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July 29, 2024

Carole Johnson

Administrator

Health Resources and Services Administration

5600 Fishers Lane

Rockville, MD 20857

Re: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program

Dear Administrator Johnson:

On behalf of the 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists of the American Academy of Pediatrics (AAP) who are committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, we appreciate this opportunity to provide comments on the Health Resources and Services Administration's (HRSA) proposed information collection, *Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program*.

Mental health concerns are on the rise for youth across the nation. In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in child and adolescent mental health. Since then, important work has been done to address the mental and behavioral health needs of the nation's youth, but it is not enough. Suicide is a leading cause of death for youth ages 10-18 in the United States.ⁱ In 2021, 42% of high school students reported feeling persistently sad or hopeless, and 29% reported experiencing poor mental health.ⁱⁱ Additionally, 20.1% of youth ages 12-17 reported having a major depressive episode in the past year, compared to only 15.7% of youth in 2019.ⁱⁱⁱ AAP is confident in the role that Pediatric Mental Health Care Access (PMHCA) Programs can play in supporting youth mental health needs.

AAP has championed the PMHCA program model since its inception and currently runs the PMHCA Technical Assistance (TA) Program through a grant from HRSA.^{iv} AAP's PMHCA TA Program provides TA to pediatric health providers (HPs) to support them in their management and care of mental and behavioral health concerns in practice and to promote the use of local and regional PMHCA programs across the country. PMHCA programs support pediatric primary care practices with telehealth consultation by child mental health teams, thereby increasing access to mental and behavioral health services for children and enhancing the

capacity of pediatric primary care to screen, treat, and refer children with mental and behavioral health concerns. Integrating mental health and primary care has been shown to substantially expand access to mental and behavioral health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment.

AAP is also supportive of the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. Between 11% and 18% of Americans report symptoms of depression after giving birth, a percentage that climbs to 25% among low-income parents and 40%-60% for low-income adolescents.^v Perinatal and postpartum depression lead to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, family dysfunction, and adversely affect early brain development. AAP recognizes the adverse impact maternal depression can have on the infant and the importance of addressing maternal depression in a timely, proactive manner in order to ensure the well-being of the mother and the healthy mental development of the infant.

AAP has reviewed the proposed information collection request as well as the data collection protocol submitted by JBS International. As many PMHCA and MMHSUD programs collaborate, AAP agrees that the programs should move toward uniform evaluation metrics. The comments below, which are focused on the PMHCA program evaluation, consider both sources of information and respond to the questions that HRSA published in the Federal Register.

Necessity and Utility of the Proposed Information Collection for the Proper Performance of the Agency's Functions

AAP has reviewed the proposal and concluded that HRSA is preparing to collect appropriate and useful information. The data collected will help identify how HPs, program staff, and frequent partners perceive the functionality and impact of the PMCHA program and facilitate smooth technical support for a first response approach to screening, accessibility, allocating funds, delivering services, and creating a safe environment. The data collected through this study will be essential in identifying programmatic successes and best practices and gaps in services and areas for improvement.

AAP recognizes that there is significant variance in the structure, funding, history, and implementation of PMHCA programs across all states and territories and hopes the collected data will be comparable across the multitude of PMHCA programs while still considering these differences.

Ways to Enhance the Quality, Utility, and Clarity of the Information to be Collected

AAP is generally supportive of the proposed information collection, and we offer suggestions regarding data collection and utility. Additionally, we recommend that HRSA consider using “mental and behavioral health” in place of “behavioral health” as well as “infant, child, and adolescent” instead of “child and adolescent” in any survey language. These relatively simple changes will improve comprehensive data collection across the full range of populations and services that PMHCA programs engage.

AAP recognizes that training and education are part of the federal PMHCA program goals, and we are interested in whether and how programs are successfully enacting this goal in practice. We recommend that HRSA clearly define what PMHCA program activities are considered training for the purposes of the program evaluation. Our members expressed some confusion about what this may refer to, so additional clarity will likely improve data fidelity.

AAP has some potential concerns about HRSA's plan to assess changes over time in participating health practitioners' capacity to address patients' mental and behavioral health and access to mental and behavioral health care through screening. While relationships with PMHCA programs can improve primary care providers' familiarity with different mental and behavioral health treatment paths, PMHCA programs are not necessarily intended or prepared to train providers on how to conduct mental and behavioral health screenings. PMHCA programs are typically most valuable after a primary care provider has identified the need for mental or behavioral health interventions and consults the PMHCA program for further care, not in conducting initial screenings.

To the extent feasible, it is important that the data collection is optimized for the various participants engaging with the program models. We recommend that HRSA ensure that the data collection is conducted in a manner that is clear and relevant for the full range of anticipated survey and interview respondents, which vary from pediatric primary care providers to community resource partners and program champions. AAP would also recommend that HRSA collect the data in such a way that insights can be gained regarding rural, urban, and suburban access to care. If appropriate, we would also be interested in information about the distance patients and families need to travel to access mental and behavioral care recommended by PMHCA teams. Are PMHCA programs considering potential barriers such as distance and travel time when issuing recommendations in a consultation? This is especially relevant for programs located in areas considered mental and behavioral health deserts. Thorough data collection about these barriers and others will contribute to improved understanding of the existing access gaps and better prepare HRSA and other stakeholders to take targeted actions to close those gaps.

Use of Automated Collection Techniques or Other Forms of Information Technology to Minimize the Information Collection Burden

AAP supports the use of easily accessible automated collection techniques as these technologies lower the collection burden and, when the techniques include objective measures, increases the validity of the measures.

AAP is grateful for the opportunity to comment on the proposed information collection. Please do not hesitate to contact Tamar Magarik Haro in AAP's Washington office at 202-347-8600 or tharo@aap.org should you have any questions or if you would like to further discuss AAP's feedback. We look forward to working with you to continue to improve the PMHCA program.

Sincerely,



Benjamin D. Hoffman, MD, FAAP
President

BH/mm

ⁱ National Vital Statistics System. Leading Causes of Death, United States. Centers for Disease Control and Prevention; 2020 <https://wisqars.cdc.gov/data/lcd/home>.

ⁱⁱ Youth Risk Behavior Survey Data Summary & Trends Report, 2011-2021. Centers for Disease Control and Prevention; 2023. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. US Department of Health and Human Services; 2020. <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>; Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. US Department of Health and Human Services; 2023.

<https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

^{iv} Pediatric Mental Health Care Access (PMHCA) Technical Assistance Program. American Academy of Pediatrics; 2024. <https://www.aap.org/en/patient-care/mental-health-initiatives/pediatric-mental-health-care-access-pmhca-program/>

^v Earls MF, Yogman MW, Mattson G, et al; AAP Committee on Psychosocial Aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143(1):e20183259