

STATE POLICY OPPORTUNITIES: ADVANCING COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS TO SUPPORT STUDENTS

October 2022



**HEALTHY SCHOOLS
CAMPAIGN**

MI IA
Mental Health America

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A LETTER FROM HEALTHY SCHOOLS CAMPAIGN AND MENTAL HEALTH AMERICA

To the Reader:

“State Policy Opportunities: Advancing Comprehensive School Mental Health Systems to Support Students” was developed through a collaborative effort led by two organizations – Healthy Schools Campaign and Mental Health America – that understand the youth mental health crisis cannot be managed without a comprehensive, systemic approach that is adaptable to the unique needs and challenges of every school.

Our recommendations, plus the numerous featured state examples and resources, aim to help state leaders understand their role, as well as the urgency, in addressing student mental health needs. The recommendations identify policy opportunities for states to advance comprehensive school mental health (CSMH) systems – a multi-tiered approach that integrates mental health services and supports within school settings and uses school-community collaborations to provide a continuum of mental health services.

A broad range of experts on education, health, substance use, parent and family partnership, racial equity, and other related areas helped to inform policy opportunities along three system-building stages: establishing infrastructure and priorities, building structure and scale, and promoting effective implementation. They focus specifically on how the governor and state legislators – as well as select state agency directors such as the chief state school officer, state secretary of health and human services, and state Medicaid director – can set a promising policy foundation and, through collaboration, drive sustained and effective school strategies.

Addressing the mental health crisis among youth is a national imperative. All students should have equitable access to the conditions and supports needed for social and emotional wellbeing, and schools should have the capacity and necessary guidance to deliver developmentally appropriate and culturally and linguistically effective services and supports. Now is the time for states to implement enhanced strategies to assist schools in meeting student needs.

Nearly \$190 billion — an unprecedented amount of federal funding — was provided to states and school districts in 2020 and 2021 through the federal Elementary and Secondary School Emergency Relief Fund. While there is great flexibility in how the funding is used, supporting student mental health recovery efforts is one of the program’s goals. In addition, the Bipartisan Safer Communities Act will invest \$1 billion in school mental health supports over the next five years, some of which will be used to help schools hire more mental health professionals. The Act also calls for providing guidance on how states can leverage Medicaid funding to provide more health services, including behavioral and mental health, to more students.

We believe these timely recommendations have the potential to make a real difference in children’s health, education, and overall well being, and in addressing health equity and social justice. We encourage state governments to leverage all opportunities for implementation. We look forward to working with the Hopeful Futures Campaign, powered by Inseparable, as a critical dissemination partner of this report on school mental health policy advocacy.

Moving forward, Healthy Schools Campaign and Mental Health America will continue to engage policy leaders and decision makers across sectors. We also wish to learn from you about how these recommendations gain traction to advance and sustain CSMH systems to support students, and how they can be improved.

Meeting student needs, while recognizing the incredible stress the COVID-19 pandemic has had on the education system, requires harnessing political will, leveraging and reprioritizing existing resources and funding, operating with maximum efficiency, and maintaining a steady commitment to achieving equitable outcomes. By working together to create and transform systems, we can lay the groundwork so more children have equitable opportunities to thrive at school and beyond.



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The contents are solely the responsibility of Healthy Schools Campaign and Mental Health America. The information in its entirety was not endorsed by all contributors.

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INTRODUCTION: SCHOOLS FACE RISING MENTAL HEALTH NEEDS OF CHILDREN AND YOUTH

The COVID-19 pandemic, a continued overdose crisis, racial reckoning, and other traumatic stresses present today have exacerbated the longstanding mental health needs of children and youth across the United States.

Centers for Disease Control and Prevention (CDC) data shows that greater than a third (37%) of all high school students experienced poor mental health in 2021, and 44% persistently felt sad or hopeless. Further, 36% of students reported experiencing racism.¹ Rising mental health needs, especially among adolescents, are barriers to learning that impede students' educational progress;^{2,3} racism is connected to poor mental health and academic performance, and lifelong health risk behaviors.¹

While schools cannot – and should not – handle these crises alone, they do play a critical role in meeting mental health needs and contributing to children's overall development, including peer relationships, social interactions, social and emotional learning, and behavioral health. Schools are an effective setting for providing a supportive learning environment, offering prevention and early intervention services (including identifying and delivering early mental health interventions), and coordinating with community partners that provide more intensive services and supports as needed.⁴ Additionally, policy and practice supports at school can help students establish lifelong healthy patterns that contribute to their health and success as adults.⁵

Many safe and supportive school environments that address the diverse needs of the whole child mitigate mental health challenges and provide strong protective factors, positively shaping children's health and wellbeing. However, the growing mental health crisis for children and youth suggests that existing strategies designed to support student mental health have significant gaps. Given the proportion and complexity of needs, a more systemic approach is required – one that is developmentally appropriate and culturally and linguistically responsive to adequately address mental health, including any related barriers to learning and teaching.

AVAILABLE GUIDANCE: COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS AND RESOURCES

Comprehensive School Mental Health (CSMH) systems provide “an array of supports and services that promote school climate, social and emotional learning, and mental health and wellbeing, while reducing the prevalence and severity of mental illness.”⁶ CSMH systems are “school-community collaborations that provide a continuum of mental health services across all three tiers of care.”⁷ These tiers focus on mental health promotion and prevention of problem occurrences, risk factor prevention or early intervention for students at risk and to keep problems from progressing, and indicated treatment to address more serious concerns among students with more intensive mental health needs.⁶⁻⁷

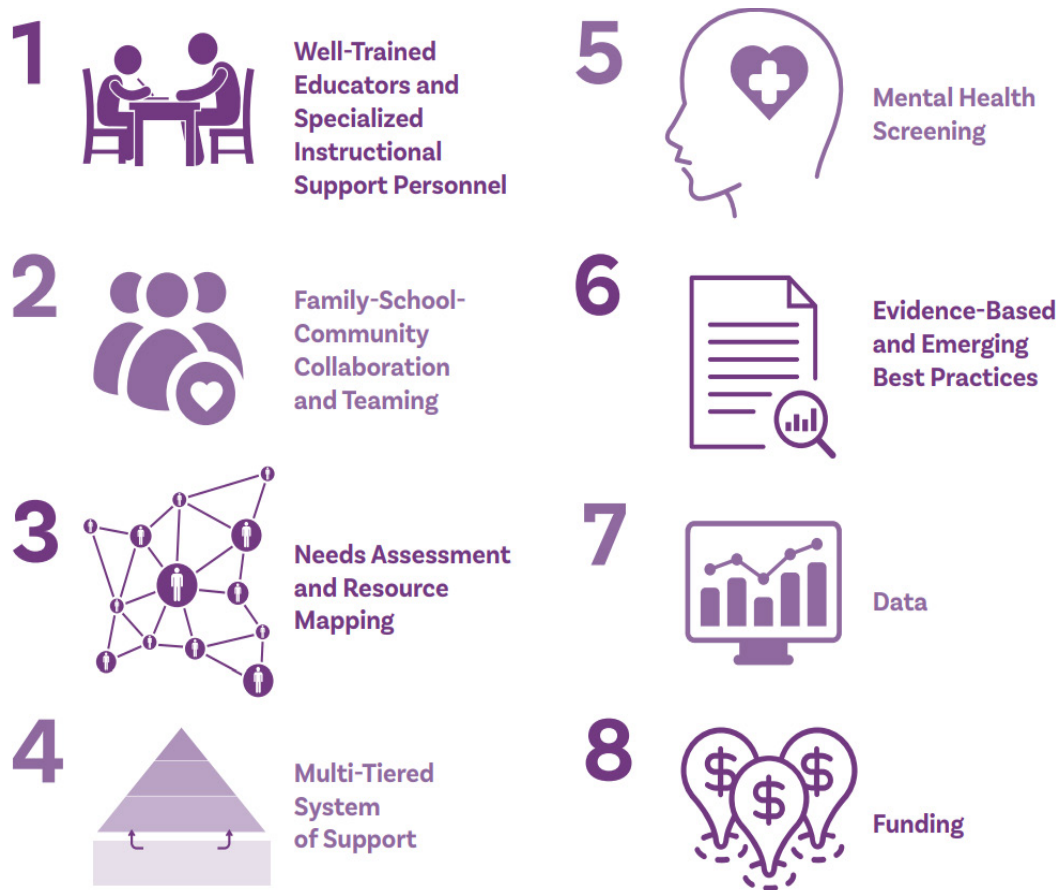
CSMH systems offer the kind of systematic approach it takes to promote students’ mental health and meet their mental health needs effectively and equitably. School mental health involves many disciplines and sectors, and a system-building approach can be built to address specific needs, such as harmful use of substances that often co-occur with mental health and social issues.^{6,8-9}

Schools can adapt CSMH systems based on their own unique needs, priorities, and challenges. Importantly, they should be designed to be inclusive, developmentally appropriate, culturally and linguistically meaningful, and effective.

“Advancing Comprehensive School Mental Health Systems: Guidance from the Field,” published by a partnership of national school mental health leaders and organizations, details recommended strategies for planning, implementing, and evaluating CSMH systems.^{6,8} The multi-tiered system of support for all students is built on eight core features (see Figure 1).⁶



Figure 1. Core Features of a Comprehensive School Mental Health System



National performance measures and resources are available to guide local and school CSMH implementation and quality improvement, such as the School Health Assessment and Performance Evaluation System (SHAPE).¹⁰ States can help support this work through training, technical assistance, and resource dissemination. More importantly, states can structure a school mental health policy environment that aligns with how schools work and promotes successful local-level adoption and implementation.

The state policy opportunities presented in this report draw primarily from CSMH system recommendations, along with input from partner organizations and stakeholders. They incorporate a racial equity perspective and reflect additional student-centered resources for addressing health to advance academic success, such as the Whole School, Whole Community, Whole Child (WSCC) model, developed jointly by the CDC and the ASCD (Association for Supervision and Curriculum Development).¹¹

A CALL FOR STATE ACTION

To date, CSMH systems have largely been determined at the school district level. But, school districts face many challenges providing this type of comprehensive approach, including funding, workforce shortages, system fragmentation, and disparities in mental health and education. The challenges make it difficult for schools to align with evidence-based and best practice recommendations needed for CSMH systems.

The lack of staffing and other infrastructure limits the capacity to develop and sustain the continuum of CSMH supports (promotion, prevention, early intervention, and treatment) to meet all students' needs, either by schools directly or in coordination with community and cross-sector partners. Further, the school workforce is often not representative of the diversity within the student population being served or deeply familiar with the need for culturally and linguistically responsive services. Challenges also may include disproportionate treatment of students of color and students with disabilities; data shows they are disciplined more harshly and more frequently than their peers.¹²⁻¹⁴ Disparities like these can negatively affect students' learning and cause potentially compounding effects on students' overall mental health, wellbeing, and resiliency.

While it is necessary to increase schools' capacity to develop mental health services and supports, stakeholders must address the challenges that exist even for the most dedicated districts. Schools in under-resourced communities, particularly those serving children of color in high-poverty areas, are often unable to meet complex student needs. It is therefore critical for states to provide a comprehensive set of policies and resources to help school districts create a system of support.

A supportive school mental health policy environment, plus a shared vision and commitment to building systems, are needed to achieve the widescale outcomes desired. In combination with addressing substance use disorders and other barriers to learning, mitigating mental health challenges and sustaining CSMH systems require substantial cross-sector/cross-discipline effort to provide equitable access to services and supports and accountability in achieving desired outcomes.



We offer a comprehensive set of state recommendations to assist in reaching positive outcomes. The recommendations include such topics as building connections with families, making sure school staff are well trained, and having the right data to inform initiatives and facilitate wise decisions. Schools often get specific directives from their state or the federal government, but these directives may not help build a system of support. Our goal is to increase states' understanding of the importance of working across multiple invested agencies and partners — and the opportunities that exist to help school districts build support from needed partners.

Actions do not necessarily have to culminate in many new innovations at schools; rather, there can be a more coordinated and integrated approach to promoting student mental health and managing their mental health needs better and in tandem with other interrelated barriers to learning and teaching. Building developmentally, culturally, and linguistically effective CSMH systems requires a combination of federal funding and guidance, supportive state policies and strategies, local resources for implementation, and meaningful community engagement.

State Leadership and Agency Collaboration

There are unique roles for many state government officials and decision makers, including governors, state legislators, chief state school officers, state secretaries of health and human services, Medicaid directors, insurance commissioners, behavioral/mental health commissioners, and others. Each state leader can act on high-impact policy opportunities within their own spheres of influence to advance CSMH systems. Further, they can partner in coordinated, synergistic ways to create a more optimal school environment and develop a sustainable improvement strategy for children's mental health, wellbeing, and resiliency. Collaboration within and across state agencies is essential to these efforts.



An equity policy focus is built into these recommendations to address the historical and significant inequities in children’s mental health. A welcoming, safe, and supportive school environment creates conditions for learning that can reduce disparities among the student population. In addition, encouraging strategies and interventions attentive to social needs and the causes of health inequities (social determinants of health) can help to decrease mental health challenges and harmful use of substances, and help marginalized subpopulations and groups reach their full potential. Working with and incorporating the input of diverse community members serves to deepen culturally and linguistically effective programs and services.

The recommended state policy opportunities that follow recognize the existing variances between state agencies and across states with respect to funding and infrastructure resources, as well as the state/regional/jurisdictional landscapes informing school mental health priorities and needs-based decisions. Therefore, these policy opportunities are organized into three categories, or stages: 1) Establish foundational infrastructure and priorities, 2) Build structure and scale, and 3) Promote effective implementation. Using these recommendations, states can take supportive, focused actions that encourage quality CSMH systems to address the mental health needs of students in meaningful and sustained ways.



RECOMMENDATIONS: ADVANCING COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS TO SUPPORT STUDENTS

Summary of State Policy Opportunities

KEY LEADER	STAGES OF SYSTEM BUILDING: DEVELOPMENTALLY AND CULTURALLY EFFECTIVE COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS		
	Establish Foundational Infrastructure and Priorities <i>Primary building blocks to put in place</i>	Build Structure and Scale <i>Intermediate reforms for enhancement</i>	Promote Effective Implementation <i>Resourcing to sustain strengthened efforts</i>
<i>State decision makers who can advance school mental health policy</i>			
Governor	1. Assemble key stakeholders, including diverse youth and families, to set a shared vision and priorities for school mental health and substance use services and supports	2. Create a strategic plan and budget for developmentally and culturally effective comprehensive school mental health and substance use services and supports	3. Advance comprehensive school mental health policy adoption and implementation through cross-agency collaboration, including braiding and blending funds
State Legislators	4. Create basic requirements for school mental health and substance use services and supports	5. Establish training requirements for school staff on school mental health and substance use	6. Fully fund system implementation and ongoing evaluation in partnership with the federal government
Chief State School Officer	7. Equip schools with core capacity for integrating culturally and linguistically effective, non-punitive mental health and substance use services and supports; developing a positive school climate; and eliminating inequitable discipline practices	8. Strengthen state education standards and training for school staff related to mental health and substance use	9. Enhance financing, collaboration, and data integration with adherence to applicable federal and state laws, regulations, and appropriate privacy measures
State Secretary of Health and Human Services	10. Create capacity for improved interoperability, data sharing, and telehealth with adherence to applicable federal and state laws, regulations, and appropriate privacy measures	11. Promote braiding and blending funds to support sustainability and scalability of comprehensive school mental health systems	12. Expand and support an integrated, diverse, culturally effective mental health and substance use workforce

KEY LEADER	STAGES OF SYSTEM BUILDING: DEVELOPMENTALLY AND CULTURALLY EFFECTIVE COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS		
	Establish Foundational Infrastructure and Priorities <i>Primary building blocks to put in place</i>	Build Structure and Scale <i>Intermediate reforms for enhancement</i>	Promote Effective Implementation <i>Resourcing to sustain strengthened efforts</i>
<i>State decision makers who can advance school mental health policy</i>			
State Medicaid Director	13. Allow Medicaid eligibility and adequate reimbursement for a full network of culturally and linguistically effective school mental health and substance use providers and services	14. Adopt strategic priorities that include key aims for equitably enhancing network adequacy, parity, and care quality	15. Implement value-based payment strategies that require movement toward equitable outcomes, and align payment across insurers
State Public Health Officer	16. Provide technical assistance and system building for funding school mental health and substance use services and supports, data collection, disaggregation of data and analysis, and telehealth	17. Catalyze cross-sector partnerships at state and local levels to scale interventions and support state priorities	18. Lead culturally and linguistically effective statewide public health initiatives, incorporating the integration of mental health programs
Insurance Commissioner	19. Align oversight and enforcement processes to improve compliance with existing law related to youth mental health and substance use in schools	20. Initiate a multi-payer collaborative to align reimbursement and other incentives	21. Ensure cross-agency collaboration to enforce federal and state requirements
State Behavioral/Mental Health Commissioner	22. Provide guidance, coordination, and incentives for culturally effective system development	23. Change policy and data collection strategies to incentivize collaboration	24. Promote cross-sector and public-private alignment

STATE POLICY OPPORTUNITIES FOR KEY LEADERS

The recommendations that follow are high-impact policy opportunities for key state leaders to advance Comprehensive School Mental Health (CSMH) systems, paired with resources and sample policies. This work is often interrelated and synergistic. While there are specific actions for each role, it is critical that state leaders collaborate and align their efforts to advance the statewide system for supporting the mental health of children and youth. Further, the list of state leaders featured here is not exhaustive, and additional leaders and decision makers should be engaged in coordinating policy efforts.

GOVERNOR		
Stage and Goal	Policy Opportunities	Resources and Sample Policies
Establish Foundational Infrastructure and Priorities 1. Assemble key stakeholders, including diverse youth and families, to set a shared vision and priorities for school mental health and substance use services and supports	1.1 Establish a statewide school mental health and substance use partnership to convene key agencies and partners supporting developmentally, culturally, and linguistically effective school mental health and substance use care statewide. This partnership should include diverse youth and families and community-based organizations that address social needs.	<p>Illinois Children’s Mental Health Partnership is a statewide public-private partnership to improve scope, quality, and access for youth mental health services and supports.</p> <p>Virginia Partnership for School Mental Health is a statewide partnership that creates an interprofessional network of school mental health providers.</p>
	1.2 Establish a position to lead efforts to advance health and education equity for children and youth, and eliminate disparities related to populations’ mental health or substance use needs.	<p>The Delaware Department of Education established an Office of Equity and Innovation in 2020 and appointed a chief equity officer to lead the office’s work. The office’s goals include developing and maintaining a social and emotional learning (SEL) clearinghouse to provide curricular resources, trainings, conversation tools, and social/emotional supports for use in individual classrooms, schools, and across the state education agency.</p> <p>The Oregon Department of Education Office of Equity, Diversity, and Inclusion includes a focus on advancing the mental health and wellbeing of marginalized youth, students, and families, including civil rights protected classes.</p>

GOVERNOR

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>2. Create a strategic plan and budget for developmentally and culturally effective comprehensive school mental health and substance use services and supports</p>	<p>2.1 Launch a comprehensive, cross-agency strategic planning process with mental health metrics, substance use metrics, and shared accountability, and with a strong focus on engaging children, families, and community-based organizations that address social needs, including social determinants of health that affect equity. The actions needed to implement the plan should then be supported in the Governor’s budget.</p>	<p>Illinois developed a cross-agency strategic plan for children’s mental health. A core focus of the plan is expanding school behavioral health services.</p> <p>Texas developed a statewide behavioral health strategic plan through a process that included school behavioral health providers, school administrators, and other education stakeholders.</p>
<p>Promote Effective Implementation</p> <p>3. Advance comprehensive school mental health policy adoption and implementation through cross-agency collaboration, including braiding and blending funds</p>	<p>3.1 Ensure ongoing cross-agency collaboration that results in changes to funding policy, enabling better coordination, greater flexibility, and a focus on equitable outcomes in school mental wellbeing.</p>	<p>Multiple states, including Colorado, North Carolina, and Washington, have established ongoing, cross-agency task forces to align and coordinate children’s mental health initiatives.</p> <p>California’s Children and Youth Behavioral Health Initiative aims to reimagine mental health and emotional wellbeing for all children, youth, and families by delivering equitable, appropriate, timely, and accessible behavioral health services and supports. The initiative includes a focus on school mental health.</p>



STATE LEGISLATORS

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>4. Create basic requirements for school mental health and substance use services and supports</p>	<p>4.1 Support schools to screen all students for health and wellbeing, including social and academic needs; protect child confidentiality and privacy; and avoid justice system involvement. States should require schools to collect and disaggregate data to ensure efforts are not leading to inequitable and/or punitive outcomes. States should also allocate funding for equitable access to, and outcomes from, non-punitive resources identified through screening.</p>	<p>School Mental Health Quality Guide: Screening, part of a collection of resources developed by the National Center for School Mental Health for The SHAPE System, provides background information on school mental health screening, along with best practices, possible action steps, examples from the field, and resources.</p> <p>Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations, published by the Substance Abuse and Mental Health Services Administration, offers guidance and tools for identifying mental illness or substance use issues early in children and adolescents in various settings – such as schools and the juvenile justice and child welfare system – and when receiving primary care.</p>
	<p>4.2 Establish a multidisciplinary statewide task force with diverse youth voices to advance children’s mental wellbeing, including access to comprehensive school mental services and supports.</p>	<p>The Illinois Children’s Mental Health Act established the Illinois Children’s Mental Health Partnership, a statewide public-private partnership consisting of each child-serving state agency and experts representing a broad range of experiences: community mental health, children and family advocates, early childhood, education, health, substance abuse, violence prevention, and juvenile justice. A key focus of the partnership’s work is expanding access to the full continuum of mental health services and programs in schools.</p> <p>Washington’s state legislature required the Office of Superintendent of Public Instruction to convene the School Safety and Student Well-Being Advisory Committee. The Committee includes a Youth Advisory Council.</p> <p>Maryland’s state legislature required the Department of Health to convene the Behavioral Health Advisory Council, which includes youth, consumers, family members, and community members.</p>

STATE LEGISLATORS

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>4. Create basic requirements for school mental health and substance use services and supports</p>	<p>4.3 Fund focused-enforcement of mental health and substance use parity for children, directed at equitable access to and outcomes from developmentally, culturally, and linguistically effective services integrated into and coordinated with schools.</p>	<p>Arizona Senate Bill 1523 (Jake’s Law) establishes clear authority to enforce the state’s Mental Health Parity and Addiction Equity Act and ensure that insurance companies are complying with parity requirements. It also prohibits insurance companies from denying coverage for services that are covered by the plan simply because they are delivered in an educational setting. It created the Children’s Behavioral Health Services Fund and provided \$8 million for behavioral health services for children who are uninsured or underinsured.</p>
	<p>4.4 Require all insurers (including Medicaid) to reimburse for developmentally and culturally effective prevention and peer support interventions in school settings. All efforts should be evidence-based, evidence-informed, and community-based, and provide access to translation services as needed or requested.</p>	<p>California Assembly Bill 133 requires all healthcare service plans and insurers, including Medicaid, to reimburse schools for mental health services provided to all students as of 2024.</p>
	<p>4.5 Establish a school mental health and substance use lead within the state education agency.</p>	<p>Minnesota introduced legislation establishing the position of a comprehensive school mental health lead within the state education agency.</p>
	<p>4.6 Pass minor consent and confidentiality laws that allow minors to consent to mental health and substance use care.</p>	<p>Unlocking Transformation and Healing, a brief by the Center for Law and Social Policy, highlights confidentiality policy options for youth and young adult mental healthcare.</p>

STATE LEGISLATORS

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>5. Establish training requirements for school staff on school mental health</p>	<p>5.1 Support all school staff who work with students in grades K-12 to be trained, both pre-service and in-service, in developmentally and culturally effective youth mental health, substance-use suicide prevention, and other mental health-related topics.</p>	<p>North Carolina passed legislation that requires the state’s mental health policy to include a model mental health training program for school staff that local school districts must adopt.</p>
<p>Promote Effective Implementation</p> <p>6. Fully fund system implementation and ongoing evaluation in partnership with the federal government</p>	<p>6.1 Provide funding to incentivize the necessary infrastructure building, practice transformation, collaboration, and diverse workforce development, leveraging available federal funds.</p>	<p>California Assembly Bill 133 includes funding to build the infrastructure, capacity, and partnerships needed to expand access to comprehensive, sustainable school mental health services and programs.</p>
	<p>6.2 Revise the state’s school funding formula to include designated funding for school mental health and substance use services with easy access to diverse, culturally, and linguistically effective providers.</p>	<p>Illinois revised the school funding formula in 2017 to focus on supporting expanded, equitable access to evidence-based practices that support achievement, including access to school health providers.</p>
	<p>6.3 Provide financial incentives and assistance to recruit and retain culturally and linguistically effective mental health and substance use service providers.</p>	<p>Oregon enacted House Bill 2949 in 2021, requiring the Oregon Health Authority to offer incentives to recruit and retain behavioral health providers who are people of color, tribal members, or who live in rural areas, and to encourage providers to practice in underserved areas.</p>



CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>7. Equip schools with core capacity for integrating culturally and linguistically effective non-punitive mental health and substance use services and supports; developing a positive school climate; and eliminating inequitable discipline practices</p>	<p>7.1 Integrate mental health, substance use, and/or school climate data into state reporting and accountability systems, such as school performance frameworks or school improvement plans, and state or school report cards required by the Every Student Succeeds Act (ESSA). Data should be disaggregated to ensure equity.</p>	<p>Illinois State Board of Education’s 5Essentials Survey gauges school climate and learning conditions. Survey data is included in statewide school accountability and improvement systems.</p> <p>Nevada’s School Climate/ Social Emotional Learning Survey, administered to students across the state, is used by schools to measure and understand students’ perceptions of key school climate topic areas.</p> <p>Making ESSA’s Equity Promise Real, an interactive map developed by the Learning Policy Institute, highlights states that include chronic absenteeism in their state education accountability systems.</p> <p>School Mental Health Quality Assessment – District Version, developed by the National Center for School Mental Health, is designed for school district teams to identify and address priority areas for improvement in their school mental health system.</p> <p>Alaska developed a trauma-engaged schools toolkit and a series of online learning opportunities for staff. The toolkit was developed through a collaborative effort including the state education agency, mental health board, and child trauma center, among others.</p>



CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>7. Equip schools with core capacity for integrating culturally and linguistically effective non-punitive mental health and substance use services and supports; developing a positive school climate; and eliminating inequitable discipline practices</p>	<p>7.2 Integrate mental health and supportive competencies into all staff professional development, including mental health and substance use support for both students and staff. This should include providing training on CSMH or culturally appropriate training/coaching related to mental health and substance use.</p>	<p>California Department of Education’s Project Cal-Well promotes mental health awareness among K-12 students. A key component is providing Youth Mental Health First Aid training to district and school staff.</p> <p>Utah State Board of Education’s Safe and Healthy Schools program offers professional development opportunities through events and trainings that cover a range of topics, including trauma-sensitive schools, Positive Behavioral Interventions and Supports, family engagement, and equity.</p> <p>Wisconsin Department of Public Instruction’s Trauma Sensitive Schools Online Professional Development System offers virtual trainings and resources to school stakeholders.</p> <p>Free professional development courses designed to promote inclusive teaching and learning are available through a collaboration involving Michigan State University, the University of Michigan, and Michigan Virtual.</p> <p>Project AWARE (Advancing Wellness and Resiliency in Education), a program funded by the Substance Abuse and Mental Health Services Administration, supports state educational agencies and mental health agencies in building or expanding capacity for addressing mental health in schools and communities. The program provides training to school personnel and others working with school-aged youth, focusing on Mental Health First Aid/Youth Mental Health First Aid. Relevant resources developed through this funding can be found at MentalHealthFirstAid.org.</p> <p>“I Didn’t Know It Had a Name”: Secondary Traumatic Stress and Educators, published in NEA Today, highlights strategies and resources to support educator self-care.</p>

CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>7. Equip schools with core capacity for integrating culturally and linguistically effective non-punitive mental health and substance use services and supports; developing a positive school climate; and eliminating inequitable discipline practices</p>	<p>7.3 Provide guidance to LEAs on available funding streams to support school mental health and substance use, as well as resources on evidence-based frameworks and interventions for effectively using the funds and achieving high-quality equitable outcomes.</p>	<p>State Funding for School Mental Health, a policy brief by the Education Commission of the States, explores common sources of funding that states use to support K-12 school-based mental health and substance use programming.</p> <p>Public Funding for School-Based Mental Health Programs, a resource developed by the California School-Based Health Alliance, highlights funding streams for school mental health and substance use programming.</p> <p>The Washington State Office of Superintendent of Public Instruction’s guide to Unlocking Federal and State Program Funds to Support Student Success provides examples of braiding and blending funds that school districts can use to improve student learning.</p>
	<p>7.4 Facilitate partnerships between institutes of higher education and school districts to establish a diverse school mental health and substance use provider pipeline capable of providing non-punitive, developmentally appropriate, and culturally and linguistically effective services. Pipeline development should seek to minimize student debt; ensure a welcoming and supportive environment for historically and systemically excluded populations; provide social, financial, and academic support; and increase diversity across <i>all</i> levels of the provider pipeline. This effort should focus on pre-service partnerships with two- and four-year institutions of higher education in combination with opportunities for in-service continuing education.</p>	<p>Nevada Department of Education works in partnership with universities and colleges in the Nevada System of Higher Education and with local education agencies to expand access to school-based mental health providers across the state. This work supported the development of the Active Recruitment, Training, and Educator Retention (ARTERY) Pipeline Framework. The ARTERY career ladder offers stacked degree programs at various entry points, focusing on the shortage of school-based mental health professionals.</p> <p>Free professional development courses designed to promote inclusive teaching and learning are available through a collaboration involving Michigan State University, the University of Michigan, and Michigan Virtual.</p> <p>North Carolina created a position in the Department of Public Instruction focused explicitly on the recruitment and retention of school psychologists (Senate Bill 105, page 60).</p> <p>Hawaii developed a State Loan Repayment Program that pays off educational loans for primary care and behavioral health providers who care for patients at non-profit organizations in designated Health Professional Shortage Areas. Schools are eligible sites of service.</p>

CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>7. Equip schools with core capacity for integrating culturally and linguistically effective non-punitive mental health and substance use services and supports; developing a positive school climate; and eliminating inequitable discipline practices</p>	<p>7.5 Assure training and support for staff to achieve a positive school climate, including the development and evaluation of equitable and fair discipline policies and practices.</p>	<p>Creating Equitable School Climates, published by the National Association of State Boards of Education, highlights strategies and state approaches for creating equitable school climates.</p> <p>COSEBOC Standards: The Uncommon Core, developed by the Coalition of Schools Educating Boys of Color, provides a framework for transforming school and community environments to support successful learning outcomes for all students.</p> <p>Maryland Department of Education convened the Task Force on Achieving Academic Equity and Excellence for Black Boys and published the resource guide Transforming the Culture of Maryland’s Schools for Black Boys.</p>
	<p>7.6 In partnership with diverse mental health and substance use providers and staff, review credentialing standards and processes to identify barriers to workforce diversity.</p>	<p>California’s State Superintendent of Public Instruction convened the California Department of Education’s Educator Diversity Advisory Group to provide recommendations on how to recruit, support, and retain educators of color across California. The Advisory Group’s recommendations are included in the report How to Increase the Diversity of California’s Educator Workforce.</p> <p>Improving and Expanding Programs to Support a Diverse Health Care Workforce: Recommendations for Policy and Practice, an Urban Institute research report, includes recommendations for diversifying the healthcare workforce that can be leveraged to increase access to school health providers.</p>

CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>8. Strengthen state education standards and training for school staff related to mental health and substance use</p>	<p>8.1 Provide guidance and training to school districts on school mental health and substance use, including related legal issues such as privacy and liability rules. Training should be developed with diverse youth, families, and communities – especially representatives from marginalized populations – and be responsive to different needs and concerns.</p>	<p>Alaska Department of Education & Early Development developed a trauma-engaged schools toolkit and a series of online learning opportunities for school staff. The toolkit was developed through a collaborative effort including the state education agency, mental health board, and child trauma center, among others, with input from community members.</p> <p>Ohio Department of Education’s School-Based Health Care Support Toolkit includes resources for school districts on data sharing, sample consent forms, and service agreement templates.</p> <p>Legal Guide to School Health Information and Data Sharing in Colorado was developed by the National Center for Youth Law to support Colorado’s efforts to share school health information and data.</p> <p>HIPAA or FERPA? A Primer on Sharing School Health Information in Indiana, developed by the National Center for Youth Law and Covering Kids & Families of Indiana, covers pertinent federal and state confidentiality laws and addresses frequently asked questions regarding sharing information, including mental health information.</p> <p>U.S. Department of Education and the Office for Civil Rights at the U.S. Department of Health and Human Services released updated joint guidance addressing the application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).</p>
	<p>8.2 Ensure state standards for both students and teachers include culturally and linguistically effective social and emotional learning, mental health/substance use education, and other critical intersections of mental wellbeing and conditions for learning.</p>	<p>The SEL State Scan, developed by the Collaborative for Academic, Social, and Emotional Learning, provides a national picture of SEL policy at the state level and highlights states that have adopted K-12 social and emotional learning core competencies.</p> <p>New York was one of the first states to require schools to provide mental health instruction as part of K-12 health education. The School Mental Health Resource and Training Center was established to help schools comply with the law.</p>

CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>8. Strengthen state education standards and training for school staff related to mental health and substance use</p>	<p>8.3 Partner with the state’s higher education system to expand the pipeline of diverse, culturally effective, qualified school mental health and substance use providers.</p>	<p>Federal Grants to Address School Psychology Shortages and to Expand Access to Mental Health Services, produced by the National Association of School Psychologists, lists competitive federal grant opportunities.</p> <p>The New Mexico Public Education Department leads the Expanding Opportunities Project, which focuses on increasing the number and quality of school-based mental health providers in high-need schools by partnering with local education agencies, universities, Native American communities, and state agencies. This is accomplished by providing reimbursements, stipends, and loan repayments for students obtaining a degree that leads to licensure as a school-based behavioral health provider.</p> <p>Nevada Department of Education leveraged federal grant funding to partner with the Nevada System of Higher Education on expanding the pipeline of qualified school mental health service providers. A focus was placed on recruiting providers from within their own communities to help address the need for culturally and linguistically effective services.</p>
<p>Promote Effective Implementation</p> <p>9. Enhance financing, collaboration, and data integration with adherence to applicable federal and state laws, regulations, and appropriate privacy measures</p>	<p>9.1 Enhance student information systems (SIS) by integrating mental health data, including youth mental health and substance use clinical and claims data. Such work requires building community trust and ensuring their understanding of how systems will use data, including opportunities to opt out.</p>	<p>Washington, D.C. established a data-sharing agreement involving the city’s schools, public health department, and Medicaid agency, enabling child-serving agencies to collect student health information more effectively from families and ensure that students with the greatest needs have services that meet those needs.</p> <p>Michigan is building availability to a statewide behavioral health data-sharing platform to support children’s behavioral health.</p>

CHIEF STATE SCHOOL OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Promote Effective Implementation</p> <p>9. Enhance financing, collaboration, and data integration with adherence to applicable federal and state laws, regulations, and appropriate privacy measures</p>	<p>9.2 Host continuous improvement collaboratives for school districts to improve whole-school mental wellbeing.</p>	<p>Multiple states have participated in the national Collaborative Improvement and Innovation Network (CoIIN) on School-Based Health Services, funded by the Health Resources and Services Administration, and have received technical assistance to expand access to comprehensive school mental health (CSMH) systems. For example, Massachusetts established a state team, including school districts, that receive professional development, technical assistance, and ongoing coaching to pilot practices that support the establishment of CSMH systems.</p>



STATE SECRETARY OF HEALTH AND HUMAN SERVICES

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>10. Create capacity for improved interoperability, data sharing, and telehealth, with adherence to applicable federal and state laws, regulations, and appropriate privacy measures</p>	<p>10.1 Set interoperability and data-sharing standards and guidelines across sectors, including a memorandum of understanding (MOU) and appropriate legal agreements between state education and state health agencies, and models that school districts could adapt and use locally. In addition, provision the development and use of joint data dashboards that have the capacity to disaggregate data to ensure equitable access and outcomes, and/or to identify areas where more work is needed.</p>	<p>Anatomy of an MOU, developed by the National Center for School Mental Health, provides a template MOU for a partnership between a school district and a community mental health partner.</p> <p>Indiana Department of Health provides a template MOU for school districts and community mental health centers to support the delivery of school mental health services.</p> <p>Oklahoma established a multi-agency data sharing agreement, led by the state Department of Health and Human Services, that enables participating state agencies to more efficiently meet regulatory goals, evaluate programs, and avoid duplication of services. The agreement facilitates sharing of mental health and education data.</p> <p>Washington developed a series of data dashboards that generate periodic reports on children’s behavioral health over time, including service needs and treatment trends.</p>
	<p>10.2 Leverage telehealth flexibilities (e.g., audio only, text-based services, asynchronous services, virtual peer support, and interstate compacts) to support the delivery of developmentally and culturally effective behavioral health services in schools while also protecting student and family privacy. Schools should build capacity to collect and disaggregate data on a regular basis to ensure equitable access to and outcomes from these services.</p>	<p>Developing a School-Based Telehealth Strategy, a best-practice guide produced by the U.S. Department of Health and Human Services, covers creating and implementing a school-based telehealth program.</p> <p>Telehealth Guidelines for School Mental Health Professionals, developed by Alliance for Inclusion & Prevention, provides an introduction to making the shift to online provision of school-based mental health supports.</p> <p>Multiple states, including Nebraska, New York, and Oklahoma, allow the delivery of and billing for audio-only telehealth services.</p>

STATE SECRETARY OF HEALTH AND HUMAN SERVICES

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>11. Promote braiding and blending funds to support sustainability and scalability of comprehensive school mental health systems</p>	<p>11.1 Ensure existing funding policies encourage braiding and blending funds to most effectively and equitably promote child mental wellbeing and provide technical assistance to support implementation. This effort should have collaboration with the state education agency.</p>	<p>Virginia’s Children’s Services Act pools together funding from multiple state agencies to help children and families access services and supports when children struggle with behavioral health needs.</p> <p>School Mental Health Quality Guide: Funding and Sustainability, a resource developed by the National Center for School Mental Health, includes strategies to optimize the financial and nonfinancial assets needed to maintain and improve school mental health systems.</p> <p>Washington State Office of Superintendent of Public Instruction’s guide to Unlocking Federal and State Program Funds to Support Student Success provides examples of braiding and blending funds that school districts can use to improve student learning.</p> <p>Examples of Braiding and Blending to Support Community Health, a compendium of resources developed by the Urban Institute, includes guides, toolkits, and local and state examples.</p> <p>Braiding and Layering Funding for Adverse Childhood Experiences Prevention, a report by the Association of State and Territorial Health Officials, aims to help state and territorial health agency staff understand the process of braiding and layering funds and identifying opportunities to maximize adverse childhood experiences (ACEs) prevention resources and impact.</p>
<p>Promote Effective Implementation</p> <p>12. Expand and support integrated diverse, culturally effective mental health and substance use workforce</p>	<p>12.1 Implement loan forgiveness scholarships, or other workforce-building strategies, to incentivize diverse mental health and substance use professionals to work in school-based settings and provide developmentally and culturally effective care that will increase equitable access to and outcomes from services. This should be conducted jointly with the state education agency.</p>	<p>National Health Service Corps Loan Repayment Program, a program of the Health Resources and Services Administration, supports the recruitment of medical, nursing, dental, and behavioral/mental health clinicians in designated health professional shortage areas (HPSAs). This program includes school mental health providers serving HPSAs.</p>

STATE SECRETARY OF HEALTH AND HUMAN SERVICES

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Promote Effective Implementation</p> <p>12. Expand and support integrated diverse, culturally effective mental health and substance use workforce</p>	<p>12.2 Establish a statewide peer support training program to support individuals with lived experience as a behavioral/mental health services consumer, family member, or caregiver placed in designated peer positions.</p>	<p>Washington State Health Care Authority’s Peer Support Program trains and qualifies behavioral health consumers as certified peer counselors. A “consumer” is someone who is eligible for or who has received mental health or substance use disorder services. This includes parents and legal guardians who have a child under the age of 18 and are involved in their child’s treatment plan.</p>
	<p>12.3 Establish healthcare provider pipeline programs, including behavioral health, that provide tailored supports to ensure the provider community more closely reflects the communities they serve.</p>	<p>State Strategies to Increase Diversity in the Behavioral Health Workforce, a brief by the National Academy for State Health Policy, explores state strategies that target increasing engagement of indigenous groups and people of color across the behavioral health workforce.</p>



STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>13. Allow Medicaid-eligibility and adequate reimbursement for a full network of culturally and linguistically effective school mental health and substance use providers and services</p>	<p>13.1 Implement presumptive eligibility policies and practices; assure that all eligible students and staff are enrolled in Medicaid.</p>	<p>Presumptive Eligibility in Medicaid and CHIP, a 50-state analysis developed by Kaiser Family Foundation, identifies whether a state has elected to implement presumptive eligibility for different population groups.</p> <p>A Snapshot of State Efforts to Reach and Enroll Children for State Medicaid and CHIP Programs, a brief by the National Academy for State Health Policy, looks at state approaches to using community and school partnerships, social media, and other targeted outreach initiatives to ensure that families who may have eligible children are aware of these coverage programs.</p> <p>Back-to-School and School-Based Outreach Materials, developed by the Connecting Kids to Coverage National Campaign, are designed to help schools reach and enroll families with children who are eligible for Medicaid and CHIP.</p>
	<p>13.2 Recognize school mental health and substance use providers credentialed by the state education agency as Medicaid-eligible.</p>	<p>State Data on Medicaid-Eligible School Health Services & Providers, an interactive map produced by Healthy Schools Campaign, has information on Medicaid-eligible school behavioral health providers in each state.</p> <p>State Medicaid & Education Standards for School Health Personnel, a report by Healthy Schools Campaign and Aurrera Health Group, reviews school reimbursement challenges in all 50 states and highlights best practices for aligning school health provider qualifications.</p>

STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>13. Allow Medicaid-eligibility and adequate reimbursement for a full network of culturally and linguistically effective school mental health and substance use providers and services</p>	<p>13.3 Issue guidance that recognizes schools as eligible sites of service delivery, and promotes partnerships between schools and culturally and linguistically effective community-based providers.</p>	<p>Missouri Department of Social Services issued a provider bulletin clarifying that community-based providers can bill Medicaid for eligible services delivered in the school setting.</p> <p>Arizona designates schools as a place of service and funds initiatives to bring behavioral health providers into the school setting.</p> <p>Ohio Department of Education’s School-Based Health Care Support Toolkit, developed through a cross-agency partnership, provides multiple resources to support schools and districts as they begin new, or augment existing, school-based physical and mental health partnerships with community-based providers.</p> <p>Partner Build Grow, an action guide and toolkit developed by The Center for Health and Health Care in Schools, helps schools and communities launch and sustain coordinated initiatives that support positive student development.</p> <p>Effective School-Community Partnerships to Support School Mental Health, a brief by the National Association of School Psychologists and National Center for School Mental Health, provides action steps for states, districts, and communities to foster effective collaboration between schools and community health and behavioral health partners.</p>
	<p>13.4 Expand school Medicaid programs to include all medically necessary services delivered to Medicaid-enrolled students, including telehealth services.</p>	<p>State Efforts to Expand School Medicaid Through the Free Care Policy Reversal, a state activity tracker maintained by Healthy Schools Campaign, highlights states that have expanded their school Medicaid program to include all medically necessary services and includes links to state plan amendments and associated guidance.</p> <p>A Guide to Expanding Medicaid-Funded School Health Services, developed by Healthy Schools Campaign, includes detailed information on the steps states can take to expand their school Medicaid programs.</p>

STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>13. Allow Medicaid-eligibility and adequate reimbursement for a full network of culturally and linguistically effective school mental health and substance use providers and services</p>	<p>13.5 Provide school district leaders with guidance, training, and template materials on billing for mental health and substance use services in schools, as well as legal issues related to school-based mental healthcare, such as privacy and liability rules requiring access to non-punitive mental health and substance use services.</p>	<p>HIPAA or FERPA? A Primer on Sharing School Health Information in Indiana, developed by the National Center for Youth Law and Covering Kids and Families of Indiana, covers pertinent federal and state confidentiality laws and addresses frequently asked questions regarding sharing information, including mental health information.</p> <p>Legal Guide to School Health Information and Data Sharing in Colorado was developed by the National Center for Youth Law to support Colorado’s efforts to share school health information and data.</p> <p>U.S. Department of Education and the Office for Civil Rights at the U.S. Department of Health and Human Services released updated joint guidance addressing the application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).</p>



STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Build Structure and Scale</p> <p>14. Adopt strategic priorities that include key aims for equitably enhancing network adequacy, parity, and care quality</p>	<p>14.1 Set overnight standards and actively enforce requirements related to network adequacy, Early Periodic Screening Diagnosis and Treatment (EPSDT), and parity, including specific consideration of school-based settings.</p>	<p>School Mental Health 101: A Primer for Medi-Cal Managed Care Plans, developed by the National Center for Youth Law and California Children’s Trust, provides managed care plans with an introduction to K-12 education systems and their work to support school mental health.</p> <p>Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit (Centers for Medicare and Medicaid Services [CMS]), aims to help state Medicaid agencies and their contracted managed care plans meet network adequacy requirements for behavioral health service providers.</p> <p>Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States, published by the Substance Abuse and Mental Health Services Administration, highlights best practices used by states to implement and monitor mental health parity and equity requirements.</p> <p>EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (CMS), provides information on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid program benefit.</p> <p>Letter to State Medicaid Directors (SMD 18-011) (CMS) highlights opportunities to design innovative service delivery systems for adults with a serious mental illness or children with a serious emotional disturbance.</p>

STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Build Structure and Scale</p> <p>14. Adopt strategic priorities that include key aims for equitably enhancing network adequacy, parity, and care quality</p>	<p>14.2 Implement quality measures that promote collaboration between healthcare and education, and assess the equitable delivery of (and outcomes from) culturally effective school mental health and substance use services.</p>	<p>Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (CMS) are key indicators of the access to and quality of the healthcare Medicaid and CHIP beneficiaries receive. Schools can play an important role in supporting the behavioral health care measures included in the core set.</p> <p>Oregon created a kindergarten readiness metric that focuses on social-emotional health as a measure of accountability with its Medicaid payers.</p>
	<p>14.3 Advance care quality and access by adequately reimbursing culturally and linguistically effective prevention programs, including youth and young adult peer support interventions in school settings.</p>	<p>Providing Youth and Young Adult Peer Support through Medicaid, a resource from The National Technical Assistance Network for Children’s Behavioral Health, includes information on how state Medicaid agencies can ensure peer support services and providers are Medicaid-eligible.</p> <p>State Medicaid Reimbursement for Peer Support Services, an Open Minds reference guide, examines policies in 39 states that allow Medicaid billing for any type of peer support services. This includes California, which recognizes peer support services as Medicaid-eligible, including services provided in school-based settings.</p> <p>Medicaid Funding for Family and Youth Peer Support Programs, a report by the National Technical Assistance Network for Children’s Behavioral Health, provides a state-by-state review of all publicly available Medicaid state plans, waivers, policies, and administrative regulations, as well as certification programs for family and youth peer support specialists.</p>

STATE MEDICAID DIRECTOR

Stage and Goal	Policy Opportunities	Example Resources and Policies
<p>Promote Effective Implementation</p> <p>15. Implement value-based payment strategies that require movement toward equitable outcomes and align payment across insurers</p>	<p>15.1 Adopt and implement a value-based payment strategy that enables strong educational partnerships, and incentivizes equitable whole-family mental health and substance use outcomes that are aligned with the education sector. Such implementation should include authentic, diverse community engagement.</p> <p>15.2 Establish and/or support a multi-payer collaborative focused on aligning payment across insurers for culturally and linguistically effective comprehensive school mental health systems that lead to equitable engagement, access, and outcomes.</p>	<p>Multiple organizations and healthcare leaders – including Mental Health America; UCLA Center for Healthier Children, Families, and Communities; Duke-Margolis Center for Health Policy; Nemours Children’s Health; and the Center for Health Care – Strategies Adopt strategic priorities that include key aims for equitably enhancing network adequacy, parity, and care quality have developed briefs that provide information on value-based payment models to support child health:</p> <ul style="list-style-type: none"> • Alternative Payment Models to Support Child Health & Development: How to Design and Implement New Models • Addressing Social Drivers through Pediatric Value-Based Care Models: Emerging Examples and Promising Approaches • You Get What You Pay For: Measuring Quality in Value-Based Payment for Children’s Health Care • They’re Not Just “Little Adults” Value-Based Payment Models that Include Children Must Focus on Their Needs • Value-Based Payment to Support Children’s Health and Wellness: Shifting the Focus from Short-Term to Life Course Impact



STATE PUBLIC HEALTH OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>16. Provide technical assistance and system building for funding school mental health and substance use services and supports, data collection, disaggregation of data and analysis, and telehealth</p>	<p>16.1 Develop a cross-sector guide that highlights key system-building activities needed and funding streams available (e.g., public health, healthcare, education), that can be leveraged to support equitable access to and outcomes from culturally and linguistically effective school mental health and substance use continuums of service, and provide technical assistance.</p>	<p>The Colorado Health Institute sought data from six state agencies, including the Colorado Department of Public Health, to create a financial map showing where state, federal, and other funds are supporting Colorado’s behavioral health system for children and youth.</p> <p>Braiding and Layering Funding for Adverse Childhood Experiences Prevention, published by the Association of State and Territorial Health Officials, aims to help state and territorial health agency staff understand the process of braiding and layering funds and identifying opportunities to maximize ACEs prevention resources and impact.</p> <p>How States Can Conduct a Needs Assessment, a Substance Abuse and Mental Health Services Administration resource, includes key steps states can take to better understand their existing needs and assets.</p>
	<p>16.2 Assess data needs and capacity to collect and disaggregate state and local data to inform cross-system needs assessments and resource mapping, and to ensure equitable access to and outcomes from culturally effective services.</p>	<p>School Mental Health Quality Guide: Needs Assessment & Resource Mapping, developed by the National Center for School Mental Health, includes best practices, possible action steps, examples from the field, and resources for needs assessments and resource mapping.</p> <p>State Health Assessment Guidance and Resources, a guide developed by the Association of State and Territorial Health Officials, supports state health departments in developing a state health assessment.</p>
	<p>16.3 Invest in telehealth infrastructure that supports the delivery of developmentally, culturally, and linguistically effective school-based behavioral telehealth services.</p>	<p>This telehealth resources index summarizes Association of State and Territorial Health Officials briefs, reports, and other resources on such topics as building telehealth programs to deliver public health services and health education, establishing statewide telehealth governance structures, and tracking state-level policies.</p>

STATE PUBLIC HEALTH OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>17. Catalyze cross-sector partnerships at state and local levels to scale interventions and support state priorities</p>	<p>17.1 Facilitate partnerships between public health, education, and other stakeholders at the local level to align community efforts and resources in advancing developmentally, culturally, and linguistically effective school mental health and substance use services and supports.</p>	<p>Wisconsin Department of Health Services leads Resilient Wisconsin, which brings together data, resources, evidence-based tools, and trauma-informed practices with the goal of providing support and resources to people affected by trauma and other mental or behavioral health challenges. A key focus of the initiative is facilitating partnerships with education and expanding access to school-based services and programs.</p> <p>Building Strong Brains: Tennessee ACEs Initiative (BSBTN) is an example of a comprehensive statewide approach to prevent and mitigate the impact of ACEs through public-private partnerships. It is jointly led by the state’s executive, legislative, and judicial branches. A Case Study on Building Strong Brains Tennessee was produced by the National Governors Association Center for Best Practices and the Duke-Margolis Center for Health Policy.</p>
	<p>17.2 Prioritize the development of state and local dashboards, and facilitate timely data sharing with appropriate privacy measures.</p>	<p>New York State Department of Health’s Maternal and Child Health Dashboard includes multiple indicators of children and adolescents’ mental health.</p> <p>Wisconsin’s Child Well-Being Indicators Dashboard, an annual monitoring of available data on children’s wellbeing produced by the state’s Office of Children’s Mental Health, includes data on school connectedness, access to school mental health services, ACEs, and quality of life.</p>

STATE PUBLIC HEALTH OFFICER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Promote Effective Implementation</p> <p>18. Lead culturally and linguistically effective statewide public health initiatives, incorporating the integration of mental health programs</p>	<p>18.1 Implement comprehensive developmentally, culturally, and linguistically effective prevention and public health initiatives for school-aged children at state and local levels, in partnership with other public agencies and private stakeholders (including children and families directly). Continually assess for equitable impact.</p>	<p>Introduction to the Shared Risk and Protective Factors Framework, an Association of State and Territorial Health Officials presentation, explains how state health agencies often use a shared risk and protective factors framework to address multiple conditions, including mental health and chronic disease, through a comprehensive approach that includes partnerships, funding, policy, and evaluation.</p> <p>The Colorado-National Collaborative for Suicide Prevention is a national, state, and local partnership to improve comprehensive systems of care (including schools), socioeconomic supports, and community connectedness.</p> <p>Maryland’s Children’s Mental Health Matters is a public awareness campaign designed to engage elementary, middle, and high schools to raise awareness of children’s mental health.</p>
	<p>18.2 Collect and disaggregate data on the mental health, substance use, and social needs of school-aged children and use it to develop, implement, and evaluate interventions.</p>	<p>Assessing Social Influencers of Health and Education, a brief by the National Center for School Mental Health, School-Based Health Alliance, and Center for Health and Health Care in Schools, provides an overview of how to assess the social influencers of health and addresses key considerations such as selection of screening tools.</p> <p>Data-Driven Primary Prevention Strategies for Adverse Childhood Experiences, a report by the Association of State and Territorial Health Officials, highlights ACEs-related data sources, provides examples of how states can use data to inform their primary prevention work, offers resources for crafting data-sharing agreements, and identifies challenges in collecting ACEs-related data.</p> <p>Maine state public health and education agencies collaborate to assess the health of youth through the Maine Integrated Youth Health Survey. Maine is using the data to inform state resiliency programs, with partners like the Maine Resilience Building Network and Maine Youth Action Network, and educate local and state cross-sector partners about the role of resiliency.</p>

INSURANCE COMMISSIONER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>19. Align oversight and enforcement processes to improve compliance with existing law related to youth mental health and substance use in schools</p>	<p>19.1 Collaborate with state Medicaid directors, mental health directors, substance use directors, and other agencies, with input from children and families, to align oversight and enforcement processes. Also, create guidance, tools, and templates to improve compliance with existing law related to equitable access to and outcomes from mental health and substance use in schools.</p>	<p>Unlocking Transformation and Healing: Confidentiality Policy Options for Accessible Youth and Young Adult Mental Health Care, a brief by the Center for Law and Social Policy, examines barriers to confidentiality in young people’s care and offers recommendations for how state policymakers, insurance plans, youth health providers, and families can make improvements.</p>
<p>Build Structure and Scale</p> <p>20. Initiate a multi-payer collaborative to align reimbursement and other incentives</p>	<p>20.1 Lead payers to adopt more coordinated, comprehensive reimbursement policies, such as through value-based payment models, with child and school mental health and substance use services to achieve equitable outcomes.</p>	<p>The Colorado Multi-Payer Collaborative: A Framework for Integration of Whole-Person Care, an issue brief produced by the Center for Evidence-Based Policy and published by the Milbank Memorial Fund, offers a framework to participating primary care practices seeking to provide more advanced levels of care, and provides guidance for payer organizations on developing and implementing advanced payment models that pay for value delivered through integrated, comprehensive, whole-person, population-based approaches.</p> <p>Washington’s Multi-payer Primary Care Transformation Model provides information on the state Health Care Authority’s work to develop a framework that aims to strengthen primary care through multi-payer payment reform and care delivery transformation.</p>



INSURANCE COMMISSIONER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Promote Effective Implementation</p> <p>21. Ensure cross-agency collaboration to enforce federal and state requirements</p>	<p>21.1 Collaborate with state Medicaid directors and behavioral health departments to actively enforce requirements related to network adequacy, EPSDT, and parity, including specific consideration of school-based settings, protection of minor confidentiality, and reimbursement rates.</p>	<p>Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States, published by the Substance Abuse and Mental Health Services Administration, identifies best practices used by states to implement and monitor compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.</p> <p>In Arizona, as a result of Senate Bill 1523 (Jake’s Law), insurers are required to submit a comprehensive comparative analysis to the Department of Insurance detailing how they comply with the state’s parity requirements. The law also prohibits insurers from denying a claim for mental health or substance use benefits based solely on the grounds that the service was provided in an educational setting or was court-ordered.</p> <p>Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit (Centers for Medicare and Medicaid Services) aims to help state Medicaid agencies and their managed care plans meet network adequacy requirements for behavioral health providers.</p>



STATE BEHAVIORAL/MENTAL HEALTH COMMISSIONER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Establish Foundational Infrastructure and Priorities</p> <p>22. Provide guidance, coordination, and incentives for culturally effective system development</p>	<p>22.1 Develop guidance to support partnerships between schools, state departments of education, the children’s mental health and substance use care system, funded partners, and other agencies to advance the equitable delivery of and outcomes from developmentally and culturally effective comprehensive school mental health and substance use services</p>	<p>The New York State Office of Mental Health created two documents to help schools understand the child mental health system and to encourage relationships with community-based providers to provide mental health services in schools:</p> <ul style="list-style-type: none"> • What School District Leaders Should Know When Creating School and Mental Health Partnerships: The NYS Mental Health System 101 • Improving School and Community Outcomes for Children and Adolescents with Emotional and Behavioral Challenges <p>California’s Mental Health Services Agency worked with the California Department of Education and other partners to create guidance to support school districts and county behavioral health departments in delivering school mental health services.</p> <p>Georgia’s Apex Program, funded by the Georgia Department of Behavioral Health and Developmental Disabilities, aims to build capacity and increase access to mental health services for school-based youth throughout the state. The program promotes collaboration between community mental health providers and schools to provide school-based services and supports.</p> <p>National Care Coordination Standards for Children and Youth with Special Health Care Needs (CYSHCN), developed by the National Academy for State Health Policy, address the core, system-level components of high-quality care coordination for CYSHCN.</p>
	<p>22.2 Assign a state Children’s Mental Health and Substance Use Director, and require the position to collaborate with the state education agency, public health, and state Medicaid agency to advance CSMH systems.</p>	<p>Multiple states have a children’s mental health director or lead, including Illinois, Missouri, and Nevada.</p>

STATE BEHAVIORAL/MENTAL HEALTH COMMISSIONER

Stage and Goal	Policy Opportunities	Resources and Sample Policies
<p>Build Structure and Scale</p> <p>23. Change policy and data collection strategies to incentivize collaboration</p>	<p>23.1 Develop, define, collect, and disaggregate metrics and align financing to incentivize collaboration with schools to achieve a goal of equitable access to and outcomes from services.</p>	<p>Data Governance for Children’s Mental Health Surveillance: What is It and Why Does It Matter?, a report by the National Network of Public Health Institutes, aims to help users of educational, health access, children and family, mental health, and health data understand how to communicate and share data collaboratively with the ultimate goal of coordinating children’s mental health surveillance.</p>
<p>Promote Effective Implementation</p> <p>24. Promote cross-sector and public-private alignment</p>	<p>24.1 Support school districts or interested stakeholders to participate in collective actions at the local level to promote student behavioral/mental health and wellbeing.</p>	<p>California’s Mental Health Services Oversight and Accountability Commission is establishing a school mental health learning collaborative to advance financing strategies to sustain school mental health programs, and to align and integrate planning and programming among local mental health, education, and First 5 agencies, which use taxes from tobacco products to fund services for children ages 0 to 5 and their families.</p>



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About Healthy Schools Campaign and Mental Health America

Healthy Schools Campaign

Healthy Schools Campaign (HSC) advocates for policies and practices that allow all students to learn and work in a positive and healthy school environment, including policies related to healthy school food, physical activity, behavioral and mental health services, trauma, and environmental health.

healthyschoolscampaign.org

Mental Health America

Mental Health America (MHA) is a leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all through advocacy, education, research, and services. MHA has a national office and 200+ affiliates and associates across the U.S.

mhanational.org

Dissemination Partner

Hopeful Futures Campaign, powered by Inseparable

The Hopeful Futures Campaign, a coalition of 21 organizations, is dedicated to ensuring that every student has access to school mental health services that help them thrive. The campaign is powered by Inseparable, a growing movement working to advance policy solutions that reflect the belief that the health of our minds cannot be separate from the health of our bodies.

inseparable.us

**HEALTHY SCHOOLS
CAMPAIGN**

MHA
Mental Health America

**hopeful
futures
campaign**

For more information, please contact info@healthyschoolscampaign.org

This publication was prepared by Healthy Schools Campaign and Mental Health America, which are solely responsible for the views expressed.

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