

MEMORANDUM

To: REDC

From: Center Road Solutions

Date: February 15th, 2022

RE: Senate Finance Committee: “Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care”

On February 15th, the Senate Finance Committee held a hearing entitled “Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care.” The hearing focused on the importance of addressing barriers in access to mental health care for adolescents and how Congress can address these issues and assist in supporting comprehensive, accessible mental health care for America’s youth.

Opening Statements:

Chairman Ron Wyden (D-OR)([written testimony](#))

- There is a clear need for mental health care to start much earlier with early interventions and early discussions with care providers.
- The county must have better crisis care to reduce the average 11-year treatment gap.
- Suicide attempts resulting in hospitalization in teenage girls have increased 50%.

Senator Mike Crapo (R-ID)([written testimony](#))

- We can not ignore the lasting effects of the past two years of the pandemic, even as we return to a sense of normalcy.
- It’s shown that children have benefited from services delivered through telehealth.
- We should prioritize expanding care to children covered by Medicaid regardless of geographic location.

Ms. Tami D. Bention, MD, FAACAP, FAAP, Psychiatrist-In-Chief, Executive Director And Chair, Department Of Child And Adolescent Psychiatry And Behavioral Sciences, Children’s Hospital of Philadelphia ([written testimony](#))

- 53% of adults with children in their household are concerned about their child’s mental wellbeing
- We need greater reliance on those on the front line, such as parents, teachers, health providers, and other caregivers.

Ms. Sharon Hoover, PhD, Professor, Division Of Child And Adolescent Psychiatry; Co-Director Of The National Center For School Mental Health, University of Maryland School of Medicine ([written testimony](#))

- We can not rely on our healthcare system alone to support the mental health and well-being of young people.
- When treatment is delivered in schools, youth mental health issues are far more likely to be identified early and to initiate complete care.

Ms. Jodie. L. Lubarsky, MA, LCMHC, Vice President Of Clinical Operations, Youth And Family Services, Seacoast Mental Health Center ([written testimony](#))

- LGBTQ+ youth continue to have higher rates of suicide than their heterosexual peers.
- A continuum of care for youth must include prevention, intervention, and education.

Trace Terrell, Lead Intervention and Outreach Specialist, Youthline ([written testimony](#))

- We need to centralize our efforts in schools and create a streamlined approach to free mental health screenings and referrals.
- We need to address the pressing challenges that young people continue to face in accessing mental health care.
- We need to invite youth to the table and value their insights in this work.

Q&A

Senator Stephanie Stabenow (D-MI)

Question: Can you highlight the importance of comprehensive community clinics, particularly in rural communities?

Dr. Benton: Mental health care needs to be where the kids are and it needs to be culturally competent. It's our responsibility as communities with higher resources to help out those with fewer resources.

Senator Bill Cassidy (R-LA)

Question: what impediments are there to utilizing telehealth in schools?

Dr. Hoover: Providers and families need guidance but also we need to see continuation of reimbursement of coverage for telehealth, expansion of broadband networks, and distribution of equipment particularly in rural areas.

Senator Bob Menendez (D-NJ)

Question: What are three things this committee can do to address recruitment training, retention, and development of a diverse pediatric mental health workforce?

Dr. Benton: We need to start a pipeline of treatment at a much younger age. We also need to partner with trusted organizations within the communities to provide education and destigmatization as well as consider loan repayment, incentives for working in the mental health field, and actively reaching out directly to minority communities, especially Black and Latino communities.

Question: what can we do to reduce the likelihood of suicide in youth, especially minority youth?

Dr. Benton: Minority groups have higher rates of suicide and the challenges are identification and access to resources that are culturally competent or that demonstrate cultural humility. Studies show that culturally competent providers have better outcomes with their patients in treatment.

Senator Michael Bennet (D-CO)

Question: Can you highlight where reimbursement parity is failing the American people?

Dr. Benton: Most of the early childhood services are not reimbursed. Services that don't have a psychiatric diagnosis attached are not normally reimbursed. Pediatricians are one of the best people to identify early childhood problems but are not reimbursed for time counseling new parents. Also, preventative services for kids who have not yet had mental health issues.

Senator Catherine Cortez Masto(D-NH)

Question: What is the impact of telehealth? Does it help knock down stigma?

Ms. Lubarsky: Having the option for patients to access care from their home reduces the worry that someone may see them at a mental health treatment facility and helps reduce anxiety around seeking help due to stigmas.

Senator Maggie Hassan (D-NH):

Question: What are the main causes for mental health workforce shortage in New Hampshire and what can we do to help alleviate the crisis?

Ms. Jodie Lubarsky: It's really the ability for centers to reimburse their staff at a rate that they can survive on when we look at the cost of living. We have a workforce that's burdened because other providers in our community and within our state and country who could accept Medicaid and choose not to because reimbursement is so low, then we burden those providers who are accepting of it, but the facilities themselves can't reimburse to sustain the staff long term.

Question: What are barriers that schools face, particularly when it comes to recruiting and retaining mental health providers?

Ms. Sharon Hoover: We don't have enough providers, they're not trained well enough, and they're not paid enough. Not only do we have shortages and workforce coming into the field, but they don't really represent the populations being served in terms of race, ethnicity, or language spoken. They are also not trained enough. Not trained to specialize in child and adolescent mental health nor to work in schools.