



April 7, 2022

The Honorable Patty Murray
Chair
Senate HELP Committee
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate HELP Committee
United States Senate
Washington, DC 20510

Dear Chair Patty Murray and Ranking Member Richard Burr,

Thank you for your request for recommendations to support improving the capacity of schools and districts to support the mental health of students, including students with disabilities. The Consortium for Citizens with Disabilities (CCD) Education Task Force monitors federal legislation and regulations that address the educational needs of children and youth with disabilities and their families, including regulatory efforts under federal law such as the Individuals with Disabilities Education Act (IDEA), the Every Student Succeeds Act (ESSA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA). The Education Task Force advocates for high expectations for children with disabilities under these and other laws.

Students with identified mental health, emotional, or behavioral disorders are just like all students in their need for an education, including so that as adults they can enjoy the same professional opportunities available to others, and to be understood and appreciated for their strengths and talents. They are also just like others in their need to belong — to their families, in their school with friends, and in their communities. Special services, targeted intervention, guidance and other support may be needed for a student with mental health, emotional or behavioral disorder to succeed in school. National data indicate that approximately 40 percent of children will experience a mental health concern by 7th grade; each year, one in five students are and will continue to experience a mental and behavioral health concern¹; and, research shows that students are more likely to receive mental health supports if they are offered at school.² Unfortunately, the vast majority of students do not receive the mental health care they need, and of those who do, most receive it at school.

Therefore, our overarching recommendation is: **Congress must expand federal research, authorize key demonstration programs, and increase appropriations funding for existing federal programs with capacity to increase access to professional staff and improve availability of school-based mental health as well as social and emotional support for students with disabilities.** To accomplish this, we recommend the following:

Research, Authorizing & Agency Recommendations

- I. Support additional quantitative research through the Adolescent Behaviors and Experiences Survey (ABES) that examines factors between perceived racism and health behaviors that include the intersection of perceived racism and behavioral health outcomes for youths with multiple marginalized

¹ Substance Abuse and Mental Health Services Administration, at: https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

² Ibid.

identities (e.g., youths with disabilities).³

- II. Require the Centers for Medicare & Medicaid Services (CMS) to update school-based Medicaid Technical Assistance and Administrative Claiming guides to increase access to Medicaid services for eligible students with disabilities.
- III. Direct CMS to review the early and periodic screening, diagnostic, and treatment (EPSDT) requirements to assure they are being implemented to support access to prevention, early intervention, and developmentally appropriate services.
- IV. Direct CMS to issue guidance on best practices associated with the EPSDT.
- V. Formally authorize the Mental Health Service Professionals Demonstration Grant and the School Based Mental Health Services Grant Program housed within the Office of Safe and Supportive Schools.
- VI. Establish a technical assistance center within the U.S. Department of Education to improve the provision of school-based health services on issues including Medicaid reimbursement, workload/caseload management, and use of telepractice services.

Fiscal Year 2023 Funding Recommendations

- I. Increase funding to \$3 B for Title II of the Elementary and Secondary Education Act.
- II. Increase funding to \$300 M for Part D: Personnel Preparation under the Individuals with Disabilities Education Act.
- III. Fund the School Based Mental Health Services Professionals and School Based Mental Health Services grants at \$111 million.
- IV. Increase funding for the Full-Service Community Schools program to expand support for the collaboration and of community-based mental health resources for students and families in schools.

During the pandemic symptoms of anxiety, depression, other mental health disorders⁴ and emergency department visits for suspected suicide attempts by adolescents⁵ all increased to such an alarming extent that the American Academy of Pediatrics, the Children’s Hospital Association, and the American Academy of Child and Adolescent Psychiatry declared a national state of emergency in children’s mental health in fall 2021⁶, followed by the December 2021 U.S. Surgeon General advisory calling for a unified national response to the mental health challenges young people are facing.⁷ We also know the pandemic further exacerbated disparities in access and resources for schools that face the highest needs and are hardest to serve. Personnel shortages have directly impacted access to services for students with disabilities, including those requiring specific mental health interventions, supports and services.

Therefore, improving access to school-based mental health and social emotional supports and programs is critical in preventing and identifying — early-on — mental health challenges in children and youth. Involving school staff, families, youth, and community agencies and providers, such as mental health, juvenile justice, and other child- and youth- serving organizations, ensures that schools and communities are developing and implementing a comprehensive approach to promote mental health and link students with effective services and supports.⁸ Without well qualified and trained personnel, students requiring these services are at greater risk of missing school, suffering from increased anxiety and/or depression, and facing challenges in maintaining positive interpersonal relationships at school, with friends, and with their family.

³ As recommended by Centers for Disease Control and Prevention, *Adolescent Behaviors and Experiences Survey – United States*, January–June 2021, Supplement/Vol.71/No.3. (April 1, 2022), At: <https://www.cdc.gov/healthy youth/data/abes/reports.htm>

⁴ U.S. Surgeon General. (December 2021). *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. (p. 9). At: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

⁵ Yard, E., et al., Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888–894. (2021). At: <https://doi.org/10.15585/mmwr.mm7024e1>

⁶ American Academy of Pediatrics, *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health*. (October 2021). At: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

⁷ Office of the U.S. Surgeon General. *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. (December 2021). At: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

⁸ National Center on Safe and Supportive Learning Environments at: <https://safesupportivelearning.ed.gov/promoting-mental-health>

Even prior to COVID-19, significant need existed among students for school-based mental health services and schools faced critical shortages of open positions and qualified practitioners, which includes personnel teaching students with disabilities as well as essential school staff such as school counselors, school psychologists, school social workers and other specialized instructional support personnel. The National Association of School Psychologists recommends a ratio of one school psychologist per 500 students. The School Social Work Association of America recommends a ratio of one school social worker per 250 students; yet, national ratios for these and other specialized professions are more than double what is recommended in most schools. Shortages in education and mental health professions have the potential to significantly undermine the availability of high quality services to students with disabilities, their families and schools, and result in negative outcomes for children and the adults educating them.

Students with disabilities are at great risk of experiencing mental health issues. For example, students identified on the Autism spectrum and/or students with Specific Learning Disabilities are known to experience greater rates of other mental health challenges, including challenges associated with attention-deficit/hyperactivity disorder (ADHD) and even substance abuse, it is well understood the unique factors of Autism and/or ADHD are believed to contribute to greater suicide risk in these student populations.⁹ We also know suicide became the second most common cause of death among children aged 10 to 19 between 2007 to 2016¹⁰ and suicide rates among Black children ages 5 to 11 greatly increased in that same time frame.¹¹

In addition to risk factors for students identified with disabilities, data also show that in general, lower socio-economic status was found to be associated with increased mental health problems in children and adolescents.¹² It is well documented that Medicaid, together with the Children's Health Insurance Program (CHIP), covers half of all children eligible under IDEA. The fact that Medicaid is the third largest federal funding stream for school districts¹³ – providing much-needed funding to support school health services which includes mental and behavioral health – only makes the socio-economic data more relevant and our recommendations targeting CMS more pressing.

By implementing our recommendations, Congress can expand federal research, authorize key demonstration programs, and increase appropriations funding for existing federal programs so states and districts can increase access to comprehensive mental and behavioral health services as well as school employed professionals (e.g school psychologists, school social workers, and school counselors). Through these targeted efforts, schools and districts will be better equipped to address severe personnel shortages, infuse evidence-based programs central to delivering high quality professionals into school district/school positions, and support students' social, emotional and mental health needs.

We appreciate your consideration of our recommendations. We look forward to working with you so that students with disabilities have access to the mental health supports and services they need to thrive in school.

Sincerely,

American Association of People with Disabilities
American Music Therapy Association
American Speech-Language-Hearing Association
Association of University Centers on Disabilities

⁹ JAMA Pediatrics, *Association of Comorbid Mood and Anxiety Disorders With Autism Spectrum Disorder*, (2019). At: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2755414#:~:text=Individuals%20with%20ASD%20also%20experience,hyperactivity%20disorder%20and%20substance%20abuse.&text=These%20comorbidities%2C%20as%20well%20unique,in%20the%20population%20with%20ASD>.

¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. *Recent Increases in Injury Mortality Among Children and Adolescents Aged 10–19 Years in the United States: 1999–2016*. National Vital Statistics Reports. (2018, June 1). At: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_04.pdf

¹¹ J. Bridge et al. *Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015*, JAMA Pediatrics, 172(7):697–699. (2018). At <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952>

¹² O. Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social Science & Medicine* (1982), 90, 24–31, (2013). At: <https://pubmed.ncbi.nlm.nih.gov/23746605/>

¹³ *Understanding School Medicaid*, Healthy Students, Promising Futures, at: <https://healthystudentspromisingfutures.org/understanding-school-medicaid/>

Autistic Self Advocacy Network
Autism Society of America
Bazelon Center for Mental Health Law
Center for Learner Equity
Children and Adults with Attention-Deficit/Hyperactivity Disorder
CommunicationFIRST
Council for Exceptional Children
Council for Learning Disabilities
Council of Administrators of Special Education
Council of Parent Attorneys and Advocates
Easterseals
Epilepsy Foundation
Higher Education Consortium for Special Education
Learning Disabilities Association of America
National Center for Learning Disabilities
National Center for Parent Leadership, Advocacy, and Community Empowerment
National Disability Rights Network
National Down Syndrome Congress
National Down Syndrome Society
National Association of School Psychologists
Muscular Dystrophy Association
Parent to Parent of Georgia, Inc
Spina Bifida Association
School Social Work Association of America
TASH
Teacher Education Division of the Council for Exceptional Children
The Advocacy Institute
The Arc of the United States

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