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U.S. Department of Education

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Ref. ED-2025-OESE-0152: School-Based Mental Health Services Grant Program

To Whom it May Concern:

The New York City Department of Health and Mental Hygiene (Health Department) appreciates the opportunity to provide comments in response to the U.S. Department of Education (DOE) Office of Elementary and Secondary Education (OESE) proposed School-Based Mental Health Services Grant Program rule, published on July 17, 2025. The Health Department supports the DOE's commitment to address the mental health needs among children and youth and create opportunities to increase the mental health workforce in schools. While we support the priority to increase the number of school psychologists in high-need local educational agencies (LEAs) available to provide mental health services to students, we recommend widening the scope of the grant to include other mental health professionals and revising program requirements.

Focus on School Psychologists

Priority 1: State educational agencies (SEAs) proposing to increase the number of credentialed school psychologists employed in high-need LEAs. To meet this priority, an SEA must propose a plan to recruit and retain credentialed school psychologists for employment in high-need LEAs.

Priority 2: LEAs proposing to increase the number of credentialed school psychologists employed in high-need LEAs. To meet this priority, a high-need LEA or a consortium of high-need LEAs must propose a plan to recruit and retain credentialed school psychologists for employment in high-need LEAs.

OESE solicits comments on modifying the proposed priorities for the School-Based Mental Health Services Grant Program to narrow the focus to specifically school psychologists. While ED-2025-OESE-0152 appropriately emphasizes the critical shortage

of school psychologists, the proposed rule should also include 1) other school-based providers such as credentialed school social workers and school counselors, and 2) community-based credentialed mental health professionals who provide treatment services to students.

Effective school-based mental health services often require a team of professionals. School psychologists, school social workers and school counselors often serve as the first point of contact for students experiencing anxiety, trauma, or family instability, especially in high-need districts where school psychologists are stretched thin or unavailable.¹ However, credentialed school-based staff, including Certified School Psychologists, are not licensed to provide the type of treatment services described in the definition of Intensive Mental Health Services. In New York State, these treatment services are typically provided by licensed mental health providers working in non-school settings such as state licensed mental health clinics. These providers may establish school-based mental health clinics that offer the individual, group, and family therapy services described in the definition of Intensive Mental Health Services. Therefore, school staff collaboration with non-school staff is necessary to achieve the priority of providing Intensive Mental Health Services.

Each state licenses and credentials school-based and mental health staff differently. To allow high-need SEAs and LEAs to effectively use this grant for its intended purpose, **we strongly urge including a broader array of staff eligible for the implementation to include other school-based mental health staff (e.g. school social workers and school counselors) and non-school licensed treatment provider staff (e.g. school-based mental health clinics).** This flexibility will allow grant recipients to most optimally support the student mental health needs in their schools.

Emphasis on Early Intervention and Intensive Mental Health Services

Priority 3: SEAs or LEAs increasing the number of credentialed school psychologists delivering early intervention and intensive mental health services in high-need LEAs. To meet this priority, applicants must propose to increase the number of credentialed school psychologists who will engage in the following: (a)

Providing intensive mental health services and supports to individual students most in need of those services, (b) Providing early intervention mental health services to address acute concerns and determine if intensive mental health services are needed, and (c) Building

necessary capacity and local support to ensure the provision of intensive mental health services beyond the life of the grant.

The high-need LEA eligibility criteria are defined as including high rates of substance use. However, the early intervention and intensive mental health services highlighted in Priority 3 do not include addressing substance use/substance misuse. **We recommend expanding Priority 3 to be inclusive of services addressing substance use/substance misuse.**

¹ Zabek F, Lyons MD, Alwani N, Taylor JV, Brown-Meredith E, Cruz MA, Southall VH. Roles and Functions of School Mental Health Professionals Within Comprehensive School Mental Health Systems. *School Ment Health*. 2023;15(1):1-18. doi: 10.1007/s12310-022-09535-0. Epub 2022 Jul 26. PMID: 35911088; PMCID: PMC9321305.

Program Requirements

OESE solicits comments on modifying the program requirements for grant applicants to prohibit recipients from using program funds for promoting or endorsing, among other things: (1) gender ideology, (2) racial stereotyping, or (3) hostile environments for students of particular races. The proposed rule fails to provide any reasoned explanation for incorporating these terms into the grant program and fails to consider the consequences that these terms may have on broader grant program goals of providing a safe and secure school setting where children can learn and grow to their full potential.

Grant recipients should not promote or endorse the creation of hostile environments for students of any particular race or engage in racial stereotyping in violation of any anti-discrimination law. Indeed, federal law already prohibits federal funding recipients from discriminating on the basis of race.² However, effective mental health care requires culturally competent care. Providers who are not racially and culturally concordant with patients provide less effective mental health services due to mismatching communication and care delivery styles.³ Therefore, OESE should make clear that the use of funds to further the provision of such care is not *per se* prohibited by these terms.

The “gender ideology” prohibition runs the risk of preventing mental health professionals from effectively helping students who are transgender, nonbinary, and/or gender-nonconforming (TGNBNC). An abundance of evidence indicates that transgender, nonbinary, and/or gender-nonconforming (TGNBNC) individuals may be at an increased risk of behavioral health conditions, including generalized anxiety disorder, depression, and self-harm behaviors including suicide.⁴ Addressing these disparities requires a system that makes it easier to access the full range of services that can help TGNBNC students live healthy, productive lives. A multitude of studies also demonstrate that gender affirming care is associated with improvements in physical and mental health and quality of life.⁵

The Health Department appreciates the opportunity to submit these comments.

Sincerely,



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Executive Deputy Commissioner
Division of Mental Hygiene

² See 42 U.S.C. § 2000d.

³ Soto A, Smith TB, Griner D, Domenech Rodríguez M, Bernal G. Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *J. Clin. Psychol.* 2018; 74: 1907–1923. <https://doi.org/10.1002/jclp.22679>

⁴ D’Hoore L, T’Sjoen G. Gender-affirming Hormone Therapy: An Updated Literature Review with an Eye on the Future. *Journal of Internal Medicine.* 04 January 2022. <https://doi.org/10.1111/joim.13441>

⁵ Scheim AI, Baker KE, Restar AJ, Sell RL. Health and Health Care Among Transgender Adults in the United States. *Annual Review of Public Health* 43:503-523. 2022. <https://doi.org/10.1146/annurev-publhealth-052620-100313>