

August 19, 2002

Thomas Irvin
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue SW, Room 3086
Washington, DC 20202

Dear Mr. Irvin:

**Mental Health Groups Unite in Response to the Recommendations of the
President's Commission on Excellence in Special Education**

On July 1, 2002, the President's Commission on Excellence in Special Education released its report, *A New Era: Revitalizing Special Education for Children and Their Families*, to the President. The report outlines several findings and recommendations based, in part, on 13 public hearings in cities nationwide for improving the educational performances of children with disabilities. As advocates on behalf of children and adolescents with emotional and behavioral disorders, we generally support the three principal tenets of this report: 1. Focus on results – not on process; 2. Embrace a model of prevention not a model of failure; and 3. Consider children with disabilities as general education children first.

In any given year, it is estimated that one in five children and adolescents has a mental health disorder, yet less than 20% of these children receive needed treatment, including special education services. The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms. The Center for Mental Health Services indicates that 11% of children in the U.S. have a serious mental disturbance that is accompanied by significant impairment, in home, school, and/or social contexts. Given that many children and adolescents with emotional or behavioral disorders are at risk of being left behind, an emphasis of the report on prevention and early intervention services is instrumental in ensuring the social and academic development of all students.

It is important to note that we are only now ending the second full year of implementation of the regulations addressing the 1997 amendments to the Individuals with Disabilities Education Act (IDEA). We believe it is too early in the implementation process to consider extensive legislative changes. We assert that strong technical assistance and guidance from the Department and increased federal funding are the critical elements in achieving reforms proposed by the Commission.

The following areas are of particular concern for children and adolescents with emotional and behavioral disorders:

Identification

We applaud the Commission's attention to behavioral needs in the section on "Identification and Assessment." As the second most common reason for referral to special education, behavioral and emotional issues demand as strong an emphasis in prevention and intervention efforts within general education as reading problems and other academic difficulties. We recommend the use of school-wide prevention and intervention programs that incorporate early screening and identification and utilize school-based mental health service providers. We agree with the Commission that the clinical judgment of an interdisciplinary team should determine educational need and eligibility for interventions and services to address emotional, behavioral, and academic concerns.

The IDEA statute calls for consideration of behavioral needs when designing an IEP, as well as use of positive behavioral supports, interventions, and services. Although the Commission remained silent on the discipline provisions, we believe that every effort should be made to improve implementation of current law, particularly since research has shown that employing these behavioral interventions and services would mitigate discipline problems. We firmly oppose cessation of services and believe that continued educational services, particularly those that address the behaviors that resulted in suspension or expulsion, are provided to assure that no child is left behind.

As we agree with the Commission's focus on outcomes, we also place high expectations on general education to provide "services first, assessment later" prior to referral to special education. We further emphasize that to show improved academic outcomes, these must be appropriate services. To achieve this, we recommend greater recognition and improved utilization of related services personnel to support both general and special education educators with strategies to address academic and behavioral needs. Related services personnel also are instrumental in assisting teachers to recognize the need for behavioral interventions and/or mental health services.

The increased expectations for general and special education personnel demand a greater investment of funds for Part D (personnel preparation) and Title II of No Child Left Behind (professional development). These additional funds should be used to provide ongoing training of staff to understand emotional and behavioral disorders and recognize them for what they are. Although increased Part D funds were not endorsed by the commission report, it must be understood that improved professional preparation and development of educators and related services personnel would help address misidentification, over-identification, as well as the under-identification of those students whose need for mental health services goes unnoticed.

Under-identification

While we appreciate the Commission's concern over possible over-identification of children with serious emotional disturbances, we know that there are still many children with these disorders who go unrecognized and do not receive the special education services that would enable them to succeed in school. The Surgeon General reported in

1999 that nearly 14 million children and adolescents experience a mental health disorder in any given year. Denied appropriate educational services and supports in *general education*, students with mental health disorders are at high risk for school failure and juvenile delinquency and have greater difficulty gaining employment. Three to 5 percent of all children will experience mental health problems that lead to severe functional impairment requiring special education services. Appropriate education modifications can resolve the behavioral problems of students with serious emotional disturbances along with any coexisting learning disabilities. Children with serious emotional disorders must receive an education that prepares them for optimal intellectual, occupational and social functioning as adults.

Results First

The first overall finding of the PCESE stresses the need for a shift in emphasis from process to an emphasis on results. Advocates for children whose primary disability is a mental health condition share the Commission's view that there should be a major emphasis on academic and behavioral results. However, parents and professionals working with these children share a significant concern that the Commission's interest in lessening "the paperwork burden" placed on staff by the law and subsequent regulation will decrease the means of identifying both successful and ineffective strategies and programs. Accountability must be clearly shown if parents are to build trust in the means for accomplishing the results for which everyone strives. In addition, school administrators must be able to document necessary expenditures and needed program changes to parents and their governing boards. When problems are encountered, remedial changes cannot be justified without information upon which to base decision making. Once it is shown that a specific course of action – whether that is a specific program, methodology, or set of accommodations – is achieving the goals of emotional, social and academic growth, consideration could be given to streamlining subsequent periodic reports.

Research-Based Practices

We agree with the Commission's recommendations to implement research-based, early identification and intervention programs to better serve children with emotional and behavioral difficulties. It has been proven that those positive behavioral supports and other interventions serve to improve classroom management, prevent negative behaviors, and focus all students on learning. In order for research-based practices to be effective, they need to be distributed to families, learning institutions, and service providers nationwide. Children with disabilities should always be included in federal research programs whenever feasible. In order to successfully implement research-based practices, a significant increase will be needed in Part D.

Conclusion

We recognize and support the attention the Commission has placed on early intervention and identification of students with disabilities who may require special education services— two important factors in helping students with disabilities benefit fully from education and avoid school failure. Additionally, we share the Commission's emphasis on achieving results rather than a limited view on process. Ensuring all eligible children

receive necessary services to help them come to school prepared, ready to learn and succeed are the results toward which IDEA must progress. However, we have serious concerns regarding the direction the Commission is taking on the issues of paperwork, personnel preparation, services and the problem of disproportionality. Furthermore, without adequate funding for IDEA, including Parts C and D, the promise to leave no child behind will not be fully realized.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Counseling Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
Anxiety Disorders Association of America
Bazelon Center for Mental Health Law
Child and Adolescent Bipolar Foundation
Children & Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Federation of Families for Children's Mental Health
National Alliance for the Mentally Ill
National Association of School Psychologists
National Association of Social Workers
National Mental Health Association
School Social Work Association of America
Tourette Syndrome Association