Youth Mental Health Recommendations

In 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in child and adolescent mental health, and the US Surgeon General's Advisory released a comprehensive study on youth mental health which included COVID-19 data and its impact on youth. This report recognized the important role of the community in addressing the need.

More recent data from the 2023 Pennsylvania Youth Survey (PAYS) found that 16.1% of students had seriously considered attempting suicide, and according to the Youth Risk Behaviors Survey study, suicide is the second leading cause of death for **youth aged 10-24**, amounting to **6,500 deaths by suicide each year**. As health funders, we work with organizations seeking to build the continuum of support for youth mental health and with community-based organizations (CBOs) to engage with families.

Addressing the mental health needs of youth early is an urgent matter that the Behavioral Health Council should focus on because failure to address these needs can impact youth for the rest of their lives. This is because early-care linkage helps young people recover quickly, benefits their education, relationships, and employment, and helps youth lead more meaningful and productive lives. A plethora of programs, both state and federal, are available for this purpose. The challenge and what the Council can do is to identify the gaps, how to fill them, and how to coordinate these programs to provide the needed coordinated wrap-around support that our youth need to thrive. The Pennsylvania Commission on Crime and Delinquency (PCCD) grant of $825,000 to improve the youth-serving system can be leveraged to support the recommendations to build out services to address the critical needs of youth. PA Health Funders Collaborative (PHFC) recommends:

Encouraging use of the school mental health grants for investment in CBOs

The $100 million in school mental health grants can be used to encourage investments in CBO partnerships to elevate family engagement, prevention and build a school-based community partnership system. The administration could support this work by creating a school-based toolkit for developing these partnerships, including model MOUs. Additionally, requiring schools to include plans for incorporating community support in the grant operation documents could help foster community partnerships.

CBOs offer a complementary partnership to schools where schools get to focus on the academic aspects they naturally provide, and behavioral health/health entities can provide the aspects/services they naturally excel in providing. This complementary partnership leverages the strengths of schools and CBOs to meet students' needs better. It offers a way to support the community-based workforce and school workforce challenges. "Healthy students are more likely to go to school ready to learn, actively engage in school activities, have supportive and caring connections with adults and young people, use appropriate problem-solving skills, have non aggressive behaviors, and add to positive school culture."

Utilizing BOOST (Building Opportunity Through Out-of-School Time) funding to expand prevention work, capacity, and connection to formalized health systems, including mental health.

BOOST can be leveraged to connect Out of School Time organizations (OSTs) by leveraging existing resources through the Penn State EPIS Center such as the prevention learning portal to increase training and ensure safe and supportive adults are prepared to respond to mental health needs and other needs that arise in the after school space. The Communities that Care model increases community connections and offers opportunities to create cross-system collaborations to better support youth. This capacity building and expansion, along with an emphasis on mental health, should be linked to the grant administration of BOOST.

There is a need for adolescent support during non-school hours, when adolescents are most at risk and supports are least available. With families composed of single parents or both parents working, adolescents need well-funded community-based programs to mentor and support their development. BOOST offers progress in ensuring funding to critical programs, but there is a need to make sure the systems are linked and safe so that youth can be connected to early interventions to support their mental health.

Advocating and applying for federal and county resources and flexiblities

This includes advocating for the mental health block grant flexibilities that would allow states to use up to 5% of their Mental Health Block Grant funds for prevention activities, including outreach and education. Federal grant opportunities include School-based Mental Health Services Grant, MH Services Professional Grant, Full-Service Communities Grant, and Stronger Connections Grant. Federal aid and grants can expand capacity across the youth behavioral health system. Counties can also be encourged to use reinvestment funds to support youth mental health prevention and pilot sustainable financing models for service provided by CBOs.

Ensuring youth voice is included in programs and design

There is a need to invest in youth training like Teen Mental Health First Aid and programs that support peer-led initiatives in schools. Youth focused trainings and a requirement to incorporate student voice could be written into the guidelines to the school mental health grants to ensure initiatives are designed in a youth- friendly way that ensure utilization and that student needs are met. Youth voices can be supported by implementing the PA Youth Survey (PAYS) in schools to capture student needs and better link grants and needed support. Making PAYS a requirement of the school mental health grants would ensure wider adoption of the survey.

When considering youth mental health reforms, the PA Youth Advocacy Network worked with students to identify policies they would like to see in schools which are outlined in their advocacy platform. The platform includes: school mental health days, implementation of mental health curriculum, increased training for school staff, access to mental health professionals, investing in student driven and local solutions, and prioritizing substance use prevention including access to Narcan and non-punitive supports for youth.

Advocating for Medicaid reforms

The Children's First's Report Optimizing Medicaid to Improve Child and Youth Mental Health, outlined reforms for improving the mental health system including: utilization of EPSDT benefit, free-care rule reversal, expanding types of providers that can bill, and expanding medical necessity to include life experiences and ACEs. CMS updates to billing allow benefits to be utilized to make sure students are enrolled in Medicaid; this is especially important given ex-parte and utilization of enrollment of other benefits to see whether students may be eligible. There will be an additional investment in school-based mental health since Pennsylvania received the CMS school-based services grant, this offers opportunities to fully expand school-based services in alignment with the new Medicaid flexibilities. As the grant is being implemented it is important to strategically invest in capacity building including forming community partner connections and building out linked data systems to the youth serving system. School-based health centers increase accessibility for students to support learning while leveraging strengths of community partners. There is an opportunity to support school based health centers to help them get designated as a patient-centered medical home, this would allow for enhanced payment and performance bonuses that could be leveraged to provide additional services and expand offerings to mental health.

Working to build out the crisis continuum and youth serving system

Integrating data systems like healthcare data sharing between hospital systems, mental health providers, community-based organizations and school districts for as-needed sharing, with patient consent to include items like return to school after inpatient stay, prescription medications, diagnosis, and individualized education plan (IEP) needs will help create a more integrated youth serving system to address mental health needs. . Additionally, youth crisis supports need to be built in a way that works for youth such as exploring other models like the living room model and youth drop-in centers and increasing awareness of 988.