STATE RECOMMENDATIONS FOR YOUTH AND SCHOOL MENTAL HEALTH

Policy Recommendations and State Implementation Examples



MHA Mental Health America
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THE KENNEDY FORUM
AMERICAN PSYCHOLOGICAL ASSOCIATION

ACKNOWLEDGMENTS

American Psychological Association

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APA is the leading scientific and professional organization representing psychology in the United States, with more than 146,000 researchers, educators, clinicians, consultants, and students as its members.

APA's mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

Inseparable

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Inseparable fights for a future where mental health policy, no longer an afterthought, helps our country thrive. Together, we will empower Americans from every town, city, and home to better care for one another by demanding and winning policy that better cares for us all.

The Kennedy Forum

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Since 2013, The Kennedy Forum (TKF) has been leading a national effort to transform the way mental health and substance use are treated in our health care system. In our tenth year, we have set our strategic focus on shepherding an inclusive movement that will ensure every person in the United States has access to the mental health and substance use services and supports they need. We will develop a set of tools for the movement that include a systems map, policy guide and data needed for the movement. We will advocate for the tools as the seminal platform and specifically for policies that positively impact coverage and youth.

Founded by Former Congressman Patrick J. Kennedy, who led a coalition of diverse stakeholders to pass the bipartisan Mental Health Parity and Addiction Equity Act, he has leveraged that unique role to coalesce a growing set of partners to advance the next generation of mental health and addiction policy through TKF.

Mental Health America

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Mental Health America is the nation's leading national nonprofit dedicated to the promotion of mental health, well-being, and illness prevention. Our work is informed, designed, and led by the lived experience of those most affected.

Operating nationally and in communities across the country, Mental Health America advocates for closing the mental health equity gap while increasing nationwide awareness and understanding through public education, direct services, tools, and research. Our annual State of Mental Health in America report is among the most widely respected health reports in the nation.

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PILLAR 1:

PREVENTION AND RESILIENCE BUILDING

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PREVENTION AND RESILIENCE BUILDING

Untreated mental health and substance use issues can have a serious impact on a young person's life. They can lead to school problems, relationship difficulties, and at their worst, even suicide. These policies are designed to provide youth with the support and tools they need to cope with stressors and challenges and reduce the likelihood of engaging in unhealthy or damaging behaviors. By building resilience and promoting prevention and early intervention, we can help all children develop optimally and reduce the prevalence or severity of mental health conditions.

POLICY GOALS

- Screening for mental health concerns at all age levels in school and primary care settings and substance use conditions when indicated by the American Academy of Pediatrics
- Providing life skills training that assist youth in self-awareness, self-management, decision-making, relationship skills, social media literacy, and social awareness
- Integrating age-appropriate mental health information into K-12 school curricula, including suicide prevention, mental health, and substance use
- Utilizing evidence-based Social and Emotional Learning (SEL)
- Adopting Multi-Tiered Systems of Support (MTSS) as a framework for delivering comprehensive mental health supports in schools
- Implementing suicide-prevention principles throughout health care delivery systems and school systems

GOVERNOR'S CHECKLIST

- Institute age-appropriate mental health and substance use literacy in school curriculum by developing mental health and substance use curriculum standards for K-12[1]
  - Incorporate age-appropriate substance use education for teens, including Safety First curriculum[2]
- Promote statewide implementation of age-appropriate life skills training in K-12 that promote mental wellness, including self-management, responsible decision-making, social awareness, and self-awareness

PILLAR 1:
PREVENTION AND RESILIENCE BUILDING

GOVERNOR'S CHECKLIST CONTINUED

- Incentivize yearly screenings for anxiety, depression, post-partum psychosis, substance use, and suicide in school, obstetric, and primary care settings [3]
  - Incorporate routine screenings in adolescents for signs of "problematic social media use" [4]
- Guarantee insurance coverage for an annual, pre-deductible wellness check, including a review of medical history, evaluation of adverse childhood experiences, and use of a validated mental health screening tool
- Convene relevant system stakeholders to implement a statewide strategic plan for suicide prevention based on the Zero Suicide model [5]
- Implement comprehensive suicide prevention programs, using JED Foundation framework for high schools [6]
- Provide support to districts in implementing suicide prevention principles by incorporating the District Comprehensive Approach which will provide school districts across the country with a framework of best practices, expert support, and data-driven guidance about how to best support students' mental health and prevent suicide [7]
- Require training in social media literacy to ensure that users have developed psychologically informed competencies and skills that will maximize the chances for balanced, safe, and meaningful social media use [8]
  - Emerging science offers preliminary support for the efficacy of Digital Citizenship and Digital Literacy to increase the frequency of positive interactions online [9]

PILLAR 1:
PREVENTION AND RESILIENCE BUILDING

STATE IMPLEMENTATION EXAMPLES

SCREENINGS [10,11]

- **Nationwide:** School Health Assessment and Performance Evaluation (SHAPE) System provides best practice guides and libraries of screenings
- **Colorado:** HB23-1003 creates a school mental health screening program for grades 6-12
- **New Jersey**: Bill A970 establishes the Mental Health Screening in Schools Grant Program to provide screenings for depression in grades 7-12
- **Utah:** HB 323 provides guidelines and funding for routine mental health screening programs in schools
- **Montana:** Governor Gianforte announced a $2.1 million grant to fund free optional mental health and substance use screenings for all schools and same-day care for students flagged as being high risk for suicide.
- **Wisconsin:** Grant programs provide funding for schools to implement Screening, Brief Intervention and Referral to Treatment (SBIRT). The program's 2021-2022 report shows great potential for impact, including reduced symptoms and behaviors related to substance use
- **Massachusetts:** Since the passage of the STEP Act in 2016, Massachusetts schools have been using SBIRT to implement substance use screening within the school setting. The MA Department of Public Health provides trainings and implementation resources for schools
- **Colorado:** The Colorado Behavioral Health Administration's "I Matter" program connects youth to free therapy sessions through screening surveys completed by youth and their parents

LIFE SKILLS [12]

- **Arkansas:** G.U.I.D.E. for Life program provides guidelines for teaching soft skills in schools
- **Washington:** Statutes RCW 28A.300.477, RCW 28A.410.270, and RCW 28A.300.478 provide guidelines for the implementation and evaluation of evidence-based life skills curriculum for K-12 students

STATE IMPLEMENTATION EXAMPLES

MENTAL HEALTH EDUCATION AND LITERACY [13]

- **New York and Virginia:** Mental health education laws require all school health education programs to include mental health
  - **New York:** Bill A3887B ensures that mental health and its connection to physical health is included in health education curriculum
  - **Virginia:** SB 953 ensures that mental health and its connection to physical health is included in health education curriculum and updates the health Standards of Learning for grades 9-12 to include mental health.
- **Florida:** FL Department of Education requires all public schools to provide at least five hours of mental health education each year to students in grades 6-12
- **Colorado:** State statutes outline comprehensive curriculum for K-12 health education that includes emotional health among other things like health promotion and disease prevention, communication skills for personal responsibility, and tobacco, alcohol and other drug use

SUICIDE PREVENTION [14]

- **Utah**: SAFEUT digital app is a crisis chat and tip line that allows students to connect to licensed counselors through text chats on their phone
- **California**: Striving for Zero Suicide Prevention Strategic Plan outlines a plan for how counties and school districts can implement suicide reduction, including building prevention infrastructure, creating environments of safety and resiliency, promoting early risk identification, and enhancing mental health services and supports
- **New York**: A Guide for Suicide Prevention in New York Schools from NY State Office of Mental Health provides best practices and resources for schools to implement suicide reduction through three tiers of universal, targeted, and individualized interventions
- **Montana**: Crisis Action School Toolkit on Suicide (CAST-S) provides guidelines on implementing suicide prevention and response practices in schools as outlined in state statute
- **New Hampshire, South Carolina, Illinois, Arizona, and California** require middle and high schools to include suicide prevention resources, including the 988 number, on student ID cards

PILLAR 2:

INCREASING AWARENESS AND REDUCING STIGMA

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Mental health is just as important as physical health, and yet many young people do not have access to the resources they need to take care of their mental health. Increasing awareness about mental health, reducing the stigma associated with it, and getting young people access to the resources they need are essential to ensuring that all young people have the opportunity to thrive.

POLICY GOALS

- Engaging young people in designing programs by and for them to increase awareness and to provide services and supports. Ensure that young people are integral to any decision-making and provide information to the Governor and key agencies
- Introducing effective tools and creating accessible pathways for families, parents, and youth to understand and participate in their mental health care
  - Implementing standards for K-12 mental health education and building capacity for mental health literacy for youth and their families
- Promoting supportive school environments that end disparities in suspensions, exclusions, and incidence of bullying

GOVERNOR'S CHECKLIST

- Create a Governor's Commission of young people to advise the Governor on policies that would help address youth mental health awareness, prevention, supports, and policies. Include youth in state Medicaid Beneficiary Advisory Groups and Medicaid Advisory Committees and create youth advisory groups for agencies[15]
- Institute age-appropriate curriculum standards for K-12 mental health and substance use education[16]
- Adopt family engagement plans across all districts[17]
- Implement mental health awareness and stigma reduction tools such as anti-bullying measures, adding 988 to student IDs, etc.[18]
- Develop a yearly school climate improvement survey and institute a system to collect and analyze data on current and emerging needs in schools[19]
- Implement alternatives to exclusionary discipline including suspension and expulsion policies and use of school resource officers[20]

STATE IMPLEMENTATION EXAMPLES

YOUTH LEADERSHIP AND ENGAGEMENT [21]

- **Pennsylvania:** The Governor of Pennsylvania has instituted an Advisory Commission for Next Generation Engagement, a commission of young leaders to advise on policies to promote youth mental health and well-being
- **New Jersey:** A statewide Youth Council provides input to the Governor and legislators and Youth Advisory Boards inform the Department of Children and Family Services' policies, procedures and services
- **Colorado:** House Bill 08-1157 was passed to "examine, evaluate and discuss the issues, interests, and needs affecting Colorado youth now and in the future, and to formally advise and make recommendations to elected officials regarding those issues"

FAMILY ENGAGEMENT [22]

- **Florida:** Family and Community Engagement (FACE) program within the Florida Positive Behavioral Interventions & Supports Project recognizes and includes families as important components in building Multi-Tiered Systems of Support
- **Massachusetts:** Office of Student and Family Support (SFS) within the Department of Elementary and Secondary Education provides resources, trainings, and partnerships to support family engagement within Massachusetts schools
- **Ohio:** State Department of Education provides evidence-based best practices of family engagement in schools to guide improvements in six categories: school climate, family education on child development, communication between school and home, expansion of learning into home and community, engagement in school leadership and planning, and connection to community resources

ANTI-BULLYING MEASURES [23]

- **Oklahoma:** Model Bullying Policy from the Oklahoma State Department of Education that can be used by school districts to develop policies in line with state statute
- **Colorado:** School Bullying Prevention and Education Grant Program created by legislature to provide funding for bullying prevention programs in schools

STATE IMPLEMENTATION EXAMPLES

SCHOOL CLIMATE [24]

- **Nationwide:** The National School Climate Center provides resources to measure and promote improvements in school climate
- **Minnesota:** Best Practices to Improve School Climate Guide provided by the Minnesota Department of Education
- **Colorado:** Healthy Kids Colorado Survey and Colorado Healthy Schools Smart Source are conducted biannually to assess school climate

ALTERNATIVES TO EXCLUSIONARY DISCIPLINE [25]

- **Maryland:** Restorative Approaches Collaborative through the State Department of Education supports schools to implement restorative approaches to discipline
- **Connecticut:** State Board of Education Position Statement on Reducing Disproportionality in Suspensions and Expulsions provides guidelines for policymakers, school leaders, teachers, institutions, families, and students

PILLAR 3:

ACCESS AND AFFORDABILITY OF QUALITY TREATMENT AND CARE

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Access to quality and affordable mental health care is essential for youth and their families. Lack of access to care and treatment can worsen preventable mental health conditions. By leveraging commercial insurance and expanding Medicaid coverage to cover a full range of medically necessary services from prevention to crisis care, states can supplement and amplify their investments in youth mental health.

POLICY GOALS

- Maximizing access and capacity of school-based and school-linked mental health services and supports
  - Building in-school capacity through school-based providers and peer support
  - Building community capacity through school-linked mental health services, partnerships with community providers, and telehealth services
  - Creating comprehensive and accessible youth-specific crisis supports in schools, homes, and community settings
- Expanding access to continuity of quality coverage in the Medicaid program through coverage, continuous enrollment, enforcement of provider directory accuracy and wait list requirements, and waivers
  - Implementing the Free Care Rule Reversal, ending same-day exclusions, implementing Section 1115 waivers
  - Exploring innovations in access through free mental health visits and telehealth integration
  - Removing requirement of a formal mental health diagnosis to access youth Medicaid mental health services[26]
  - Building on the Medicaid managed care access rules to ensure audits and transparency[27]
    - Considering contract withholding for inaccurate provider directory data and excessive wait times
    - Requiring claims data analysis to confirm that providers submitted to comply with network adequacy are billing Medicaid
  - Bridging ESSR and other COVID era funding supports

POLICY GOALS CONTINUED

- Ensuring commercial reimbursement for medically necessary mental health services through robust coverage requirements and effective regulations
  - Improving commercial insurance coverage by ensuring that:
    - Medical necessity determinations follow generally accepted standards of care and be consistent with nonprofit clinical association criteria
    - Commercial coverage of medically necessary services provided in schools or ordered by a court
  - Building state regulator's capacity to track parity compliance for youth mental health and addiction services
- Building investment in innovative, evidence-based comprehensive treatment modalities based on whole-person care, including co-occurring mental health and substance use treatment and specialized treatment options such as coordinated specialty care for early psychosis and other evidence-based wraparound models[28]
- Fostering family wellness by expanding workplace mental health coverage and partnering with platforms providing virtual mental health care to youth and families

GOVERNOR'S CHECKLIST

MAXIMIZING REIMBURSEMENT: MEDICAID

- File state plan amendments (SPAs) with CMS to expand school-based mental health services to all Medicaid-eligible students, including tele-mental health services accessed through video, text, and chat[29]
- Ensure Medicaid plans allows school-based and school-linked mental health providers to be reimbursed for all Medicaid-eligible students.[30] Use May 2023 CMS guidance to expand access and maximize state dollars[31]
- Require Medicaid contracts to incentivize partnerships between children's mental health providers and school districts for school-based and school-linked mental health and substance use services[32]
  - Build unified platforms for billing between schools, community providers, and payers
  - Distribute grant funds to schools to contract with local community mental health agencies for mental health services in schools, including assessment, treatment and care coordination, teacher consultation, and school-wide trainings

GOVERNOR'S CHECKLIST CONTINUED

- Explore section 1115 waivers for continuous enrollment for children under 6 years old and two years of continuous enrollment for all members aged 6 and older, food assistance, housing supports, and other wraparound supports
- Implement Medicaid access rules and ensure accurate provider directories and compliance with wait times and network adequacy requirements
- Ensure transparency by plan and consider withholding a percentage of the contract contingent on compliance with data accuracy and wait list requirements
- Establish peer support services as a Medicaid benefit for children, youth, and young adults with significant behavioral health conditions and ensure adequate rates[33]
  - CMS and SAMHSA issued an Informational Bulletin for states in 2013 on how states can do so[34]

MAXIMIZING REIMBURSEMENT: COMMERCIAL COVERAGE

- Ensure health plans cover needed youth mental health services by making coverage determinations consistent with generally accepted standards care, rather than forcing families to turn to taxpayer-funded public programs
  - Ensure coverage of out-of-network services if families cannot access in-network services on a timely basis[35]
  - Institute standard parity compliance and data reporting at state regulatory agencies[36]
- Remove restrictions on commercial health plan reimbursement of medically necessary mental health services provided in schools

ENSURING PARITY

- Implement state tracking of youth-specific parity compliance and appoint state insurance regulators to conduct parity oversight, including for youth mental health and addiction care and autism services
- Ensure compliance with EPSDT mandate and parity

EVIDENCE-BASED TREATMENT MODALITIES

- Integrate mental health and substance use care into primary care for children and adolescents[37]
  - Examine provider rates to support integration of care and consider higher rates for providers who practice in schools and primary care

GOVERNOR'S CHECKLIST CONTINUED

  - Review contract requirements in Medicaid
  - Allow for billing of mental health and primary care services on the same day for people under age 26
- Invest in growing evidence-based wraparound models such as coordinated specialty care for early psychosis[38]
- Expand home-visiting programs to identify mental health needs for both youth and caregivers/ parents[39]

YOUTH CRISIS CARE

- Develop youth-specific crisis response systems, including mobile crisis, crisis receiving, crisis stabilization services, community programming, and warm lines[40]
  - Institute 9-8-8 legislation that is attuned to the special needs of youth in crisis including the MRSS model of mobile response and stabilization[41]
  - Facilitate contracts with counties and LEAs for youth specific crisis teams
  - Incorporate peer supports into crisis models specifically designed for youth
  - Include in-home crisis care models and follow up support
  - Ensure health plans are reimbursing for behavioral health emergency services in the same manner as they reimburse physical health emergency services[42]

STATE IMPLEMENTATION EXAMPLES

SCHOOL-BASED SERVICES [43]

- **Texas:** Texas Child Health Access Through Telemedicine (TCHATT) provides telehealth and telemedicine services for students attending schools enrolled in the program
- **Georgia:** Apex Program facilitates collaboration between schools and community providers to improve access to mental health services for youth pre-K through grade 12
- **California:** School-Based Health Alliance provides resources for expanding mental health services in schools
- **Kansas:** The state-funded Mental Health Intervention Team (MHIT) program links local education authorities with community mental health centers and provides a system of payments and outcomes data reporting through the State Department of Education. Outcomes from the pilot year indicated over 1,700 students served through the program and improvements in academics, attendance, behavior, and overall school climate

COMMUNITY MENTAL HEALTH PARTNERSHIPS [44]

- **Nationwide:** Template Memorandum of Understanding to clarify roles and responsibilities within a comprehensive school mental health system from the National Center for School Mental Health and the University of Maryland
- **Minnesota:** School-linked Mental Health Services supports family- and youth-informed partnerships between schools and community mental health providers to provide mental health services, including via telehealth, for students and families
- **Texas:** Child Mental Health Care Consortium utilizes the expertise of medical schools to support children's mental health care across the state. The Consortium implements five initiatives, one of which is the Texas Child Health Access Through Telemedicine (TCHATT) program, which provides in-school behavioral telehealth care
- **Kansas:** Kansas School Mental Health Advisory Council creates partnerships between parents, educators, providers, legislators, and community partners and provides a platform for these stakeholders to advise the state Board of Education on school mental health
- **Maryland:** Maryland Consortium on Coordinated Community Supports is a 24-member entity responsible for developing a statewide framework to expand access to mental health services for students. The National Center for School Mental Health provides technical assistance

STATE IMPLEMENTATION EXAMPLES

MEDICAID COVERAGE OF SCHOOL MENTAL HEALTH [45]

- **Louisiana:** Medicaid State Plan Amendment (SPA) in 2020 allows schools to bill for all medically necessary services provided to Medicaid-enrolled students
- **Missouri:** Medicaid program, as of 2018, allows schools to bill for behavioral health services provided to Medicaid-enrolled students and allows community mental health providers to provide services in school settings when a school district determines it's appropriate
- **Kentucky:** SPA in 2019 allows schools to bill for medically necessary services provided to Medicaid-enrolled students
- **Nevada:** SPA in 2019 allows schools to bill for all medically necessary services provided to Medicaid-enrolled students
- **Michigan:** School-Based Medicaid Program expanded to include certified school psychologists and licensed school social workers as Medicaid-billable providers
- **California:** State Department of Health Care Services provides incentives to Medicaid managed care plans that increase K-12 student access to school-affiliated behavioral health providers

EXPANDING ACCESS/REDUCING BARRIERS

- **California and Colorado** (SB23-174) allow youth to access Medicaid mental health services without requiring a formal mental health diagnosis, which reduces stigma and increases access to care

CONTINUOUS ENROLLMENT [46]

- **Oregon:** New 1115 waiver provides continuous enrollment for children under six years old and two years of continuous enrollment for all members aged six and older. The waiver also covers food assistance, housing supports, and other SDOH

STATE IMPLEMENTATION EXAMPLES

COMMERCIAL COVERAGE [47]

- **Arizona:** Jake's Law has parity provisions and covers services provided in schools or ordered by a court; has provisions to cover mental health services for uninsured or underinsured children
- **Georgia:** Bipartisan legislation enacted in 2022 ensures that health plans cover medically necessary behavioral health treatment consistent with clinically accepted standards of care and collects plans' parity compliance analyses on an annual basis
- **Illinois:** Bipartisan legislation enacted in 2022 prohibits commercial health plans from denying coverage for medically necessary services by claiming taxpayers should pay for care through public programs and from limiting coverage to short-term treatment of children's current symptoms

ENSURING PARITY [48]

- **Illinois:** The Department of Insurance has been given explicit oversight authority of school, municipal, and county plans in the state to ensure compliance with parity. In many states, there is no clear state agency overseeing health plans' coverage of behavioral health services for public employees, including teachers
- **New York:** New York State Office of Mental Health Parity Compliance Toolkit supports the understanding of mental health and substance use disorder parity among insurers, providers, and consumers by providing definitions and resources surrounding the Mental Health Parity and Addiction Equity Act in state context
- **Illinois:** The Illinois Department of Insurance performs comprehensive market conduct examinations to ensure health insurance companies are following parity laws. Five health insurers were required to make changes to address parity violations in 2020, while another insurer was required to change coverage practices in 2023 as a result of DOI examinations
- **Pennsylvania:** In 2023, the Pennsylvania Insurance Department launched examinations targeting insurer compliance with parity laws after a series of market conduct examinations in 2016 found compliance issues

STATE IMPLEMENTATION EXAMPLES

EVIDENCE-BASED TREATMENT MODALITIES

- **Nationwide:** The Academy for Integrating Behavioral Health and Primary Care within the Agency for Healthcare Research and Quality acts as a central resource base for the field of integrated care
- **Nevada:** Allows same-day Medicaid billing for primary care and behavioral health services as a way to advance integration between primary care and behavioral health services and increase preventive and early mental health interventions
- **New York:** New York State Office of Mental Health offers primary care providers the opportunity to implement Collaborative Care models and receive reimbursement for Integrated mental health and substance use care into primary care.
- **Oregon, New York, Virginia, Ohio, and California** have expanded statewide coordinated specialty care for first episode psychosis using state allocations, SAMHSA funding, commercial insurance, Medicaid coverage, and foundation funding
- **Arizona, Connecticut, Georgia, Great Plains Tribal Leaders Health Board, Illinois, Louisiana, Michigan, New York, and Washington State** all include infant and early childhood mental health in their home visiting programs
- **Washington:** The State Health Care Authority Behavioral Health Integration (BHI) Grant program provides one-time grants to primary care clinics to establish behavioral health integration for children and adolescents
- **Maine:** The Maine Health Access Foundation provides grants to support the establishment of an integrated behavioral health system in the state
- **Alabama:** UAB Medicine introduced Integrated Behavioral Medicine Service (iBeMS) Clinics to normalize the integration of behavioral health services into the primary care setting
- **Texas:** The Behavioral Health Advisory Committee provides recommendations to state Health and Human Services system agencies regarding the integration of behavioral and physical health services

STATE IMPLEMENTATION EXAMPLES

YOUTH CRISIS CARE [49]

- **Connecticut, Nevada, New Jersey, and Oklahoma** have youth-specific mobile response teams that (1) allow for the caller to define the crisis, (2) respond where and when the child needs, whether in school, home or community; and (3) provide in-home stabilization services for up to 6-8 for the child and family
  - **Connecticut:** The Department of Children and Families contracts with clinics throughout the state to provide no-cost statewide Mobile Crisis Intervention Services for youth under 18 years. The mobile units also partner with schools to intervene in student crises. Outcome reports have linked the crisis service to a 22% reduction in emergency department use, a reduction in student arrests by 40%, and higher functioning among youth after intervention
  - **Oklahoma:** Comprehensive Crisis Response creates a statewide crisis response system that utilizes local services already found within communities to provide effective intervention for psychiatric crises brought to the 988 helpline. Oklahoma has diverted 78% of youth from inpatient care, had fewer calls to the police, a reduction in Medicaid costs, and a positive change in youth behavior and functioning [50]
  - **Nevada:** Nevada's youth mobile crisis program stabilized 86% of youth with a safety plan, resulting in 92% of youth avoiding emergency department stays four months post-response [51]
  - **New Jersey:** Mobile Response & Stabilization Services (MRSS) kept over 94% of children served in their current living situation, has seen a 250% increase in the number of families accessing services, and has seen consistent reports of high satisfaction with services
- **Washington, New Jersey, and California** have included commercial insurance coverage of the crisis care continuum including mobile crisis response, crisis receiving, and stabilization services
- **Colorado:** Crisis Resolution Teams provide follow-up care and family support resources for youth 21 years or younger who present to Colorado Crisis Services through call, text, or walk-in services
- **California's CalHOPE and CalHOPE Schools** programs deliver crisis support, education, and outreach to communities and youth in partnership with the California Mental Health Services Association and is run by the California Department of Health Care Services

STATE IMPLEMENTATION EXAMPLES

WORKPLACE MENTAL HEALTH COVERAGE [52]

- **Nationwide:** Workplace Mental Health Playbook developed by the Health Action Alliance and Workplace Mental Health Toolkit developed by Mental Health America
- **Prudential Financial:** Prudential's Health and Wellness organization coordinates internal and external services, including and internal behavioral health services group, onsite clinics, and external counseling partner, to support holistic health of employees and their families
- **Kent State University:** Developed a Workplace Mental Health and Wellness Initiative which provides trainings on identifying and responding to signs of depression, normalizing mental health help seeking, and clarifies options for support through their employee assistance program

PILLAR 4:

CAREGIVER AND EDUCATOR TRAINING AND SUPPORT

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Educators, caregivers, and school mental health professionals play a vital role in the health and well-being of young people. Supporting them in their work is essential to ensuring that they have the support, resources, and care they need to be successful. This includes growing the pipeline of qualified school mental health professionals, implementing licensing changes that allow those professionals to work to their license, providing training that allows them to understand and respond to mental health challenges when they arise among students, and ensuring quality insurance coverage for school and mental health staff who are at the front lines of this crisis.

POLICY GOALS

- Supporting existing school mental health professionals
  - Comprehensive benefits coverage for school employees
  - Providing school teaching staff with tools to recognize and respond to mental health concerns and emergencies
    - Ensuring pediatric mental health professionals have training in effective interventions for suicidal ideation
    - Mental health training/education for teachers and caregivers
  - Growing the future school and community mental health workforce
- Supporting families and caregivers
  - Supporting parents by expanding workplace mental health coverage
  - Partnering with platforms providing virtual mental health care to youth and families
  - Requiring school districts to adopt family engagement plans
  - Providing system navigation and resources, including peer supports and psychoeducation, for caregivers
  - Providing in-home intensive mental health services for families and children

PILLAR 4:
CAREGIVER AND EDUCATOR TRAINING AND SUPPORT

GOVERNOR'S CHECKLIST

- Grow the school mental health workforce pipeline by implementing licensing changes to target key shortages, introducing new school mental health professional pipeline programs and programs[53]
- Maximize school mental health professionals' ability to work to their license and increasing inter-state licensing flexibility and agreements[54]
    - Expand access to telehealth services to address mental health care professional shortage areas[55]
- Create regional task forces to address workforce incentives and collaboration with community providers
- Require school teaching staff to attend trainings to recognize and respond to signs of mental health and substance use disorders and include cultural competence in mental health trainings[56]
- Invest in mental health resources for staff and ensure health insurance covers medically necessary mental health care for school employees[57]
- Expand state-sanctioned consult lines to support primary care providers with mental health screening, treatment plan development, and prescribing[58]
- Incorporate and fund youth peer support models[59] by creating youth peer support specialist certifications[60] and adding-on youth and young adult training for current certified peer support specialists[61] who support young people in a variety of settings
- Require Medicaid managed care contracts to include system navigation and peer supports and resources for caregivers

STATE IMPLEMENTATION EXAMPLES

TEACHER TRAINING [62]

- **North Dakota:** Requires a minimum of 8 hours of youth behavioral health training every two years for teachers and staff and specifies a wide range of topics
- **Washington:** Requires each educational district to train educators and staff on youth suicide screening and referral, as well as recognition and screening of and response to emotional or behavioral distress, including possible substance use
- **Minnesota:** Requires initial training of all teachers to include warning signs of mental illness and, in licensure renewal periods, training must include at least one hour of suicide prevention best practices and additional specified topics.
- **Iowa:** Requires annual, evidence-based training on adverse childhood experiences and suicide prevention

SCHOOL MENTAL HEALTH PROFESSIONALS [63]

- **Delaware:** In 2021, established a three-year phased approach to reach a ratio of one full-time school counselor or social worker for every 250 students and one full-time school psychologist for every 700 students in grades K-5. In 2022, this was extended to grades 6-8
- **Colorado:** Colorado Behavioral Health Administration created a multi-faceted plan to increase and diversify the behavioral health workforce through funding appropriated from the American Rescue Plan Act of 2021
- **Alabama:** Requires a school mental health service coordinator in every school district
- **Oklahoma:** Oklahoma State University recruits and places interns in high needs schools/areas while also providing them with the necessary preparation that allows them to meet state credentialing requirements
- **Nevada:** Nevada State College houses a psychiatric training program which supports the pipeline from high school through the Ed.S. The grant focuses on dual enrollment, stacked degree programs, a minor in School-Based Mental Health, and a proposed Ed.S. in School Psychology
- **Iowa:** University of Northern Iowa has a “grow your own program” that supports local recruitment, training, and specialization as school psychologists

STATE IMPLEMENTATION EXAMPLES

SCHOOL MENTAL HEALTH PROFESSIONALS CONTINUED

- **District of Columbia:** Maintains an average of one school psychologists per 410 student (stronger than recommended ratio) and has the strongest ratio of school social workers to students in the nation
- **Idaho:** Has a strong ratio of school psychologists, with an average of one school psychologist for every 479 students

COMMUNITY MENTAL HEALTH WORKFORCE [64]

- **Texas:** Loan Repayment Program for Mental Health Professionals provides incentives for mental health professionals to practice in provider shortage areas
- **North Dakota:** SB 2125 amends health care professional student loan repayment program to outline benefits for mental health professionals
- **Minnesota:** HF 970 created Culturally Informed and Culturally Responsive Mental Health Task Force to advise on strategies for developing a more diverse and culturally competent mental health workforce

PEER SUPPORT SERVICES [65]

- **California:** 49 states have established certification for Peer Support Specialists. California's SB 803 allows certified peers and peer-run agencies that hire peers to be reimbursed for services through Medicaid and has an added specialization for Peer Support Specialists that work with youth and transition-age youth
- **Georgia:** Georgia's Youth Certified Peer Specialist Certification (CPS-Y) is a specialization for peer supporters ages 18-26 to provide peer support services to other youth and young adults
- **Colorado:** Oasis Mental Health offers drop-in spaces in high schools where students can relax and receive support from trained peers
- **Massachusetts:** Zia Youth Advocacy Network at the Kiva Centers is a network that includes drop-in spaces that offer peer support specialist services, connections to resources, and a community built around shared human experiences, including trauma, mental health, and substance use
- **Indiana:** We Bloom is piloting a Youth Recovery Cafe in partnership with Recovery Cafe Network in Seattle
- **Oregon:** YouthLine, based in Oregon, is a crisis line staffed by trained youth volunteers supervised by behavioral health professionals and serves over 30,000 youth nationally

PILLAR 5:

ADDITIONAL POLICIES FOR SUSTAINING MOMENTUM

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POLICY GOALS

- Ensuring long term success and progress of state policy objectives through long term partnerships, centers for training and innovation, and data reporting

GOVERNOR'S CHECKLIST

- Build school demonstration sites and learning centers for school staff and administrators
- Facilitate partnerships with universities, research institutions, and hospitals
- Leverage technology platforms to evaluate outcomes of school reforms
- Leverage "lessons learned" from Project AWARE sites and scale statewide

STATE IMPLEMENTATION EXAMPLES

SCHOOL DEMONSTRATION SITES AND LEARNING CENTERS

- **Washington:** In partnership with the University of Washington, 10 schools were designated as demonstration sites in 2020 and provided examples of best practices for the implementation of inclusionary practices in schools throughout the state
- **Wisconsin:** The GE Foundation Demonstration Schools supported 10 public elementary and middle schools in Milwaukee by providing additional staffing, training, and paid time for teacher collaboration. These schools served as demonstration schools with an open door policy, allowing community members and staff from other schools to learn from their best practices

PARTNERSHIPS WITH RESEARCH INSTITUTIONS

- **Washington:** School Mental Health Assessment, Research, and Training (SMART) Center connects Washington schools and communities with academic resources at the University of Washington
- **Pennsylvania:** Children's Hospital of Philadelphia PolicyLab promotes partnerships between research and school-based mental health services
- **New Jersey:** Rutgers Center for Youth Social Emotional Wellness builds collaboration between community and business leaders, researchers, and mental health providers and offers trainings and support for the implementation of evidence-based mental health strategies in schools and community organizations
- **Tennessee:** The University of Memphis Supporting Mental Health Access to Resources through Telehealth (SMART) Center provides tele-behavioral health sessions for youth in grades K-12 and leverages the university's academic resources to advance access to evidence-based mental health interventions within schools

TECHNOLOGY PLATFORMS

- **Nationwide:** Mental Health Technology Transfer Center Network provides trainings to support the implementation of evidence-based practices for school-based mental health
- **California:** California school districts are partnering with telehealth care companies to support use of a telehealth billing platform to expand access to mental health services in schools

END NOTES

[1] U.S. Department of Education: Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs; American Institutes for Research report on the implementation of SEL; National Association of School Psychologists: MTSS in the Every Student Succeeds Act

[2] Safety First curriculum was developed by Stanford Medicine's Halpern-Felsher REACH lab, which is well known for their primary prevention education curriculum and resources including on tobacco and cannabis prevention

[3] The American Academy of Pediatrics and U.S. Preventive Services Task Force recommends screening all youth for anxiety, depression, and suicide. The American College of Obstetricians and Gynecologists recommends screening all obstetric care patients for anxiety, depression, and other factors of mood and emotional well-being. The Maternal Mental Health Leadership Alliance outlines standardization of maternal mental health screening
A cohort study of over 1 million patients showed that implementation of SAMHSA's Screening, Brief Intervention and Referral to Treatment (SBIRT) program results in decreased substance use and more efficient and cost-effective treatment systems

[4] The American Psychological Association provides recommendations for social media use in adolescence

[5] Zero Suicide Institute at the Education Development Center

[6] JED Foundation framework for high schools

[7] JED Foundation and the School Superintendents Association have collaborated to develop the District Comprehensive Approach to prioritize mental health and suicide prevention

[8] The American Psychological Association provides recommendations for social media use in adolescence

[9] Common Sense Education provides K–12 Digital Citizenship Curriculum

[10] The American Academy of Pediatrics and U.S. Preventive Services Task Force recommends screening all youth for anxiety, depression, and suicide.

[11] A cohort study of over 1 million patients showed that implementation of SAMHSA's Screening, Brief Intervention and Referral to Treatment (SBIRT) program results in decreased substance use and more efficient and cost-effective treatment systems.

[12] World Health Organization Skills for Health report cites life skills education an important factor in promoting health among youth.

[13] U.S. Department of Education recommends implementing mental health literacy programs within schools and integrating social, emotional, and behavioral health within educational content.

[14] The Education Development Center has developed the Zero Suicide Framework by compiling best practices from experts in the field of suicide prevention.

[15] Mental Health America's Young Mental Health Leaders Council issued reports on youth leadership: Building Power to Build a Mentally Healthy World: Supporting and Advancing Youth Leadership (2022) and Young People's Mental Health in 2020: Hope, Advocacy, and Action for the Future (2020)

[16] SAMHSA: Project AWARE & Mental Health Awareness and Training Grant

[17] Youth.gov on family engagement

[18] NH, OK, MO, SC, CT, TN among states requiring that 988 be printed on student identification cards

[19] National Center on Safe Supportive Learning Environments: School climate improvement

[20] Education Commission of the States policy snapshot

[21] Mental Health America's Young Mental Health Leaders Council has issued reporta on youth leadership: Building Power to Build a Mentally Healthy World: Supporting and Advancing Youth Leadership (2022) and Young People's Mental Health in 2020: Hope, Advocacy, and Action for the Future

[22] Youth.gov and the APA emphasize the importance of family engagement in schools in improving student health and academic outcomes, reducing problem behaviors, and enhancing overall development through various systems that youth encounter.

[23] The APA emphasizes the need to implement bullying prevention measures to support the psychosocial wellbeing of all youth, on the basis that bullying leads to lower self-esteem, higher rates of depression, anxiety, loneliness, and suicidality, and higher absenteeism in schools.

[24] Research links positive school climate to greater capacity to recognize depression and reduced stigma among students and connects school climate to internalizing and externalizing behaviors.

[25] The Education Commission of the States notes that alternatives to expulsions for school discipline would enhance school climate, reduce school dropout rates, and improve student engagement in the educational environment.

[26] California's Medicaid Family Therapy Benefit Reimagines Medical Necessity

[27] Center for Medicare and Medicaid Services: Access-Related Notices of Proposed Rulemaking: Ensuring Access to Medicaid Services (CMA 2442-P) and Medicaid and Children's health Insurance Program (CHIP) Managed Care Access, Finance and Quality (CMS-2439-P) Fact Sheet

[28] The National Institute of Mental Health prioritizes coordinated specialty care for early intervention of psychosis.
The National Alliance on Mental Illness provides a guide to expanding First Episode Psychosis programs and highlights the efficacy of these programs in improving symptoms, social support, and school and work attendance among youth who experience psychosis

[29] Healthy Schools Campaign: Healthy Students, Promising Futures

[30] Center for Medicare and Medicaid Services: Medicaid in Schools and reversal of "free-care" policy; Center on Budget and Policy Priorities report

[31] Center for Medicare and Medicaid Services: Delivering Services in School-based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming; CMS Informational Bulletin: Information on School-Based Services in Medicaid: Policy Flexibilities and Guide on Coverage, Billing, Reimbursement, Documentation and School-Based Administrative Claiming

[32] Healthy Schools Campaign: Working with Medicaid Managed Care Organizations

[33] Peers Supporting Youth and Young Adult Recovery: resource from C4 Innovations; Mental Health America Young Mental Health Leaders' Council: Youth and Young Adult Peer Support: Expanding Community-Driven Mental Health Resources Youth and Young Adult Peer Support: Expanding Community-Driven Mental Health Resources; SAMHSA TA Network: Medicaid Funding for Family and Youth Peer Support Programs in the United States

[34] CMS and SAMHSA Informational Bulletin with guidance on Medicaid coverage of peer support services

[35] U.S. Government Accountability Office report

[36] SAMHSA: The Essential Aspects of Parity

END NOTES

[37] National Action Alliance for Suicide Prevention: Priority 2 of National Response to COVID-19 Action Plan; The Commonwealth Fund report; APA and Center for Workplace Mental Health infographic; Academic Pediatrics article provides policy recommendations for pediatric integrated care, citing integrated care as one of the most promising avenues for supporting youth mental health

[38] Study highlights the efficacy of wraparound models which emphasize a team- and strengths-based approach to addressing complex behavioral health needs among youth

[39] The National Center for Children in Poverty provides background information, research support, and state examples of home-visiting programs for infant and early childhood mental health

[40] SAMHSA provides National Guidelines for Child and Youth Behavioral Health Crisis Care; The Center for Law and Social Policy highlights mobile crisis response as an alternative law enforcement and provides state examples.

[41] The Institute for Innovation & Implementation Mobile Response & Stabilization Best Practices

[42] The Kennedy Forum Ensuring Coverage of Behavioral Health Emergency Services

[43] NAMI outlines the importance of school-based mental health services in reducing barriers that youth face in accessing care, such as transportation and stigma.

[44] National Association of School Psychologists & National Center for School Mental Health conclude that comprehensive school mental health systems require partnerships between school and community supports.

[45] The Bipartisan Safer Communities Act provides guidance for expanding access to school-based mental health services through Medicaid. A survey of state Medicaid officials by the Kaiser Family Foundation concludes that Medicaid plays a large role in expanding school-based mental health services.

[46] The Centers for Medicare & Medicaid Services conclude that children with continuous insurance coverage are more likely to access primary care and preventative measures and therefore experience better health outcomes.

[47] Well Being Trust emphasizes the need for improvements in behavioral health coverage among commercial health insurance plans in order to adequately support youth and their families.

[48] The Mental Health Parity and Addiction Equity Act of 2008 provides a basis to hold insurance plans accountable for covering mental health and substance use disorder care in the same way that they would care for physical health.

[49] SAMHSA provides National Guidelines for Child and Youth Behavioral Health Crisis Care and emphasizes the need for the development of a comprehensive safety net to save the lives of youth in crisis.

[50] Oklahoma's Youth Crisis Mobile Response

[51] The Institute for Innovation & Implementation: Mobile Response & Stabilization Services Best Practices for Youth & Families

[52] Workplace well-being is a current priority of the U.S. Surgeon General due to the connections between work environment and mental health. The APA supports this priority and cites clear relationships between work environment and mental health, employee engagement, and overall productivity.

[53] SAMHSA and CMS joint informational bulletin Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools

[54] Child Trends guidance

[55] NAMI on telehealth

[56] APA: Coalition for Psychology in Schools and Education

[57] Lever et al.: School Mental Health Is Not Just for Students: Why Teacher and School Staff Wellness Matters

[58] The Center for Health Care Strategies provides profiles of existing psychiatric consultation programs by state.

[59] Mental Health America provides examples of several models of youth peer support, including peer counseling programs and programs that utilize formal certified peer specialists

[60] The Georgia Parent Support Network provides an example of trainings for Youth Certified Peer Specialists

[61] Mental Health Partnerships offers course to promote certified peer support services with young adults

[62] The APA highlights the need to fill in the gap in mental health training for educators to ensure that they have the capacity to be the first line of support for their students.

[63] The National Association of School Psychologists recommends at least one school psychologist for every 500 students but estimates the current ratio is 1:1211. The American School Counselor Association recommends one school counselor for every 250 students but notes that the 2021-2022 national ratio was 1:408.

[64] The Health Resources and Services Administration indicates that 160 million Americans live in mental health provider shortage areas.

[65] Mental Health America provides examples of several models of youth peer support, including peer counseling programs and programs that utilize formal certified peer specialists.[1]

The policy recommendations outlined in this guide were originally created by the aforementioned contributors to advise the National Governor's Association Chair's Initiative on Youth Mental Health during the Chair year 2022-2023.

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