

# United States Senate

WASHINGTON, DC 20510

May 29, 2020

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-230, The Capitol  
Washington, DC 20510

The Honorable Charles Schumer  
Democratic Leader  
United States Senate  
S-221, The Capitol  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
H-232, The Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
Republican Leader  
United States House of Representatives  
H-204, The Capitol  
Washington, DC 20515

Dear Majority Leader McConnell, Democratic Leader Schumer, Speaker Pelosi, and Republican Leader McCarthy,

We respectfully request that you include robust funding for behavioral health care for children and youth in the next relief package to assist with the health and economic effects of the 2019 Novel Coronavirus (COVID-19) pandemic. This request includes resources to increase access to telehealth service delivery methods. While the pandemic has naturally focused attention on physical health care needs, the many changes associated with the pandemic have associated behavioral and emotional consequences that require immediate attention.

Children and families are facing unprecedented challenges. Most children and youth are out of school, child care arrangements are disrupted, adult and adolescent work settings are disrupted, family members are ill or dying, and financial and housing situations are tenuous. Families and children are without typical child care placements, extracurricular activities and social connections.

School-aged children are adjusting to virtual learning if their families and schools can accommodate the shift. Many children have lost their educational and social connections altogether. Rites of passage such as graduations have been cancelled or postponed. Some children have lost counselors they relied on in school. Many families do not have the resources to keep children busy, safe and engaged through the day, particularly when they themselves are busy and anxious. For those in small quarters or crowded households, the routines and predictability that children thrive on are nearly impossible.<sup>1</sup>

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<sup>1</sup> The Lancet, Parenting in a Time of COVID-19, Lucie Cluver, Jamie M Lachman, Lorraine Sherr, Inge Wessels, Etienne Krug, Sabine Rakotomalala, Stephen Blight, Susan Hillis, Gretchen Bachman, Ohad Green, Alex Butchart, Mark Tomlinson, Catherine L Ward, Jennifer Doubt, Kerida McDonald, April 11, 2020.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30736-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30736-4/fulltext)

As families struggle and suffer, so do the children. It is an unrealistic expectation for children to seamlessly adapt to their families' and society's new way of life without guidance and support. Research has shown that significant disruptions can be traumatic for children and can lead to an array of maladaptive emotional reactions, including sleep and eating disruptions, sadness, anxiety, misbehavior, outbursts, withdrawal and suicidal ideation.<sup>2</sup> Children's responses are often overlooked as inconsequential or are interpreted as behavioral problems. Their experiences are, in fact, serious and potentially life-altering. Particularly vulnerable groups include children who experience bullying, LGBTQ+ youth and teens with pre-existing mental health conditions.

It is essential to provide behavioral health support through the pandemic, and it is essential to include child-specific care.<sup>3</sup> Parents and caregivers must be able to find support and guidance to help their children and adolescents cope positively. Behavioral health interventions are needed to alleviate current distress and to strengthen resilience for the future. Helpful interventions include continuing care with existing provider relationships, helpline support, peer support systems (e.g., Al Anon or suicide prevention), school-based counseling, and community-based psychological/psychiatric care.

Increasing funding for telehealth capacity and community-based care models can help accelerate children's access to care they need right now. Telehealth is the mechanism for delivering most services via video and/or audio devices while virus mitigation efforts are in effect, and will likely remain so until providers and the public are confident that risk of virus transmission is minimal. Many providers have moved rapidly to establish telehealth capability, although many do not yet have that ability. At the same time, those seeking care may not realize that they may access care remotely, and others may not have connection ability. Improved use of telehealth will increase points of access and continuity for each child and family, allowing for the stronger familiarity, relationships, and trust necessary to achieve better outcomes. Increased investment will also enable behavioral health professionals and providers to operate more effectively and be more accessible to match needs with care. Both community and school-based telehealth care models are recommended to address mental health and substance abuse concerns.<sup>4</sup> Recent school closures have prompted a need to increase school-based telehealth services for access in all communities.

Congress has an opportunity to further expand and enhance existing behavioral health programs for children to address this emotional health emergency and strengthen a generation of youth. Agencies in the Departments of Health and Human Services and Education have programs with expertise for families and providers, but are not funded to support the magnitude of need during this pandemic. It is incumbent upon Congress to be sure programs and resources are available to meet children, youth and caregivers' needs now and as they cope with the aftermath of the pandemic. Telehealth technology and training for its effective use must be part of the resource

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<sup>2</sup> National Child Traumatic Stress Network, <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>.

<sup>3</sup> "Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents," Ezra Golberstein, PhD, Hefei Wen, PhD, Benjamin F. Miller, PsyD, April 14, 2020, JAMA Pediatrics, American Medical Association. <http://jamanetwork.com/article.aspx?doi=10.1001/jamapediatrics.2020.1456>

<sup>4</sup> "Guidance to States and School systems on Addressing Mental Health and Substance Use Issues in Schools," Joint Informational Bulletin, SAMHSA and the Center for Medicaid and CHIP Services, July 2019. <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib20190701.pdf>

package. By building upon existing “well child” care networks, knowledge, technology capabilities, providers, and benefits, we can achieve more rapid access and better results across our country.

We request the following additional funding to the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA) and the Department of Education to promote development and availability of child and family-specific behavioral health care as part of the COVID-19 response:

**\$20 million for the Telehealth Network Grant Program (TNGP)** will expand school and community-based telehealth networks and training for providers to improve behavioral health care services for underserved populations in urban, rural, and frontier communities, particularly in schools. School-based care is essential during remote school operations.

**\$15 million for Garrett Lee Smith (GLS) Youth Suicide Prevention** grants to implement youth suicide prevention and care, specifically directed to develop public information programs helping families and friends communicate with youth to help identify risk for suicide and prevent deaths by suicide.

**\$10 million for The National Child Traumatic Stress Network (NTCSN)** to develop and disseminate resources specific to addressing children’s trauma reactions stemming from the pandemic and strengthening adaptive coping and resilience.

**\$10 million for Pediatric Mental Healthcare Access Grants** in areas where mental health care is inaccessible or unavailable to allow greater access through pediatric primary care, where families have established relationships with trusted providers in their own communities.

**\$10 million for Children and Family Programs of Regional and National Significance: Substance Abuse Prevention and Mental Health** will provide prevention and care for children and teens with substance abuse disorder and mental illness, who are particularly at risk for negative effects of pandemic stressors, through new multi-year grant awards.

**\$10 million for The Children and Families Circles of Care Programs** to promote care in American Indian/Alaska Native communities, reflecting the unique history and needs of individual native communities and building on cultural strengths. Suicide is the second leading cause of death for Indian youth ages 15 to 24.

**\$100 million for Project AWARE** State Education Agency (SEA) grants will increase access to mental health services in schools and in rural communities. Funding will be directed toward training for school personnel to address behavioral health needs remotely while schools are closed, and to increase availability of services to students on school reopening.

**\$20 million for Student Support and Academic Enrichment Grants** to expand access to or coordinate resources for school-based counseling and mental health programs, such as school-based mental health services partnership programs.

**\$10 million for the Graduate Psychology Education Program** will increase the professional workforce by specifically supporting accredited behavioral health training programs for graduate students specializing in clinical care for children.

Thank you for your thoughtful consideration of this request. We look forward to continued discussions to arrive at solutions that benefit the behavioral health of our Nation’s children, youth and families during this devastating global and national health crisis.

Sincerely,

/s/

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Robert P. Casey, Jr.  
United States Senator

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Christopher S. Murphy  
United States Senator

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Brian Schatz  
United States Senator

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Chris Van Hollen  
United States Senator

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Jacky Rosen  
United States Senator

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Debbie Stabenow  
United States Senator

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Margaret Wood Hassan  
United States Senator

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Kamala D. Harris  
United States Senator

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Catherine Cortez Masto  
United States Senator

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Christopher A. Coons  
United States Senator

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Elizabeth Warren  
United States Senator

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Jack Reed  
United States Senator

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Thomas R. Carper  
United States Senator

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Dianne Feinstein  
United States Senator

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Tina Smith  
United States Senator

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Edward J. Markey  
United States Senator

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Richard Blumenthal  
United States Senator

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Ron Wyden  
United States Senator

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Tammy Baldwin  
United States Senator

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Amy Klobuchar  
United States Senator

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Michael F. Bennet  
United States Senator