

Table 3. Evidence Supporting the Importance of Access to Outpatient Child and Adolescent Psychiatrists, Neurodevelopmental Pediatricians, and Developmental-Behavioral Pediatricians

Type of Evidence	Key Findings	Level of Evidence (USPSTF Ranking*)	Citation(s)
Clinical Guideline	The EPSDT benefit for Medicaid-enrolled children provides that if the screening exam warrants it, any necessary referral must be made without delay. Further, States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary ... regardless of whether the service is covered in a State's Medicaid plan.	III	Medicaid.gov. Early and Periodic Screening, Diagnosis and Treatment. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html Updated June 17, 2014; accessed July 9, 2014.
Descriptive Study	Provision of mental health care services varies greatly for Medicaid-eligible children within the State of Washington.	III	Ellis WR, Huebner C, Vander Stoep A, Williams MA. Washington State exhibits wide regional variation in proportion of Medicaid-eligible children who get needed mental health care. <i>Health Aff</i> 2012; 31(5): 990-999.
Descriptive Study	More than three times as many physicians have reported difficulty referring children in Medicaid and CHIP to specialty care compared with children who are privately insured, regardless of physician type and geographic location.	III	United States Government Accountability Office (GAO). Medicaid and CHIP: Most physicians serve covered children but have difficulty referring them for specialty care, GAO-11-624; June 2011. Available at: http://www.gao.gov/assets/330/320559.pdf Accessed July 9, 2014.
Descriptive Study	Up to a fifth of children experience mental disorders every year, and the prevalence has been increasing. Surveillance is necessary to inform policy debates, aid prevention, and determine resource allocation.	III	Centers for Disease Control and Prevention (CDC). Mental health surveillance among children – United States, 2005-2011, 2013. <i>MMWR</i> 2013; 62(Suppl 02):1-35.

Type of Evidence	Key Findings	Level of Evidence (USPSTF Ranking*)	Citation(s)
Descriptive Study	Twelve-month prevalence rates of DSM-IV defined disorders were determined. Only half of the respondents (ages 8-15 years) with a mental disorder received treatment from a mental health professional	III	Merikangas KR, He JP, Brody D, Fisher PW, Bourdon K, Koretz DS. Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. <i>Pediatrics</i> 2010; 125(1):75-81.
Descriptive Study	Only an estimated 36% of adolescents (aged 13-18 years) with a mental disorder have ever used mental health services.	III	Merikangas KR, He JP, Burstein M, et al. Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). <i>J Am Acad Child Adolesc Psychiatry</i> 2011; 50(1):32-45.
Descriptive Study	Parents of children covered by Medicaid frequently experience greater delays and obstacles obtaining psychiatric appointments.	III	Steinman KJ, Kelleher KJ, Dembe A, Shoben A. Children's Access to Psychiatric Care in Ohio. Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2012.

Note: USPSTF criteria for assessing evidence at the individual study level are as follows: (1) Properly powered and conducted randomized controlled trial (RCT); well-conducted systematic review or meta-analysis of homogeneous RCTs. (2) Well-designed cohort or case-control analytic study. (3) Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees.