



Monday, June 1, 2015

Honorable Task Force Members,

The South Carolina Association of School Psychologists is honored to testify to you today on the behalf of the mental health needs of children, particularly for students living in poverty, and the role that school psychology may play in improving their chance for success.

In a recent training, Virgie Chambers, Deputy Superintendent Operations and Support within the South Carolina Department of Education discussed the Profile of the 21st Century Graduate. She explained that, based upon this profile, which the South Carolina Department of Education has adopted, the goal of education is to prepare students for success in citizenship, career, and college. To this end, one of the purposes of schools is to provide a community of support to foster the development of the whole child.

When we talk about the needs of the whole child and those qualities needed for success in school and in life, all of us would quickly name good health, hard work, and academic knowledge. Equally important, but often neglected, is student mental health. As cited by Dr. Steven Brock in his welcome to participants in the Regional Meetings of the National Association of School Psychologists:

- Over 10% of high school dropouts are attributed to mental illness (Breslau et al, 2008);
- Approximately half of students 14 years and older with a mental illness drop out of high school (U.S. Department of Education, 2001);
- 50% of mental disorders make an appearance by age 14 (Kessler et al, 2005);
- Approximately 75% to 80% of children and youth in need of mental health services do not receive them because existing services in the community are inadequate (Kataoka, Zang, and Wells, 2002); and
- Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.

Data from South Carolina echo these national statistics. Shelley McGeorge, Ph.D., LPC/S, LMFT, Director of Medicaid Services, stated in a recent training that about one out of every five children in South Carolina need some sort of behavioral health intervention. Furthermore, data from the South Carolina 2013 Youth Risk Behavior Survey indicate that, within the last twelve months:

- Over 48% of middle school students indicated that they had been bullied on school property;
- 13.2% of high school students and 21.9% of middle school students reported seriously contemplating committing suicide;

- 12.1% of high school students and 14.2% of middle school students reported making a plan for suicide; and
- 9.4% of high school students and 9.1% of middle school students reported one (or more) suicide attempts.

Unfortunately, children in poverty, in addition to economic challenges, often also face greater challenges to their mental health. The National Center for Children in Poverty states, “Low-income children, youth, and their families are disproportionately affected by mental health challenges, impairing the ability of children and youth to succeed in school and placing them at risk of involvement with child welfare and juvenile justice agencies.” Given the importance of addressing student mental health issues, the South Carolina School Safety Task Force echoed a report from the National Association of School Psychologists, stating “school-based mental health services... are essential to a school’s ability to provide a safe and healthy learning environment for all students, address classroom behavior and discipline, promote students’ academic success, prevent and respond to crisis, support students’ social-emotional needs, identify and respond to a serious mental health problem, and support and partner with at-risk families.”

School psychologists have the skills and training to be one responder to the mental health crisis facing so many of our students. The National Association of School Psychologist (NASP) advocates for a wide-ranging model for service provision by school psychologists. Within this model, school psychologists are, as expected by most of us, providers of high-quality evaluations within the context of data-based decision making. In addition to this typical practice, the Practice Model encourages school psychologists to provide a wide variety of other services, including, but not limited to, the following: consultation and collaboration; academic intervention; preventive services; family-school collaboration; and mental health interventions. In order to provide the depth and breadth of services needed to address provide this breadth of services, NASP suggests a ratio of one school psychologist for every 500 - 700 students.

Regrettably, such ratios are not to be found in most areas of South Carolina, particularly within relatively poor, rural districts. Despite the obvious need for such services, in a survey of 17 districts with a history of participating in the equity lawsuit, one school district had no school psychologist on staff. Another district, with over six thousand students, had only one school psychologist. Three had ratios of 1 school psychologist for over two thousand students. Within this group, the median ratio was 1:1357. Of the districts surveyed, 12 indicated that it was somewhat difficult to find school psychologists. Four indicated that it was extremely difficult. Reasons cited for difficulties hiring the rural nature of the districts (being areas with relatively fewer amenities and lower likelihoods for relocations), as well as inability to match the salaries of more affluent districts, particularly more affluent districts which might be geographically close in proximity to districts with high poverty levels.

In order to help close this gap between service needs and availability, the South Carolina Association of School Psychologists respectfully requests that the committee consider:

1. Expanding teacher loan forgiveness to include school psychologists. While many school psychologists are paid on a teacher salary schedule, they are unable to access the student loan benefits afforded to teachers for working in low-SES districts or critical needs areas. Providing this benefit would provide one incentive for school psychologists to consider working within rural, high-poverty settings. Additionally, such a benefit may encourage graduates of in-state school psychological

programs to remain within South Carolina. It may also draw graduates from out-of-state programs to South Carolina. Currently, South Carolina has only four graduate training programs of school psychologists within the state, producing approximately thirty graduates or less each year. Retention of these graduates and recruitment of other professionals is essential to the ability of school districts to provide ample staffing.

- 2. Continue the recent increase in the South Carolina Department of Education’s support in accessing Medicaid reimbursement for services. According to Dr. McGeorge, approximately 70% of children in South Carolina are eligible for Medicaid. Accessing the available Medicaid funds for service provision may allow districts to afford staff that they otherwise may not be able to afford. Unfortunately, within South Carolina, billing for school psychological services has become increasingly cumbersome for districts. Many districts have ceased billing for psychoeducational evaluations due to a lack of understanding of changing regulations from the Department of Health and Human Services (DHHS). As an organization, we are appreciative of the South Carolina Department of Education’s upcoming educational sessions surrounding school psychological billing and ask for continued support in this effort. Furthermore, we are also grateful for the training given (and planned in the future) concerning Rehabilitative Behavioral Health Services (RBHS). RBHS provides one means of using Medicaid monies to fund the provision of mental health services within the school systems. We ask that such trainings continue and that, when possible, SCDHHS re-opens the application process for districts seeking to operate RBHS programs. More information regarding the SCRBHS program can be found at: <https://ed.sc.gov/agency/programs-services/111/BehavioralHealthServices.cfm>.

These improvements would be one step toward providing all students, particularly those in poverty, with the quality learning opportunities and experiences needed to put them on the path toward achievement of the 21st Century Profile of the Graduate.

For further discussion of these topics, please feel free to contact:

Lisa Lipscomb, Ph.D., NCSP, President, South Carolina Association of School Psychologists - LipscombLB@gmail.com

James E. Harvey, Ph.D., NCSP, Legislative Co-Chairperson, South Carolina Association of School Psychologists - James.e.harvey@gmail.com

Sarah Bassin Bruton, Ph.D., NCSP, Legislative Co-Chairperson, South Carolina Association of School Psychologists - sarah_bassin@yahoo.com

Lynn Collins, M.A., NCSP, Executive Director, South Carolina Association of School Psychologists - scaschpsy@bellsouth.net

More information about the National Association of School Psychologists Practice Model may be found at: http://www.nasponline.org/resources/brochures/Practice_Model_Brochure.pdf.

More information regarding the role of school-based personnel in providing safe, effective schools may be found at: <http://www.nasponline.org/resources/framework-safe-and-successful-schools.aspx>.

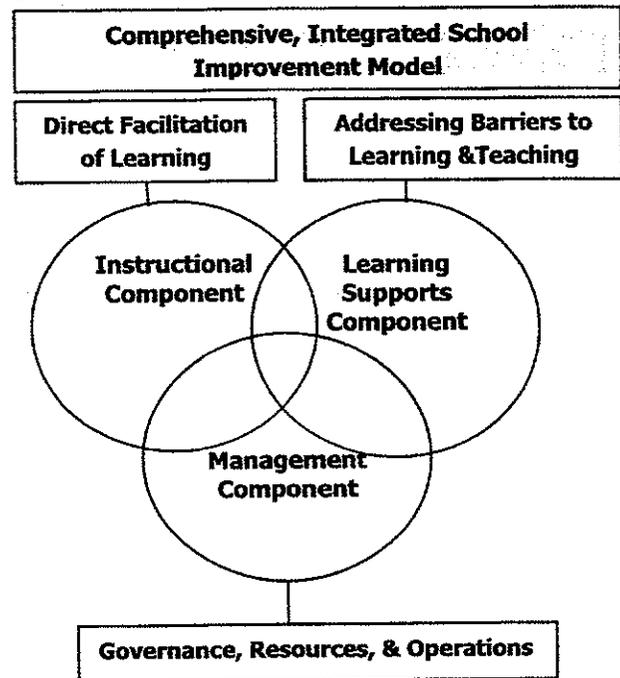
More information regarding the recommendations of the South Carolina School Safety Task Force may be found at: <http://www.scstatehouse.gov/committeeinfo/SchoolSafetyTaskForce/SchoolSafetyTaskForce.php>.

BEST PRACTICES FOR CREATING SAFE AND SUCCESSFUL SCHOOLS

School safety and positive school climate are not achieved by singular actions like purchasing a designated program or piece of equipment but rather by effective comprehensive and collaborative efforts requiring the dedication and commitment of all school staff and relevant community members. Schools require consistent and effective approaches to prevent violence and promote learning, sufficient time to implement these approaches, and ongoing evaluation.

1. Integrate Services Through Collaboration

Safe and successful learning environments are fostered through collaboration among school staff and community-based service providers while also integrating existing initiatives in the school. Effective schools and learning environments provide equivalent resources to support instructional components (e.g., teacher quality, high academic standards, curriculum), organizational/management components (e.g., shared governance, accountability, budget decisions), and learning supports (e.g., mental health services). Rather than viewing school safety as a targeted outcome for a single, stand-alone program or plan developed by the school building principal alone, this model seeks to integrate all services for students and families by framing the necessary behavioral, mental health, and social services within the context of school culture and learning. Integrated services lead to more sustainable and comprehensive school improvement, reduce duplicative efforts and redundancy, and require leadership by the principal and a commitment from the entire staff (See Role of the School Principal, below.).



Source: National Center for Mental Health in Schools at UCLA and the National Association of School Psychologists (2010).

2. Implement Multitiered Systems of Supports (MTSS)

The most effective way to implement integrated services that support school safety and student learning is through a school-wide multitiered system of supports (MTSS). MTSS encompasses (a) prevention and wellness promotion; (b) universal screening for academic, behavioral, and emotional barriers to learning; (c) implementation of evidence-based interventions that increase in intensity as needed; (d) monitoring of ongoing student progress in response to implemented interventions; and (e) engagement in systematic data-based decision making about services needed for students based on specific outcomes. In a growing number of schools across the country, response to intervention (RTI) and positive behavior interventions and supports (PBIS) constitute the primary methods for implementing an MTSS framework. Ideally though, MTSS is implemented more holistically to integrate efforts targeting academic, behavioral, social, emotional, physical, and mental health concerns. This framework is more effective with coordination of school-employed and community-based service providers to ensure integration and coordination of services among the school, home, and community.

Effective MTSS requires:

- adequate access to school-employed specialized instructional support personnel (e.g., school counselors, school psychologists, school social workers, and school nurses) and community-based services;
- collaboration and integration of services, including integration of mental health, behavioral, and academic supports, as well integration of school-based and community services;