



NATIONAL ASSOCIATION OF
School Psychologists

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Honorable Ron Wyden
Chairman, Senate Finance Committee
United States Senate
Washington, DC 20510

Honorable Mike Crapo
Ranking Member, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the more than 24,000 members 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. We share your goal of creating a comprehensive mental and behavioral health system that serves all people. NASP represents 24,000 school psychologists who work with students, families, educators, administrators, and communities to ensure all of our 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.

As you know, we were experiencing a mental health crisis before COVID-19 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 [declare](#) 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 estimates 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. Staffing shortages also undermine effective school community partnerships, as outlined in this [brief](#) NASP co-authored with the National Center for School Mental Health.

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 specific to areas within the jurisdiction of the Senate Finance Committee. We would be more than happy to discuss other policy solutions that we believe Congress must advance.

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 available 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,

A handwritten signature in black ink that reads "Kathleen Minke". The signature is written in a cursive, flowing style.

Kathleen Minke, PhD, NCSP
Executive Director