SENATE FINANCE EXPLORES IMPROVEMENTS TO YOUTH MENTAL HEALTH SYSTEM

EXECUTIVE SUMMARY

Yesterday, the Senate Committee on Finance held a hearing to discuss mental health challenges and barriers that inhibit access to services presently facing youth. Yesterday's hearing is the second this year in a series intended to craft a broader legislative package aimed at addressing mental health in the U.S. This hearing comes on the heels of a number of recent hearings from the House Ways and Means Committee (TRP summary), the Senate HELP Committee (TRP summary), and the Senate Finance Committee (TRP summary) on the subject.

Senators zeroed in on telehealth, access to coverage, provider reimbursement, and workforce shortages as areas in which youth mental health services could be improved. Notably, members expressed a desire to see this issue through in a bipartisan manner and voiced interest in incorporating youth perspectives in this process. Witnesses offered policy recommendations to remediate this issue, suggesting that lawmakers implement comprehensive school mental health systems, increase provider reimbursement for these services, and address mental health workforce shortages, among other suggestions.

OPENING STATEMENTS

Chair Ron Wyden (D-OR) (statement) called for: (1) earlier onset of youth mental health services; (2) improvement in crisis care; and (3) collaboration between the public and private sectors to spark new solutions. Elaborating on these points, Chair Wyden called for special attention to these issues from Medicaid and the Children's Health Insurance Program (CHIP), citing these efforts as essential to parity between mental and physical health for youth.

Ranking Member Mike Crapo (R-ID) (statement) discussed the effects of the COVID-19 public health emergency (PHE) on mental health generally, further highlighting its lasting effects on children's social and emotional well-being. The Ranking Member advocated for increased access to high-quality mental health services, adding that facilitating support for the mental health workforce — as well as better integrating physical and mental health care services — is integral to move toward the goal of a functioning mental health care delivery system.

WITNESS TESTIMONY
Dr. Tami Benton (testimony), of Children’s Hospital of Philadelphia, highlighted the need to address the immediate and undeniable youth mental health crisis, stressing the need to reframe the pediatric mental health system to provide timely, appropriate care in this regard. In reference to her call for timeliness, Dr. Benton explained that, as currently structured, pediatric mental health is only addressed after the onset of a crisis, further suggesting that delayed care is costly to youth, families, educational systems, and the health system, generally.

Dr. Sharon Hoover (testimony), of University of Maryland School of Medicine, suggested the utilization of comprehensive school mental health systems, in addition to the traditional health care system, as a means to combat youth mental health. Dr. Hoover offered several policy recommendations to implement a more robust youth mental health system, including suggestions to support: (1) universal mental health promotion and prevention; and (2) early identification, intervention, and treatment in schools.

Ms. Jodie Lubarsky (testimony), of Seacoast Mental Health Center, discussed the need for mental health care to be both accessible and “realistic,” noting that a continuum of care in this regard must include prevention, intervention, and education. With respect to workforce shortages, Ms. Lubarsky claimed that mental health services are unable to be provided without a robust, well-trained, adequately compensated, and sustainable mental health workforce derived from an array of professional disciplines and degree levels.

Mr. Trace Terrell (testimony), of YouthLine, offered recommendations from the perspective of a teenager, suggesting that Congress work to enact policies which: (1) centralize efforts in schools; (2) address issues of access to mental health care; and (3) provide youth with the platform to offer their insights into this matter.

**DISCUSSION AND QUESTIONS**

*Telehealth and School-Based Health Centers*

- In response to Chair Wyden, Dr. Hoover explained that providing access to mental health care for youth in traditional outpatient settings is a challenge, citing school-based health centers and telehealth as a means to rectify this issue.

- **Sen. Debbie Stabenow (D-MI)** described school-based health clinics as the model for mental health access in school settings, a statement that was echoed by **Sen. Maria Cantwell (D-WA).**

- In response to Sen. Stabenow’s question surrounding the importance of community-based mental health centers in underserved communities, Dr. Benton labeled these centers as vitally important as per their ability to address equity, bolster access, provide culturally competent care, and integrate principles of cultural humility.

- In agreement with **Sen. Bill Cassidy (R-LA),** Dr. Hoover posited that school systems would benefit from guidance issued by the Centers for Medicare and Medicaid Services (CMS) surrounding the ability to provide school-based mental health services in traditional, in-person learning environments.
• To this end, Sen. Cassidy questioned whether the ability to expand mental health services through a school-based clinic is limited absent CMS guidance. Dr. Hoover suggested that states are unwilling to implement Medicaid-supported mental health services in schools as they carry concern over associated audit risks resulting from outdated guidance.

• Focusing his comments on behavioral health and substance abuse, Sen. Rob Portman (R-OH) highlighted telehealth as a “silver lining” of the COVID-19 PHE.

• Sen. Ben Cardin (D-MD) questioned what challenges exist within school settings to expand telehealth services. Dr. Hoover explained that infrastructure issues are at play, calling for enhanced broadband systems, up-to-date telehealth delivery equipment, and internet connectivity services as ways to combat this issue. She further suggested that reimbursement parity for telehealth services in the mental health space — along with expanded access to Medicaid and CHIP telehealth programs — are necessary to facilitate telehealth services in school settings.

• Discussing Dr. Hoover's testimony, Sen. John Thune (R-SD) questioned whether formal partnerships with community mental health providers have been provided either partially or fully via telehealth. Dr. Hoover noted several community-behavioral health partnerships taking place fully by way of telehealth. However, she explained that schools often face barriers in enacting these partnerships as issues with reimbursement can arise.

• Sen. James Lankford (R-OK) questioned whether barriers exist when sharing mental health information of children between school professionals and outside entities, to which Dr. Benton asserted that mental health providers and school professionals are unable to communicate about a child’s mental health treatment without prior consent from parent as a result of privacy laws.

• Sen. Catherine Cortez Masto (D-NV) questioned whether children are more inclined to follow through on mental health services when given the option to utilize telehealth. Ms. Lubarsky confirmed this, adding that telehealth aids in alleviating the stigma surrounding mental health.

Workforce Shortages and Rural Health

• Ranking Member Crapo noted that the mental health care delivery system looks “substantially different” in rural areas when compared to urban or suburban areas, a point particularly of importance for youth in these populations. Dr. Hoover explained that rural communities face workforce shortages at higher rates than other communities, thus exacerbating these issues for youth residing in these areas.

• With regard to addressing unique rural mental health needs, Mr. Terrell explained to Sen. Chuck Grassley (R-IA) that access to care is of the utmost importance, citing school-based health centers and other community-based mental health supports as integral to bolstering said access.

• In response to Sen. Cassey, Dr. Hoover advocated for the continued expansion of reimbursement policies that allow telehealth providers to not only provide services within their communities but across state lines as necessary to address state workforce shortages.

• Sen. Cantwell questioned whether programs — such as Certified Community Behavioral Health Clinics (CCBHC) and grant funding — have been helpful in reducing the barriers for
treatment of youth, particularly in less accessible areas. Ms. Lubarsky agreed that these programs are beneficial in this regard, though she noted that there is no “one-size-fits-all” model for youth and their families, suggesting that these parties seek services where most comfortable.

- With regard to the aforementioned certified community behavioral clinic program, Ms. Lubarsky cited reimbursement rates as a priority for improvement within the program.
- Calling for dedicated support for a larger and more diverse pediatric workforce, Sen. Bob Menendez (D-NJ) inquired about ways in which the Committee can address the recruitment, training, commitment, retention, and professional development of a diverse pediatric mental health workforce. Dr. Benton suggested developing pipelines at a younger age to allow for the de-stigmatization of mental health issues in the Black and Latino communities.
- Sen. John Barrasso (R-WY) questioned panelists about issues related to workforce development that may help improve the ability to attract and maintain staff in rural mental health facilities. Ms. Lubarsky cited more flexibility around mental health licensure supervision as key to attracting staff needed to provide this care, to which Dr. Benton added that telehealth provides the opportunity for more flexibility in this regard.
- In response to Sen. Maggie Hassan’s (D-NH) inquiry surrounding mental health and workforce shortages, Ms. Lubarsky suggested increasing provider reimbursement rates in order to retain members of the workforce providing these services.

Other Topics
- Chair Wyden inquired about the probability of youth “getting lost” in the system, highlighting a statistic that shows 80 percent of school referrals to mental health providers are never seen through. Mr. Terrell explained that, when discussing access to care, it is important that conversations take place with an established plan for follow-through care.
- When discussing barriers to care, Chair Wyden noted that stigma associated with mental health care is a challenge presented to youth as well. Mr. Terrell elaborated on this point, explaining that the COVID-19 PHE exacerbated mental health disparities that existed prior to the pandemic.
- Ranking Member Crapo stated that the most common response received from stakeholders by Congress is the need for increased coordination and case management to bolster more favorable outcomes. Regarding targeted case management, Ms. Lubarsky asserted that this method allows other needs, such as food and housing security, to be properly assessed and met — thus leading to positive mental health outcomes for youth.
- Sen. Grassley questioned whether youth completing suicide or experiencing accidental drug overdose are driven by mental health challenges. Dr. Benton said that while increasing rates of mental health conditions may contribute to suicide, mental health conditions are not the only factor contributing to completed suicide.
- Sen. Grassley inquired about access challenges that children with complex medical needs encounter because out-of-network providers, further questioning what role coordinated physical and mental health care plays in medical homes. Dr. Benton noted that there is work to be done to better integrate the medical and mental health benefits and treatments in these settings, adding that parity for mental health and medical services is a key challenge.
• In response to Sen. Portman, Dr. Benton stated that substance use is associated with worsened mental health outcomes in youth.

• Sen. Menendez highlighted that roughly 17,000 three- and four-year-old children are expelled from their pre-schools each year, further noting that Black children face this issue at disproportionate rates.

• In response to Sen. Menendez’s inquiry about ways to better support training for pre-k teachers and child care providers in basic behavioral techniques to combat bias, Dr. Benton cited the following as key: (1) prevention and intervention; (2) addressing bias among school professionals; and (3) providing more resources and supports in centers where children appear. Also in response, Dr. Hoover stated that investment in early childhood mental health consultation programs across states is critical, adding that there is a need for culturally responsive teaching practices.

• **Sen. Michael Bennet (D-CO)** inquired about services that should be reimbursed by Medicare, Medicaid, or private payers that are not usually covered. Dr. Benton explained that most early childhood services are not covered under these programs.

• Dubbing meeting the needs of multi-system use as a challenge, **Sen. Sherrod Brown (D-OH)** questioned what actions Congress can take to better support children's hospitals in their work to ease multi-system use. Dr. Benton, in response, suggested that Congress put forth requirements for entities involved in children's lives — such as juvenile justice systems, mental health service providers, and foster systems — to share information among one another.

• **Sen. Bob Casey (D-PA)** inquired how aligning Medicaid reimbursement levels for children’s mental health services with those of Medicare improve access to care, to which Dr. Benton explained that increasing the reimbursement for Medicaid to a rate as such would be more acceptable to most institutions.

• Dr. Hoover, in response to **Sen. Todd Young (R-IN)**, explained that greater investments into research for trends between the COVID-19 PHE, mental health, and substance use are needed to create “evidence-based interventions.”