

Written testimony submitted to the United States Senate Committee on Finance for the Full Committee Hearing:

Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care

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Testimony:

I want to express my thanks to you, Chairman Wyden, for the invitation to speak with the Committee today and for your leadership on the issue of mental health in our nation, including the impact on youth. Thank you also to ranking member Senator Crapo and to all of the Committee members for your vision to improve the mental health and well-being of our young people and for the opportunity to be here with you today to discuss these important issues.

I am speaking to you from my perspective as a Co-Director of the National Center for School Mental Health, funded by the US Department of Health and Human Services, and as a Professor of Child and Adolescent Psychiatry. I also speak to you through my lens as a parent to three teenagers, all of whom had their learning landscape significantly altered during COVID, with almost a year of virtual education. They, along with most children across the globe, had significant disruption to their learning and well-being, though I am fortunate that my kids are now in school and doing well.

But we know that many are suffering. Even before the pandemic, youth mental health challenges were rising, with suicide being the second leading cause of death for youth ages 10-24.

As noted by Surgeon General Murthy during last week's hearing, one of the most central tenets of creating accessible and equitable systems of care is to meet people where they are. For most young people, this is in schools.

I often think back to a story that my dad, who is now 85, told me about his first day of school. He grew up in a very small town in rural West Texas called Spur. They didn't have pre-K or Kindergarten, so it was first grade, and on that first day he recalls that he and his peers received toothbrushes from their classroom teacher; it was the first toothbrush he ever owned.

I remember asking him – "You didn't have toothbrushes?" to which he replied, "No, my family wouldn't have spent money on toothbrushes back then." Mind you, my dad went on to a long career in computer science where he helped create the coding to put our astronauts on the moon. He often credits those teachers in his early years who cared about him with setting him on that path. When I consider that moment when he received his toothbrush on the first day of school, I think of it as a classic example of how our schools are a vital place to promote our children's health and well-being.

We cannot rely on our healthcare system alone to support the mental health and well-being of young people. We know on average people do not get into care for over a decade after their initial onset of symptoms and half of mental illnesses begin during the school age years.

Our traditional approach to mental health care has not leveraged the natural venues where our young people access support; It is akin to waiting for toothaches, cavities, and abscesses until a child gets proper dental care. Instead, we should do the equivalent of passing out toothbrushes and providing preventive and early dental care, by offering every child in every school the social, emotional, and mental health supports they need to be successful.

Increasingly, schools have *comprehensive school mental health systems*, reflecting partnerships between the education and behavioral health sectors to support a full continuum of mental health supports and services, from promotion to treatment.

Every child deserves to have this type of mental health support in their school.

Schools that have these systems in place are doing this because they recognize that:

- Poor mental health leads to poor learning; and
- Positive mental health promotes academic and life success.

When we provide mental health promotion for ALL students and accessible mental health interventions in schools, we take positive steps to remedy student inequities in both education and healthcare.

When treatment is delivered in the school setting, youth are far more likely to be identified early, and to initiate and complete care.

There are many policy and funding opportunities advance a full continuum of mental health supports and services in all schools, and Congress has the opportunity to support investment and technical assistance to ensure that young people get the mental health support they need.

In my written testimony, I provide detail on several steps that federal and state leaders can take to advance comprehensive school mental health systems.

We have witnessed many states adopt new policies to advance school mental health systems. Tomorrow, **the Hopeful Futures Campaign**, a coalition of national organizations committed to ensuring that every student has access to effective and supportive school mental health care, is releasing the first ever “America’s School Mental Health Report Card and Action Center,” with individual report cards for all 50 states and DC. These school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state. They serve as a great starting point for policymakers who want to strengthen school mental health supports and policies in their communities. You can find the report cards at HopefulFutures.us starting tomorrow morning.

Today, Americans across the country are united in their concern about the mental health of our young people and the impact it has throughout their lives.

I want to express my gratitude to you all for opening up this important discussion on youth mental health, for recognizing schools as an essential place to strengthen our children’s well-being, and for committing to investing now to create hopeful futures for our nation’s youth.

All schools in the United States should have Comprehensive School Mental Health Systems that:

- Implement organizational and individual strategies to promote **educator well-being**.
- Offer **mental health literacy** for K-12 staff and students including knowledge of obtaining and sustaining positive mental health, understanding mental illness, and promoting help-seeking.
- Integrate **social emotional learning** into the K-12 curricula to promote Self-Awareness, Self-Management, Responsible Decision-Making, Relationship Skills, and Social Awareness.
- Assess and engage in continuous improvement toward **positive school climate**.
- Conduct regular **student well-being check-ins** to assess subjective well-being, mental health, connectedness, and supports.
- Hire, retain, and offer ongoing professional development to a **full complement of student support professionals**, including school psychologists, school social workers, and school counselors.
- Establish **formal partnerships (e.g., memoranda of understanding) with community behavioral health providers** to offer on-site school mental health services and supports and to facilitate referrals and coordination of community-based mental health services.
- Offer **school-based, multi-tiered mental health supports and services** to promote students' academic, social, and psychological development

Policies to Support Universal Mental Health Promotion and Prevention Policies

- **Require the selection of indicators of student mental health and well-being** as a core metric of school performance under federal education funding, with provisions to assist schools as they strive to perform well on these indicators. Indicators may include school climate, student-reported subjective well-being and distress, and reports of school connectedness.
- **Incentivize teaching education programs to include mental health literacy** to improve the capacity of the educator workforce to: promote mental health of all students in the classroom, including teaching of social-emotional learning competencies; identify mental health concerns and link students to needed supports and services; reduce stigma related to mental illness; and promote student and family help-seeking.
- **Establish mental health as a state-required component of K-12 curricula**, with efforts in New York and Virginia as examples. The federal government could support this state-level effort by passing a resolution encouraging states to follow existing state efforts to integrate mental health into curricula and by providing direct funding for educator training and ongoing professional development.
- **Leverage Federal Title I and Title IV funding to provide universal mental health programming for students**, including social-emotional learning programming. Joint guidance by the U.S. Department of Education and the U.S. Department of Health and Human Services could support states as they navigate these funding mechanisms to support universal mental health in schools.

- **Expand federal grants to state and local education and behavioral health authorities to increase mental health awareness and promotion in schools.** This could include the expansion of grant programming initiated in recent years by SAMHSA (e.g., Project AWARE) and the U.S. Department of Education (School Climate Transformation) that require funded states to partner with three local jurisdictions to promote student well-being and mental health training and awareness for school staff, and then to scale successful efforts statewide.

Policies to Support Early Identification, Intervention, and Treatment in Schools

- **Expand existing federal workforce development programs** (e.g., Behavioral Health Workforce Education and Training Program, National Health Service Corps, Minority Fellowship Program) to increase the school mental health workforce. This strategy can also be applied to federal loan repayment programs by increasing incentives for providers who choose schools as a service setting.
- **Expand federal, state, and local funding to ensure adequate staffing and professional development for student instructional support personnel**, including school psychologists, school social workers, school counselors and school nurses. Funding expansion could include increased investments in Title I of the Every Student Succeeds Act (ESSA) to provide additional mental health staffing for students living in poverty and in Title I, Title II, and Title IV of ESSA and IDEA to increase opportunities for professional development. State and local investments could include competitive salary and benefits packages to recruit and retain school mental health providers and supplementing federal funding for staffing and professional development.
- **Require health plans to reimburse for mental health screenings conducted in schools.** Follow guidance from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry to cover universal mental health screening as a mechanism for improving mental health and reducing mental illness. Coverage should include screening conducted during well-child exams in pediatric primary care, and also extended screening conducted in schools.
- **Maximize Medicaid, Children’s Health Insurance Program (CHIP) and private reimbursement for school mental health services**, including early identification, intervention and treatment. This may include better understanding and leveraging existing state Medicaid allowances for school mental health or the initiation of state plan amendments to improve school mental health coverage. As outlined in the 2019 Joint Informational Bulletin from The Centers for Medicaid and Medicare Services (CMS) and SAMHSA (), several states already access Medicaid and other payers, including private insurers, to cover school and community professionals’ delivery of mental health services in schools. The Centers for Medicaid and Medicare Services (CMS), the U.S. Department of Education and the U.S. Department of Health and Human Services could offer technical assistance to states seeking to improve Medicaid and other payer coverage of school mental health. *
- **Expand reimbursement and technical assistance for telemental health services in schools.** Given the current national shortage of mental health specialists, particularly in rural settings, schools will benefit from access to telemental health consultation and direct service, facilitated by public and private insurance coverage and federal- and state-supported technical assistance.

- **Implement accountability mechanisms that require the implementation of high-quality, evidence-based practices that align with national performance standards for school mental health.** Federal, state, and local investments should shift their metrics away from counting frequency and duration of services to measuring the implementation of national best practices for school mental health care and impact of school mental health services provision on psychosocial and academic outcomes.

***Additional detail on financing school mental health:**

Successful systems draw from a wide array of sources, including (but not limited to) legislative earmarks and federal block and project grants (e.g., Project AWARE State Education Agency Grants), state or county funding, fee-for-service revenue from third-party payers (including State Children’s Health Insurance Programs, Medicaid, and commercial insurance), and private individual donors and private foundations.

Of note, Medicaid is the backbone of the school mental health system in all 50 states and DC, providing sustainable funding for services to students delivered by mental health professionals, including school psychologists, school counselors, school social workers and more.

Sixteen states have successfully expanded their school-based Medicaid programs to cover services—including mental health—delivered in schools to all students. These states have experienced or predict a significant increase in Medicaid funding allowing school districts to hire more staff and better support the school health and mental health professionals in schools.

Medicaid also allows school districts to set up partnerships with community-based mental health providers, like community mental health centers. Through these partnerships, schools can increase access to services.

Congress can support student mental health by encouraging all states to cover all medically necessary mental health services, including prevention services, for all Medicaid enrolled students and by ensuring school Medicaid programs have updated guidance, best practices, and the technical assistance they need.