health into pediatric primary care settings; \$20 million to support youth suicide prevention programs; \$420 million for the Certified Community Behavioral Health Clinic expansion program; and \$122 billion in relief funds for schools to help them reopen safely and address the mental health, social, emotional, and academic needs of students.

The Bipartisan Safer Communities Act (BSCA) and the Fiscal Year 2022 Omnibus Appropriations bill provided almost \$300 million in grants to help schools hire more school-based mental health professionals and build a pipeline into the profession. The BSCA will invest \$1 billion over the next five years in mental health support in schools

It also provided \$80 million in grants to support pediatric primary care providers to access mental health specialists' expertise in guiding their treatment. In addition to this funding, the BSCA improves oversight of state implementation of Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and requires the Centers for Medicare and Medicaid Services (CMS) to provide guidance to states on how they can increase access to behavioral health services through telehealth.



Additionally, Congress has taken several steps to address maternal mental health. During the 117th Congress, three key pieces of legislation were passed and enacted to help support mothers. The Into the Light for Maternal Mental Health and Substance Use Disorders Act reauthorized and expanded the Health Services and Resources Administration (HRSA)'s grants to states for screening and prevention and to fund the maternal mental health hotline. The Pregnant Worker Fairness Act created the first national standard to ensure pregnant workers receive fair treatment at work through reasonable accommodations for limitations to pregnancy, childbirth, or medical conditions.

Finally, the PUMP for Nursing Mothers Act amended and updated current law by providing workplace lactation accommodation protections.

Congress has also expressed concerns with social media and its effects on children and youth mental health. During the 118th Congress, several pieces of legislation were introduced to protect children and youth online. These solutions range from prohibiting children under 13 from creating social media accounts, requiring schools to block and filter social media on federally funded devices and networks, and changing the design of the algorithm.

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## **ABHW Member Efforts in Children and Youth Behavioral Health**

ABHW members are committed to ensuring access to quality, affordable, and evidence-based behavioral health care for children and adolescents. Members are working on various initiatives to help children and youth get the care they need.

ABHW members are utilizing available data to help better identify and address the needs of the individuals they insure. Data analytics are emerging as a transformative tool, reshaping how mental illness is diagnosed, treated, and prevented. By leveraging patient data, behavioral health professionals can enhance diagnostic accuracy, tailor treatment plans, and improve preventative strategies. Some ABHW members have created predictive models that identify children and youth who are at risk of a suicide attempt. These models allow health plans to initiate proactive outreach to families, children, and youth and have resulted in a reduction in suicides.



Raising awareness and helping solve the children and youth's mental health crisis is a priority for ABHW members. Many members have created grants to support communities' efforts to aid children and youth and conducted research to create solutions. For example, one health plan issued a report highlighting the touchpoints that at-risk youth have with health care services and how they can better enhance this engagement to assist these youth.

Many other ABHW member efforts aim to increase access to school-based services, increase the behavioral health workforce, and leverage digital therapeutics. This report includes several examples of these innovative programs and identifies policy recommendations to improve access to quality behavioral health care for children and adolescents.

## Workforce

The United States is experiencing a behavioral health care workforce shortage, with less than a quarter of the workforce needed to meet needs and wide geographical disparities. Nearly one in five children have a mental, emotional, or behavioral disorder such as anxiety or depression, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, disruptive behavior disorder, or Tourette syndrome. Unfortunately, only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider.

Seventy percent of counties in the United States have no child and adolescent psychiatrists. The United States has only 14 child and adolescent psychiatrists per 100,000 children. Access to behavioral health care is essential to achieving good health outcomes. ABHW members are concerned about the workforce shortage and are developing solutions to fill the gaps.

### CareFirst

CareFirst and Children's National Hospital, one of the largest not-for-profit health care organizations, created an alliance to help address the youth mental health crisis and improve outcomes. Primary care providers who go through specialized mental health training focused on depression, suicide prevention, anxiety, ADHD, and eating disorders receive increased reimbursement for preventative and mental health care services.

The alliance executes a value-based care payment model for the Children's National network of community physicians, enhancing benefits to offer more value to physicians and patients while aiming to drive improved outcomes, patient experience, and coordination in care. By embedding mental health care within the familiar confines of primary care settings, this initiative ensures children receive timely interventions in an environment they trust.

This unique payer-provider alliance improves access to mental health services and addresses healthcare disparities and social determinants of health.

## **Centene**

Children in foster care are particularly vulnerable to mental health conditions due to high rates of trauma from adverse childhood experiences. Of youth covered by Medicaid, those in foster care have a higher rate of diagnosed mental health disorders and children in foster care are almost four times more likely to contemplate suicide than their peers who have not been in foster care. Centene has a Foster Care & Child Welfare training team that trains foster/kinship parents, providers, child welfare caseworkers and advocates, judges, law enforcement, educators, and others involved in child welfare and the foster care/adoption system on specialized initiatives for children.

Courses are offered in partnership with Centene's state health plans to provide appropriate, coordinated, and compassionate care specifically aimed at the needs of this population, such as covered benefits and clinical topics, including a focus on trauma's impact on emotional and physical development.

## **Elevance Health**

Carelon Behavioral Health, a subsidiary of Elevance Health, administers the Massachusetts Child Psychiatry Access Project (MCPAP). This program provides quick access to psychiatric consultation for primary care and emergency room physicians, pediatricians, and family medicine doctors. This enables these providers to get assistance in diagnosing and treating a child's mental health condition in real-time.

The MCPAP has steadily increased the number of children served from 2,369 in 2006 to almost 5,000 in 2023, and this success has resulted in similar programs being launched in other states. The MCPAP model has been expanded with federal HRSA support to 49 states, DC, and seven other jurisdictions. Additionally, 30 states are using the MCPAP model to address perinatal mental health and substance use. Programs to address adult substance use and chronic pain are also now operating in three states.



## Lucet

With the increased prevalence of mental health concerns among children and adolescents, Lucet has developed a specialty team of care managers with the support of a medical director with a specialty in pediatric psychiatry. The team works closely with Lucet's clinical access, eating disorder and autism resource teams, as well as external stakeholders, including medical care management, social workers, providers, and community supports, to holistically address the complete spectrum of Lucet's young member's needs.

This program aims to help children and families by connecting them with treatment/resources, assisting them in navigating the healthcare system and bringing together all supportive parties to share information to better support the members and families. The goal is to reduce symptoms, improve family dynamics, and increase community stability.

## Optum

Optum, in collaboration with UnitedHealthcare, is responding to the need to address youth mental health by launching an anonymous peer support pilot program. The program, a virtual peer-to-peer chat service, was launched in early 2024 in Nevada and Kansas.

The program matches youth facing similar challenges into small peer-to-peer groups for live, anonymous chats, available 24/7. A professionally trained moderator guides all chats in real time to ensure safety and keep the conversation on track. Participants also receive resources, videos, and articles to help with coping and problem-solving.

The virtual peer support program meets youth where they are and provides a user-friendly method to connect. It also empowers them to find solutions that work for them. While peer support doesn't replace therapy, it offers a more affordable and accessible way for mental and emotional support. It also draws in young people who might not have considered getting help. In the first three months of launching the program, over 1,000 students used the platform, and 95% reported feeling better after a single engagement. Regardless of insurance coverage, the program is available to all high school students in the pilot program area.

# School-Based Mental Health

School-based mental health services can improve access to care, allow for early identification and treatment of mental health issues, and may be linked to reduced absenteeism and better mental health outcomes. School-based services can also reduce access barriers for underserved populations. The delivery of mental health services has evolved and continues to vary across schools. Many ABHW members have taken action to support school-based services through funding, providing educational resources, and increasing access to telehealth in school settings.

## Cigna

Cigna is partnering with Arlington Public Schools in Virginia to provide a school support line for high schools in the area. The School Support Line is staffed by advocates whom Cigna trains to engage with students, parents, and school staff. Based on the students' needs, they will be triaged to crisis support, community support, or phone counseling with a licensed Cigna clinician. The School Support Line includes assistance for incidents such as bullying, isolation, and suicidal thoughts.

## Kaiser Permanente

Thriving Schools is Kaiser Permanente's commitment to partnering with schools and districts across the country, helping to ensure that teachers, staff, and students have the support they need to thrive in learning and in health.

For example, Kaiser Permanente Thriving Schools developed Resilience in School Environments (RISE) which empowers schools to create safe and supportive learning environments by cultivating practices that strengthen social and emotional health for all school employees and students. RISE aims to increase staff job satisfaction and reduce stress; improve safety, connectedness, and relationships among students, staff, and the whole school community; increase social and emotional learning skills; and increase mental health support for students and staff.

Kaiser Permanente Thriving Schools also created the National Healthy Schools Collaborative (NHSC), a collective impact group of well-established, nationally recognized organizations working in health and education. The mission of the NHSC is to coordinate and accelerate equitable funding, policy, and practices for health in education so that every school succeeds, every educator excels, and every child thrives. To accomplish this mission, NHSC created the Ten-Year Roadmap for Healthy Schools. The Roadmap includes recommendations to integrate health and education systems to improve outcomes in both. The NHSC collaborates to advocate for shared federal, state, and local priorities.



# Suicide Prevention and Crisis Services Efforts

Suicide is the second leading cause of death among teens and young adults ages 10-34. Twenty-two percent of high school students reported having seriously considered suicide in the past year, and 10% of high school students attempted suicide in the past year. These percentages are highest among girls, American Indians/Alaska Natives, Black teens, and LGBTQ+ teens. ABHW members are working to counter this troubling trend.

## Aetna

Aetna worked with the American Foundation for Suicide Prevention (AFSP) to provide contracted pediatric providers the opportunity to enroll in the American Academy of Pediatrics Extension for Community Healthcare Outcomes (ECHO). This learning collaborative for youth suicide prevention is based on strategies described in the Blueprint for Youth Suicide Prevention. The program is cost-free to participating pediatric practices and offers complimentary continuing medical education (CME) credit. The eight-month program is delivered virtually via monthly one-hour Zoom sessions, allowing one to opt into an additional six one-hour quality improvement sessions.

## PerformCare

PerformCare New Jersey operates a toll-free, 24/7/365 crisis line for children and young adults up to age 21. This line assists with services such as in-home counseling, family support services, behavioral support, mobile crisis response, partial hospitalization, and substance use treatment. This project has seen tremendous results, with 95% of children served by the line remaining in their homes with their families instead of needing out-of-home placement.

PerformCare has also launched a pilot program to serve youth waiting for behavioral services housed in emergency departments (ED). After arriving at emergency departments, kids experiencing a mental health crisis are kept in emergency department facilities, "boarded," until those who need inpatient care can be admitted into a psychiatric facility. Most EDs are not equipped to manage mental health crises. A lack of mental health providers and acute care psychiatric inpatient beds creates a barrier to age-appropriate treatment for youth. While boarding keeps vulnerable patients physically safe from injury, waiting in an ED does not provide the specialized mental health treatment some children need. Instead of receiving no care while in the ED, mental health professionals start care while youth await transfer to more long-term environments. This results in better outcomes for kids as their needs are attended to while ensuring the appropriate level of care is provided.

# Digital Health Care

Telehealth and other forms of digital care have proven to be valuable tools for connecting patients to care. Digital interventions are effective across demographic groups. ABHW members are leveraging digital tools to help expand access to children and youth mental health care.

## Magellan Health

Magellan Health has launched two digital cognitive behavioral therapy programs for children and adolescents. Partnering with NeuroFlow, these two programs, ThinkHero and ThinkWarrior, are designed specifically to support youth struggling with anxiety-related symptoms. These digital solutions provide children and adolescents with evidence-based therapies to address current symptoms and build a foundation for lifelong anxiety management.

## Molina Healthcare

Molina Healthcare and BeMe Health have partnered to address adolescent mental health. Over 22,000 Molina Medicaid teenage members are supported through BeMe's behavioral health app. The social media app connects teens with customized mental health and well-being content, skill-building activities, personalized one-on-one coaching, clinical services, and crisis support. Eighty-four percent of app users acknowledged a positive impact, 90% of users found the platform's content beneficial, and 84% shared that the coaching was effective.



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# Policy Opportunities

ABHW and its members recognize that protecting the mental health of children and youth is vital. Congress, the Administration, health plans, and other stakeholders are working to counter this crisis, but more needs to be done. Below are actions that policymakers should consider as they work to change the course of this epidemic.

## Workforce Solutions

As discussed above, it is widely recognized that the United States needs more mental health clinicians to meet the growing demand for services. The number of professionals required only grows when considering children and youth specialty mental health services. Policymakers should prioritize initiatives that integrate and strengthen the behavioral health workforce, with a particular focus on fostering specialization in pediatric mental health.

### ***Pediatric Loan Repayment***

Student loan repayment is a powerful recruiting tool in underserved areas. The Pediatric Specialty Loan Repayment Program grants funding for clinicians providing pediatric subspecialty care, including child and youth behavioral health care. Fully funding and strengthening this program will allow more pediatric providers to deliver care in medically underserved areas. Policymakers should work to ensure all levels of clinicians can access this program.

### ***Grant Funding***

Policymakers should work to ensure that several key grant programs that support the pediatric workforce are fully funded.

- The Pediatric Mental Health Care Access (PMHCA) Program provides pediatric primary care physicians with telecommunication, training, technical assistance, and care coordination to diagnose, treat, or refer children with behavioral health conditions.
- The Centers for Disease Control and Prevention (CDC)'s What Works in Schools program helps promote adolescent health and wellbeing. The program supports the implementation of quality health education, increases connections to needed health services, and improves the safety and supportiveness of school environments for middle and high school students.
- The Mental Health Services Professional Demonstration Grants & School-Based Mental Health Services Grants help address the nationwide critical shortage of school-based mental health professionals.



## School Based Mental Health Services

School-based mental health services can improve access to care, allow early identification and treatment of mental health issues, and may be linked to reduced absenteeism and better mental health outcomes. The delivery of mental health services in schools has evolved and continues to develop. Most public schools offer mental health services, although the utilization level remains unclear. As these models continue to develop, quality standards for these providers should mirror those for traditional practice locations. Public and private partners should work to improve quality measurement and have clear and consistent requirements across programs and health care settings.

Policymakers should examine the following to strengthen school-based mental health services:

### ***Facilitate Opportunities for School-Based Mental Health Services***

School-based settings are an important access point for children and youth who may have mental health issues. Policymakers should consider increasing screening, diagnosis, and treatment in school-based settings by facilitating opportunities for payer-based coverage of commercially insured patients. Supporting health plan-contracted clinicians in a school-based setting allows more children and youth to receive care. Medicaid covers many school-based services, but continued guidance is necessary to ensure those services are paid for.

As these services are increasingly utilized, technical infrastructure and interoperability standards must be developed for accessible information-sharing among schools, health providers, and health plans. Updating guidance materials on the interaction between privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), will allow for easy information-sharing. The guidance should clarify if and how FERPA requirements intersect with services provided by non-school-employed providers and provide clear privacy requirements for providers.

### ***Telehealth Utilization***

Utilizing telehealth flexibilities can help ensure adequate behavioral health provider access, especially in underserved areas. Increasing the available infrastructure to support audio-visual telehealth services for school-based mental health and SUD services will bolster access. Policymakers should support solutions that make it easier to get services via telehealth and address potential disparities to ensure everyone can access the benefits of telehealth.







### **Early Detection**

Early identification, accurate diagnosis, and effective treatment of mental health and substance use conditions can alleviate suffering for young people and their families dealing with behavioral health challenges. Providing early care can help children and youth more quickly recover and benefit from their education, develop positive relationships, gain access to employment, and lead more meaningful and productive lives. Teachers and school staff are well-positioned to recognize early patterns of behavior that pose a risk to a student's health. Teacher training should focus on reducing stigma when children and youth seek behavioral health assistance. School staff and teachers should also be aware of the school-to-prison pipeline and its effect on students, especially students of color, who can be disciplined out of school due to a behavioral health issue, which increases the chances of the student being incarcerated.

Supporting programs such as Project AWARE and Mental Health Awareness and Training grants make training school personnel in mental health and SUD detection and response easier. Similarly, funding for children and youth mental health training and education programs in schools, such as Youth Mental Health First Aid and Teen Mental Health First Aid, leverages opportunities for early detection among staff and students. Policymakers should encourage school-sponsored screenings for behavioral health as a complement to provider screenings. Screenings should be culturally sensitive and inclusive. Each of these tools supports teachers and helps identify at-risk children and youth sooner.

### **Social Media**

As discussed in the introduction of this report, the Surgeon General released an advisory calling attention to the youth mental health crisis and the effects of social media on youth mental health. Further research is needed to support smart youth utilization on these platforms. Policymakers should consider evidence-based policies for social media use.

### **Qualified Residential Treatment Programs**

The Family First Prevention Services Act of 2018 (FFPSA) created a federal category of residential settings called qualified residential treatment programs (QRTPs). These programs were designed to provide care for children and youth in foster care with assessed emotional or behavioral health needs in a residential setting. Medicaid covers the health care needs of children and youth in foster care. However, QRTPs may not receive Medicaid financing because of the Medicaid Institutions for

Mental Disease (IMD) exclusion, a law prohibiting Medicaid payments to a hospital, nursing facility, or other institutions with more than 16 beds primarily providing care for people with mental health conditions. By providing an exemption from the IMD exclusion, policymakers can ensure children and youth in these settings can continue to receive the care they need.

## **Working Together to Solve the Children and Youth Mental Health Crisis**

The mental health of children and youth has become more critical since the pandemic. The health care system and patients need innovative collaboration and policy solutions to increase access to mental health services. Growing the workforce, supporting school-based mental health services, increasing research on social media's effect on children and youth mental health, and removing QRTPs from the IMD exclusion will help promote the changes needed to support children and youth mental health.





# ABOUT ABHW

The Association for Behavioral Health and Wellness (ABHW) is dedicated to advancing policy and raising awareness on mental health and substance use disorders. By advocating and promoting solutions on behalf of health plans to ensure everyone has access to high quality, evidence-based care, we are focused on reducing disparities and ensuring better outcomes for whole-person care for all individuals and communities.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to over 200 million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

Founded in 1994, ABHW is a respected leader in the behavioral health and medical arena. Poised to effect positive policy change, ABHW provides thought leadership and advocates for regulations and policies that help provide high quality health care to promote healthy living and improved quality of life.

## ABHW STAFF

### **Colette Alston**

Operations Administrator

### **Kathryn Cohen, J.D.**

Senior Director of Regulatory Affairs

### **Maeghan Gilmore, MPH**

Vice President of Government Affairs

### **Angela Lee, MA**

Director of Communications and Programs

### **Debbie Witchey, MHA**

President and CEO

## ABHW MEMBER COMPANIES

- **Aetna, A CVS Health Company**
- **CareFirst BlueCross BlueShield**
- **Centene Corporation**
- **Elevance Health**
- **Evernorth**
- **Kaiser Permanente**
- **Lucet**
- **Magellan Health**
- **Molina Healthcare**
- **Optum**
- **PerformCare, a subsidiary of AmeriHealth Caritas**

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