NASP
NATIONAL ASSOCIATION OF
School Psychologists

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Honorable Chris Murphy
United States Senate
Washington, DC 20510

Honorable Bill Cassidy
United States Senate
Washington, DC 20510

Dear Senators Murphy and Cassidy,

On behalf of the National Association of School Psychologists (NASP), I write in response to your open letter seeking recommendations and policy solutions to increase access to evidence based mental health treatment for children and adults. NASP represents more than 24,000 school psychologists who work with students, families, educators, administrators, and communities to ensure that all students have the supports they need to be successful. School psychologists provide direct and indirect interventions to support student social-emotional learning, mental and behavioral health, and academic success. We share your goal of creating a comprehensive mental and behavioral health system that serves all people, and the programs authorized by the 21st Century Cures Act have certainly helped improve access to service delivery across the country, but we still have much work to do. It is imperative that schools, school psychologists, and other school employed mental health professionals be a central part of a comprehensive set of policy solutions. For many students, schools represent their entry point into the mental health care system, with schools offering direct services to students and facilitating effective school-community partnerships to ensure a seamless system of care This brief, authored by NASP and the National Center for School Mental Health highlights best practices for effective school community mental health partnerships.

As you know, we were experiencing a mental health crisis before COVID-19. The pandemic laid bare existing inequities and exacerbated difficulties in children and youth receiving necessary care. This is in large part due to the critical role that schools play in our mental and behavioral health care system. Approximately 1 in 5 students will experience a mental health disorder over the course of their school trajectory, yet only 20% of those students who need care will receive it. Of those who do get the care they need, the vast majority of children and youth receive those services in school. NASP recently surveyed our members, and more than half of survey respondents reported significant increases in the number of students presenting with social-emotional or mental and behavioral health challenges. In addition, the reported behaviors are much more severe than in the past. The scope of the problem is so significant that the American Academy of Pediatrics, the American Academy of Child & Adolescent Psychiatry, and the Children's Hospital Association recently declared a national emergency for children's mental health. Unfortunately, we are facing a perfect storm of increased need and significant staffing shortages.

While every school has access to the services of a school psychologist in some capacity, our field is experiencing a critical shortage, both in the number of practitioners and in the availability of graduate education programs and faculty needed to train the workforce necessary to keep up with the growing student population. In order to provide necessary comprehensive services, NASP recommends a ratio of one school psychologist per 500 students. Current data estimate a national ratio of about 1:1200; however, great variability exists among states, with some states approaching a ratio of 1:5000. It is estimated that we need an additional 63,000 school psychologists to meet our recommended ratio and ensure access to comprehensive school psychological services. Based on current data trends, it would take at least 28 years to reach this goal. We cannot wait. Shortages in school psychology significantly undermine the availability of high-quality services to students, families, and schools, particularly in rural, underserved, and other hard to staff school districts. This is particularly devastating for communities in which the school psychologist, counselor, or social worker is the only mental and behavioral health provider readily available.

Improving access to comprehensive mental and behavioral health care will require coordination between education, health, and mental health systems at the federal, state, and local level and we are pleased to offer the following recommendations we believe are necessary to improve access to comprehensive mental and behavioral health care for children and youth. These recommendations include suggestions for improvement to specific programs authorized by 21st Century Cures Act, as well as other critical legislative and recommendations we urge Congress to adopt.

Addressing Workforce Shortages

This is arguably the most critical and urgent issue to address. Without properly trained mental health professionals, in both the school and the community, we will never achieve the reality of parity in this country. We offer the following recommendations, including comments on programs explicitly referenced in the Request for Information.

SAMSHA's *Programs of Regional and National Significance* encompass several activities, at the discretion of the Secretary, that seek to improve access and outcomes in mental and behavioral health care for children and youth including Project LAUNCH, Project Aware, Mental Health First Aid, and the National Strategy for Suicide Prevention. NASP is supportive of all of these efforts. However, to the best of our knowledge, no PRNS has focused on remedying the shortages of school and community mental health professionals. To be sure, the *Mental and Behavioral Health Education and Training Grants* seeks to expand experiential training opportunities and field placements in high needs communities, but this grant works with existing accredited institutions of higher education or professional training programs to help them establish or expand field-based training programs. These efforts are important, but this grant does not address the real and critical barrier of access to graduate education and lack of availability of graduate education options, especially for professionals who want to work in schools.

We must provide financial incentives/assistance to institutions of higher education to allow them to create new graduate education programs and scale up existing programs that expand access to proper training leading to a credential as a school psychologist or other school mental health professional. Importantly, these efforts must also include initiatives to attract, recruit, and retain a more diverse mental and behavioral health workforce. Efforts to expand access to the necessary graduate education to become a credentialed mental and behavioral health provider must seek to increase opportunities at HBCUs, HSIs, TCUs, and other minority serving institutions. The *Minority Fellowship Program* does seek to improve the diversity of the mental and behavioral health workforce, but this program focuses on enhanced training for students already enrolled in a graduate education program in psychology, social work, psychiatry and other mental and behavioral health fields. We urge the creation of initiatives that seek to attract diverse candidates to the mental and behavioral health professions and lower barriers to obtaining necessary training that leads to a credential as a school psychologist and other school mental health professionals.

Further, we ask you to support the significant expansion of **Mental Health Service Professionals Demonstration Grant and the School Based Mental Health Services Grant Program.** Each of these grants, operated within the Office of Safe and Supportive Schools, are specifically intended to help LEAs and SEAs recruit, retain, and train school based mental health professionals. The House passed an FY22 appropriations bill that contained $1 billion for both of these programs combined and the FY22 Senate LHHS proposal contains $800 million for these collective grants. We urge you to fight for the passage of an FY22 appropriations bill and to push back against a yearlong Continuing Resolution so that states and LEAs can get to work on addressing the shortages of school mental health professionals. In addition, we urge you to co-sponsor and work to pass the Increasing Access to School Mental Health in Schools Act (S. 1811) which influenced the Mental Health Service Professionals Demonstration Grant. In addition, we urge you to support the following legislation and advocate for their inclusion in any comprehensive mental and behavioral health care legislative package:

- Mental Health in Schools Excellence Act (expected in the Senate shortly, H.R 4198)
- Comprehensive Mental Health in Schools Pilot Program Act (S. 2730)
- Elementary and Secondary School Counseling Act (Introduction expected shortly)

Improving Coordination Between Health and Education Communities and Agencies

The Department of Education and the Department of Health and Human Services both oversee federal programs aimed at addressing student social emotional learning, mental and behavioral health, and substance abuse prevention. However, coordination among federal/state/local entities is often lacking, which can inadvertently lead to siloed or fragmented service delivery. The HRSA-funded National Center for School Mental Health has certainly helped to advance intra-agency and intra-professional collaboration in their work, but much improvement is necessary. Often, agencies focus primarily on the specific programs they oversee without considering how certain initiatives overlap, or conflict, with other efforts intended to produce the same outcome. We strongly urge Congress to direct relevant federal agencies to collaborate with education agencies and coordinate on all programs that seek to address the mental and behavioral health of our children and youth. To be sure, this type of collaboration and coordination is encouraged and addressed in many federal programs, albeit inconsistently. To ensure more effective service delivery and more efficient use of limited human and financial resources to serve the greatest number of those in need we urge Congress to include the following requirements for those seeking grants to address the mental and behavioral health of children and youth:

- Needs assessments and resource mapping should examine existing services available in the school and community setting and identify and address needs across both settings.
    - This assessment should include examination of staffing needs
- School community partnerships to address mental health should follow the best practices outlined in this brief, authored by NASP and the National Center for School Mental Health.

Necessary Updates to School Based Medicaid

Schools have always played an important role in meeting the health care needs of their students, but there has never been a more important time to ensure school districts have the knowledge and tools to access Medicaid funding. Medicaid is the third largest federal funding stream for school districts, providing much-needed funding to support school health services, including mental and behavioral health. Despite this, the CMS school-based Medicaid claiming guides have not been updated since 1997 and 2003, respectively. Updating these guidance documents will allow CMS to finally incorporate the 2014 free care policy reversal, which expands eligibility for school-based Medicaid programs, build on the demonstrated efficacy of telehealth services, address some of the administrative challenges some schools face in receiving Medicaid reimbursement. According to a recent report from the AASA, the School Administrators' Association, two-thirds of districts report using Medicaid reimbursement to support the work of school mental health professionals (e.g., school psychologists and school social workers) who provide comprehensive mental health services to students. Medicaid funds also help implement, scale up, and sustain effective school community partnerships, which are a necessary component of a comprehensive system of school-based care.

Because this funding is critical to expanding the availability of mental health services to students, we encourage the Senate Finance committee to direct the Centers for Medicare & Medicaid Services (CMS) to update the aforementioned Technical Assistance and Administrative Claiming guides to help remove barriers to full participation in school-based Medicaid programs. This update must be conducted in collaboration with the Department of Education, relevant state agencies, and other key stakeholders and should:

- address the administrative and documentation challenges associated with school-based Medicaid, particularly those faced by small and rural school districts, and support states' efforts to include school psychologists and other school-based providers who are credentialed by state education agencies in becoming Medicaid-eligible providers.
- highlight best practices and state examples for how Medicaid has increased the availability of school-based mental and behavioral health services, including expanding and streamlining the types of reimbursable providers and services; improving care coordination and partnerships with community-based mental and behavioral health services; and, opportunities to allow for reimbursement of more early-intervention and prevention services, as well as building trauma-informed schools and preventing and treating substance use disorders.

- address the use of telehealth services. This type of treatment modality is not a substitute for ensuring fully staffed schools, nor is it appropriate for everyone. However, in communities experiencing significant personnel shortages, telehealth services should be a viable option to connect students to care.

We also recommend that Congress direct CMS to review the early and periodic screening, diagnostic, and treatment (EPSDT) requirements and whether they are being implemented successfully at the state level to support access to prevention, early intervention services, and developmentally appropriate services across the continuum of care. Over the years, families have been forced to seek legal recourse to ensure their children receive necessary services, including behavioral health treatment. We believe that CMS guidance is needed to ensure consistent application as to what is required for children to receive the mental health services they need.

Finally, we recommend increasing the federal reimbursement rate for mental health and substance use disorder care under Medicaid through passage of the *Medicaid Bump Act (S. 1727/H.R. 3450)*. As the Committee knows, Medicaid is the nation's largest insurer of mental health and substance use treatment for both adults and children. However, many beneficiaries remain on long waitlists for mental and behavioral health services or languish for long periods of time in emergency rooms awaiting treatment. The Medicaid Bump Act would incentivize states to expand their Medicaid coverage of mental health and substance use treatment services by providing a corresponding raise in the Federal Assistance Percentage (FMAP) matching rate to 90 percent for behavioral health services. Significantly, increasing Medicaid reimbursement rates also would flow to the mental health and substance use treatment workforce, greatly enhancing the behavioral health system's ability to recruit and retain needed providers.

Thank you for your leadership and commitment to improving our mental and behavioral health care system. We look forward to working with you on this critical issue. If you have any questions or would like to follow up, please contact Dr. Kelly Vaillancourt Strobach, NASP Director of Policy and Advocacy at kvaillancourt@naspweb.org.

Sincerely,

Kathleen Minke

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Executive Director