

Submitter: Kristin Irwin  
On Behalf Of:  
Committee: House Committee On Education  
Measure: HB2895  
To Whom It May Concern:

I have worked in public education for twenty years as a school psychologist. School psychologists are school based mental health professionals with unique and extensive training in special education and evidence-based mental health and academic interventions.

House Bill 2895 provides an equitable funding model to meet the needs of students who qualify for special education services. Currently, only three states other than Oregon include a flat cap for special education funding. Oregon's flat cap funds special education services up to 11%, while according to the US Department of Education nationally 15% of students were identified for special education services as of 2020-21. Congress recently approved a 20% increase in appropriations to IDEA. House Bill 2895 aligns Oregon's funding with Congress' intent to increase access to special education services.

Schools are increasingly responsible for providing a safety net for our most vulnerable youth including meeting students' nutrition, physical health, and mental and behavioral health needs. Oregon has the highest national prevalence of youth mental health needs and ranks 42nd out of all states for youth access to mental health care. The ongoing impact of the pandemic has intensified the unmet mental health needs of students. The Department of Education, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association all recommend increasing mental health services in schools to address this crisis (Department of Education, AAP-AACAP-CHA Declaration of a National Emergency). Research indicates "only 16 percent of children who need mental health services receive them, and roughly 80 percent of the children who do gain access receive them in school settings." Students with mental health needs often have their needs met through special education as schools are legally responsible for providing services to all students who qualify. Since the pandemic, there has been a significant increase in requests for special education evaluations to meet the increasing mental health and academic needs of students. This increase in requests for special education services has coincided with the community mental health workforce crisis and limited social services. Simultaneously, schools are experiencing increasing numbers of students with significant mental health needs including suicidal ideation and attempts; often youth return from emergency rooms with no established community provider plan for follow up care.

Additionally, many districts in Oregon are currently losing funding due to reduced enrollment. Approximately half of students who have left public schools in Oregon have enrolled in private schools, and students who are homeschooled in Oregon have increased by 40% since 2019. These enrollment declines result in reduced per capita funding to public schools; nonetheless, public schools remain obligated to provide special education services to students attending private schools or who receive homeschooling. Requests for special education evaluations for students attending private schools and homeschooling have also significantly increased. Unfortunately, districts are often not compensated for special education evaluation services as many families decline service plans, resulting in students not being included in district enrollment calculations. This inequitable funding model results in private schools receiving more than their proportionate share of special education funding and places a financial burden on public schools with higher private and homeschool enrollment.

I strongly support the passage of House Bill 2895 to fund legally mandated special education services and to provide additional funding to meet the needs of students experiencing homelessness.