



Written testimony submitted to the United States Senate Committee on Health, Education, Labor, and Pensions (HELP) for the Subcommittee on Children and Families Hearing:

Caring for Our Kids: Supporting Mental Health in the Transition from High School to College

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Testimony:

I want to express my thanks to you, Chairman Casey, and Ranking Member Cassidy, and to all members of the Subcommittee, for the invitation to speak with you today and for your commitment to supporting the mental health and well-being of our nation's youth. It is a privilege to be here with you today to discuss these important issues.

My name is Sharon Hoover, and I am speaking to you from my perspective as a Professor of Child and Adolescent Psychiatry at the University of Maryland School of Medicine. I am the Co-Director of the National Center for School Mental Health and Director of the National Center for Safe Supportive Schools, both funded by the US Department of Health and Human Services. I also speak to you through my lens as a parent to three teenagers, 9th and 11th graders in high school, and a freshman in college. So, my remarks are informed by my 25 years of working with children, adolescents, and their families and schools, and are also personally meaningful to me as someone who is navigating the high school and college years of our own children.

Youth mental health needs are urgent and rising.

We are all concerned about the growing mental health challenges among our children and adolescents.

This year, U.S. Surgeon General Vivek Murthy as well as some of our most valued child-serving national institutions including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association have highlighted the urgency of youth mental health needs ⁱ, ⁱⁱ.

Youth mental health has worsened over the past decade, and this has only been exacerbated during the pandemic ⁱⁱⁱ, with increased rates of anxiety and depression symptoms and positive suicide risk screens among youth ^{iv, v}.

Many youth lack the fundamental skills and supports necessary to transition from high school to college and career.

The good news is that there are many best practices and strategies to promote student mental health and successful transition.

As you consider opportunities to promote the well-being of our youth and set them on a path to successful college and career, I will share three important ideas for you to consider:

1. Invest early in nurturing environments in families and schools.

Especially in the wake of the pandemic, young people have not had adequate exposure to well-being promotion. Kindergarten and first grade teachers right now and they will tell you that their students are not adequately learning and demonstrating the critical social, emotional, and behavioral skills that will help them to succeed at home and in school and eventually in career and college. These need to be taught both at home and in school.

I recognize that we are here today talking about high school and college students. However, I would argue that the environment of our youngest learners is what will foster or hinder their ultimate success at this critical transition. The data would back me up.

We have incontrovertible evidence at our fingertips that the vast majority of challenges impacting our adolescents and young adults, those transitioning from high school to college, could be prevented or diminished by creating nurturing environments starting early and continuing into middle and high school and beyond.

If I can urge you to add one book to your bookshelf today, it would be “The Nurture Effect: How the Science of Human Behavior Can Improve Our Lives and Our World” by Dr. Anthony Biglan ^{vi}. Dr. Biglan is a Senior Scientist at the Oregon Research Institute and has been conducting research on the development and prevention of child and adolescent problem behavior for the past 30 years.

This book distills down decades of scientific research from our fields of psychology and prevention science into tangible, actionable steps that policymakers, families, and institutions like schools can take to reduce youth problems and to produce caring and productive young people.

In a nutshell, the research from years of rigorous randomized trials tells us that all successful interventions make environments more nurturing in at least three of four ways:

- Promoting and reinforcing prosocial behavior
- Minimizing socially and biologically toxic conditions, like poor nutrition and housing insecurity
- Monitoring and setting limits on influences and opportunities to engage in problem behavior
- Promoting the mindful, flexible, and pragmatic pursuit of prosocial values

These interventions can and should be implemented with both families and schools.

In the earliest years of children’s development, effective interventions include things like *Incredible Years*, *Nurse-Family Partnerships*, and the *Triple P Parenting Program*. In elementary years and beyond, interventions like *Family Check Up* are helpful to support parents in handling common problems, using reinforcement to promote positive behavior, monitoring their child’s behavior and setting limits, and improving family communication and problem solving. In a randomized trial of this program in middle schools in Oregon, the program significantly increased parents’ monitoring and reduced family conflict. Even more striking is that although this program was implemented in 6th grade, those young people who received the program were less likely to use alcohol, tobacco, or marijuana and less likely to be arrested when they were 18 years old.

Schoolwide systems to minimize coercive and punitive interactions and to teach, promote, and richly reinforce prosocial behaviors have demonstrated long-term positive impacts on adolescent risk behavior and engagement in college and career. When implemented with fidelity, the promise of programs like *Good Behavior Game*, *Positive Action*, and *Positive Behavioral Interventions and Supports* to promote prosocial outcomes in our adolescents and young adults is tremendous.

An ounce of prevention is worth a pound of cure. Every time you move to invest in downstream interventions, first consider the root causes and reallocate investment upstream.

2. Establish comprehensive school mental health systems in all schools.

Increasingly, schools have *comprehensive school mental health systems*, reflecting partnerships between the education and behavioral health sectors to support a full continuum of mental health supports and services, from promotion to treatment ^{vii}. These school-based mental health supports improve vital academic indicators, including attendance, grades, and test scores. ^{viii} Every child deserves to have this type of mental health support in their school.

Below, I provide specific examples of policies to promote universal mental health promotion for all students and to expand early identification and intervention services in schools.

Policies to Support Universal Mental Health Promotion and Prevention Policies
<ul style="list-style-type: none">● Require the selection of indicators of student mental health and well-being as a core metric of school performance under federal education funding, with provisions to assist schools as they strive to perform well on these indicators. Indicators may include school climate, student-reported subjective well-being and distress, and reports of school connectedness.● Incentivize teaching education programs to include mental health literacy to improve the capacity of the educator workforce to: promote mental health of all students in the classroom, including teaching of social-emotional learning competencies; identify mental health concerns and link students to needed supports and services; reduce stigma related to mental illness; and promote student and family help-seeking.● Establish mental health as a state-required component of K-12 curricula, with efforts in New York and Virginia as examples. The federal government could support this state-level effort by passing a resolution encouraging states to follow existing state efforts to integrate mental health into curricula and by providing direct funding for educator training and ongoing professional development.● Leverage Federal Title I and Title IV funding to provide universal mental health programming for students, including social-emotional learning programming. Joint guidance by the U.S. Department of Education and the U.S. Department of Health and Human Services

could support states as they navigate these funding mechanisms to support universal mental health in schools.

- **Expand federal grants to state and local education and behavioral health authorities to increase mental health awareness and promotion in schools.** This could include the expansion of grant programming initiated in recent years by SAMHSA (e.g., Project AWARE) and the U.S. Department of Education (School Climate Transformation) that require funded states to partner with three local jurisdictions to promote student well-being and mental health training and awareness for school staff, and then to scale successful efforts statewide.

Policies to Support Early Identification, Intervention, and Treatment in Schools

- **Expand existing federal workforce development programs** (e.g., Behavioral Health Workforce Education and Training Program, National Health Service Corps, Minority Fellowship Program) to increase the school mental health workforce. This strategy can also be applied to federal loan repayment programs by increasing incentives for providers who choose schools as a service setting.
- **Expand federal, state, and local funding to ensure adequate staffing and professional development for student instructional support personnel**, including school psychologists, school social workers, school counselors and school nurses. Funding expansion could include increased investments in Title I of the Every Student Succeeds Act (ESSA) to provide additional mental health staffing for students living in poverty and in Title I, Title II, and Title IV of ESSA and IDEA to increase opportunities for professional development. State and local investments could include competitive salary and benefits packages to recruit and retain school mental health providers and supplementing federal funding for staffing and professional development.
- **Strengthen and support funding for mental health services by investing in school Medicaid programs.** Ensure states and school districts are fully participating in school Medicaid by modernizing existing guidance for schools to provide clarity and best practices in school Medicaid, including those that address mental health prevention and early intervention.
- **Require health plans to reimburse for mental health screenings conducted in schools.** Follow guidance from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry to cover universal mental health screening as a mechanism for improving mental health and reducing mental illness. Coverage should include screening conducted during well-child exams in pediatric primary care, and also extended screening conducted in schools.
- **Maximize Medicaid, Children’s Health Insurance Program (CHIP) and private reimbursement for school mental health services**, including early identification, intervention, and treatment. This may include better understanding and leveraging existing state Medicaid allowances for school mental health or the initiation of state plan amendments to improve school mental health coverage. As outlined in the 2019 Joint Informational Bulletin from The Centers for Medicaid and Medicare Services (CMS) and SAMHSA (), several states already access Medicaid and other payers, including private insurers, to cover school and community professionals’ delivery of mental health services in schools. The Centers for Medicaid and Medicare Services (CMS), the U.S. Department of Education and the U.S. Department of Health and Human Services could offer technical assistance to states seeking to improve Medicaid and other payer coverage of school mental health. *
- **Expand reimbursement and technical assistance for telemental health services in schools.** Given the current national shortage of mental health specialists, particularly in rural settings,

schools will benefit from access to telemental health consultation and direct service, facilitated by public and private insurance coverage and federal- and state-supported technical assistance.

- **Implement accountability mechanisms that require the implementation of high-quality, evidence-based practices that align with national performance standards for school mental health.** Federal, state, and local investments should shift their metrics away from counting frequency and duration of services to measuring the implementation of national best practices for school mental health care and impacts of school mental health services provision on psychosocial and academic outcomes (see www.theSHAPESystem.com).

The [Hopeful Futures Campaign](#), a coalition of national organizations committed to ensuring that every student has access to effective and supportive school mental health care, released this year the first ever “America’s School Mental Health Report Card and Action Center,” with [individual report cards](#) for all 50 states and the District of Columbia. These school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state. They serve as a great starting point for policymakers who want to strengthen school mental health supports and policies in their communities. I also urge you to review The Hopeful Futures Campaign [School Mental Health Legislative Guide](#) released just a few weeks ago^{ix}. This guide offers exemplar legislation across eight key dimensions of school mental health (detailed in table below) and can serve as a roadmap for states and federal policymakers to advance school mental health.

School Mental Health Legislative Guide Recommendations and Examples

1. School Mental Health Professionals –We urge states to meet nationally recommended ratios for school psychologists, counselors, and social workers, and to ensure that these providers reflect the diversity of the students they serve. We also urge you to consider how to broaden your workforce beyond these specialists to include peer supports, community health workers, and bachelors level professionals that can receive a certificate in youth mental health.

Delaware and Arizona both passed bills to implement a process of reaching national ratios for school counselors and psychologists or licensed mental health professionals.

Alabama requires each local board of education to establish a school mental health service coordinator.

2. Teacher and Staff Training – Regular training in mental health, substance use, and suicide prevention can help educators and staff feel better equipped to identify warning signs of mental health or substance use problems, to respond appropriately, and to have knowledge of available resources and effective interventions. While many states have training in one or more of these topics, few states specifically require all three topics.

North Dakota is notable for requiring a minimum of eight hours of youth behavioral health training every two years for teachers and staff, and specifying a range of topics, including trauma, resiliency, suicide prevention, bullying, understanding of the prevalence and impact of youth behavioral health wellness, behavioral health symptoms and risks, referral sources and evidenced-based interventions, strategies to reduce risk factors, and evidence-based behavior prevention or mitigation techniques.

3. Funding Supports – Sustainable funding for school mental health services is critical and Medicaid can play an important role, bringing federal matching funds that help state dollars go further. Multiple state Medicaid programs cover school mental health services, including via telehealth, for all Medicaid-enrolled students, but many others limit coverage to students on an Individualized Education Programs (IEP). Some states have taken the additional step of ensuring that all school mental health professionals are eligible to bill under their state’s Medicaid program.

Michigan has taken a further step by also including certified school psychologists and licensed school social workers as Medicaid-billable providers.

4. Well-Being Checks – Regular checks of mental wellness can help identify students and staff who may need support. With high rates of trauma, anxiety, depression, and other mental health and substance use challenges, it’s important to be able to intervene early and provide the services and supports.

New Jersey stands out for taking a step in the right direction on well-being checks. In 2021, New Jersey created a \$1 million Mental Health Screening in Schools Grant Program that provides funds for schools to administer annual depression screenings for students in grades 7-12.

Illinois followed suit by recently Establishing the Wellness Checks in Schools Collaborative for school districts that wish to implement wellness checks to identify students in grades 7 through 12 who are at risk of mental health conditions.

5. Healthy School Climate – This involves policies that foster safe, supportive schools help create a positive learning environment and foster mental wellness for all students, but especially for LGBTQ students, students of color, and other highly impacted populations.

As of last year, Arkansas Requires every school district to conduct a school safety audit every three years, including an audit of the school climate and culture.

In 2019, Utah passed legislation that Requires creating a model school climate survey that may be used by a local education agency to assess stakeholder perception of a school environment.

6. Skills for Life Success – Life skills competencies, such as developing healthy relationships, responsible decision-making, and self-management, can help students at every age succeed in school and life. Washington State has gone the extra mile to support students in gaining age-appropriate K-12 life skills through multiple statutes.

Many states have taken promising steps by adopting life skills competencies in K-12 but have yet to establish them in statute. One example is Arkansas, which offers the G.U.I.D.E. for Life program, which is designed to help K-12 students develop skills in growth (manage yourself), understanding (know yourself), interaction (build relationships), decisions (make responsible choices), and empathy (be aware of others).

7. Mental Health Education – Mental health education, when well-implemented and fully integrated into K-12 health education, can increase awareness and understanding and promote help-seeking behavior. While many states mention mental health concepts in their health education, states are increasingly passing legislation to ensure comprehensive, age-appropriate mental health education in every grade.

New York deserves continued praise for its widely lauded mental health education law, which requires that all schools’ health education programs include mental health.

Utah just passed legislation that Requires the Huntsman Mental Health Institute and the State Board of Education to coordinate to develop a youth mental health curriculum in schools. And I love that

Utah was intentional about not only sharing this curriculum with schools, but also with parents and families and other youth-serving organizations so that we can all be in this together.

8. School-Family-Community Partnerships – Partnering with and effectively engaging families, youth, and community stakeholders, including community-based mental health providers, is vital to successfully implementing and sustaining a comprehensive school mental health system

California established the Children and Youth Behavioral Health Initiative with multiple requirements, including competitive grants to support school-linked behavioral health services for children and youth 25 years of age and younger. The bill also requires health insurance plans to cover mental health and substance use disorder treatment delivered at schools.

Last year, Maryland installed The Consortium on Coordinated Community Support Partnerships to fund community partnerships to meet students’ behavioral health needs, to ensure partnerships provide services in a holistic and non-stigmatized manner and coordinate with youth-serving government agencies, and to develop a model for expanding school behavioral health services and maximize Medicaid and private insurance participation.

3. Equip students with high school-to-college transition skills using evidence-based strategies.

In addition to providing early nurturing environments at home and in school and installing comprehensive school mental health systems in every school in the nation, we can invest in evidence-based programming to equip our students with transition skills like self-determination, time management, emotion regulation, and coping with adversity.

This programming can begin in high school and extend into college, and can be fostered at home and in school, including through self-guided modules.

Examples of programs to support high schooler mental health as they prepare for college and career:

- [Postsecondary Resilience Education Program \(PREP\)](#) is designed to help ease the transition to college. In this course, students master the skills needed to reach their academic goals. The structure of PREP lets students access the content in any order and to any depth, so they can focus on the skills that they would most benefit from mastering.
- [Student Curriculum on Resilience Education \(SCoRE\)](#) - Self-Paced helps students cope with the personal, social, and academic challenges of college life and prepare for future success. This online course can be purchased by individual students or offered by colleges and universities as part of a counseling program, first-year experience curriculum, wellness program, or student retention initiative.
- The JED Foundation (nonprofit that protects emotional health and prevents suicide for our nation’s teens and young adults):
 - [“Set to Go”](#) – information and resources specific to the transition from high school to college
 - [The Transition of Care Guide](#), provides a detailed steps for students and families to take during each year in high school and in college in order to transition their care. Major steps outlined: learn the details of your condition and treatment;

discuss, discover, and define your personal needs to find the best college for you; manage the transition of care

- [NAMI Mental Health College Guide](#) (developed in collaboration with the JED Foundation). Provides guidance about transition from high school to college focused on relationships and self-care; self-advocacy, HIPAA & FERPA; mental health, identity, race; taking care of your mental health; staying safe.
- [Guidance from American Academy of Child and Adolescent Psychiatry](#) Provides guidance for students with mental health challenges and their families on considerations for colleges (e.g., mental health supports on the campus, developing expectations about academic workload etc.)

Examples of programs to support college student well-being and mental health:

- **Free mental health screenings.** Drexel University's Recreation Center has a mental health screening kiosk. Students can complete a private, short mental health screening. At the end of the screening, students receive information for mental health resources and supports, if needed. The work is a product of collaboration between Drexel, the [Thomas Scattergood Foundation](#), a local grant-making organization; [Screening for Mental Health, Inc.](#), a nonprofit geared toward large-scale mental health screenings; and the [Philadelphia Department of Behavioral Health and Intellectual disAbility Services](#).
- **Developing and fostering resilience.** Florida State University launched an online trauma resilience training tool developed through the Institute of Family Violence Studies and their College of Social Work. The Student Resilience Project developers recognized that many students coming to their university have experienced "significant family and community stress" and that stress can affect their learning. Florida State University now requires all incoming freshmen and transfer students to participate in the training, which features videos, animations, and TED-talk-style informational sessions to foster student strengths and coping strategies. Student Resilience Project: <https://strong.fsu.edu/>
- **Encouraging talking about mental health (personal challenges and talking with peers).**
 - Kognito Program. At least 350 colleges use Kognito's "HigherEd Mental Health Suite" that "prepares learners to lead real-life conversations around mental health and suicide prevention that build resilience, a strong campus culture and strengthens relationships." Kognito Mental Health Suite: <https://kognito.com/mental-health-suite/>
- **Texting programs.** University of Sioux Falls – one of the first universities to offer free texting hotline for students called Text4Hope. Aims to guide students who are concerned about a peer or about themselves. <https://mentalhealthfoundation.ca/text4hope/>
- **Peer-to-peer approaches.**
 - Active Minds is a national organization supporting mental health awareness and education for young adults. Hundreds of college campus chapters across the country. Active Minds changes the conversation about mental health among adolescents and young adults, reduces stigma associated with mental health conditions, and establishes a culture of caring on college and university campuses. Programs and resources are built for students, faculty, staff, administrators, and the broad campus community to ensure long-term change at the individual, campus community, and policy levels. Active Minds prioritizes the student voice to ensure a student-driven and student-focused approach in mental health promotion. We inspire mental health advocates to have conversations that have the potential to

save lives. Link to information for specific higher ed programming here:

<https://www.activeminds.org/programs/colleges-universities/>

- UVA Project RISE is a peer counseling service that was established in 2006 by a small group of Black students. It is a university-sponsored program that provides free, one-on-one, confidential services to enrolled University of Virginia students. Program directly connected through both the Office of African American Affairs and to the department of Counseling and Psychological Services in Elson Student Health More information here: <https://oaaa.virginia.edu/project-rise>
- **Training/resources for university faculty and staff.**
 - University of North Carolina recently trained ~900 faculty and staff in [Mental Health First Aid](#) – aimed to provide basic skills to support students with mental health and substance use challenges
 - Penn State [“Red Folder Campaign”](#)—guides faculty, staff, student leaders, and others who are interacting with students to recognize, respond effectively to, and refer Penn State Students in various states of distress (high, moderate, low)
- **Rapid access to support.**
 - [Let’s Talk Programs](#). Many universities across the country use “Let’s Talk” programs to facilitate rapid access to support. Let’s Talk encourages informal one-on-one sessions with a university counselor. Many universities offer tele options.
- **College orientation.** More colleges beginning to share mental health information with students during orientation sessions. Approaches to these sessions include traditional presentations and panel discussions, role plays, short videos, and student testimonials. Goal of these sessions is for students to understand how to recognize signs of mental health challenges, know where to access resources and supports, and learn how to talk with friends who might be struggling with their mental health. Example from Northwestern University: Originally, mental health orientation sessions included information provided by expert speakers. Based on feedback from students, orientation organizers shifted to student testimonials that included narratives of alumni sharing their mental health challenges and how they received help.

In addition to programming for all students to navigate the high school-to-college transition, it is important to invest in tailored supports for students at risk for or with mental health needs. There is good evidence that providing person-centered planning and transition support for students with specific health care needs, including mental health, can significantly improve the probability of a successful transition to college and career.

As one example, colleagues at the University of New Hampshire demonstrated the success of the [RENEW program](#) to promote college and career readiness for students with significant emotional and behavioral disorders.

Similarly, the National Alliance to Advance Adolescent Health developed the [Got Transition](#) program to facilitate the health care transition of youth with special health care needs from pediatric to adult health care.

Colleagues at the University of Washington have demonstrated the success of weaving mental health education and support into a [comprehensive college preparation program](#) that supports vulnerable youth from middle school through successful college graduation.

I want to express my gratitude to you all for opening up this important discussion and I look forward to hearing from my fellow panelists and engaging in discussion with you all.

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ⁱⁱⁱ Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance Data Summary & Trends Report: 2009-2019. https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-102320-YRBS2009-2019-report.html

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^{ix} Hopeful Futures Campaign. State legislative guide for school mental health. August 2022. <https://hopefulfutures.us/wp-content/uploads/2022/09/State-Legislative-Guide-for-School-Mental-Health-1.pdf>