



Policy Pacesetters

Across the country, diverse states are making significant strides in adopting policy changes to better support student mental health. In each of the report card policy areas, we highlight one or more states that stand out for their efforts. We hope these “pacesetters” will serve as inspiration to enhance school mental health policies in other states. We would like to note that because we focused on state policies, we have not included local policies or programs funded by federal grants, such as Project AWARE. These programs and local efforts may also serve as excellent models for state policymakers to sustain and expand statewide.

School Mental Health Professionals



District of Columbia is exceptional for an average of one school psychologist for every 410 students (recommended ratio is 1:500) and while DC does not meet the recommended 1:250 ratio of school social workers to students, D.C. has the strongest ratio in the nation, (1:365).



Idaho is striking for an average of one school psychologist for every 479 students (recommended ratio is 1:500).



Delaware signed into law [HB 100](#) (2021), which sets standards for ratios of school mental health professionals for K-5. Delaware also included \$8 million in its Fiscal Year 2022 budget to implement House Bill 100, bringing the promise of more mental health support for young students.

School-Family-Community Partnerships



Minnesota has a noteworthy program of school-linked behavioral health grants ([Minn. Stat. § 245.4901](#)(2021)) that promote partnerships between schools and community mental health providers to provide an array of supportive mental health services, including via telehealth, to help students and their families.



Kansas is also notable for forming the [Kansas School Mental Health Advisory Council](#), which engages parents, providers, legislators and other partners to advise the state Board of Education on school mental health; coordinate with legislators and stakeholders to best meet the needs of students; and coordinate statewide collaborative social emotional character development partnerships.



Teacher and Staff Training



North Dakota gets a special mention for requiring a minimum of eight hours of youth behavioral health training every two years for teachers and staff (ND Chapter 15.1-07-34.), and specifying a range of topics, including trauma; social and emotional learning, including resiliency; suicide prevention; bullying; understanding of the prevalence and impact of youth behavioral health wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers; knowledge of behavioral health symptoms and risks; awareness of referral sources and evidenced-based strategies for appropriate interventions; other evidenced-based strategies to reduce risk factors for students; or current or new evidence-based behavior prevention or mitigation techniques.



Iowa is unique in requiring annual, evidence-based training on identification of adverse childhood experiences (potentially traumatic events occurring in childhood that can have negative, lasting effects on an individual's health and well-being) and strategies to mitigate toxic stress response ([IA Admin. Code 281-14.4 \(2018\)](#)). This is a topic that complements training on suicide prevention and postvention, mental health conditions, and substance use disorders.

Funding Supports



Many states have taken the important action of expanding their [school Medicaid](#) program to cover all Medicaid-enrolled students and to allow Medicaid billing from licensed social workers, psychologists and psychiatrists who provide school mental health services, including via telehealth. **Michigan** has taken a further step by also including certified school psychologists and licensed school social workers as Medicaid-billable providers.



California is distinguished for requiring incentive payments to Medicaid-managed care plans that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for K-12 students. [Welfare and Institutions Code Section 5961.3. \(2021\)](#)

Well-Being Checks



New Jersey stands out for taking a step in the right direction on well-being checks. In 2021, New Jersey created a \$1 million [Mental Health Screening in Schools Grant Program](#) that provides funds for schools to administer annual depression screenings for students in grades 7-12. Well-being checks are important to help identify students who may be struggling and need support.



Healthy School Climate



While many states deserve applause for their work on different aspects of school climate, such as anti-bullying initiatives, **Maryland** is admirable for requiring restorative approaches to discipline and annual reporting on school discipline data disaggregated by race, ethnicity, gender, disability status, socioeconomic status, English language proficiency, and type of discipline for the state, each local school system and each public school (MD Stat §7-306). Maryland also requires analysis to determine whether there is a disproportionate impact on minority students and special education students and plans to eliminate disparate impacts ([MD Code of Regs Sec. 13A.08.01 \(2014\)](#)).



Connecticut has taken distinctive actions to reduce exclusionary discipline, including a State Board of Education [Position Statement on Reducing Disproportionality in Suspension and Expulsions](#) that provides that exclusionary discipline should only be used as a last resort, and establishing the [Connecticut School Discipline Collaborative](#), which advises on strategies for transforming school discipline to reduce the use of exclusionary discipline.

Skills for Life Success



Life skills competencies, such as developing healthy relationships, responsible decision-making, and self-management, can help students at every age succeed in school and life. **Washington State** has gone the extra mile to support students in gaining age-appropriate K-12 life skills through multiple statutes: [Wash. Rev. Code Ann. § 28A.300.477 \(2019\)](#), [Wash. Rev. Code Ann. § 28A.300.478 \(2019\)](#), [Wash. Rev. Code Ann. § 28A.410.273 \(2019\)](#), and [Wash. Rev. Code Ann. § 28A.410.270 \(2021\)](#).



Many states have taken promising steps by adopting life skills competencies in K-12 but have yet to establish them in statute. One example is **Arkansas**, which offers the [G.U.I.D.E. for Life program](#), which is designed to help K-12 students develop skills in growth (manage yourself), understanding (know yourself), interaction (build relationships), decisions (make responsible choices), and empathy (be aware of others).

Mental Health Education



New York deserves continued praise for its widely lauded mental health education [law](#), which requires that all schools' health education programs include mental health.



Several states, including **Virginia**, have followed suit, recognizing the importance of intentionally integrating mental health into health education.



Florida's [statute](#) requires mental health education only in middle and high school, but is commendable for its [final rule](#), effective July 2021, that specifies a minimum of five hours annually of instruction on mental health, substance abuse and suicide prevention.

Are there best-practice school mental health programs or policies in your state?

Share them with us at info@inseparable.us.

