

hopeful futures campaign

STATE LEGISLATIVE GUIDE FOR SCHOOL MENTAL HEALTH

..... AUGUST 2022



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Our youth are in crisis.

The mental health challenges facing youth and young adults today are so alarming that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in fall 2021.¹ They highlighted that suicide was the second leading cause of death for youth ages 10 to 24, and that there are high rates of loneliness, anxiety, depression, trauma, and suicidality in youth. Data show that, even before the pandemic, nearly four in ten (36.7%) high school students reported feeling persistently sad or hopeless in the past year, and nearly one in ten (8.9%) had made at least one suicide attempt.² In fact, 50% of all mental health conditions begin by age 14, and 75% begin by age 24.³



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 work in partnership with youth, families, and communities to promote a positive school climate, develop life skills, enhance mental health knowledge, provide early intervention, and connect youth with greater challenges to more intensive services.⁴ School mental health systems also play a vital role in normalizing mental health care and reducing barriers to treatment, especially for students who are often underserved and who experience poor mental health.

“One of the most effective approaches to get youth the help they need is to meet them where they're at—in schools.”

¹ AAP-AACAP-CHA Declaration of a National Emergency in Adolescent Mental Health. (10/19/2021). Retrieved from <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

² Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.

³ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005 Jun;62(6):593–602. doi: 10.1001/archpsyc.62.6.593. Erratum in: Arch Gen Psychiatry. 2005 Jul;62(7):768. Merikangas, Kathleen R [added]. PMID: 15939837.

⁴ Mental Health America “Addressing the Youth Mental Health Crisis: The Urgent Need for more Education Services, and Supports” Retrieved from <https://mhanational.org/addressing-youth-mental-health-crisis-urgent-need-more-education-services-and-supports>

FOREWORD

For example, 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.⁵ And Black and Latinx youth are significantly less likely to access mental health care than many of their peers.⁶

The Hopeful Futures Campaign, powered by Inseparable, unites a broad spectrum of impactful organizations—Active Minds, Bring Change to Mind, The Center for Law and Social Policy, Healthy Schools Campaign, Hopelab, The Jed Foundation, The Kennedy Forum, Mental Health America, Mindful Philanthropy, National Alliance on Mental Illness, National Center for School Mental Health, Partnership to End Addiction, Pinterest, Rare Impact by Rare Beauty, S2i, The Trevor Project, UNICEF USA, Well Being Trust, and YourMomCares—to promote school mental health policies that help every child have access to the mental health support they need to thrive.

As part of our commitment, the Hopeful Futures Campaign is issuing its first-ever state legislative guide for school mental health. This guide is intended for state legislators and staff who want to advance school mental health policy. It includes examples of state legislation and, in some cases, model legislation that falls into eight categories—school mental health professionals, school–family–community partnerships, teacher and staff training, funding supports, well-being checks, healthy school climate, skills for life success, and mental health education—that, together, promote hopeful futures for our nation’s youth.



“This guide includes examples of state legislation and, in some cases, model legislation that falls into eight categories that, together, comprise a comprehensive approach to promote hopeful futures for our nation’s youth.”

⁵ The Trevor Project “2022 National Survey on LGBTQ Youth Mental Health” Retrieved from <https://www.thetrevorproject.org/survey-2022/#intro>

⁶ Center for Behavioral Health Statistics and Quality. (2021). Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019 (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>



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):¹

Tier 1: Universal mental health promotion (all students)

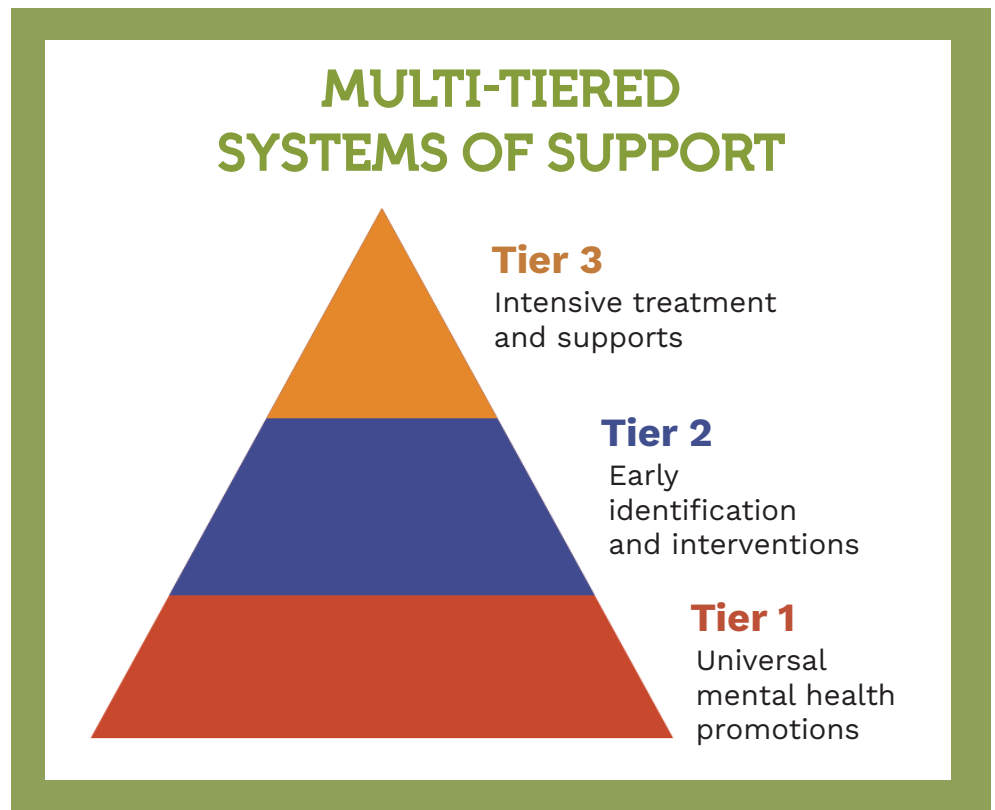
- Includes healthy school climate policies and initiatives, mental health education and training, well-being checks, and skills for life success, such as self-management, responsible decision-making, and relationship skills

Tier 2: 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

Tier 3: 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



¹ Substance Abuse and Mental Health Services Administration and Centers for Medicare & Medicaid Services. Joint Informational Bulletin: Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools. (July 1, 2019).

SCHOOL MENTAL HEALTH PROFESSIONALS

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Increasing Mental Health Professionals in Schools

The ratio of students to school mental health professionals is a signal of the ability of schools to provide an array of services, or multi-tiered systems of support, that help students succeed. Since youth have high rates of mental health challenges¹ and **school settings are the second most common place that youth ages 12 to 17 receive mental health services**,² having sufficient school mental health professionals is important. Yet, most schools lack the number or range of professionals needed to serve youth, families, and the school community effectively.³

- **School counselors** generally support the whole school population and have broad responsibility for helping promote a positive school climate. They help students succeed academically and socially, and prepare them for educational and work opportunities.
- **School psychologists** assess and test students for learning and behavioral challenges, and develop plans of support, including special education services. They may provide individual or group counseling and refer students and families to community behavioral health providers.
- **School social workers** help identify various issues that may affect a student's behavior or academic performance. They provide intervention strategies to support students, as well as connect students and families to a variety of community resources and services.



Policy Goal:

- Improve the ratios of school psychologists, school social workers, and counselors in K-12.
 - ◊ Recommended ratio of students to school psychologists is **1:500**⁴
 - ◊ Recommended ratio of students to social workers is **1:250**⁵
 - ◊ Recommended ratio of students to counselors is **1:250**⁶

According to the latest data available at the time of publication, the District of Columbia is notable for having an average of one school psychologist for every 410 students. While D.C. does not meet the recommended 1:250 ratio of school social workers to students, it has the strongest ratio in the nation (1:365). Idaho is also notable for an average of one school psychologist for every 479 students.⁷

¹ Bitsko, RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children—United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI: Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.

² Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

³ America's School Mental Health Report Card. (Feb. 2022). Hopeful Futures Campaign. Retrieved from hopefulfutures.us

⁴ National Association of School Psychologists. The Professional Standards of the National Association of School Psychologists. (2020). Retrieved online at <https://www.nasponline.org>

⁵ National Association of Social Workers. NASW Standards for School Social Work Services. (2012). Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=1Ze4-9-Os7E%3d&portalid=0>

⁶ American School Counselor Association. School Counselor Roles & Ratios. Retrieved from <https://www.schoolcounselor.org/>

⁷ About-School-Counseling/School-Counselor-Roles-Ratios.

School Health Assessment and Performance Evaluation System "School Mental Health Policy Map" Retrieved from <https://www.theshapesystem.com/>







SCHOOL MENTAL HEALTH PROFESSIONALS

Increasing Mental Health Professionals in Schools

Recent Legislation: Increasing Mental Health Professionals in Schools

In recent years, there has been a trend to establish recommended numbers or ratios of school mental health professionals in statute and provide funding to support these positions. States have also passed legislation to establish the role of a school mental health services coordinator.

State	Bill Number	Description	Author	Year	Status
 Alabama	HB123	Requires each local board of education to establish a school mental health service coordinator.	Rep. Nathaniel Ledbetter (R)	2022	Passed
 Delaware	HB100 HB300	Implements a three-year phased approach to reach a ratio of one full-time school counselor or school social worker for every 250 students and one full-time school psychologist or licensed mental health therapist for every 700 students in grades K-5. HB300 extends the ratios to grades 6-8.	Rep. Valerie Longhurst (D) and Sen. Marie Pinkney (D)	2021 2022	Passed
 Arizona	SB1189 HB2667	Requires each school district and charter school to hire at least one school counselor or school social worker for every 550 students and creates a grant fund to assist with costs.	Rep. Marcelino Quiñonez (D) and Sen. Sean Bowie (D)	2022	Introduced
 New York	S3510 A2345	Requires two qualified psychiatrists to be employed by each school district to perform and coordinate the provision of mental health services in the public schools.	Assemblywoman Nathalia Fernandez (D) and Senator Jamaal Bailey (D)	2022	Introduced



SCHOOL MENTAL HEALTH PROFESSIONALS

Expanding the School Mental Health Workforce Pipeline

As demand for culturally-inclusive school mental health services increases, innovative legislation is being introduced and passed in states like Arizona, Colorado, Delaware, Iowa, Maryland, and New Jersey to increase the pipeline of school mental health professionals.

Policy Goal:

- Establish workforce development programs that promote careers in school mental health.

Recent Legislation:

Expanding the School Mental Health Workforce Pipeline

Colorado is notable for taking a multi-faceted approach to increasing the workforce of mental health professionals in SB22-181, which requires the Behavioral Health Administration in the Department of Human Services to create and implement a behavioral healthcare provider workforce plan that:



- Includes recruitment methods to increase and diversify the behavioral healthcare provider workforce;
- Requires the Behavioral Health Administration to partner with the department of higher education to better prepare the future behavioral health care provider workforce for public sector service, to develop paid job shadowing and internship opportunities, and to develop partnerships with learning facilities and training centers;
- Identifies communities where workforce shortages exist and provides loans to behavioral health providers to practice in these communities;
- Includes strategies to work with community colleges and other institutions of higher education to recruit and train residents of health professional shortage areas in behavioral health fields;
- Creates a new program to help behavioral health care providers advance in their respective fields;
- Expands the peer support professional workforce;
- Establishes an interagency agreement with other state agencies to increase awareness and collaboration to strengthen the behavioral health workforce pipeline and capacity;
- Expands telehealth options;
- Establishes workforce standards and increases opportunities for unlicensed behavioral health care providers;
- Increases flexibility and licensing reciprocity between other states and Colorado; and
- Requires an overview of the Behavioral Health Administration's progress toward addressing the behavioral health care provider workforce shortage.



SCHOOL MENTAL HEALTH PROFESSIONALS




Expanding the School Mental Health Workforce Pipeline

Recent Legislation

To implement the law, the state of Colorado allocated:

- \$52 million to the Behavioral Health Administration; and
- \$20 million to the Colorado Health Services Corps fund to provide student loan repayment for behavioral health care providers and candidates for licensure and to award scholarships to addiction counselors (and other mental health professionals).

Other states have introduced legislation to address mental health workforce shortages. These include:

State	Bill Number	Description	Author	Year	Status
 Arizona	HB2530	Would create monetary incentives to retain and recruit mental and behavioral health professionals into the state's school system.	Rep. Judy Schwiebert (D)	2022	Introduced
 Iowa	SF2195	Would establish a mental health professional loan repayment program within their college student aid commission.	The Committee on Education	2022	Introduced
 New Jersey	S61	Would allow students in their final year of a graduate program to be matched with residencies or clinical programs.	Sen. Kristen Corrado (R) Sen. Sandra Cunningham (D)	2022	Introduced



SCHOOL-FAMILY- COMMUNITY PARTNERSHIPS

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School Mental Health Advisory Bodies



Partnering with families, youth, and community stakeholders, including community-based mental health providers, is vital to successful school mental health systems. Family and youth voices can provide important perspectives on services and resources that may best support the school community, while other stakeholders, including providers, can share insights and provide important connections to ongoing and more intensive services.

Policy Goal:

- Adopt policies that engage youth, family, and community partners in advancing comprehensive school mental health systems.

Recent Legislation: School Mental Health Advisory Bodies

Some state legislatures (or education agencies) have created advisory councils or commissions to identify gaps and needs and recommend ways to improve and expand school-based mental health services and supports to meet the needs of communities. The [Kansas School Mental Health Advisory Council](#), for example, advises the Board of Education of unmet mental health and wellness needs, coordinates with legislators and stakeholders to address relevant issues, and facilitates statewide collaborative partnerships.

State	Bill Number	Description	Author	Year	Status
 Michigan	HB4411	Establishes advisory council (MCL 388.1631n(2)) to the department of education and the department of health and human services on goals and approaches to increase capacity for school mental health and support services.	Rep. Brad Paquette (R) and Rep. Thomas Albert (R)	2021	Passed
 Texas	SB11	Establishes the Texas' Collaborative Task Force on Public School Mental Health Services (TEC 38.301 et seq.) to study and evaluate school mental health services.	Sen. Larry Taylor (R)	2019	Passed



SCHOOL-FAMILY-COMMUNITY PARTNERSHIPS

School Mental Health Advisory Bodies

Sample Policy: Study Commission for School Mental Health

- Establish a study commission to advise the legislature on strengths, gaps and needs in school-based and school-linked mental health services and supports.
- Commission to include representatives from youth-serving state agencies, behavioral health experts, state legislators, significant family, youth, advocacy/community organizations, historically underserved populations, and school staff representation.
- The Commission will publicly publish a [an annual] report outlining system strengths and gaps or needs, including recommendations for better meeting the needs of children, youth, and their families. The commission will also present its report to relevant legislative committees.
- The Commission will be staffed by [insert] and will have a budget to cover expenses related to ensuring participation in the Commission does not cause hardship for individuals or organizations and for costs of producing its report(s).
- The commission will review:
 - ◊ Needs, gaps, and inefficiencies in providing:
 1. Effective mental health promotion to support students' mental well-being (Tier 1)
 2. Early identification and intervention for students at risk of mental health or substance use challenges (Tier 2)
 3. Intensive services and support for students with high behavioral health needs (Tier 3)
 - ◊ System strengths and promising practices
 - ◊ Allocations of resources to meet needs within existing programs
 - ◊ Pathways for rapidly accessing needed services and supports
 - ◊ Infrastructure needs to support filling system gaps and needs
 - ◊ Alignments of child-serving agencies' policies, rules, and regulations to support transparent, efficient, and effective service delivery
 - ◊ Opportunities to incentivize and facilitate effective interagency collaboration



SCHOOL-FAMILY- COMMUNITY PARTNERSHIPS

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Community Mental Health Partnerships

Another focus of effective state policy has been to establish partnerships between schools and community providers, medical schools, or other entities to increase access to mental health services and support for students, especially more intensive, specialized, or ongoing services. **Community partnerships that provide more intensive services, or “Tier 3 interventions,” are vital for serving students with greater needs.**

Policy Goal:

- Require partnerships between school districts and community mental health providers to ensure access to services for students with ongoing or more intensive mental health needs.

Recent Legislation: Community Mental Health Partnerships

State	Bill Number	Description	Author	Year	Status
 California	AB133	Establishes the Children and Youth Behavioral Health Initiative with multiple requirements, including competitive grants to support school-linked behavioral health services for children and youth 25 years of age and younger. The bill also requires health insurance plans to cover mental health and substance use disorder treatment delivered at schools.	Committee on Budget	2021	Passed
 Maryland	SB0802	The Consortium on Coordinated Community Supports (Md. Educ. § 7-447.1) is established to promote community partnerships to meet students' behavioral health needs, to ensure partnerships provide services in a holistic and non-stigmatized manner and coordinate with youth-serving government agencies, and to develop a model for expanding school behavioral health services and maximize Medicaid and private insurance participation.	Sen. Guy Guzzone (D) and Sen. Katie Fry Hester (D)	2021	Passed
 Minnesota	HF33	Creates the School-linked Behavioral Health Grant program to support partnerships between schools and community mental health providers to provide an array of mental health services, including via telehealth, to help students and families.	Biennial Health and Human Services budget	2019	Passed
 Texas	HF33	Establishes the Texas Child Mental Health Care Consortium (TCMHCC) to leverage the expertise and capacity of medical schools to address urgent mental health challenges and improve children's mental health care. Note: The TCMHCC implements five initiatives, including the Texas Child Health Access Through Telemedicine (TCHATT) program, which provides in-school behavioral telehealth care for at-risk children and youth.	Sen. Larry Taylor (R)	2019	Passed



TEACHER AND STAFF TRAINING

Regular training in mental health, substance use, and suicide prevention can help teachers and school staff feel better equipped to identify warning signs of mental health problems, respond appropriately, and refer students to services and support. Getting youth help early—before they experience a potentially life-threatening crisis—is critical to ensuring better outcomes and saving young lives. Teacher and staff training is particularly important given the alarming rise in youth mental health crises. **In 2020, the proportion of mental health-related emergency room visits for children ages 5-11 and 12-17 increased by 24% and 31%, respectively.¹**

Policy Goal:

- Require ongoing training of K-12 teachers and staff on mental health conditions, substance use conditions, *and* suicide awareness and prevention.

Recent Legislation: Teacher and Staff Training

Most states have passed some level of mental health training for teachers and staff, but few states require training on mental health conditions, substance use conditions, and suicide awareness and prevention. Since 2007, twenty-one² states have passed the [Jason Flatt Act](#). It requires educators to complete two hours of youth suicide awareness and prevention training each year to be licensed to teach. Suicide prevention training for teachers and staff is vital and should be accompanied by requirements for training on mental health and substance use conditions.







¹ Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1675–160. DOI: Retrieved from <http://dx.doi.org/10.15585/mmwr.mm6945a3>.

² Alabama, Alaska, Arkansas, California, Georgia, Idaho, Illinois, Kansas, Louisiana, Mississippi, Montana, North Dakota, Ohio, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming



TEACHER AND STAFF TRAINING

Recent Legislation: Teacher and Staff Training

State	Bill Number	Description	Author	Year	Status
 Minnesota	HF33	Requires (Minn. Stat. §6.122A.187) initial training of all licensed teachers to include understanding the warning signs of early-onset mental illness. In subsequent licensure renewal periods, training must include at least one hour of suicide prevention best practices and additional specified topics, such as accommodations for mental illness and de-escalation methods.	Rep. Cheryl Youakim (D)	2020	Passed
 North Dakota	SB2291	Requires a minimum of eight hours of youth behavioral health training every two years for teachers and staff, and specifies a range of topics, including trauma, resiliency, suicide prevention, bullying, understanding of the prevalence and impact of youth behavioral health wellness, behavioral health symptoms and risks, referral sources and evidenced-based interventions, strategies to reduce risk factors, and evidence-based behavior prevention or mitigation techniques.	Bipartisan Coalition	2018	Passed
 Texas	HB18	Requires training in mental health, substance abuse, and youth suicide as part of qualifications for educational certification and continuing education for educators, as well as mental health education for students, and as a component of health care services, counseling programs, and other school resources and programs.	Bipartisan Coalition	2019	Passed
 Washington	HB2439	Requires each educational district to train educators and other 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.	Rep. Ruth Kagi (D)	2016	Passed



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

States that take advantage of Medicaid's ability to cover school mental health services are using state resources efficiently to promote student wellness.

Policy Goals:

- Require the state Medicaid plan to cover school-based mental health services, including via telehealth, for all Medicaid enrolled students (not just students with an IEP).
- Require the state Medicaid plan to allow all school mental health professionals to bill for covered services.

Background

Prior to 2014, federal guidance did not permit states to bill Medicaid for school services that were provided for free to non-Medicaid students, except for students on IEPs, which effectively restricted school Medicaid coverage. On Dec. 15, 2014, the Centers for Medicare & Medicaid Services (CMS) issued [State Medicaid Director letter #14-006](#), which reversed the long-standing “free care rule” policy and freed up states to extend coverage to all Medicaid-enrolled students. Today, [18 states](#) have taken advantage of the change in federal law: Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, North Carolina, Nevada, New Hampshire, Oregon, and South Carolina. As of this publication, [Illinois](#), [Indiana](#), [New Mexico](#), and [Virginia](#) were in the process of expanding school Medicaid coverage.

State Action

Extending coverage to all Medicaid-enrolled students may be achieved through administrative action in some states; other states will need to submit a state plan amendment (SPA) to CMS, which may or may not require legislative action.

Covering School-Based Mental Health Professionals:

It is also important to note that extending coverage should be accompanied by expanding allowable Medicaid providers to include all school mental health professionals and to provide reimbursement for services delivered through telehealth. Without this action, students may be covered for services, but certain school mental health professionals may not be able to bill Medicaid or receive reimbursement for services provided via telehealth. Michigan, for example, specifically includes certified school psychologists and licensed counselors as billable Medicaid providers, while California includes credentialed school counselors, credentialed school psychologists, credentialed school social workers, licensed educational psychologists.








FUNDING SUPPORTS

Medicaid Billing:

Medicaid billing of school mental health services can be challenging due to federal and state administrative requirements. Fortunately, in March 2022, the White House directed federal agencies to simplify and streamline Medicaid guidance for billing school-based mental health services. In addition, the [Bipartisan Safer Communities Act](#) requires updated CMS guidance to support school-based services by 6/25/2023, establishes a federal technical assistance center, and authorizes \$50 million in state grants to implement, enhance, or expand school-based health and mental health services.

State Action:

Medicaid Coverage of School Mental Health Services

State	Description	Year
 Arizona	Medicaid State Plan Amendment (SPA) allows schools to bill for medically necessary Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to Medicaid-enrolled students. State Plan Amendment SPA on reimbursement methodology	2021
 Kentucky	Medicaid State Plan Amendment (SPA) allows schools to bill for medically necessary services provided to Medicaid-enrolled students. State Plan Amendment SPA on cost reimbursement methodology	2019 2021
 Louisiana	Medicaid State Plan Amendment (SPA) allows schools to bill for all medically necessary Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to Medicaid-enrolled students. State Plan Amendment	2020
 Missouri	Medicaid program allows schools to bill for behavioral health services to all Medicaid-enrolled students. It also allows community mental health providers to provide services in the school setting when a school district determines it is appropriate. State Adopted Policy	2018
 Nevada	Medicaid State Plan Amendment (SPA) allows schools to bill for all medically necessary Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to Medicaid-enrolled students. State Plan Amendment	2019

Additional Policy Resources:

- [Free Care Reversal State Activity Brief](#)
- Healthy Schools Campaign's state [school Medicaid fact sheets](#)
- MA [S676](#) (191st session; not passed) would have required Medicaid revenues from school-based billing to be reinvested in school health services programs.



WELL-BEING CHECKS





Regular mental wellness checks can help identify students who may need additional support before any challenges develop or worsen. With high rates of mental health and substance use problems, it's essential to be able to intervene early to help students thrive. **About 20% of students show signs and symptoms of a mental health disorder each year** and about two in five youth will meet criteria for a mental health condition by age 18.¹

Well-being checks, or mental health screenings, should use a well-researched 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 Goal:

- Require well-being checks for all students in grades K-12.

Recent Legislation: Well-Being Checks

State	Bill Number	Description	Author	Year	Status
 Illinois	HB4343 HB4700	Establishes the Wellness Checks in Schools Collaborative for school districts that wish to implement wellness checks to identify students in grades 7 through 12 who may be at risk of mental health conditions. HB4700 is the budget bill appropriating \$5 million to DHFS to implement the wellness check program established in HB4343.	Bipartisan Coalition	2022	Passed
 New Jersey	A970	Establishes 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.	Assemblymember Herb Conaway, Jr. (D)	2021	Passed
 Minnesota	HF3634	Requires school districts to develop a plan to conduct evidence-based mental health screenings in K-12; creates student mental health support revenue and appropriates funding.	Rep. Kelly Morrison (D) and Rep. Hodam Hossan (D)	2018	Introduced
 New York	S1006	Requires annual screenings for depression of students in grades seven through twelve and requires the department of education and the department of health to review de-identified data for local and statewide trends concerning teenage depression.	Rep. Todd Kaminsky (D)	2022	Introduced

¹ Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children—United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm?s_cid=su7102a1_w.



School Climate Surveys



School climate refers to the quality and character of school life and reflects student, parent, and staff experiences and perceptions. School climate surveys can help school teams engage parents, students and staff and identify ways to promote safe, supportive learning environments that nurture social and emotional, civic, and academic growth for all students. As 80% of teenagers in a [2020 Harris poll](#) said, **“Everyone should feel they can be honest and themselves at school, with support from teachers and school staff.”**¹

Policy Goal:

- Enact legislation requiring statewide school climate surveys that include questions about mental health.

Recent Legislation: School Climate Surveys

Many states administer school climate surveys, including [Colorado](#), [Delaware](#), [District of Columbia](#), [Illinois](#), [Idaho](#), [Iowa](#), [Kentucky](#), [New Hampshire](#), [New Jersey](#), [Pennsylvania](#), [Rhode Island](#), [Tennessee](#), [Utah](#), [Virginia](#), [West Virginia](#), [Wyoming](#)

State	Bill Number	Description	Author	Year	Status
 Arkansas	HB1549 SB394	Requires every school district to conduct a school safety audit every three years, including an audit of the school climate and culture.	Representative Bruce Cozart (R), Senator Missy Irvin (R)	2021	Passed
 Utah	HB120	Requires creating a model school climate survey that may be used by a local education agency to assess stakeholder perception of a school environment.	Rep. Raymond Ward (R), Sen. Ann Millner (R)	2019	Passed

¹ 4-H and The Harris Poll. Teen Mental Health. June 2020. Retrieved from <https://4-h.org/wp-content/uploads/2020/06/4-H-Mental-Health-Report-6.1.20-FINAL.pdf>



Anti-Bullying Policies

According to stopbullying.gov, all 50 states and the District of Columbia have some form of policy to address bullying as part of efforts to create a safe and supportive school environment.

Research suggests that children and youth who are bullied over time are more likely than those not bullied to experience depression, anxiety, and low self-esteem.

Recent data show that, during 2019, about 22 percent of students ages 12-18 reported being bullied at school, with 37 percent of students of two or more races reporting being bullied.¹ Students who are bullied are more likely to be lonely and want to avoid school.² The same study showed that youth who bully others are at a higher risk for engaging in more intense anti-social behaviors, having problems at school, substance use, and aggression.³



Policy Goal:

- Enact legislation requiring school anti-bullying policies.

Model Legislation:

The nonprofit organization GLSEN has [model state anti-bullying and harassment legislation](#) (revised April 2020) for K-12 that addresses legislative purpose and findings, definitions and scope of proscribed conduct, state education agency responsibilities, local education agency responsibilities, and sanctions and civil liability.

¹ Irwin V, Wang K, Cui J. and Thompson A. (2022). Report on Indicators of School Crime and Safety: 2021 (NCES 2022-092/NCJ 304625). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, DC. Retrieved from <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2022092>.

² Evans, CBR, Smokowski, PR, Rose, RA, et al. Cumulative Bullying Experiences, Adolescent Behavioral and Mental Health, and Academic Achievement: An Integrative Model of Perpetration, Victimization, and Bystander Behavior. 2019. J Child Fam Stud 28, 2415–2428. Retrieved from <https://doi.org/10.1007/s10826-018-1078-4>





³ Ibid.



HEALTHY SCHOOL CLIMATE

Anti-Bullying Policies

Recent Legislation: Anti-Bullying Policies

State	Bill Number	Description	Author	Year	Status
 Louisiana	SB358	Requires all elementary and secondary schools to institute a program to prohibit and prevent bullying. Requires the program to define bullying; ensure each student, parent or legal guardian of a student, school administrator, teacher, school employee, and volunteer is aware of their duties and responsibilities relative to preventing and stopping bullying; provide a process for reporting and investigating alleged incidents of bullying; provide for appropriate discipline of a student found guilty of bullying; provide for appropriate remedies for a student found to have been bullied; and provide for a process to investigate and report persons for failure to act.	Sen. Katrina Jackson (D)	2022	Passed
 New York	A2206	Establishes a task force to explore the effects of cyber-bullying in New York state and potential measures to address such effects.	Assemb. Didi Barrett (D)	2021	Passed
 Oregon	HB2631	Requires notification of parents or guardians of students who were subject to acts of harassment, intimidation, bullying, or cyberbullying and of students who may have conducted such acts. Creates exception when school official reasonably believes notification could endanger student.	Former Rep. Christine Drazan (R), Rep. Shelly Boshart Davis (R), Sen. Rob Wagner (D)	2021	Passed
 Utah	HB428	Requires the State Board of Education to provide training on certain state and federal laws and requires local education agencies to review data from school climate surveys and revise policies, practices and training to eliminate harassment and discrimination in schools, adopt a plan for harassment- and discrimination-free learning and host outreach. Requires data on the demographics of a victim of bullying, hazing, cyber-bullying, or retaliation.	Rep. Sandra Hollins (D), Sen. Todd Weiler (R)	2022	Passed

Additional Policy Resources:

- stopbullying.gov



Anti-Discrimination Policies

Policies that promote anti-discrimination and promote safe environments for all students are critical to fostering supportive schools and nurturing mental wellness. Students identifying as lesbian, gay, bisexual, other or questioning (LGBQ) experience disproportionate levels of poor mental health and suicide-related behaviors. LGBTQ youth who found their school to be LGBTQ-affirming reported lower rates of attempting suicide.¹

Additionally, according to the CDC's 2021 Adolescent Behaviors and Experiences Survey (ABES) approximately one-third (35.6%) of U.S. high school students reported perceived racism.² Perceived racism was highest among Asian (63.9%), Black (55.2%), and multiracial students (54.5%). Students who reported perceived racism experienced higher rates of poor mental health (38.1%); had difficulty concentrating, remembering, or making decisions (44.1%); and often did not feel close to people at school (40.7%).



Notably, in a [2020 Harris poll](#), **79% of teenagers said, “I wish there was an inclusive environment (e.g., a safe space) for everyone in schools.”**³

Policy Goal:

- Enact legislation requiring school anti-discrimination policies that promote an inclusive learning environment.

Recent Legislation: Anti-Discrimination Policies

While the majority of states have adopted some form of state-level anti-bullying and anti-harassment legislation, not all states specifically prohibit bullying and harassment on the basis of sexual orientation and gender identity. Visit stopbullying.gov/laws to find your state's current anti-bullying law and/or policy.

¹ Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-e):16–21. DOI. Retrieved from https://www.cdc.gov/mmwr/volumes/71/su/su7103a3.htm?s_cid=su7103a3_w.

² Centers for Disease Control. Perceived Racism and Demographic, Mental Health, and Behavioral Characteristics Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021






³ 4-H and The Harris Poll. Teen Mental Health. June 2020. Retrieved from <https://4-h.org/wp-content/uploads/2020/06/4-H-Mental-Health-Report-6.1.20-FINAL.pdf>



HEALTHY SCHOOL CLIMATE

Anti-Discrimination Policies

Recent Legislation: Anti-Discrimination Policies

State	Bill Number	Description	Author	Year	Status
 Maryland	HB0850 SB0666	Prohibits county boards of education, schools and prekindergarten programs from taking discriminatory actions because of a person's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability.	Sen. Cory McCray (D), Del. Jheanelle Wilkins (D)	2022	Passed
 Nevada	AB371	Establishes meaning of “discrimination based on race” and extends existing law prohibiting bullying and cyber-bullying to include discrimination based on race.	Assemblywoman Brittney Miller (D) and Sen. Mo Denis (D)	2021	Passed
 Hawaii	HB1489 SB1265	Prohibits discrimination on the basis of sex, including gender identity or expression, or sexual orientation, in any state educational program or activity, or in any educational program or activity that receives state financial assistance.	Rep. Della Belatti (D) and Sen. Rosalyn Baker (D)	2018	Passed
 Virginia	HB145 SB161	Directs the Department of Education to provide model policies concerning the treatment of transgender students that includes multiple provisions, including compliance with nondiscrimination and maintaining a safe and supportive learning environment free from discrimination and harassment.	Del. Marcus Simon (D), Sen. Jennifer Boysko (D)	2020	Passed
 Washington	SB5689	Requires the Washington state school directors' association to collaborate with the office of the superintendent of public instruction to develop and update a model transgender student policy that prohibits harassment, intimidation, and bullying, and eliminates discrimination in schools on the basis of gender identity and expression.	Sen. Marko Liias (D)	2019	Passed



Excused Absences for Mental Health





Policies to allow for excused absences for mental health are spreading rapidly to support students who are experiencing rising rates of anxiety, depression, trauma and suicidality. **In a 2020 Harris poll of 1,500 teenagers, 78% said “schools should support mental health days to allow students to prioritize their health.”** According to the [Centers for Disease Control and Prevention](#), more than 1 in 3 high school students experienced persistent feelings of sadness or hopelessness in 2019—a 40% increase since 2009.²

Policy Goal:

- Enact legislation permitting excused school absences for mental health concerns.

Recent Legislation: Excused Absences for Mental Health

Thirteen states have passed some form of excused absence for mental or behavioral health concerns, including Arizona, California, Colorado, Illinois, Kentucky, Maine, Maryland, Michigan, Nevada, Oregon, Utah, Virginia, and Washington.

State	Bill Number	Description	Author	Year	Status
 Kentucky	KYHB44	Allows school attendance policies to include provisions for excused absences due to a student’s mental or behavioral health status.	Bipartisan Coalition	2022	Passed
 Maryland	HB0118	Requires schools to adopt attendance policies that treat an absence due to a student’s behavioral health needs the same as for other health needs.	Delegate Alonzo Washington (D-22)	2019	Passed
 Washington	HB1834	Requires that the rules of the Superintendent of Public Instruction categorize a student absence from school for a mental health reason as an excused absence due to illness, health condition, or medical appointment.	Bipartisan Coalition	2022	Passed
 District of Columbia	B24-0645	Student absences for illness shall include mental or behavioral health for up to 5 days without a medical note.	Councilmember Trayvon White	2021	Introduced

¹ 4-H and The Harris Poll. Teen Mental Health. June 2020. Retrieved from <https://4-h.org/wp-content/uploads/2020/06/4-H-Mental-Health-Report-6.1.20-FINAL.pdf>

² Bitsko, RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children—United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.



Alternatives to Exclusionary Discipline

Policies that foster alternatives to exclusionary discipline, such as suspension or expulsion, help create a positive learning environment and foster mental wellness for all students. Classrooms using a high level of restorative practices had fewer disciplinary referrals for defiance and misconduct than those with a low level of such practices.¹ Research shows that **exclusionary discipline disproportionately affects students with disabilities and Black children.**²

In 2017-18, students with disabilities were 13.2% of student enrollment but received 20.5% of in-school suspensions and 24.5% of out-of-school suspensions. In the same school year, Black students were 15.1% of student enrollment and received 31.4% of in-school suspensions and 38.2% of out-of-school suspensions.³



Policy Goal:

- Require policies that promote alternatives to exclusionary discipline for PreK-12 students.

Legislative Action: Alternatives to Exclusionary Discipline

States are increasingly adopting multiple strategies to address exclusionary discipline, such as prohibiting or limiting expulsions or suspensions, requiring classroom management training, requiring trauma-informed approaches to discipline, and requiring alternatives such as restorative justice, counseling, and other interventions. Maryland is notable for its legislation supporting a restorative approach.

¹ Kralik J. New State Approaches to Student Discipline. Jan 2016. National Conference of State Legislatures. Retrieved from <https://www.ncsl.org/research/education/new-state-approaches-to-student-discipline.aspx>.

² U.S. Education Department, Office for Civil Rights. An Overview of Exclusionary Discipline Practices in Public Schools for the 2017-18 School Year. June 2021. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-exclusionary-school-discipline.pdf>.







³ U.S. Education Department, Office for Civil Rights. An Overview of Exclusionary Discipline Practices in Public Schools for the 2017-18 School Year. June 2021. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-exclusionary-school-discipline.pdf>.



HEALTHY SCHOOL CLIMATE

Alternatives to Exclusionary Discipline

Legislative Action: Alternatives to Exclusionary Discipline

State	Bill Number	Description	Author	Year	Status
 California	SB419	Extends the existing ban on suspension for disruption or willful defiance from students in K-3 to students in K-8.	Sen. Nancy Skinner (D)	2019	Passed
 Colorado	HB19-1194	Limits suspension or expulsion of PreK-2 students only under specified circumstances and limits any out-of-school suspension to three school days in most circumstances.	Rep. Colin Larson (R), Rep. Susan Lontine (D), Sen. Rhonda Fields (D), Sen. Kevin Priola (R)	2019	Passed
 Louisiana	SB527	Requires school master plans to include provisions for pre-service and ongoing classroom management training for teachers, principals, and other personnel regarding positive behavioral supports and reinforcement, conflict resolution, mediation, cultural competence, restorative practices, guidance and discipline, and adolescent development.	Sen. Sharon Broome (D), Rep. Francis Thompson (D)	2010	Passed
 Maryland	HB0725	Requires that the primary purpose of any disciplinary measure is rehabilitative, restorative, and educational and states that restorative approaches may include conflict resolution, mediation, peer mediation, circle processes, restorative conferences, social emotional learning, trauma-informed care, positive behavioral intervention supports, and rehabilitation.	Del. Lorig Charkoudian	2019	Passed
 Tennessee	SB0170 HB0405	Requires schools to conduct an assessment of Adverse Childhood Experiences (ACEs) and to consider the results before suspending or expelling a student or requiring assignment to an alternative school.	Sen. Robinson (D) and Rep. Love (D)	2019	Passed
 Utah	HB286	Provides that, for certain offences, a student may be referred to evidenced-based alternative interventions, including a mobile crisis outreach team, a youth services center, a youth court or comparable restorative justice program, evidence-based interventions created by the school or school district.	Rep. V. Lowry Snow (R)	2021	Passed



Suicide Prevention

Developmentally appropriate suicide prevention in K-12 curriculum and school policies on suicide prevention, intervention, and postvention are important components of promoting mental health and resiliency among students. Suicide is the second leading cause of death among youth ages 10-14 years old,¹ and, **in 2019, 18.8% of high school students had seriously considered attempting suicide.**² In 2021, emergency department visits for suspected suicide attempts were 50.6% higher among girls ages 12-17 years than during the previous year.³

Policy Goal:

- Require school policies and protocols on suicide prevention for K-12, including making curricula available to parents and caregivers.

Recent Legislation: Suicide Prevention

Many states have recently passed legislation to implement suicide prevention programs. Arizona enacted Jake's Law, which takes a multi-faceted approach:

- Gives the [Division of Insurance] the clear authority to ensure that insurance companies comply with parity requirements;
- Prohibits insurance companies from denying coverage for services that are covered by the plan simply because they are delivered in an educational setting;
- Creates the Children's Behavioral Health Services Fund and provides \$8 million for behavioral health services for uninsured or underinsured children;
- Requires school districts to adopt policies relating to referrals for behavioral health services;
- Establishes a mental health parity Advisory Committee to give all parties, including families, providers, advocacy organizations, and insurers, an opportunity to provide input; and
- Creates a Suicide Mortality Review Team in the [Department of Health Services]; and
- Requires [DHS] to adopt rules relating to admitting and discharging patients who have attempted suicide or who exhibit suicidal ideation.

¹ Centers for Disease Control and Prevention. Disparities in Suicide. Retrieved from <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#age>.

² Bitsko, RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children—United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.






³ Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic—United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021;70:888–894. DOI. Retrieved from https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm?s_cid=mm7024e1_w



HEALTHY SCHOOL CLIMATE

Suicide Prevention

Recent Legislation: Suicide Prevention

State	Bill Number	Description	Author	Year	Status
 Arizona	SB1523 (Jake's Law)	Requires health insurance plans to comply with federal parity law. Prohibits insurance companies from denying coverage for services delivered in an educational setting if otherwise covered. Creates the Children's Behavioral Health Services Fund and provides \$8 million for services for children who are uninsured or underinsured. Establishes a mental health parity advisory committee. Creates a suicide mortality review team to review deaths by suicide and provide policymakers with improved data and recommendations.	Senator Kate Brophy McGee (R) and Representative Jeff Weninger (R)	2020	Passed
 New Hampshire	SB234	Requires student identification cards for grades 6-12 and in higher education to include the telephone number for the National Suicide Prevention Lifeline.	Sen. Ruth Ward (R), Rep. Joe Alexander (R), Sen. Erin Hennessey (R)	2022	Passed
 Oklahoma	SB1307	Require schools to include the number for the National Suicide Prevention Lifeline and the Crisis Text Line on student identification cards for grades 7-12.	Senator Bill Coleman (R) and Rep. Mark Vancuren (R)	2022	Passed
 New Jersey	S489	Requires age-appropriate instruction in mental health as it relates to suicide prevention in elementary, middle, and high school; provides various elements which may be included in instruction.	Sen. Joseph Cryan (D) and Sen. M. Teresa Ruiz (D)	2022	Introduced
 New York	A2204	Requires the office of mental health and the education department to identify or develop materials for educators regarding suicide prevention measures and signs of depression among school-aged students; suicide prevention instruction may be included in health education provided to secondary school students.	Assembly Member Catalina Cruz (D)	2022	Introduced

Additional Policy Resources:

- [Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#)
- <https://preventioninstitute.org/suicide-prevention/modules>



Skills for life success, also known as social-emotional learning (SEL), refers to key competencies, including relationship skills, self-management, responsible decision-making, self-awareness, and social awareness, that affect students' success in school and life. An AEI/Brookings report, [Opportunity, Responsibility, and Security](#), recommends “Educate the whole child to promote social-emotional as well as academic skills” as one of four guiding policies for education.¹



Research demonstrates that social and emotional learning:

- **Improves student outcomes** – A 2015 study in the [American Journal of Public Health](#) found that **social-emotional skills in kindergarten had strong associations with young adult outcomes across education, employment, criminal activity, and mental health.**
- **Supports success in the workplace** – According to AEI/Brookings, “increasingly, economists, employers, and corporate leaders are recognizing how vital ‘soft skills’ are to success in the labor market and to the nation’s productivity. ...These and other characteristics influence people’s educational attainment, employment, and earnings as much as or more than academic achievement as measured by standardized achievement tests. In education policy and practice, these soft skills go by many names, most commonly social and emotional learning or character development.”²

Policy Goal:

- Require the adoption of evidence-based life skills education for K-12, including making training in the curriculum available to parents and caregivers.

Recent Legislation: Skills for Life Success

State	Bill Number	Description	Author	Year	Status
 Michigan	HB1283	Requires the Department of Education to establish three pilot programs in six school districts to use evidence-based social and emotional curriculum for students in grades K-5.	Bipartisan Coalition	2019	Passed
 Washington	HB2816	Requires the Washington state school directors’ association to develop a model policy and procedure for nurturing a positive social and emotional school and classroom climate for all students. Builds on previous legislation requiring social and emotional learning.	Coalition	2020	Passed

¹ AEI/Brookings Working Group on Poverty and Opportunity. Opportunity, Responsibility, and Security: A Consensus Plan for Reducing Poverty and Restoring the American Dream. 2015.

² *Ibid.*



MENTAL HEALTH EDUCATION

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To increase mental health literacy and promote help-seeking, states are increasingly passing legislation to require comprehensive mental health education in K-12. Mental health education increases awareness and understanding of mental health conditions, including signs and symptoms and treatment and support options, and can reduce stigma.¹



Mental health education is particularly important because fewer than half (43.3%) of adolescents with a major depressive episode receive treatment—and even fewer Black youth (35.6%) and Hispanic youth (36.8%) receive treatment.² According to a [2020 Harris poll](#), 70% of teenagers said, **“I wish I learned more about mental health and coping mechanisms in school.”**³

Policy Goal:

- Require K-12 health education to include comprehensive mental health education.

Recent Legislation: Mental Health Education

In 2018, New York State passed first-of-its-kind legislation requiring elementary, middle, and high schools to include mental health as part of health education. Today, 18 states have similar legislation.

State	Bill Number	Description	Author	Year	Status
 California	SB224	The bill would require that instruction include instruction on the overarching themes and core principles of mental health; requires that instruction and related materials be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.	Sen. Anthony Portantino	2021	Passed
 Delaware	HB301	Requires the Department of Education, with the approval of the State Board of Education, to establish and implement statewide mental health educational programs for K-12.	Rep. Valerie Longhurst (D) and Sen. Sarah McBride (D)	2022	Passed

¹ Tambling RR, D'Aniello C, Russell BS. Mental Health Literacy: a Critical Target for Narrowing Racial Disparities in Behavioral Health. Int J Ment Health Addict. 2021 Nov 11:1-15. doi: 10.1007/s11469-021-00694-w. Epub ahead of print. PMID: 34785992; PMCID: PMC8582339.





² Center for Behavioral Health Statistics and Quality. (2021). Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019 (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

³ 4-H and The Harris Poll. Teen Mental Health. June 2020. Retrieved from <https://4-h.org/wp-content/uploads/2020/06/4-H-Mental-Health-Report-6.1.20-FINAL.pdf>



MENTAL HEALTH EDUCATION

Recent Legislation: Mental Health Education

State	Bill Number	Description	Author	Year	Status
 Illinois	SB4038	Clarifies that required instruction on mental health and illness must also include how and where to find mental health resources and treatment in Illinois.	Sen. Mike Simmons (D)	2022	Passed
 Utah	SB171	Requires the Huntsman Mental Health Institute and the State Board of Education to coordinate to develop a youth mental health curriculum, including age-appropriate information on the connection and importance of mental health to overall health, tools for maintaining mental wellness, the prevalence of behavioral health challenges, signs and symptoms, ways to respond, how to seek assistance in a school and the community, and evidence-based treatments. The curriculum is to be made available to elementary and secondary schools, parents and guardians, and other youth-serving organizations, and updated annually.	Sen. Daniel Thatcher (R) and Rep. Steve Eliason (R)	2016	Passed
 Alaska	HB60 SB80	Adds mental health education to the list of health topics districts are encouraged to include in the K-12 curriculum. Also requires the State Board of Education and Early Development to provide districts with standards for mental health instruction in consultation with multiple organizations. Parents or guardians may opt their child out of the instruction.	Bipartisan Coalition	2022	Introduced
 Mississippi	HB139	Requires schools to include instruction on mental illness and mental health as part of the comprehensive health education program.	Rep. Orlando Paden (D)	2022	Introduced

