About the Hopeful Futures Campaign

The Hopeful Futures Campaign, powered by Inseparable, unites a broad range of impactful organizations dedicated to promoting school mental health policies that help every child get the support they need to thrive.

Hopeful Futures Campaign Partners

Active Minds
Bring Change to Mind
Center for Law And Social Policy (CLASP)
Healthy Schools Campaign
Hopelab
Inseparable
Mental Health America (MHA)
Mindful Philanthropy
Moms Rising Together
National Alliance on Mental Illness (NAMI)
National Association of School Psychologists (NASP)
National Center for School Mental Health
National Parent Teacher Association (PTA)
Partnership to End Addiction
Pinterest
Rare Beauty
Stronger than Stigma
The Good Life Movement
The Jed Foundation
The Kennedy Forum
The Trevor Project
UNICEF USA
YourMomCares

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Introduction

Mental health challenges among children and youth are rising. In 2021, more than 40% of high school students felt persistently sad or hopeless and more than 20% seriously considered attempting suicide.¹ When youth struggle with their mental health, it can affect their education, their relationships with their teachers, parents, family, and friends, and even their health and safety.

Fortunately, prevention and early intervention work. The earlier youth get help, the better the outcomes. One of the best ways to help youth get help early is to provide mental health supports where they are—in school. To support youth, legislators across the country and across the aisle are increasingly making school mental health a top priority.

This school mental health state legislative guide is intended to provide legislators with practical policy recommendations that support student mental health, with examples of recently passed legislation, in three categories:

- School Mental Health Services
- Financing
- Prevention and Early Intervention

The Hopeful Futures Campaign is grateful to the many state legislators who have championed school mental health legislation, some of which is featured in this guide, and welcome the opportunity to partner with legislators who are interested in advancing school mental health policy in their own state.

“It’s high time we start putting mental health in schools at the forefront. By taking simple steps, ...we can set the example for how American schools should provide for their students.”

Izzie House

A junior at East High School in Denver, CO, The Colorado Sun²
Data from the Center for Disease Control & Prevention (CDC) shows that 42% of high school students reported persistent feelings of sadness or hopelessness and noted “significant increases in the percentage of youth who seriously considered suicide, made a suicide plan, and attempted suicide.”

One of the best ways to get children the help they need is to provide mental health support where they are—in school. School-based mental health services reduce barriers to care such as transportation and parents needing to take time off from work. School-based mental health services also normalize mental health care, reduce stigma, and minimize inequities—particularly for low-income families and historically underserved students. Yet, despite the need for school mental health services, six in 10 public schools (61%) report insufficient mental health staff to manage caseloads.
Policy Recommendations

To increase the availability of mental health services for students, states are encouraged to:

- Improve the ratios of school counselors, school social workers, and school psychologists
- Expand the school mental health workforce pipeline
- Implement school telemental health programs
- Facilitate school-linked mental health services

Recommended policies, including examples of recent legislation, are discussed in more detail in the following pages.

**POLICY RECOMMENDATION**

**Improve the ratios of school counselors, school social workers, and school psychologists**

- **School counselors:** 1:250
- **School social workers:** 1:250
- **School psychologists:** 1:500

School counselors, school social workers, school psychologists, and other school health professionals are the cornerstone of comprehensive school mental health systems. The ratio of students to school mental health professionals is a signal of schools’ ability to provide the supports that help students succeed academically and in life. States should strive to meet the following nationally recommended ratios of school mental health professionals to students:

- School counselors - 1:250
- School social workers - 1:250
- School psychologists - 1:500
**Georgia**

**Passed:** HB19 (2023) General Appropriations bill for FY23-24

**Champions:** Reps. Jon Burns (R), Jan Jones (R), Chuck Efstration (R), Matt Hatchett (R), Sen. Blake Tillery (R)

**Summary:** This budget invested $26.9 million to increase the number of school counselors to serve Georgia’s approximately 1.7 million K-12 student population.

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**Delaware**

**Passed:** HB 300 (2022) “School Mental Health Professionals for grades 6-8”

**Passed:** HB 100 (2021) “School Mental Health Professionals for grades K-5”

**Champion:** Speaker Valerie Longhurst (D)

**Summary:** These two bills improve the ratios of school mental health professionals for grades K-8 over three years as follows:

- 1 full-time equivalent (FTE) school counselor, school social worker, or licensed clinical social worker per 250 students
- 1 FTE school psychologist per 700 students.
### EXAMPLES OF RECENT LEGISLATION

**COLORADO**

**BILL TITLE**
Department of Education Supplemental Appropriations

**BILL NUMBER**
SB23-115 (2023)

**BILL STATUS**
Enacted Feb 2023

**PRIMARY SPONSOR(S)**
Sen. Rachel Zenzinger (D)
Rep. Shannon Bird (D)

**BILL DESCRIPTION**
Bill Text (Part IV- Department of Education)
Supplemental appropriations to:
- Behavioral Health Care Professional Matching Grant Program to support behavioral health professionals in schools and/or contracts with community providers ($14,959,590)
- School Counselor Corps Grant Program to support school counselors, including professional development ($12,260,970)

---

**DELAWARE**

**BILL TITLE**
*unofficial title*
School Mental Health Professionals for grades K-5*

**BILL NUMBER**
HB100 (2021)

**BILL STATUS**
Enacted Aug 2021

**PRIMARY SPONSOR(S)**
Speaker Valerie Longhurst (D)

**BILL DESCRIPTION**
Bill Text (House Bill No. 100)
Beginning in FY2022, increases mental health professionals in grades K-5 over a period of three years to arrive at a final ratio of:
- 1 full-time equivalent (FTE) school counselor, school social worker, or licensed clinical social worker per 250 students
- 1 FTE school psychologist per 700 students.
## Improving the ratios of school counselors, school social workers, and school psychologists (Continued)

### Delaware

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<td>Professionals for grades 6-8*</td>
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| PRIMARY SPONSOR(S)         |             |                   |
| Speaker Valerie Longhurst (D) |             |                   |

**BILL DESCRIPTION**

House Bill No. 100

Beginning in FY2023, increases mental health professionals in grades 6-8 over a period of three years to arrive at a final ratio of:

- 1 full-time equivalent (FTE) school counselor, school social worker, or licensed clinical social worker per 250 students
- 1 FTE school psychologist per 700 students.

### Florida

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<td>Enacted Jun 2023</td>
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| PRIMARY SPONSOR(S)         |             |                   |
| Pre-K-12 Appropriations Subcommittee and Rep. Josie Tomkow (R) |             |                   |

**BILL DESCRIPTION**

Bill Text

Directs employment of school-based mental health providers to expand and enhance services and to reduce the ratio of students to staff.
EXAMPLES OF RECENT LEGISLATION

Improving the ratios of school counselors, school social workers, and school psychologists (Continued)

**GEORGIA**

**BILL TITLE**
General Appropriations bill for FY23-24

**BILL NUMBER**
HB 19 (2023)

**BILL STATUS**
Enacted May 2023

**PRIMARY SPONSOR(S)**
Reps. Jon Burns (R), Jan Jones (R), Chuck Efstration (R), Matt Hatchett (R), Sen. Blake Tillery (R)

**BILL DESCRIPTION**
The Governor’s Budget Report, 160.8
Invests $26.9 million to increase the number of counselors to serve students in K-12.

**MINNESOTA**

**BILL TITLE**
Education Finance Bill

**BILL NUMBER**
HF 2497 (2023)

**BILL STATUS**
Enacted May 2023

**PRIMARY SPONSOR(S)**
Reps. Cheryl Youakim (DFL), Laurie Pryor (DFL), Mary Frances Clardy (DFL), Josiah Hill (DFL), Sen. Mary K. Kunesh (DFL), Assistant Majority Leader

**BILL DESCRIPTION**
Bill Text (Sec.13. [127A.215])
Promising policy:
Establishes a comprehensive school mental health services lead to serve as a source of information and support for schools in addressing the mental health needs of students, teachers, and staff and in developing comprehensive school mental health systems.
As states seek to increase school mental health professionals to meet student needs, they may be hampered by mental health workforce shortages. These workforce shortages present a significant barrier to care. To address these challenges, many states are implementing a range of initiatives, including:

- Interstate compacts
- Loan repayment programs
- Modified supervision and/or internship requirements
- Outreach and recruitment programs
- Stipends or scholarships for students entering school mental health professions
- Professional license and credentialing fee subsidies

**Legislative Highlight**

**Colorado**

**Passed:** SB23-004 Employment of School Mental Health Professionals

**Champions:** Sen. Janice Marchman (D), Sen. Sonya Jaquez Lewis (D), Rep. Dafna Michaelson Jenet (D), Rep. Mary Young (D)

**Summary:** This legislation allows employment of licensed mental health professionals to provide services in schools without requiring a special license from the Department of Education. School-based providers must pass a background check and be supervised by someone licensed through the Department of Education or a licensed administrator.
LEGISLATIVE HIGHLIGHT

Nevada

Passed: AB37 “Behavioral Health Workforce Development Center of Nevada”

Champions: Assembly Committee on Education

Summary: This legislation authorizes the Board of Regents of the University of Nevada to establish the Behavioral Health Workforce Development Center of Nevada and to accept gifts, grants, and donations to support the Center, which must consist of:

1. a main hub located at an institution within the University of Nevada system; and

2. regional hubs in each of the five behavioral health regions.

The Center is required to develop and implement a strategic plan for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in Nevada. The legislation provides approximately $2 million for personnel and operating expenses.

Read More: Schools struggle to hire more mental health professionals for students8
EXAMPLES OF RECENT LEGISLATION

Expanding the school mental health workforce pipeline

**COLORADO**

**BILL TITLE**
Employment Of School Mental Health Professionals

**BILL NUMBER**
SB23-004 (2023)

**BILL STATUS**
Enacted May 2023

**PRIMARY SPONSOR(S)**
Sens. Janice Marchman (D), Sonya Jaquez Lewis (D), Reps. Dafna Michaelson Jenet (D), Mary Young (D)

**BILL DESCRIPTION**
Bill Text (Section 1.)
Colorado Revised Statutes 22-60.5-218
Allows employment of Colorado-licensed school-based therapists to provide services in schools without requiring a special license from the Department of Education; school-based providers must pass a background check and be supervised by someone licensed through the Department of Education or a licensed administrator.

**IOWA**

**BILL TITLE**
"unofficial title
Education Appropriations Bill"

**BILL NUMBER**
SF560 (2023)

**BILL STATUS**
Enacted Jun 2023

**PRIMARY SPONSOR(S)**
Senate Appropriations Committee

**BILL DESCRIPTION**
Bill Text (Section 27(k))
 Appropriates $520,000 for the mental health professional loan repayment program fund.
### Expanding the school mental health workforce pipeline (Continued)

#### MARYLAND

**BILL TITLE**
Maryland Educator Shortage Reduction Act of 2023

**BILL NUMBER**
HB1219 (2023)

**BILL STATUS**
Enacted May 2023

**PRIMARY SPONSOR(S)**
Speaker Adrienne A. Jones (D)
at request of the Administration

**BILL DESCRIPTION**
Bill Text
Provides Janet L. Hoffman Loan Assistance Repayment Program, which includes mental health professionals who provide services in a public school for at least two years.

#### NEVADA

**BILL TITLE**
*unofficial title*
Behavioral Health Workforce Development Center of Nevada

**BILL NUMBER**
AB 37 (2023)

**BILL STATUS**
Enacted Jun 2023

**PRIMARY SPONSOR(S)**
Assembly Committee on Education

**BILL DESCRIPTION**
Bill Text (Section 10.5)
Authorizes the Board of Regents of the University of Nevada to establish and accept gifts, grants and donations for a Behavioral Health Workforce Development Center of Nevada and five regional hubs. Requires a strategic plan and annual reporting. Provides appropriation for personnel and operating expenses:
- For the Fiscal Year 2023-2024 ..................................... $684,926
- For the Fiscal Year 2024-2025 ................................... $1,369,321
### New Mexico

**Bill Title**
General Appropriation Act of 2023

**Bill Number**
HB2 (2023)

**Bill Status**
Enacted Apr 2023

**Primary Sponsor(s)**
Reps. Nathan P. Small (D), Meredith A. Dixon (D)

**Bill Description**
Bill Text (Section 5)
Appropriates $2,000,000 for pilot residency programs for principals, school counselors, and school social workers.

### Utah

**Bill Title**
*unofficial title
Grow Your Own Educator Pipeline Program*

**Bill Number**
HB 190 (2023)

**Bill Status**
Enacted Mar 2023

**Primary Sponsor(s)**
Rep. Melissa G. Ballard (R), Sen. Michael K. McKell (R)

**Bill Description**
Bill Text (Section 1. Section 53F-5-218)
Expands the scope of the Grow Your Own Educator Pipeline Program, a competitive grant program to fund scholarships for school staff or interns, to now include education and training to become licensed school psychologists or licensed school social workers.
### Expanding the school mental health workforce pipeline (Continued)

#### UTAH

**BILL TITLE**
Student Behavioral Health Services Amendments

**BILL NUMBER**
HB 411 (2023)

**BILL STATUS**
Enacted Mar 2023

**PRIMARY SPONSOR(S)**

**BILL DESCRIPTION**
Bill Text (Section 53F-2-415)
Expands school personnel to include behavioral health support personnel that are not certified or licensed, but meet professional qualifications as defined by state board rule and work under the direct supervision of qualifying personnel.

#### VIRGINIA

**BILL TITLE**
*unofficial title*
School Psychologists Staffing Flexibility*

**BILL NUMBER**
HB 2124 (2023)

**BILL STATUS**
Enacted Mar 2023

**PRIMARY SPONSOR(S)**
Dels. Tony O. Wilt (R) and Sam Rasoul (D)

**BILL DESCRIPTION**
Bill Text (Section H4)
Permits local school boards to employ licensed clinical psychologists under a provisional license issued by the Department of Education for three school years (with a two-year extension possible), provided individuals make progress toward completing school psychologist licensure requirements.
Telemental health provides an opportunity to increase access to mental health services and supports in schools that lack adequate in-school resources. In rural and underserved communities, in particular, telemental health programs can reduce disparities in access to care. Telemental health is also valuable in reducing the time students spend away from class and reduces transportation challenges and the need for parents and guardians to take time away from work. Finally, telemental health can provide access to providers with specialized expertise, such as with eating disorders, and providers that may better meet the needs of students and families.

**Legislative Highlight**

**Texas**

**Passed:** SB 11 (2019) Child Psychiatry Access Network and Telemedicine and Telehealth Programs

**Champions:** Sen. Larry Taylor (R), Reps. Greg Bonnen (R), Dan Huberty (R), William Metcalf (R), Shawn Thierry (D), Four Price (R)

**Summary:** This legislation required the Texas Child Mental Health Care Consortium to establish telemental health programs for at-risk children and youth. The Texas Child Health Access Through Telemedicine (TCHATT) program supports local school districts in identifying and assessing mental health needs and providing access to services.

**Read More:** The Washington Post: As student mental health needs soar, schools turn to telehealth
## Implementing school telemental health programs

### Colorado

- **BILL TITLE**
  - School Security and School Behavioral Health Services Funding

- **BILL NUMBER**
  - HB22-1243 (2022)

- **BILL STATUS**
  - Enacted May 2022

- **PRIMARY SPONSOR(S)**
  - Reps. Tony Exum (D), Kevin Van Winkle (R), Sens. Chris Kolker (D), Nick Hinrichsen (D)

- **BILL DESCRIPTION**
  - Bill Text (Section 2)
  - Provides $6 million in American Rescue Plan Act funding to continue student access to up to six free telemental health therapy sessions through the “I Matter” program.

### Texas

- **BILL TITLE**
  - “unofficial title
  - Texas Child Health Access Through Telemedicine (TCHATT)"*

- **BILL NUMBER**
  - SB 11 (2019)

- **BILL STATUS**
  - Enacted Jun 2019

- **PRIMARY SPONSOR(S)**
  - PreK-12 Appropriations Subcommittee and Rep. Josie Tomkow (R)

- **BILL DESCRIPTION**
  - Bill Text (Sec. 113.0151)
  - Requires the Texas Child Mental Health Care Consortium to establish telemental health programs for at-risk youth.
## Implementing school telemental health programs (Continued)

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<tr>
<td>Sens. Christine Rolfes (D), June Robinson (D), Joe Nguyen (D)</td>
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**BILL DESCRIPTION**

Bill Text (Section 509 and 510(3))

Provides $500,000 annually for two years for education service districts to provide telemental health services to students in rural areas.
Partnerships between community mental health providers and school systems provide another pathway to support student mental health needs. These partnerships typically provide on-campus services but are termed “school-linked” because the providers are not school employees. By leveraging existing community resources, school-linked mental health services can offer a solution where there are shortages of school-based mental health professionals. Additionally, school-linked services may be able to provide complementary services and supports that enhance existing school-based mental health services.

**POLICY RECOMMENDATION**

Facilitate school-linked mental health services

School-linked services remove barriers to access to mental health services for students – especially underinsured and uninsured students – and in mental health provider shortage areas.

**LEGISLATIVE HIGHLIGHT**

**California**

**Passed:** SB 75 (2019) Mental Health Student Services Act

**Champions:** Senate Committee on Budget and Fiscal Review

**Summary:** The Mental Health Student Services Act (MHSSA) allocated $40 million to provide competitive grants for school-county mental health partnerships. These partnerships provide school-based services to children, youth, and their families. Subsequently, the Budget Act of 2021 provided an additional $95 million to fund applicants and, in a third phase, $100 million of American Rescue Plan Act (ARPA) funds were provided to establish 20 additional counties in establishing a MHSSA program.
### Facilitating school-linked mental health services

#### CALIFORNIA

**BILL TITLE**  
Education Finance bill

**BILL NUMBER**  
SB 75 (2019)

**BILL STATUS**  
Enacted Jul 2019

**PRIMARY SPONSOR(S)**  
Senate Committee on Budget and Fiscal Review

**BILL DESCRIPTION**  
Bill Text (Section 67. Chapter 3.5886)  
Establishes the Mental Health Student Services Act competitive grant program for school-county mental health partnerships.

#### FLORIDA

**BILL TITLE**  
Education bill

**BILL NUMBER**  
HB 5101 (2023)

**BILL STATUS**  
Enacted Jun 2023

**PRIMARY SPONSOR(S)**  
PreK-12 Appropriations Subcommittee and Rep. Josie Tomkow (R)

**BILL DESCRIPTION**  
Bill Text (Section 1006.041)  
Requires each school district to implement a mental health program that includes, among other provisions, contracts or agreements with community behavioral health providers to provide services at schools, including via telehealth.
## Implementing school telemental health programs

### Maryland

**BILL TITLE**

*unofficial title
Maryland Consortium on Coordinated Community Supports*

**BILL NUMBER**

SB 0802 (2022)

**BILL STATUS**

Enacted May 2022

**PRIMARY SPONSOR(S)**

Sens. Guy Guzzone (D), Katie Fry Hester (D)

**BILL DESCRIPTION**

Bill Text (Section 1)

Revises membership of the Consortium on Coordinated Community Supports, which promotes community partnerships to meet students’ behavioral health needs and appropriates $85,000,000 in FY2024, $110,000,000 in FY2025, and $130,000,000 in FY2026.

### Minnesota

**BILL TITLE**

*unofficial title
Omnibus Health and Human Services Appropriations bill*

**BILL NUMBER**

SF 12 (2019)

**BILL STATUS**

Enacted May 2019

**PRIMARY SPONSOR(S)**

Sens. Michelle Benson (R), Jim Abeler (R), Reps. Tina Liebling (DFL), Rena Moran (DFL), Laurie Halverson (DFL), Jennifer Schultz (DFL), Dave Pinto (DFL)

**BILL DESCRIPTION**

Bill Text (Section 245.4901)

School-Linked Behavioral Health Grants Program to provide early identification and intervention for students with mental health and substance use disorder needs and to build the capacity of schools to support students with behavioral health needs.
Implementing school telemental health programs (Continued)

**BILL TITLE**
Public education bill

**BILL NUMBER**
SB 1043 (2023)

**BILL STATUS**
Enacted Mar 2023

**PRIMARY SPONSOR(S)**
Sens. Jeremy McPike (D), Barbara Favola (D)

**BILL DESCRIPTION**
Bill Text (Section 22.1-272.2)
Requires development of a model memorandum of understanding between a school board and a community mental health provider.
In the face of this growing demand, nearly half of public schools (47%) report that inadequate funding limits their efforts to provide mental health services to students in need.\textsuperscript{11}

Medicaid can play an important role in helping meet this demand for school mental health services by bringing federal matching funds that help state and local dollars go further. Many state Medicaid programs cover school mental health services, including telehealth, for all Medicaid-enrolled students, but over half of states limit coverage to students on an Individualized Education Plan (IEP). Additionally, some states are leaving federal dollars on the table because their Medicaid programs do not include coverage of school-based mental health professionals or services.

With youth mental health challenges continuing to rise, 69% of public schools reported an increase in the percentage of students seeking school mental health services.\textsuperscript{10}
Policy Recommendation
To provide more diversified and sustainable funding for school-based mental health services, states are encouraged to:

➤ Extend Medicaid to cover school-based mental health services

The recommended policy, including examples of recent legislation, is discussed in more detail in the following pages.

Federal School Medicaid Reimbursement
This graphic illustrates how states can receive federal funding for school-based mental health services.

Permitting Medicaid coverage of school-based mental health services typically does not require state general fund investments. In fact, Medicaid coverage should result in increased federal revenue to reinvest in mental health services.
Since 1988, Medicaid has reimbursed states for medical services provided in a school-based setting for students with an Individualized Education Program (IEP). In 2014, the Center for Medicare and Medicaid Services (CMS) clarified that states can also be reimbursed for eligible services provided to all Medicaid-enrolled students. Currently 21 states have done so.¹²

New federal guidance, released in May 2023, gives states additional flexibility in implementing school Medicaid programs. According to a Healthy Schools Campaign Brief:

Expanding billing for more students could mean more federal revenue to the state and more reimbursement to districts. And since most schools already deliver some of these services (and pay for them with education dollars), bringing in federal reimbursement can replace scarce education money and help stretch resources further.¹³
EXAMPLES OF RECENT LEGISLATION

Extending Medicaid to cover school-based mental health services

CONNECTICUT

BILL TITLE
An Act Concerning the Mental, Physical and Emotional Wellness of Children

BILL NUMBER
SB 2 (2023)

BILL STATUS
Enacted Jun 2023

PRIMARY SPONSOR(S)
Committee on Children

BILL DESCRIPTION
Bill Text (Section 9)
Requires the Commissioner of Social Services to provide Medicaid reimbursement for school-based suicide risk assessments, mental health evaluations and services; requires Medicaid state plan amendment, if necessary, and requires reimbursement set at a level that ensures an adequate pool of providers.

INDIANA

BILL TITLE
Insurance matters

BILL NUMBER
HB 1405 (2021)

BILL STATUS
Enacted Apr 2021

PRIMARY SPONSOR(S)
Rep. Martin Carbaugh (R)

BILL DESCRIPTION
Bill Text (Section (16)(e))
Allows the office of the secretary of family and social services to apply for a Medicaid state plan amendment to allow Medicaid reimbursement for medically necessary, school-based services.
### Extending Medicaid to cover school-based mental health services

(Continued)

#### NEW JERSEY

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**PRIMARY SPONSOR(S)**

Assms. Louis Greenwald (D), Angelica Jimenez (D), Reginald Atkins (D), Sens. Vin Gopal (D), Teresa Ruiz (D)

**BILL DESCRIPTION**

Bill Text

Requires Commissioner of Human Services to apply for a state plan amendment to implement Medicaid reimbursement for covered behavioral health services provided by local education agencies to Medicaid-enrolled students.

#### RHODE ISLAND

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<td>HB 5010/ SB 869 (2023)</td>
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**PRIMARY SPONSOR(S)**

Reps. Joseph McNamara (D), Mary Ann Shallcross Smith (D), Barbara Ann Fenton-Fung (R), Thomas Noret (D), Susan Donovan (D), Sens. Sandra Cano (D), Victoria Gu (D), Alana DiMario (D)

**BILL DESCRIPTION**

Bill Text

Requires that services provided by school social workers and certified school psychologists be included as health care related services eligible for federal Medicaid reimbursement and encourages state departments to expand opportunities for local education agencies to bill and obtain federal Medicaid reimbursement for school-based services.
Half of all mental disorders begin by age 14 and 75% by age 24.\textsuperscript{14} Fortunately, prevention and early intervention work.

Research shows that the earlier a person gets effective mental health treatment, the better the outcomes. In addition, research shows there are an array of supports and services that promote children’s mental health and well-being and, at the same time, reduce the likelihood or severity of future mental health challenges.

Schools are a natural setting for providing an environment and practices that promote mental health and observing early signs of students who may be at risk. In schools that have adopted the “Multi-Tiered Systems of Support,” or MTSS framework (see Appendix A), these are known as Tier 1 interventions.\textsuperscript{15}

In addition to mental health promotion, there is also a need to ensure early intervention for youth. For example, a youth that has experienced a trauma, such as a school shooting, may be struggling. There is benefit if they can get help early—before challenges rise to the level of meeting criteria for a formal mental health diagnosis. With the right policies, states can support resiliency and mental wellness and help youth stay safe, healthy, and happy.
**Policy Recommendations**

To support mental health prevention and early intervention, states are encouraged to:

- Promote skills for life success
- Increase suicide prevention awareness and training
- Require mental health education
- Permit excused absences for mental health
- Provide annual mental health screenings
- Provide access to mental health services without a formal diagnosis

Recommended policies, including examples of recent legislation, are discussed in more detail on the following pages.

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**Skills for life success** are key competencies, such as relationship skills, self-management, responsible decision-making, self-awareness, and social awareness, that affect students’ success in school and life and contribute to mental wellness. Multiple studies, including in the American Journal of Public Health, have found that social-emotional skills have strong associations with young adult outcomes across multiple areas, including academic achievement and mental health.17

Life skills are recognized as essential to succeeding not just at school, but also at work. An AEI/Brookings report, *Opportunity, Responsibility, and Security*, recommends that education promotes social-emotional as well as academic skills and notes that these skills have a significant influence on people’s educational attainment, employment, and earnings.18
### Promoting skills for life success

#### California

<table>
<thead>
<tr>
<th>BILL TITLE</th>
<th>BILL NUMBER</th>
<th>BILL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupil health: social-emotional, behavioral, and mental health supports</td>
<td>AB 1479 (2023)</td>
<td>Passed Assembly and Senate Committee on Education as of Jun 2023</td>
</tr>
</tbody>
</table>

**BILL DESCRIPTION**

Bill Text (Section 49591.1)

Establishes the Pupil Social-Emotional, Behavioral, and Mental Health Program for local educational agencies to provide evidence-based Tier 1 social-emotional preventive interventions, including supports that promote positive behaviors and relationships, social-emotional learning, and coping skills for stress and anxiety.

#### Utah

<table>
<thead>
<tr>
<th>BILL TITLE</th>
<th>BILL NUMBER</th>
<th>BILL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Grant Funding for Prevention Programs in Public Education</td>
<td>HB 16 (2023)</td>
<td>Enacted Mar 2023</td>
</tr>
</tbody>
</table>

**BILL DESCRIPTION**

Bill Text (Section 53F-2-525)

Provides block grant funding for evidence-based early intervention and prevention programs in education, including positive behavioral plans and resiliency building skills.
Every day, youth experience mental health, substance use, and suicidal crises. The Centers for Disease Control and Prevention (CDC) reports that, in 2021, over four in 10 (42%) high school students reported feeling persistently sad or hopeless in the past year, and one in 10 (10%) made at least one suicide attempt. In addition, emergency department visits for suspected suicide attempts were 50.6% higher among girls ages 12-17 than during the previous year. For youth ages 10-14 years old, suicide is the second leading cause of death.

To address alarming rates of suicide, states should adopt comprehensive policies and programs. An excellent resource is the “Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources,” which is endorsed by the American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists, and The Trevor Project.

**POLICY RECOMMENDATION**

*Increase suicide prevention awareness and training*

Every day, youth experience mental health, substance use, and suicidal crises. The Centers for Disease Control and Prevention (CDC) reports that, in 2021, over four in 10 (42%) high school students reported feeling persistently sad or hopeless in the past year, and one in 10 (10%) made at least one suicide attempt. In addition, emergency department visits for suspected suicide attempts were 50.6% higher among girls ages 12-17 than during the previous year. For youth ages 10-14 years old, suicide is the second leading cause of death.

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**LEGISLATIVE HIGHLIGHT**

**Vermont**

**Passed:** H481 (2023) “An Act to Address Death by Suicide”

**Champions:** House Committee on Health Care

**Summary:** Requires the Director of Suicide Prevention to develop a strategic plan and, in collaboration with the Agency of Education and stakeholders, to develop a model protocol for all schools regarding suicide prevention, education, and postvention services.
Examples of Recent Legislation

Increasing suicide prevention awareness and training

**IOWA**

**BILL TITLE**
Inclusion of Crisis Hotline Information Student Identification Cards*

**BILL NUMBER**
HF 602 (2023)

**BILL STATUS**
Enacted Jun 2023

**PRIMARY SPONSOR(S)**
Iowa House Committee on Education

**BILL DESCRIPTION**
Bill Text (Section 1. New Section. 279.77)
Requires public schools that issue identification cards to include the crisis hotline phone and text numbers and the internet address for the “Your Life Iowa” program or successor program (Formerly HF 101).

**UTAH**

**BILL TITLE**
Firearm Safety and Suicide Prevention Education Requirements

**BILL NUMBER**
HB 481 (2023)

**BILL STATUS**
Enacted Mar 2023

**PRIMARY SPONSOR(S)**
Rep. Sahara Hayes (D), Sen. Stephanie Pitcher (D)

**BILL DESCRIPTION**
Bill Text (Section 1. Section 53G-9-601)
Requires a school to provide suicide prevention materials and information, including information on firearm and medication safety, to a parent of a child who has threatened suicide or parents of students involved in an incident of bullying or other abusive conduct.
Increasing suicide prevention awareness and training (Continued)

**VERMONT**

**BILL TITLE**
*unofficial title*
An Act to Address Death by Suicide

**BILL NUMBER**
H 481 (2023)

**BILL STATUS**
Enacted Jun 2023

**PRIMARY SPONSOR(S)**
House Committee on Health Care

**BILL DESCRIPTION**
Bill Text (Section 1.18 V.S.A. Chapter 192 § 8151)
Requires the Director of Suicide Prevention to develop a strategic plan and, in collaboration with the Agency of Education and stakeholders, to develop a model protocol for all schools regarding suicide prevention, education, and postvention services.

**WASHINGTON**

**BILL TITLE**
988 Behavioral Health Crisis Response and Suicide Prevention System--Implementation

**BILL NUMBER**
HB 1134 (2023)

**BILL STATUS**
Enacted May 2023

**PRIMARY SPONSOR(S)**
Rep. Tina Orwall (D) et al.

**BILL DESCRIPTION**
Bill Text (Section 3)
Requires development and dissemination of informational materials and a social media campaign relating to the 988-crisis hotline, including appropriate information for students at K-12 schools.
Mental health education increases awareness and understanding of mental health conditions, including signs and symptoms, treatment, and support options. Research shows that mental health literacy also reduces stigma and increases positive attitudes toward mental health.\textsuperscript{23} When states require mental health as part of the standard school curriculum, it serves to normalize mental health as part of overall health and helps ensure that students will receive developmentally appropriate information. The “Strengthening Youth Mental Health: A Governor’s Playbook,” released in July 2023, includes mental health education as a policy recommendation to increase awareness and reduce stigma.\textsuperscript{24}

In 2018, New York passed the first legislation requiring mental health to be part of elementary, middle, and high school health education. Today, 20 states have similar legislation.\textsuperscript{25}

### LEGISLATIVE HIGHLIGHT

**Utah**

- **Passed:** SB 171 (2022) Behavioral Health Curriculum Program
- **Champions:** Sen. Daniel Thatcher (R), Rep. Steve Eliason (R)
- **Summary:** This legislation requires the Huntsman Mental Health Institute and the State Board of Education to develop an age-appropriate youth mental health curriculum, which is to be updated annually, and made available to elementary and secondary schools, parents and guardians, and youth-serving organizations.
## Examples of Recent Legislation

### Requiring mental health education

<table>
<thead>
<tr>
<th>State</th>
<th>Bill Title</th>
<th>Bill Number</th>
<th>Bill Status</th>
<th>Primary Sponsor(s)</th>
<th>Bill Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delaware</strong></td>
<td>Mental Health Education*</td>
<td>HB 301 (2022)</td>
<td>Enacted Aug 2022</td>
<td>Speaker Valerie Longhurst (D), Sen. Sarah McBride (D)</td>
<td>Requires the Department of Education, with the approval of the State Board of Education, to establish and implement statewide mental health education programs for K-12.</td>
</tr>
<tr>
<td><strong>Utah</strong></td>
<td>Behavioral Health Curriculum Program</td>
<td>SB 171 (2022)</td>
<td>Enacted Mar 2022</td>
<td>Sen. Daniel Thatcher (R), Rep. Steve Eliason (R)</td>
<td>Requires the Huntsman Mental Health Institute and the State Board of Education to develop an age-appropriate youth mental health curriculum, which is to be updated annually, and made available to elementary and secondary schools, parents and guardians, and youth-serving organizations.</td>
</tr>
</tbody>
</table>
Students are routinely allowed excused absences when they need the time or care to heal from an illness or injury. Similarly, students should have the opportunity for excused absences when they are mentally unwell, struggling, or receiving treatment for a mental health challenge. According to the National Alliance on Mental Illness:

School policies that recognize mental health symptoms and treatment as an acceptable reason for absence can help students take the time they need to care for themselves, restore their health and help minimize additional symptoms.27

In 2019, Oregon and Virginia became the first states to explicitly allow excused absences for students’ mental health. Today, over a dozen states have passed similar legislation.28

**Legislative Highlight**

**Delaware**

**Passed:** HB 3 (2023) “School Attendance”

**Champions:** Speaker Valerie Longhurst (D), Sen. Laura Sturgeon (D)

**Summary:** Permits excused absences for mental health; allows school districts to determine the maximum number of excused absences allowable; requires referral to a school-based or behavioral mental health specialist after the second and subsequent mental health excused absences.
Permitting excused absences for mental health

**DELAWARE**

<table>
<thead>
<tr>
<th>BILL TITLE</th>
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<th>BILL STATUS</th>
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</thead>
<tbody>
<tr>
<td><em>unofficial title</em></td>
<td>HB 3 (2023)</td>
<td>Passed legislature Jun 2023; awaiting Governor’s signature</td>
</tr>
</tbody>
</table>

**BILL DESCRIPTION**
Bill Text (Section 2702)
Permits excused absences for mental health; allows school districts to determine the maximum number of excused absences allowable; requires referral to a school-based or behavioral mental health specialist after the second and subsequent mental health excused absences.

**LOUISIANA**

<table>
<thead>
<tr>
<th>BILL TITLE</th>
<th>BILL NUMBER</th>
<th>BILL STATUS</th>
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</thead>
<tbody>
<tr>
<td>Student Behavior, Discipline, and Behavioral and Mental Health</td>
<td>HB 353 (2023)</td>
<td>Enacted Jun 2023</td>
</tr>
</tbody>
</table>

**PRIMARY SPONSOR(S)**
Reps. C. Denise Marcelle (D), Alonzo Knox (D)

**BILL DESCRIPTION**
Bill Text
Allows for up to three days of mental health excused absences; requires referral to appropriate school support personnel after the second day of absence in the school year.
### EXAMPLES OF RECENT LEGISLATION

**Permitting excused absences for mental health (Continued)**

<table>
<thead>
<tr>
<th>BILL TITLE</th>
<th>BILL NUMBER</th>
<th>BILL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Excused Absences—Mental Health</td>
<td>HB 1834 (2022)</td>
<td>Enacted Mar 2022</td>
</tr>
</tbody>
</table>

**PRIMARY SPONSOR(S)**
Reps. Lisa Callan (D), Skyler Rude (R)

**BILL DESCRIPTION**
Bill Text
Requires adoption of rules that establish that an absence for a mental health reason is categorized as an excused absence due to illness, health condition, or medical appointment.
Regular mental wellness checks can help identify students who may need additional support before any challenges develop or worsen. Early intervention is essential to helping students thrive. According to the Centers for Disease Control and Prevention (CDC), approximately 20% of students show signs and symptoms of a mental health disorder each year and nearly two in five youth will meet criteria for a mental health condition by age 18.²⁹

Well-being checks, or mental health screenings, should use an evidence-based tool or process to screen all students, not just those at risk, for possible mental health challenges. According to the National Center for School Mental Health, screening measures may also be used to ask students about indications of well-being and positive mental health, life satisfaction, school belonging, social determinants of mental health, and adverse early life experiences.

**Policy Recommendation**

Provide annual mental health screenings

**Louisiana**

**Passed:** HB 353 (2023) Student Behavior, Discipline, and Behavioral and Mental Health

**Champions:** Reps. C. Denise Marcelle (D), Alonzo Knox (D)

**Summary:** This legislation requires the Department of Education to develop a pilot program in three school systems to implement trauma-informed mental health screenings and provide related mental health services.
### Examples of Recent Legislation

#### Providing annual mental health screenings

**Colorado**

- **Bill Title**: School Mental Health Assessment
- **Bill Number**: HB23-1003 (2023)
- **Bill Status**: Enacted Jun 2023
- **Primary Sponsor(s)**: Rep. Dafna Michaelson Jenet (D), Sen. Lisa Cutter (D)

**Bill Description**

Bill Text

Creates a mental health screening program available to public schools serving grades 6-12; requires use of an evidence-based screening tool and specifies responses related to screening results.

**Louisiana**

- **Bill Title**: Student Behavior, Discipline, and Behavioral and Mental Health
- **Bill Number**: HB 353 (2023)
- **Bill Status**: Enacted Jun 2023
- **Primary Sponsor(s)**: Reps. C. Denise Marcelle (D), Alonzo Knox (D)

**Bill Description**

Bill Text

Requires the Department of Education to develop a pilot program in three school systems to implement trauma-informed mental health screenings and provide related mental health services.
## Providing annual mental health screenings *(Continued)*

### UTILITY

<table>
<thead>
<tr>
<th>BILL TITLE</th>
<th>BILL NUMBER</th>
<th>BILL STATUS</th>
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</thead>
<tbody>
<tr>
<td>Student Mental Health</td>
<td>HB 403 (2023)</td>
<td>Enacted Mar 2023</td>
</tr>
<tr>
<td>Amendments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY SPONSOR(S)

- Rep. Steve Eliason (R)
- Sen. Ann Milner (R)

### BILL DESCRIPTION

**Bill Text**

Permits local education agencies (LEAs) to adopt evidence-based mental health screening for participating students; allows legislative appropriations to implement screenings and to provide additional supports.
As more and more youth experience mental health challenges, including mental health traumas, there is a compelling need to provide help early. Removing a requirement of a formal mental health diagnosis is an important policy step to reduce barriers to youth getting the mental health services they need before their challenges become more severe. This policy change not only increases the ability of mental health providers to intervene early, but it can also reduce the fear of stigma and discrimination attached to diagnostic labels.

27 states do not require a diagnosis for ages 0–6. This is necessary for all youth.

### EXAMPLE OF RECENT LEGISLATION

**Providing access to Medicaid youth mental health services without a formal diagnosis**

**BILL TITLE**
Access to Certain Behavioral Health Services

**BILL NUMBER**
SB23-174 (2023)

**BILL STATUS**
Enacted 2023

**PRIMARY SPONSOR(S)**
Sens. Chris Kolker (D), Bob Gardner (R), Reps. Meghan Lukens (D), Ty Winter (R)

**BILL DESCRIPTION**
Bill Text (Section 1. 25.5-1-133)
Allows Medicaid enrollees under the age of 21 to receive limited mental health services without requiring a diagnosis.
Comprehensive School Mental Health Systems

One of the most effective approaches to get youth the help they need is to meet them where they’re at—in schools. Comprehensive school mental health systems play a vital role in normalizing mental health care and reducing barriers to treatment, especially for students who are underserved, and work in partnership with youth, families, and communities to provide multi-tiered systems of support (MTSS).30

Multi-Tiered Systems of Support

TIER 1: School-Wide Services
Promote mental wellness and mental health literacy for all students

TIER 2: Targeted Services
Early intervention to support students at risk

TIER 3: Intensive Services
Intensive, individualized supports for students with significant challenges

Universal mental health promotion (all students)
Includes healthy school climate policies and initiatives, mental health education and training, well-being checks, and skills for life success, such as self-management, responsible decision-making, and relationship skills.

Early identification and intervention (students at risk for mental health concerns)
Includes assessment for behavioral health challenges and plans of support, individual counseling, small group interventions, and connections to community resources and services.

Intensive treatment and supports (students with greater needs)
Includes more intensive treatment and supports, such as individual or family therapy, medications, or team-based interventions that are often provided through school-linked mental health services (outside professionals or clinics who provide services in the school) or connections to community providers.
Parents and Students Support for School-Based Mental Health Services

Mental health supports in schools, where youth spend so many of their waking hours, are critical to giving every child in America a chance for a hopeful and healthy future. School-based services are vital because half of all mental health conditions emerge by age 14, and suicide is the second leading cause of death for children ages 10-14. In addition, youth are six times more likely to complete treatment provided in schools compared to other community settings.31

Overwhelmingly, parents want schools to be a place for their children to access mental health services.

Four in 10 parents are very or extremely worried their child might struggle with anxiety or depression.32

88% of parents support schools providing resources and services to support student mental health33

76% of parents support providing more mental health professionals in schools34

Most students want more help for mental health at school.

Eight in 10 teens (81%) say mental health is a significant issue for young people.35 Since the start of the pandemic, 70% of schools reported an increase in students seeking mental health services in schools.36

76% of teens say their school should offer more outlets for students struggling with mental health37

70% wish they had learned more about mental health and coping mechanisms in school38
Promoting Parent Partnerships
Parents are paramount in ensuring that their children are healthy, happy, and safe. Schools share those aims and support parents by carrying out a myriad of functions to promote students’ health, happiness, and safety. However, requiring parents to opt-in before a student is screened or receives assistance can have unintended and detrimental consequences by disrupting life-saving preventive screenings and jeopardizing children who are the victims of abuse.

There is a simple solution. Provide parents notification and an opportunity to opt-out.

Delivering services (screenings, assessments, counseling, etc.) under an opt-out model increases the likelihood of student participation while preserving parental choice. With so many children hurting and in distress, we need supportive policies that allow schools and parents to work together to provide all children with a hopeful future.
Notes


10 Ibid.

11 Ibid.

12 **Current 21 states reimbursed for Medicaid-eligible services:** Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Oregon, South Carolina.


Notes


16 Also known as “social-emotional learning”


Notes


38 Ibid.
hopeful futures campaign

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