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Statement for the Record

Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care
February 15, 2022
Submitted by Healthy Schools Campaign, 2545 Diversey Ave., Suite 214, Chicago, IL 60647

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of Healthy Schools Campaign, thank you for the opportunity to submit a statement for the record for the hearing, *Protecting Youth Mental Health: Part II - Identifying and Addressing Barriers to Care.* We commend the U.S. Senate Committee on Finance for developing bipartisan legislation to address the challenges facing the United States' mental health care system. Schools play a critical role in meeting the behavioral health care needs of children and young people across the country and strengthening and supporting schools and school-based providers is a critical component of any policy solution.

The COVID-19 pandemic has impacted the behavioral health and emotional wellbeing of students across the country. Mental Health America reported that in 2020, 14% of youth suffered from at least one major depressive episode in the past year. Data from the Centers for Disease Control and Prevention (CDC) indicates that mental health-related emergency department visits are up 24% for children (age 5-11) and 31% for youth (age 12-17). While schools serve as a key source of mental health programs and supports for children and youth, 68% of principals report having insufficient school-based mental health professionals to meet student needs.

While student and staff mental health issues are increasing as a result of the pandemic, this problem is not new. Mental health issues present a major challenge for students. Prior to the pandemic, it was estimated that as many as one in five children living in the United States experience a mental disorder in a given year, and approximately 40% of adolescents experience a mental health condition each year. Three quarters of all students receiving mental health services receive those services in schools.

Through Healthy Schools Campaign's work at the national, state and local levels, we have seen the critical role schools play in supporting coordinated, comprehensive and equitable access to behavioral health care. Healthy Schools Campaign leads the Healthy Students, Promising Futures Learning Collaborative which was launched by the U.S. Department of Education and U.S. Department of Health and Human Services in July 2016 and brings together 15 state teams focused on expanding Medicaid funded school health services. Core to the learning collaborative's work is identifying policy solutions that support expanded access to and resources for school-based behavioral health services. In addition, Healthy Schools Campaign

has over two decades of experience providing on the ground support to school stakeholders, including families, school staff, youth and community members to advance healthy school environments, including access to behavioral health services and supports.

Through this work, Healthy Schools Campaign has identified a number of federal and state policy solutions that, if implemented, can ensure schools are supported as key providers of behavioral health services and programs.

1. **Strengthen school-based Medicaid programs**

A key strategy for improving access to behavioral health care for children and young people is ensuring school districts are able to receive Medicaid reimbursement for behavioral health services delivered in schools. While Medicaid has a 30-year history of reimbursing for school-based health services, that reimbursement has primarily been limited to eligible services included in students' Individualized Education Programs or Individualized Family Service Plans. This means that the majority of behavioral health services delivered to Medicaid enrolled students in school settings are not Medicaid eligible.

In 2014, the Centers for Medicare and Medicaid Services (CMS) issued a state Medicaid director letter allowing states more flexibility in their school-based Medicaid programs by permitting school districts to bill Medicaid for health services delivered to all Medicaid-enrolled children, not just those with a special education plan documented by an Individualized Education Program (IEP). In order to implement this change, some states need to submit a state plan amendment (SPA) to CMS; other states are able to implement this change administratively without a SPA. This policy change presents a critical opportunity to expand access to and resources for school-based behavioral health services and yet, only 16 states have leveraged the opportunity to expand their school-based Medicaid programs. Federal support and guidance are needed to ensure the remaining states leverage this opportunity

Solutions to strengthen school Medicaid programs across the country include:

- Require that all states implement the free care policy to expand their school Medicaid programs to cover all medically necessary services–including prevention and early intervention–delivered to all Medicaid eligible students in a school setting.
- Require Centers for Medicare and Medicaid Services to update both the Medicaid School Health Technical Assistance Guide and the Administrative Claiming Guide to better support states in designing and implementing their school-based Medicaid programs, including how to address significant implementation barriers faced by schools. The last federal guidance on school Medicaid programs was issued in 2003 and the lack of updated guidance presents a significant challenge to states and school districts seeking to strengthen and expand their school Medicaid programs. The guidance should be updated with significant input from states and stakeholders.
- Provide an increased Federal Medical Assistance Percentage (FMAP) for health services provided in a school-based setting, including behavioral health services. An increased FMAP would both incentivize states and school districts to expand their school Medicaid

programs and ensure school districts had access to sustainable funding to deliver behavioral health services to Medicaid enrolled students.

- Deepen funding for technical assistance (TA) to schools and state Medicaid programs by establishing a national Medicaid technical assistance center to support states and school districts in operating their school Medicaid programs. This could be modeled after the Mental Health Technology Transfer Center Network.
- Provide states with funding to support small and rural school districts implement and/or expand school mental health Medicaid programs–and provide ongoing technical assistance. This could include funds to train school health providers, educate school district billing departments, and provide dedicated state staff to coordinate between state Medicaid and Education departments. Initial funding can help ensure states and school districts are able to serve the most students possible.
- Issue a Request for Information on school-based Medicaid programs to better understand the challenges and opportunities facing school districts in billing Medicaid for school health services, including behavioral health services.

2. **Support the delivery of school-based telehealth services.**

During the COVID-19 pandemic, students have faced disruptions in access to school-based physical and behavioral health services as schools shifted from in-person to virtual learning. Many schools adapted by delivering services through telehealth and states leveraged federal flexibilities to implement policies that allow Medicaid to reimburse for school-based telehealth services to support the health needs of students. These policies promote access to critical health services for students and support schools in meeting federal requirements to provide services to students with disabilities while reducing risk of COVID-19 transmission. Supporting states in continuing to maximize the use of telehealth to deliver school-based behavioral health services is a key strategy to meeting student behavioral health care needs.

Solutions to strengthen the use of telehealth to deliver school-based behavioral health services include reimbursing behavioral telehealth services at the same rate as in-person services. Given the significant investments required of school districts to offer and maintain telehealth services, it is critical to ensure school districts are able to maximize resources for school-based telehealth services to support ongoing access for students.

3. **Address shortages of school-based behavioral health providers.**

School districts across the country are facing workforce shortages of school-based health providers, particularly school-based behavioral health providers. This issue is particularly critical as school districts develop and implement plans to spend American Rescue Plan funding. Many school districts have prioritized spending COVID-19 relief funding on expanding access to school-based behavioral health providers and yet, they are unable to find enough providers to meet students' behavioral health care needs.

Solutions to strengthen the school-based behavioral health workforce include:

- Create and expand loan forgiveness, repayment and scholarships for healthcare students and professionals who pledge to work within school settings.
- Develop a National School Health Services Corp under the National Health Service Corp.
- Simplify the Public Service Loan Forgiveness program (PSLF) to make it easier for individuals who commit to serving as health professionals in schools to qualify for loan forgiveness. This could include partial, up-front loan forgiveness, as an alternative to the all-or-nothing back-end loan forgiveness currently provided by the PSLF program as well as forgiving a portion of the borrower's eligible loans every two years.
- Expand Health Resources and Services Administration's (HRSA) State Loan Repayment program to include school health professionals as eligible members of the healthcare workforce
- HHS and ED should establish national certifications for all school health providers, such as the National Certified School Psychologist credential and grant state reciprocity for all school healthcare workers to remedy the shortages in rural and other underserved communities.

Thank you for considering our feedback on this important issue. We care deeply about the ability to meet the behavioral healthcare needs of students and believe strengthening the delivery of school-based behavioral health services is a key strategy to improve access to behavioral health care for children and young people.

Sincerely,

Rochelle Davis
President and CEO
Healthy Schools Campaign