

September 1, 2022

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U.S. Department of Education  
400 Maryland Avenue, SW Room 3E257  
Washington, DC 20202

RE: Docket ID ED-2022-OESE-0080

On behalf of Knowledge Alliance (KA), the following comments are provided in response to the Notice of Proposed Priorities, Requirements, and Definitions for the School-Based Mental Health (SBMH) Services Grant Program published by the U.S. Department of Education (ED or the Department) on August 2, 2022. Knowledge Alliance, a non-profit, non-partisan organization, is comprised of leading education organizations committed since 1971 to the greater use of high-quality and relevant data, research, evaluation and innovation in education policy and practice at all levels. Collectively, we promote the use of rigorous research to figure out “what works,” and why, to improve student outcomes and then share those findings with policymakers, practitioners and the general public.

KA’s 19 members work across the nation generating research and evidence on how to best support students and educators. Our members understand the severity of the current youth mental health crisis as well as the evidence-based practices needed to increase the number of mental health professionals in schools. KA recently released an [issue brief](#) on evidence-based resources to address the educator shortage and highlighted efforts to recognize, support and address the mental health of school staff. For example:

- Through a collaboration between the Center to Improve Social and Emotional Learning and School Safety, REL West and the Region 15 Comprehensive Center, both led by WestEd, produced a [webinar series](#) that offered practical information and guidance backed by research to help school staff cope with the stresses of school closures, of service provision and of quarantine due to the COVID-19 pandemic.
- REL Appalachia at SRI hosted a three-part [webinar](#) series on addressing trauma in educational settings. The series included information on strategies for helping educators recognize and process “vicarious trauma” and on strategies for self-care.
- Cognia’s [MyVoice](#) is a real-time culture-monitoring platform leveraging research-based drivers and indicators of school culture to provide point-in-time ratings and indicators of progress to foster collaboration and develop a schoolwide commitment to improvement. MyVoice identifies school culture drivers and school culture indicators.

KA is pleased by Congress’ recent investments in addressing youth mental health challenges. We are particularly supportive of the nearly \$300 million investment being made to expand access to mental health services in schools through the Mental Health Services Professional (MHSP) Demonstration Grant Program and the SBMH Services Grant Program. We urge ED to prioritize the use of evidence-based practices in strengthening the mental health professional pipeline by explicitly requesting eligible applicants incorporate evidence-based practices and evaluation in both programs.

The following comments include specific requests surrounding the Proposed Priorities, Requirements and Definitions in the **SBMH Services Grant Program**:

**Application Requirement (f)(2): A plan for collaboration and coordination with related Federal, State, and local initiatives.**

We ask that in requirement (f)(2) of the proposed program requirements, ED include Regional Educational Laboratories (RELs) and Comprehensive Centers (CCs) as examples of community agencies. RELs and CCs are both invaluable federally funded programs that generate evidence-based strategies and provide technical assistance to meet the needs of State educational agencies (SEAs) and local educational agencies (LEAs). Notably, RELs and CCs have been at the forefront of addressing the educator shortage for many years. ED should explicitly name RELs and CCs in requirement (f)(2) of the SBMH Services Grant Program to ensure that all recruitment, respecialization and retention efforts are effective and based on evidence. We have provided the language below with edits in red:

*“(2) coordinate with regional or local mental health, public health, child welfare, and other community agencies, which may include **federally funded Regional Educational Laboratories and Comprehensive Centers as well as** school-based health centers, to achieve plan goals and objectives of increasing the number of school-based mental health services providers in LEAs with demonstrated need.”*

**New Application Requirement (i) on Evaluation**

In order to ensure that high-quality school-based mental health services providers are working in our nation’s schools, SBMH Services Grant Program grantees should be required to continuously monitor and evaluate their outcomes, and use data to make improvements when needed. KA strongly believes that consistent evaluation, planned at the outset of a grant award, is required to ensure that programs are as effective and equitable as possible. We propose that ED incorporate the following language as application requirement (i):

***(i) Plan for continuous evaluation of effectiveness and improvement***

***Applicants must describe how they will periodically evaluate grant funded activities for effectiveness and provide a plan for improvements, based off the evaluation data, when necessary. ED strongly encourages applicants to partner with research or evaluation organizations to complete this requirement.***

**Definition of “Recruitment”**

KA proposes that ED explicitly include “evidence-based” when referencing strategies to help attract and hire professionals into positions. We urge ED to include the language in red in the final definition of “recruitment.”

*“Recruitment means **evidence-based** strategies that help attract and hire professionals into positions that are otherwise hard to fill or where demand exceeds supply, including by doing at least one of the following:*

*(a) Providing an annual salary or stipend for school-based mental health services providers who maintain an active national certification.*

*(b) Providing payment toward the school loans accrued by the school-based mental health services provider.*

*(c) Creating pathways to grant cross-State credentialing reciprocity for school-based mental health services providers.*

*(d) Providing incentives and supports to help mitigate shortages. These may include, for example, increasing pay; offering monetary incentives for relocation to high-need areas; providing services*

*via telehealth; creating hybrid roles that allow for leadership, academic, or research opportunities; developing induction programs; developing paid internship programs; and offering service scholarship programs such as those that provide grants in exchange for a commitment to serve in the LEA for a minimum number of years.”*

### **Definition of “Respecialization”**

KA proposes that ED explicitly include “evidence-based” when referencing strategies to promote the readiness of already trained mental health services providers. We urge ED to include the language in red in the final definition of “respecialization.”

*“Respecialization means **evidence-based** strategies that promote the readiness of mental health services providers who already have training as social workers, counselors, or psychologists, or in other related fields, to serve in elementary or secondary schools, including by doing one or more of the following:*

*(a) Revising, updating, or streamlining requirements for such individuals so that additional training or other requirements focus only on incremental training needed for working in an elementary school or secondary school.*

*(b) Providing a stipend or making a payment to support the incremental training needed for working in an elementary school or secondary school.*

*(c) Offering flexible options for completing training that leads such professionals to meet State requirements.*

*(d) Establishing new State-level programs that provide alternate means of certification, licensure, or credentialing for such professionals, including through practical or on-the-job training.*

*(e) Offering other meaningful activities that result in existing mental health services providers obtaining the training they need to work in an elementary school or secondary school.”*

### **Definition of “Retention”**

KA proposes that ED explicitly include “evidence-based” when referencing strategies to retain professionals in their positions. We urge ED to include the language in red in the final definition of “retention.”

*“Retention means **evidence-based** strategies to help ensure that qualified individuals stay in their position to avoid gaps in service and unfilled positions, including by—*

*(a) Providing opportunities for advancement or leadership, such as career pathways programs, recognition and award programs, and mentorship programs; and*

*(b) Offering incentives and supports to help mitigate shortages. These may include, for example, increasing pay, making payments toward student loans, offering monetary incentives for relocation to high-need areas, providing services via telehealth, offering service scholarship programs such as those that provide grants in exchange for a commitment to serve in the LEA for a minimum number of years, and developing paid internship programs.”*

### **Inclusion of “Evidence-Based” Definition**

Pending the addition of “evidence-based” in the definition of “recruitment,” “respecialization” and “retention,” we believe it would be apt to include the definition of “evidence-based” as ascribed to it in section 8101(21) of the Elementary and Secondary Education Act (ESEA). We have provided this definition below.

***“The term “evidence-based,” when used with respect to a State, local educational agency,***

**or school activity, means an activity, strategy, or intervention that —**

- (i) Demonstrated a statistically significant effect on improving student outcomes or other relevant outcomes based on —**
  - (I) Strong evidence from at least 1 well-designed and well-implemented experimental study;**
  - (II) Moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study; or**
  - (III) Promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias; or**
- (ii)**
  - (I) Demonstrated a rationale based on high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and**
  - (II) Includes ongoing efforts to examining the effects of such activity, strategy, or intervention”**

The inclusion of this definition would ensure that all recruitment, respecialization and retention practices funded through the SBMH Services Grant Program would be based in evidence and therefore more likely to produce effective outcomes.

Thank you for the opportunity to comment on the proposed priorities and definitions. If you have questions, please do not hesitate to contact Rachel Dinkes at [rdinkes@knowledgeall.net](mailto:rdinkes@knowledgeall.net).

Best,



Rachel Dinkes, President