



Behavioral Health Resources for Youth

Children and Youth Mental Health

Young people show alarming increases in the prevalence of anxiety, depression, and other behavioral health challenges that have consistently increased over the [past decade](#), recent national surveys show. Last year, the Surgeon General issued a new [Advisory \(PDF | 1 MB\)](#) to highlight the urgent need to address the youth mental health crisis. The Advisory pointed out that the COVID-19 pandemic exacerbates the pre-existing mental health challenges and substance use disorders that children and youth face.

Additionally:

- The number of children and youth in this country diagnosed with anxiety, depression, and other mental health conditions continues to rise. Between 2016 and 2020, the number of children and youth ages 3-17 years diagnosed with anxiety grew by 29% and those with depression by 27%, according to [data](#) from the HHS Health Resources & Services Administration (HRSA). In addition, National Survey of Children's Health found between 2019 and 2020, 21% more children were diagnosed with behavioral or conduct problems.
- In 2020, suicide was the second leading cause of death for young people ages 10-14 and 25-34, according to a [report](#) by the HHS Centers for Disease Control and Prevention (CDC).
- While rates of drug and alcohol use declined in youth in 2021, rates of overdose deaths rose dramatically, doubling between 2019 and 2020, and increasing another 20% in [2021](#) [↗](#).

Federal Resources

As agencies committed to addressing youth behavioral health, we have focused our resources to provide a wide range of evidence-based resources and supports to our schools, families, and communities through a comprehensive system of care. Examples of these resources include:

Health Resources and Services Administration (HRSA)

- In 2022, The Health Resources and Services Administration's (HRSA) made updates to the [Bright Futures Program](#) national guidelines, adding universal screening for suicide risk for individuals ages 12 to 21, and new guidance for behavioral, social, and emotional screening.
- The [Pediatric Mental Health Care Access](#) (PMHCA) program enables pediatric primary care providers to consult with pediatric mental health specialists through teleconsultation to better diagnose, treat and refer children and youth to services for mental health conditions and substance use disorders.
- HRSA's [School-Based Health Alliance](#)  provides training and technical assistance to strengthen the capacity of health centers to address the unique health needs of school-aged children and improve the health outcomes of underserved youth.
- HRSA awarded nearly \$25 million through the [Health Center Program School-Based Service Sites \(SBSS\)](#) funding opportunity to improve and strengthen access to school-based health services in communities across the country. The School-based Service Site (SBSS) funding opportunity expands access to health center services by increasing the number of patients who access comprehensive primary health care services through Health Center Program service delivery sites located at schools.

Centers for Medicare & Medicaid Services

On August 18, 2022, CMS [issued guidance \(PDF | 428 KB\)](#) to remind states about Medicaid's **Early and Periodic Screening, Diagnostic and Treatment** requirements for most Medicaid beneficiaries under age 21, including in the provision of behavioral health services. The guidance also includes examples of ways that Medicaid and Children's

Health Insurance Program (CHIP) funding, alone or in tandem with funding from other HHS programs, can be used in the provision of high-quality behavioral health services to children and youth. CMS reiterated its commitment to providing information and technical assistance on leveraging funding opportunities to optimize beneficiary access to needed treatment CMS [issued additional guidance \(PDF | 3.8 MB\)](#).

- On that same day, CMS released additional guidance encouraging states to work with schools to deliver on-site health care services, including behavioral health services, to children enrolled in the Medicaid program.
- CMS is also in the process of implementing additional new Medicaid school-based service initiatives made possible by the Bipartisan Safer Communities Act.
- CMS updated guidance on Medicaid claiming for school-based administrative services and costs. Additionally, CMS:
 - Established a technical assistance (TA) center in collaboration with the Department of Education to help states advance Medicaid coverage of school-based health services including mental health and substance use disorder services.
 - Awarded \$50 million in grants to states to help improve Medicaid coverage of school-based services that CMS is coordinating with Department of Education to implement.
- CMS has taken a multifaceted approach to increase access to equitable behavioral health services and improve outcomes for people covered by Medicare, Medicaid, CHIP, and private health insurance, including efforts through the Connecting Kids to Coverage National Campaign. Campaign resources focused on mental health are available on [InsureKidsNow.gov](https://insurekidsnow.gov) for organizations to use in their outreach, including short digital videos, live reads, social media messages, graphics, newsletter templates, and more.
- CMS has been working with states to ensure CHIP programs cover services to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders consistent with SUPPORT Act requirements. In addition, CMS works closely with

states to implement mental health and substance use disorder parity requirements in CHIP and Medicaid – critical to making sure kids with behavioral health conditions have access to the care they need.

- The Center for Medicare & Medicaid Innovation in CMS launched the five-year implementation period of the Integrated Care for Kids Model in January 2022 to improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs.

Administration for Children and Family (ACF)

- ACF supports implementation of the Family First Prevention Services Act, through states', territories', and tribes' submissions of Title IV-E prevention plans to provide trauma-informed, evidence-based mental health, substance use, and in-home parenting services and supports to prevent unnecessary entry into foster care. Currently 30 states, Washington, D.C., and two tribes have an [approved Title IV-E prevention program plan](#) to offer these services to children, youth, and families.
- The Office of Head Start's [Early Childhood Learning and Knowledge Center](#) continues to provide ongoing support to early childhood professionals to increase the capacity of early childhood mental health supports for young children and their families and caregivers.
- The Office of Early Childhood Development and the Department of Education jointly released a [Dear Colleague Letter \(PDF | 233 KB\)](#) in June 2022 on social-emotional development and mental health with recommendations and action steps that are intended to help early childhood systems work collaboratively to ensure that young children and their caregivers have access to high-quality resources that equitably support social-emotional development and mental health.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- In March 2022, SAMHSA and the Office of Minority Health [announced](#) nearly \$35 million in funding opportunities to

strengthen and expand community mental health services and suicide prevention programs for America's children and youth. The American Rescue Plan Act of 2021 (P.L. 117-2) funded \$9.2 million of these new funding opportunities.

- The Project [Advancing Wellness and Resiliency in Education](#) (AWARE) grant program builds or expands the capacity of State Educational Agencies, in partnership with State Mental Health Agencies, to advance wellness and resiliency in education by increasing mental health awareness in schools, and through training of school personnel to detect and respond to behavioral health challenges.
- SAMHSA awarded \$2 million to the American Academy of Pediatrics in September 2022 to establish the [National Center of Excellence on Social Media and Mental Wellness](#) to develop and disseminate information, guidance, and training on the impact of children and youth's social media use, and the clinical and societal interventions that could be used to address these risks.
- The Bipartisan Safer Communities Act implements changes to the mental health care system, school safety programs and gun safety laws. The Act provides \$800 million in funding to SAMHSA, including: \$250 million for Community Mental Health Services Block Grants, \$240 million for Project Advancing Wellness and Resiliency in Education (AWARE), \$120 million for Mental Health Awareness Training, \$40 million for the National Child Traumatic Stress Network and \$150 million for the new [988 Suicide & Crisis Lifeline](#).
- The Centers for Medicare & Medicaid Services (CMS) is developing guidance to remind states about Medicaid's **Early and Periodic Screening, Diagnostic and Treatment** requirements for individuals under age 21, including in the provision of behavioral health services. Expected release is summer 2022.

As we support our nation's children and youth, it is imperative that we focus on mental health and wellness, and we must stand ready to identify challenges and intervene quickly. The better we are at promoting positive behavioral health, and the sooner we provide assessment and treatment services, the better the outcomes for our children and youth. We cannot afford to wait. We must act now, and

we must act in partnership. Together, we can improve the lives of children and youth across America.

Last Updated: 04/17/2024

<https://www.samhsa.gov/mental-health/children-and-families/school-health/resources>