

A NEW DEAL FOR YOUTH

Dear Sen. Wyden and Sen. Crapo,

A [New Deal for Youth](#) (ND4Y) is a youth-led, youth-centered effort advocating for the creations of new systems, policies, investments, and structures that reimagine life for young people in America. New Deal for Youth Changemakers are a cohort of young leaders between the ages of 15 and 32 from across the country. We are advocates and organizers who work across a range of issues facing our communities, including healing and wellbeing. Our response to this RFI draws upon our ND4Y Healing and Wellbeing Demands, a set of six demands that work towards creating a world where young people have the opportunity to heal, develop, and are positioned to thrive.

A New Deal for Youth Healing and Wellbeing Demands

1. We demand more access to mental health resources in more spaces including school, community, virtual, and any other spaces that are meaningful to young people.
2. We demand that more folks' life experiences determine both how real needs are identified and how care is provided.
3. We demand an end to systems, industries, and industrial complexes that undermine healing and perpetuate stigma.
4. We demand an end to systemic racism and all forms of oppression in mental health systems.
5. We demand change in the way people think about mental health to be broader; this new understanding must recognize the role of life experiences in shaping mental health, that mental health is both more than a diagnosis and includes a full range of diagnoses, and that art, music, nature, spirituality, and organizing are as much a part of healing as clinical treatment.
6. We demand new structures that provide resources and create a world where personhood is a priority, meaning that people have the ability to be safe, to be their full self, and that it's okay to not be okay.

INTRODUCTION

Young people are experiencing a mental health crisis. For far too long, young people have been ignored by policymakers and left out of the conversation.

In October 2020, CLASP released a [youth data portrait](#) drawing on data from both before and during the pandemic. The [Healing and Wellbeing](#) section illustrates the scope of the mental health crises young people are facing:

- In 2016, [750,000 young people living in poverty needed mental health services but did not receive them](#). In 2018, the number increased to [1.1 million young people](#). In July 2021, more than [3 million young people reported that they needed mental health support in the last week and did not receive it](#).

- During the pandemic, [nearly 2 in 3 young people](#) expressed that they were feeling down, depressed, or hopeless, with [4 in 5 Asian young people](#) reporting feeling down, depressed or hopeless.
- In 2020, uninsured rates for young adults increased to [22.8 percent](#), with significant racial and ethnic disparities among young people who lacked insurance, with the highest uninsured rate among Native Hawaiian and Pacific Islander young people, with [1 in 3](#) lacking insurance.

Youth and young adults must be prioritized in mental health spending. Mental health resources that aren't intentionally designed to reach youth and young adults won't reach us. We need policies and programs that are specifically designed with us in mind and respond to our unique needs.

Young people are situated at the intersection of childhood and adulthood – a critical development period – and many mental health systems are not constructed to serve us specifically. Because youth and young adults receive services from child-serving system until they are 18, and then from adult serving systems, we must navigate the transition into adulthood in systems that were not built for us and whose policies, procedures, and practices are not designed to meet our needs.

Currently, no SAMHSA, HRSA, or CMS programmatic funding is specifically dedicated to the wellbeing of youth and young adults. We need targeted investments to address a dire mental health crisis among young people that was only exacerbated by the pandemic.

Our comments primarily address the final area of interest, improving access for children and young people. However, our recommendations focus specifically on improving access for youth and young adults ages 16-25 also known as transition age youth. We urge the finance committee to recognize the unique needs of this population and target support specifically for youth and young adults.

Key Considerations

Universal Insurance Coverage

We recognize cost as a key barrier for youth and young adults. Uninsured rates among young people are unacceptably high and red tape requirements for enrolling in insurance pose particular challenges for young adults. Excessive paperwork requirements can act as a major barrier to accessing needed services. Therefore, we advocate for universal insurance coverage for young people that covers all aspects of our mental health.

Recognizing the Health Impacts of Climate Change

The climate crisis is exacerbating young people's mental health challenges. Environmental degradation has both physical and mental health impacts for young people living in frontline communities. Further, the government's failure to take meaningful action to combat the climate crisis fuels climate anxiety among young people. As the climate crisis intensifies, young people's mental health will continue to worsen. We must divest from the systems and policies fueling the climate crisis and make meaningful investments in protecting our environment. Any investments in mental health resources for young people must acknowledge and respond to the health impacts of climate change.

Mental Health Supports for Immigrant Populations

Investments in young people’s mental health should not exclude immigrant populations and should instead make targeted investments in all immigrant communities to ensure all young people can access services. To be inclusive of all immigrant communities, mental health services should be language accessible. Further, we need new healing-centered systems that divest funds from systems that harm immigrant communities and exacerbate our collective trauma and invest in healing centered systems that prioritize our mental health and recognize our full humanity.

Automatic Mental Health Supports for Youth Involved in Systems

Youth impacted by systems like the foster care system and the justice system should have automatic access to mental health programs and supports. These supports should be accessible and affordable – under minimal bureaucratic systems, mental health supports should be provided automatically. However, the justice system must not be the first place or only place where young people receive mental and behavioral health services.

Trauma Informed and Neurodivergent Affirmative Mental Health Framework

“Trauma Informed” has become a buzzword that is not always actually applied. We must ensure that trauma informed systems are actually trauma informed. Further, we must stop pathologizing neurodivergent people. Therapies should be based on healing the person, not on demanding heteronormative standards. In policy, this looks like not allowing drug companies to air ads, banning federal funds for ABA (Applied Behavioral Analysis), funding neurodivergent affirmative care, and ending restraints and seclusions in schools.

IMPROVING ACCESS FOR CHILDREN AND YOUNG PEOPLE

Improving the Young Adult Behavioral Health Workforce

- How should shortages of providers specializing in children’s behavioral health care be addressed?
- How can peer support specialists, community health workers, and non-clinical professionals and paraprofessionals play a role in improving children’s behavioral health?

While the shortage of behavioral health providers is one key challenge for young people seeking care, we recognize that policies should go beyond only addressing the quantity of providers. We are also facing a shortage of qualified providers, providers for the kinds of care we’re seeking, and providers in the places we live. Effective policies for young people should holistically address these shortages, ensuring that new providers are trained to be youth-friendly, gender-affirming, and culturally responsive and are incentivized to work in mental health deserts.

Strategies to Improve the Quality of Providers

Systemic racism in mental health systems has led to a lack of trust among young people, particularly young people of color and LGBTQIA+ young people, meaning that even with more providers, young people may continue to go without care due to lack of trust. Proposals to improve the quality of providers include:

- Creating minimum standards for mental health professionals with a focus on gender affirming, culturally responsive care, and funding trainings on these competencies.
 - Cultural responsiveness trainings should be supportive of cultures rooted in multiple identities, including racial/ethnic, gender, language, age (e.g. youth culture), and disability (e.g. deaf culture) and not pathologize any identities.
- Trainings for youth serving providers to grow a young adult specific workforce

Legislative Proposal

- The Strengthening Mental Health Supports for BIPOC Communities Act aims to reduce health inequities experienced by BIPOC communities through the Community Mental Health Services Block Grant program. Grant money can be used to hire BIPOC providers in mental health services positions and train providers on culturally and linguistically appropriate services. However, young people are not specifically prioritized in the bill. The proposal would be strengthened if grant funds could additionally be used to train providers on youth-friendly practices in an effort to build out a behavioral health workforce equipped to meet the needs of BIPOC young people.

Strategies to Recruit More Providers and Eliminate Mental Health Deserts

Workforce strategies should center economic justice, ensuring a more diverse mental health workforce. Workforce strategies should be targeted to communities that have historically lacked access to mental health care, ensuring that investments are equitable and work to address historic disinvestments in communities of color. Proposals to achieve this include:

- Scholarships and financial aid for mental health providers and therapists to complete school, targeted towards diversifying the behavioral health workforce and eliminating mental health deserts:
 - Student loan forgiveness for individuals entering the mental health profession and working in mental health deserts;
 - Free training, education, and certification programs offered in mental health deserts to ensure targeted growth of the workforce; and
 - Scholarships for individuals interested in providing culturally responsive care to underserved communities, with a specific focus on multilingual providers and improving language access, and on recruiting providers who live in mental health deserts.

Legislative Proposal:

- The Building a Health Care Workforce for the Future Act would create a state-administered scholarship program for individuals entering the health care field and require recipients to provide services for one year in a health professional shortage area, a medically underserved community, or any other approved shortage area. The bill also provides grants to medical and other health professional schools to promote competencies including cultural competency and improving care in medically underserved areas. The proposal would be strengthened by targeting scholarships to individuals interested in providing care to young people, by adding “youth friendly services” as a priority competency for training, and by ensuring peer support professionals are an allowable profession.

Strategies to Diversify the Mental Health Workforce

One key strategy to address the shortage of providers is to expand the definition of mental health supports and who provides mental health services. We need to look beyond western medicine and clinicians and recognize additional services and providers as part of a broad spectrum of mental health supports. All these services should be affordable and accessible to young people. Strategies to diversify the credentials of the mental health workforce include:

- Funding trainings for youth peer support
- Funding research by people with lived experience
- Ensuring non-western services are Medicaid reimbursable
- Recognizing art, nature, and music as necessary mental health supports

Legislative Proposals

- The Environmental Justice for All Act includes a grant proposal to increase access to outdoor activities in urban areas and to subsidize transit from urban and critically under resourced areas to national parks,

lands, and waterways. A similar provision specifically targeted to young people could help ensure we have access to nature.

Improving Care Integration for Young Adults

- Are there different considerations for care integration for children’s health needs compared to adults’ health needs?

Removing barriers young people face when accessing care is a pre-requisite for effective care integration. Young people should be able to access care in more spaces including school, community, virtual, and other spaces that are meaningful to young people, and young people should be able to provide consent for their own care and have that care be confidential.

Prioritize Community-Based Care

Young people should have access to mental health resources in places that are meaningful to them including school, community, and virtual spaces. Proposals for achieving this include:

- Funding for school-based mental health, including school-based counselors. School-based health services should be available to all students regardless of insurance coverage or immigration status and universal strategies rooted in prevention should be prioritized.
- Funding for community-based organizations and youth-serving organizations to have mental health providers on staff.

Legislative Proposal

- The Counseling not Criminalization in Schools Act provides schools with resources to increase social workers, counselors, and other supportive personnel and services in school rather than police. It would provide \$5 billion in grant money for districts to hire counselors and other health professionals instead of police and prohibit the use of federal funds for maintaining police in schools.

Ensure Minor Consent and Confidentiality

Minors and young people on their parents’ insurance face the additional challenge of not being able to consent to their own mental health care and/or that care not being confidential. Youth friendly services must be confidential, and we should be able to consent to our own mental health care, which includes both accessing care on our own and not being forced into care we don’t want.

While most minor consent laws are at the state level, there is a federal role in ensuring minor consent and confidentiality. Proposals include:

- Codify the Mature Minor doctrine
- Ensure minors can consent to mental health care if they are using Medicaid to pay for their care
- Ensure confidentiality for young people under age 26 on their parent’s insurance, particularly in relation to EOBs by issuing guidance on EOB issuance or suppression and requiring insurance companies to communicate directly with mature minors and adults under age 26.

Supporting Vulnerable Youth Populations

- How can federal programs support access to behavioral health care for vulnerable youth populations, such as individuals involved in the child welfare system and the juvenile justice system?

ND4Y recommendations focus on prevention, ensuring that young people are not funneled into harmful

systems and that our mental health needs are not criminalized. Instead, we need to take an upstream approach that recognizes the social determinants of health and provides holistic care for young people while also divesting from the systems that are harming us and our communities. Far too often, our mental health is criminalized and stigmatized resulting in a fear of talking about mental health challenges and of the “treatments” exacerbating mental health challenges.

Investing in Healing Centered Systems

- Ensure the presence of health and wellbeing experts that support young people, especially those that provide emotional support for young people who have been impacted by violence
- Reallocate resources from police and mass incarceration towards education, career pathways, and healing

Divesting from Harmful Systems

- End youth incarceration and the criminalization of youth
- Remove police from mental health response and eliminate school resource officers
- End the troubled teen industry with pseudo therapies like conversion therapy, attack therapy, shout therapy
- Update/Revise mandated reporter laws that currently discourage young people, especially young people of color, from seeking the support that they need
- Eliminate involuntary mental health holds
- End restraints and seclusion in schools

Improving Telehealth Services for Young Adults

- What key factors should be considered with respect to implementing and expanding telehealth services for the pediatric population?

While telehealth offers a promising opportunity to improve access to care for youth and young adults, we must ensure that telehealth is accessible to all populations and work to improve telehealth access for rural and Indigenous populations. Further text and app-based services should be Medicaid reimbursable as young people may prefer these services to video or call-based services.

CONCLUSION

Thank you for providing us the chance to respond to this RFI and we appreciate your commitment to and interest in the mental health needs of young people. We look forward to continuing to work with the finance committee to address the urgent mental health needs of young people and to make meaningful investments in the health and wellbeing of this generation. If you have additional questions on any of our recommendations, please email newdealforyouth@clasp.org.