THE TREVOR PROJECT

For Young LGBTQ Lives

November 1, 2021

Via Electronic Communication
mentalhealthcare@finance.senate.gov

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Re: Improving Mental and Behavioral Health Access

Dear Chairman Wyden and Ranking Member Crapo:

Thank you for soliciting information on the important topic of how Congress can craft bipartisan legislation to reduce barriers to access to behavioral health care. Crisis intervention and suicide prevention is an essential component of access to behavioral health care, and The Trevor Project looks forward to working with you in the effort to craft legislation that can help save the lives of marginalized communities.

Founded in 1988, The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ youth, and it is the only accredited national organization providing crisis intervention and suicide prevention programs, as well as a peer-to-peer social network support for LGBTQ youth. Specifically, The Trevor Project offers life-saving, life-affirming programs and services that create safe, accepting, and inclusive environments over the phone, online, and through text. With operations in all 50 states and approximately 440 trained counselors, The Trevor Project is able to reach thousands of youth with its services every week.

Improving the scope and quality of crisis intervention and suicide prevention services available to LGBTQ youth should be considered an indispensable part of any effort to improve

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access to quality behavioral health care. Studies have shown that LGBTQ youth are more than four times as likely to attempt suicide compared to their straight and cisgender peers,[1] and it is estimated that over 1.8 million LGBTQ youth will experience suicidal ideations this year.[2] For this reason, it is essential that the topic of crisis intervention and suicide prevention for LGBTQ youth is addressed in by your legislative initiative.

The attached comments provide greater details on several of the key issues that The Trevor Project believes should be included in your policy discussions. Specifically, legislation improving access to behavioral health care should provide sufficient resources to suicide prevention technology and programs, incorporate the expertise of qualified non-profit organizations, and confront pernicious health care fraud targeting LGBTQ youth and their families. While we understand that several aspects of the policy proposals discussed in our comments are outside of Senate Finance Committee jurisdiction, they are directly relevant to a number of the specific questions you posed in your September 21st letter (as noted in our comments), and The Trevor Project believes that the goal of saving the lives of our most vulnerable youth should help inform all stages of the development of behavioral health care policy.

In sum, The Trevor Project is well-positioned to serve as a valuable stakeholder in the Senate Finance Committee's effort to craft a bipartisan legislative package addressing behavioral health care challenges. We appreciate your consideration of the attached comments and look forward to working with you going forward.

Sincerely,

Preston Mitchum

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Dir. of Advocacy and Government Affairs
The Trevor Project

[1] The Trevor Project, "Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S.," *available at* https://www.thetrevorproject.org/research-briefs/estimate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/.

[2] The Trevor Project, "National Estimate of LGBTQ Youth Seriously Considering Suicide," *available at* https://www.thetrevorproject.org/blog/national-estimate-of-lgbtq-youth-seriously-considering-suicide/.

The Trevor Project:
Recommendations for Improving Access to Behavioral Health Care

The Trevor Project submits these recommendations to the Senate Committee on Finance as the Committee works with its colleagues to develop a bipartisan legislative package addressing the behavioral health challenges faced by millions of Americans. We appreciate the opportunity to help develop policy options that can improve behavioral health care quality and access for the American public, and specifically highlight the unique challenges faced by LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) youth.

Specifically, our comments focus on:

1. the importance of 988 for suicide prevention and the need for specialized services for LGBTQ+ youth;

2. the expansion of the Garrett Lee Smith ("GLS") program to include non-profit organizations as "eligible entities"; and

3. the need to prevent health care fraud by eliminating the dangerous practice known as "conversion therapy."

While we understand that several aspects of our policy proposals are outside of Senate Finance Committee jurisdiction, they are directly relevant to a number of the specific questions you posed in your September 21st letter, and The Trevor Project believes that goal of saving the lives of our most marginalized youth should help inform all stages of the development of behavioral health care policy.

Provide Necessary Support to Suicide Prevention Services – Addressing the behavioral workforce shortage

The Problem: Currently, the National Suicide Prevention Hotline has an insufficient number of appropriately trained operators to handle inbound calls, and more resources are needed to develop the technology, staff, and specialized services necessary to ensure that people in crisis have access to services.

Despite growing awareness surrounding suicide, the Center for Disease Control and Prevention reported last year that the national suicide rate increased 24% between 1999 and 2014.[3] Suicide is the second leading cause of death among young people and disproportionately impacts the LGBTQ community. LGBTQ youth are more than four times more likely to attempt suicide than their peers, with one in five LGBTQ youth and more than one in three transgender youth reporting having attempted suicide. The Trevor Project

[3] Sally C. Curtin, M.A., et al., Centers for Disease Control and Prevention, "Increase in Suicide in the United States, 1999-2014," *available at* https://www.cdc.gov/nchs/products/databriefs/db241.htm.

estimates that at least one LGBTQ young person (13-24) attempts suicide every 45 seconds.[4] The designation of "9-8-8" as the new dialing code for the National Suicide Prevention Lifeline (NSPL or Lifeline) in 2020 was an important step towards ensuring access to vital health care services for people in crisis, particularly for LGBTQ youth.

However, the American public will only fully benefit from the implementation of 9-8-8 if the Lifeline is appropriately funded and specialized services are provided for LGBTQ youth as an acutely at-risk community. The Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency tasked with operating the Lifeline, previously reported that they expect call volumes to nearly double as a result of the new dialing code, which will substantially increase wait times. Additionally, operators are not specially trained to handle these emergency calls and there is no standard of care for LGBTQ callers. Both of these obstacles together will delay the provision of critical, life-saving services.

Specifically, specialized services for LGBTQ youth would include the training of existing counselors in LGBTQ cultural competency and the establishment of an Integrated Voice Response (IVR) option for LGBTQ youth to receive more specialized care. Currently, there is no standard quality of care for any population dialing the Lifeline, including LGBTQ youth, and specialty counseling for at-risk communities is essential to improving counseling effectiveness. It is vital that counselors who interact with LGBTQ youth receive specialized training so that they understand (1) the incredible diversity within the LGBTQ community; and (2) how the challenges faced may differ from those affecting their non-LGBTQ peers.

The implementation of an IVR option can transfer LGBTQ youth callers to specialized groups like The Trevor Project, where they have additional trained counselors in their own nationwide response infrastructure that can take some of the increased burden from existing NSPL call centers. This is an opportunity to help save the lives of marginalized and at-risk youth. A multi-year evaluation conducted by third party researchers found that over 90% of youth in crisis who reach out to The Trevor Project are successfully de-escalated (meaning they are moved out of a state of crisis) and that de-escalation is sustained for four weeks. It is through these same proven training methods that the Lifeline will be able to provide the highest quality of services to its contacts.

Congress has repeatedly recognized the need for specialized services for LGBTQ youth. The National Suicide Hotline Designation Act (the Act), which established 9-8-8 as the new three-digit code for the NSPL, highlighted the need for specialized services for LGBTQ youth. The FY 2020 and 2021 Labor, Health and Human Services Appropriations Act Explanatory Statements directed SAMHSA to pursue the implementation of specialized services for LGBTQ youth, including both counselor training and the establishment of an IVR.

[4] The Trevor Project, "Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S., *available at* https://www.thetrevorproject.org/research-briefs/estimate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/.

The Lifeline, with the transition to 9-8-8, has the potential to have a meaningful impact on Americans in crisis, providing life-saving services and thus saving lives in the community, but only if Congress takes action to provide the resources needed by SAMHSA and the Lifeline to address the problems detailed above.

Congressional Actions Needed: Congress should increase the budget for the National Suicide Prevention Lifeline to $100 million and ensure that dedicated funding totaling $7.2 million is provided for specialized services for LGBTQ youth.

As noted above, the American public and LGBTQ community will only receive the full benefits from the transition to 9-8-8 if the Lifeline is properly funded for both overall operating expenditures and the provision of specialized services. The Lifeline is federally funded at $24 million, primarily for administration and oversight of the national Lifeline system. The transition to 9-8-8, which will be operational nationwide by July 16, 2022 and is currently well underway, is expected to nearly double call volumes. This will increase the demand placed on individual call centers, requiring the hiring of additional counselors, and thus greatly increase the administrative costs of the Lifeline.

In order to accommodate these increased costs and stand up an effective 9-8-8 system, the budget for the Lifeline should be appropriately increased to $100 million. This sum will cover a large portion of the administrative costs of the Lifeline, particularly facilitating the technical transition to 9-8-8. The budget will still need to be paired with user-fees collected at the state level to support local call centers, which are historically underfunded even at lower call volumes. Increased federal appropriations can support crisis infrastructure, including staff to answer hotline phones, training for staff and volunteers, and technology and operations upgrades to field the projected increase in call volume.

Additionally, adequate resources should be dedicated to the provision of specialized services for LGBTQ youth in recognition of their unique risk profile and specialized needs. The allocation of $7.2 million within the Lifeline program will allow for the implementation of an IVR option specifically for LGBTQ youth, similar to that provided for veterans to provide populations with more specialized care, and for Lifeline counselors to be trained in LGBTQ cultural competency. While SAMHSA acknowledged in its FY 2022 Budget Justification that it had begun work on these services, this dedicated funding would allow this work to materialize in a more robust and timely fashion given the July 2022 deadline for nationwide 9-8-8 rollout.

Responses to Relevant Sections of Committee Inquiry:

Increasing Integration, Coordination, and Access to Care

- What programs, policies, data, or technology are needed to improve access to care across the continuum of behavioral health services?

- The National Suicide Prevention Lifeline, 9-8-8, should include specialized services for LGBTQ youth—an acutely at-risk group for suicidal ideation—specialized services for LGBTQ youth would include the training of existing counselors in LGBTQ cultural competency and the establishment of an Integrated Voice Response (IVR) option for LGBTQ youth to receive more specialized care.

Expanding Telehealth for behavioral health care

- How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?
  - The National Suicide Prevention Lifeline, 9-8-8, provides telephonic access to essential behavioral health services for vulnerable communities such as LGBTQ youth, and ensuring it is fully funded and properly implemented is an essential component in Congress's effort to improve access to quality behavioral health services in our country.

Improving Access for Children and Young People

- How should shortages of providers specializing in children's behavioral health care be addressed?
  - The transition to 9-8-8 is expected to nearly double call volumes for the National Suicide Prevention Lifeline. This will increase the demand placed on individual call centers, requiring the hiring of additional counselors, and thus greatly increase the administrative costs of the Lifeline. Fully funding the lifeline and ensuring it include an Integrated Voice Response (IVR) option could alleviate much of this pressure and help ensure that LGBTQ youth have more efficient access to vital behavioral health services.
- 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?
  - Studies have shown that LGBTQ youth are more than four times as likely to attempt suicide compared to their straight and cisgender peers, and it is estimated that over 1.8 million LGBTQ youth will experience suicidal ideations this year. Ensuring that the National Suicide Prevention Lifeline is sufficiently funded, and includes specialized services and an Integrated Voice Response (IVR) option for LGBTQ youth would improve access to quality crisis intervention and suicide prevention services.

Enhancing Garrett Lee Smith (GLS) Grants

The Problem: The current definition of eligible entities for Garrett Lee Smith grants does not extend to non-profit organizations other than those "designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention

program."[5] This appears to include only universities and colleges. We recommend broadening the definition to include non-profit organizations expert in youth suicide prevention as eligible grant applicants.

By way of background, the Garrett Lee Smith (GLS) Memorial Act was enacted in 2004, and the law empowers SAMHSA to provide grants funding suicide prevention efforts in states and localities. Specifically, the GLS Memorial Act established a resource center relating to youth suicide prevention and two grant programs, the State/Tribal Grant Program and the Campus Grant Program. These grants are designed to support training and services for youth suicide early intervention and prevention services.

The GLS grant program is currently authorized through FY 2022 as part of the 21st Century Cures Act at $37 million per year ($30 million for state and tribal grants and $7 million for campus grants). GLS grants are currently only provided to state, territorial, and local governments, as well as to other eligible public or private non-profit organizations "designated by a state to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy." Historically, this definition has been interpreted to mean quasi-governmental institutions such as colleges and universities, as mentioned above

Limiting the entities eligible to receive these grants to the current definition significantly reduces the pool of qualified organizations able to participate and receive needed funding to provide suicide prevention services to at-risk populations. With the current definition, private non-profit organizations such as The Trevor Project are ineligible to apply for and receive grants under both the State/Tribal Grant Program and the Campus Grant Program because we are not the designee of the state to develop or direct their statewide suicide prevention strategy, despite being certified by expert organizations and widely regarded as an expert in this field. That exclusion limits our ability to expand important and specialized suicide prevention services to reach additional youth in crisis, such as LGBTQ youth, even as demand for those services has increased.

Congressional Actions Needed: Congress should expand GLS grant eligibility to include non-profit organizations providing youth suicide prevention services.

The Trevor Project has proven that its methods are some of the most effective in the country. As noted above, a multi-year evaluation conducted by third party researchers found that over 90% of youth in crisis who reach out to The Trevor Project are successfully de-escalated and that de-escalation is significantly sustained. The Trevor Project's Lifeline Training Program meets the highest level of nationally recognized accreditation standards developed by the American Association for Suicidology (AAS), and is developed by educators and mental

[5] 42 USC §290bb-36(b)(1)(B).

health professionals. The Trevor Project Project's Lifeline and Text/Chat Training Programs are evaluated by AAS every five years, and are updated on a quarterly basis.

The public would benefit from GLS grants supporting the work of experts, such as those found at The Trevor Project. Our research team is led by Dr. Amy Green, who has over 15 years of experience conducting research related to youth mental health and well-being, and has contributed to or authored 40 peer reviewed publications. Since January 2019, we have released more than 30 white papers and research briefs offering new and groundbreaking findings on LGBTQ youth mental health, with focus areas ranging from the impacts of COVID-19 on LGBTQ youth suicide prevention to the unique mental health challenges of Black and Latinx LGBTQ youth.

Non-profits have extensive experience and expertise in providing suicide prevention services to America's youth, but are currently not eligible for GLS grants due to the restrictive language of the current definition of "eligible entities." Congress, in completing its next reauthorization of the GLS grants, should revise the definition of eligible organizations to include non-profits that have demonstrated expertise and experience in providing these services.

Responses to Relevant Sections of Committee Inquiry:

Increasing Integration, Coordination, and Access to Care

- What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?
    - Congress should ensure that qualified non-profit organizations are eligible for Garrett Lee Smith (GLS) grants. Providing GLS grants to nonprofit organizations with recognized and established expertise would improve the quality of crisis intervention and suicide prevention services available to LGBTQ youth, who are more than four times as likely to attempt suicide compared to their straight and cisgender peers.

Improving Access for Children and Young People

- 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?
    - Congress should ensure that qualified non-profit organizations are eligible for Garrett Lee Smith (GLS) grants. Providing GLS grants to nonprofit organizations with recognized and established expertise would improve the quality of crisis intervention and suicide prevention services available to LGBTQ youth, who are more than four times as likely to attempt suicide compared to their straight and cisgender peers.

Preventing Behavioral Health Care Fraud

The Problem: LGBTQ youth and their families continue to be targeted by a dangerous and pernicious form of heath care fraud—so-called "conversion therapy," sometimes referred to as "reparative therapy" or "sexual orientation or gender identity change efforts." These are a range of dangerous and discredited practices aimed at changing one's sexual orientation or gender identity or expression.

Conversion therapy is not health care—it is a dangerous fraud that harms families and young people. The American Psychiatric Association (APA) has made clear that, "The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior." The APA further underscores the fact that these practices are "based on a view of homosexuality that has been rejected by all the major mental health professions." The "therapies" that conversion therapy programs administer in order to "cure" LGBTQ individuals of a disorder that does not exist are often violent, traumatic, or otherwise directly, and irreparably, catastrophic to mental and physical health.

Conversion therapy "providers" disseminate false, misleading, and negligent claims about the nature and effects of the practice through conferences, advertising campaigns, and through various forms of media. Many of these organizations fraudulently induce educators, community organizations, and families to spread information or facilitate—often without consent—the provision of these harmful procedures, particularly to young people. The fraudulent and malignant claims that conversion therapy providers perpetuate, alongside added pressure from similarly misinformed educators, relatives, and community members, leads LGBTQ youth and adults alike to seek these services under the misconception that they are receiving legitimate health care.

Congressional Actions Needed: Bipartisan behavioral health care legislation should prohibit the use of any federal funds for conversion therapy, should call on relevant federal agencies to investigate and prosecute instances of deceptive or fraudulent advertising in connection with conversion therapy, and should support efforts to end any continued use of conversion therapy.

While a number of states have passed legislation aimed at preventing LGBTQ populations, particularly youth, from being defrauded into receiving and paying for conversion therapy, federal legislative action is lacking. This Congress, through the Senate Committee on Finance's bipartisan legislative package, has the opportunity to make a lasting impact. The committee effort to behavioral health care should incorporate past policy initiatives aimed at countering the scourge of conversion therapy. Specially, your policy proposals should include the key aspects of:

- *The Prohibition of Medicaid Funding for Conversion Therapy Act* (H.R. 1981), introduced in 2019—This legislation is aimed at preventing Medicaid funds from being used to pay for conversion therapy and increases efforts to prevent misleading billing tactics from allowing taxpayer dollars to fund conversion therapy; and

- *The Therapeutic Fraud Prevention Act of 2017* (H.R. 2119) and its Senate companion bill (S. 298)—This legislation would have correctly identified the marketing of conversion therapy as a deceptive act and practice, and would make it unlawful to sell conversion therapy services or make advertising claims about changing sexual orientation or gender identity.

Responses to Relevant Sections of Committee Inquiry:

Increasing Integration, Coordination, and Access to Care

- What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?
    - LGBTQ youth and their families continue to be targeted by a dangerous and pernicious form of heath care fraud—so-called "conversion therapy." The American Psychiatric Association (APA) has made clear that, "The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior." If Congress commits to fighting the scourge of conversion therapy it would help prevent LGBTQ youth and their families from being further harmed.

Improving Access for Children and Young People

- 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?
    - Studies have shown that LGBTQ youth are more than four times as likely to attempt suicide compared to their straight and cisgender peers, and these risks are only heightened when LGBTQ youth and their families are targeted by conversion therapy fraudsters. Bipartisan behavioral health care legislation should prohibit the use of any federal funds for conversion therapy, should call on relevant federal agencies to investigate and prosecute instances of deceptive or fraudulent advertising in connection with conversion therapy, and should support efforts to end any continued use of conversion therapy.

Conclusion

The Trevor Project appreciates the opportunity to participate in this important policy process, and we look forward to working with Congress to find ways to help save the lives of our most marginalized youth.

Thank you for your consideration of these comments.

Sincerely,

Preston Mitchum

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