

# Sustainable School-Based Mental Health Services:

## A Comprehensive Approach



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White Paper

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# Acknowledgments

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## About

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Co-founded by former Congressman Patrick J. Kennedy and his wife, Amy L. Kennedy, The Kennedy Forum (TKF) is creating a future where all people can access effective prevention and treatment of mental health and substance use disorders (MH/SUD).

TKF uniquely cultivates relationships with key leaders to advance sweeping change for major MH/SUD issues, including inequity in insurance coverage and the escalating youth mental health crisis.

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## Ten-Year Goal: 90-90-90 by 2033

The Kennedy Forum's strategic initiative, [Alignment for Progress](#), sets forth a [ten-year 90-90-90 goal by 2033](#):

# 90%

of individuals screened for MH/SUDs

# 90%

receiving evidence-based treatment

# 90%

managing symptoms and achieving recovery

One element of the Alignment for Progress is its [National Strategy](#) for Mental Health and Substance Use Disorders, a reference for federal policymakers to attain better access to MH/SUD care for all.



# Executive Summary

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## Why School-Based Youth Mental Health Is Essential

As troubling signs of deteriorating youth mental health emerged during and after the pandemic, our education and health care systems were often the frontlines witnessing the detrimental emotional, physical, and financial effects for families and young people themselves.

Pediatric mental health conditions were associated with

**\$59 billion**

in household spending

Youth mental health is both a deeply personal issue and a dynamic systemic issue with immense implications for the future. Adverse outcomes from untreated mental health conditions can last well into adulthood, affecting health and productivity at a societal level. Schools can and will play a distinct role in creating better outcomes individually and collectively. This report outlines barriers and solutions for schools in identifying and addressing youth's mental health needs in two main parts.

### Part I. The Obstacles for Sustainable Mental Health Services in Schools

Though mechanisms to address youth mental health may already exist within schools, schools face considerable constraints in comprehensive implementation.

This report focuses on the role of financing in the implementation and expansion of school-based mental health services, for sustainable funding of school-based services. Complex federal grants often lack guidance about proper reimbursement, allocation, and utilization, yet add significant administrative burdens. Thus, schools report feeling under-resourced and overwhelmed.

Additionally, this report examines insufficiencies in the quality and availability of targeted, proven interventions appropriate for stakeholders representing different backgrounds, geographies, and mental health needs.

### Part II. Actionable Solutions at the Local, State, and Federal Level

Fortunately, promising solutions have emerged that demonstrably mitigate complex issues. This paper is designed to illuminate them, offering key research, relevant case studies, and expert-informed guidelines that lead to effective policies and practices for the following audiences:

- Policymakers and education agencies can see a summary of key barriers to implementing sustainable school mental health services, with key recommendations and solutions to overcome them.
- Local education agencies (LEAs) and state education agencies (SEAs) will find actionable, operational steps for implementing recommendations, including financing and administrative strategies for sustainable implementation.
- Federal policymakers can reference the appendix for national policy recommendations taken from the Alignment for Progress National Strategy.



# Background

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Youth mental health has continued to decline over the last several years, with 44% of high school youth reporting persistent feelings of sadness and hopelessness in 2021.<sup>1</sup> The COVID-19 pandemic greatly contributed to this trend, with more than a third of high school students reporting poor mental health during the pandemic.<sup>1</sup> In addition to the impact on well-being, mental health has also impacted health care costs. In 2021, pediatric mental health conditions were associated with \$31 billion in child spending and \$59 billion in household spending, representing 46.6% of all pediatric medical spending.<sup>2</sup>

School connectedness is an important factor in a student's mental health. Studies indicate that youth connection to peers and adults at school serves as a positive influence and is associated with better mental health.<sup>2</sup> Unfortunately, the pandemic had an impact on school connectedness and only 47% of youth reported feeling close to people at school during this time.<sup>2</sup>

Students of color are more likely to experience poor mental health as compared to White individuals. Statistics indicate that Black students were more likely than Asian, Hispanic, and White students to attempt suicide in 2021. Additionally, nearly 70% of LGBTQ+ students experienced persistent feelings of sadness or hopelessness – a risk factor for depression and suicidality– as compared to 35% of students that identify as heterosexual.<sup>3</sup>

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1 New CDC data illuminate youth mental health threats during the COVID-19 pandemic | CDC Online Newsroom. Retrieved from <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

2 Loo et al. Medical Spending Among US Households With Children With a Mental Health Condition Between 2017 and 2021. <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2815870>

3 Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021. CDC. Retrieved from [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf)

Although 96% of public schools provide some sort of mental health services for their students <sup>4</sup>, a large number of schools and public school systems do not believe that they can effectively deliver mental health services to all students in need. In a recent survey, only 56% of public schools reported that they feel they can effectively provide mental health services to all students.

Barriers cited included limitations due to inadequate funding, limited access to licensed mental health professionals, and staffing shortages necessary to manage student caseloads. <sup>3</sup> Mistrust from youth, lack of mental health literacy and stigma are also barriers that many staff face when trying to provide mental health care to students.

To address the ongoing youth mental health crisis, states, Local Education Agencies (LEAs), and policymakers must collaborate to address the barriers that are preventing schools from providing adequate services. The need for appropriate services is essential as untreated behavioral health conditions in youth can have lasting adverse effects even in adulthood, including a lower life satisfaction and poor health-related quality of life. Implementing appropriate strategies for school-based mental health services while also using sustainable funding mechanisms is key in addressing the ongoing mental health crisis faced by youth today.

# 56%

Of public schools reported that they feel they can effectively provide mental health services to all students.

#### Acronym Reference

**LEAs :** Local education agencies

**SEAs :** State education agencies

<sup>4</sup> Press Release - Roughly Half of Public Schools Report That They Can Effectively Provide Mental Health Services to All Students in Need - May 31, 2022. National Center for Education Statistics. Retrieved from [https://nces.ed.gov/whatsnew/press\\_releases/05\\_31\\_2022\\_2.asp](https://nces.ed.gov/whatsnew/press_releases/05_31_2022_2.asp)

# Current School-Based Mental Health Services Offered for Youth

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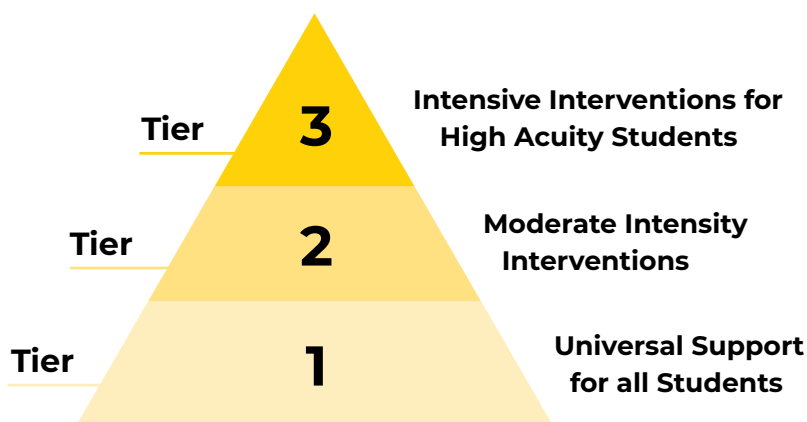
The types of mental health services offered at schools and utilization of these services vary greatly across different settings. For example, a recent study found that while 84% of public schools offer individual based interventions such as counseling, only 34% of schools provide outreach services and only 17% of public schools offer services through telehealth.<sup>5</sup>

Most districts offer mental health services in accordance with a Multi-Tiered Systems of Support (MTSS) support model, which provides different tiers of support corresponding to different levels of student acuity. Most states and districts have defined the tiers as follows:

**Tier 1: Universal Support for all Students.** Tier 1 supports include social-emotional learning curriculum, universal mental health screening programs, or even whole school professional development for educators (as supporting educators enables the universal support of all students).

**Tier 2: Moderate Intensity Interventions.** Tier 2 services are generally targeted towards students with mild to moderate, or episodic mental health challenges. These services tend to be less intensive and shorter in duration. Examples might include short-term individual counseling and psychoeducation or skills groups designed to teach students methods to manage stress and anxiety.

**Tier 3: Intensive Interventions for High Acuity Students.** Tier 3 interventions are generally focused on students who have the highest acuity mental health challenges. Care at this level tends to be multi-modal (e.g. offering a combination of individual, group, and family therapy) and longer in duration.



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5 The Landscape of School-Based Mental Health Services. (2022, September 6). KFF. Retrieved from <https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/>



Over the last decade, almost all school districts have begun offering some form of mental health care aligned to the MTSS model, though consistencies of implementation can often vary (particularly at the Tier 3 or higher acuity level) as many of the skill sets needed for mental health care are not native to traditional district capabilities.

This inconsistency in mental health care shows in the disparities that are associated with services and clinicians provided at schools. For example, a recent study indicates that 76% of school mental health professionals received little to no preparation on how to work with LGBTQ+ youth.<sup>6</sup> Additionally, schools in rural areas are also unable to adequately provide mental health services to students in need since they are disproportionately impacted by staffing shortages and transportation issues. For example, in many rural communities, some school counselors or psychologists travel long distances to visit multiple school districts, making additional staffing and telehealth services critical.<sup>7</sup>

Schools have been utilizing various funding sources for these mental health services at both the local, state, and national levels. Approximately 57% of schools utilize district or local funding, whereas 53% utilize federal grants and other federal programs.<sup>5</sup> However, despite available funding, many schools still report insufficient funding and available resources to adequately provide the services they need to all students. Moreover, strong guidance and additional policies are needed so that schools can understand how to better leverage the already existing resources and programs in place.

**57%**

of schools utilize  
district or local funding

**53%**

of schools utilize  
federal grants and  
other federal programs

6 Supporting Safe and Healthy Schools for Lesbian, Gay, Bisexual, Transgender, and Queer Students. GLSEN. Retrieved from [https://www.glsen.org/sites/default/files/2019-11/Supporting\\_Safe\\_and\\_Healthy\\_Schools\\_%20Mental\\_Health\\_Professionals\\_2019.pdf](https://www.glsen.org/sites/default/files/2019-11/Supporting_Safe_and_Healthy_Schools_%20Mental_Health_Professionals_2019.pdf)

7 Walker, T. Rural Schools Take on the Mental Health Crisis | NEA. National Education Association. Retrieved from <https://www.nea.org/nea-today/all-news-articles/rural-schools-take-mental-health-crisis>

# Recent Federal Action Around School Mental Health Services

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2020 – 2024

Medicaid and CHIP provide insurance to a large portion of children in the United States. According to the Centers for Medicare and Medicaid Services (CMS), 16 states have expanded their school-based mental health Medicaid programs, which allows them to reimburse districts for school-based mental health services. In August 2022, CMS released a bulletin on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, encouraging states to leverage a comprehensive array of Medicaid providers in meeting the EPSDT coverage obligations.<sup>8</sup>

While there are many advantages to using Medicaid and CHIP as a funding source for services, there are also many obstacles such as administrative burdens and adequate funding that can fully cover multi-tiered systems of support at schools. As a response to the growing mental health concerns in youth, there have been several federal initiatives recently for funding school-based mental health services, especially since the COVID-19 pandemic.

On May 18, 2023, CMS released *Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming* which offers guidance to schools on how to deliver Medicaid services and reduce the administrative burden associated with receiving the payments. The guide includes examples of approved methods that state agencies can use to pay for covered services.<sup>9</sup>

On September 25, 2023, the Department of Health and Human Services (HHS) announced \$131.7 million in grant programs that connect youth and families to behavioral health services. The funding includes tools and resources for various initiatives, some of which include infrastructure to promote mental health for youth and families in American Indian/Alaska Native (AI/AN) communities, programs around substance use disorders, family counseling and support programs for LGBTQ+ individuals, and support for transition-aged youth.

HHS awarded \$55 million to specifically expand access to mental health care for young people, focusing on expanding access to mental health care in schools, integrating

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<sup>8</sup> CMCS Informational Bulletin. Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth. Retrieved from <https://www.medicaid.gov/sites/default/files/2022-08/bhccib08182022.pdf>

<sup>9</sup> Fact Sheet: *Delivering Service in School-based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming*. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/delivering-service-school-based-settings-comprehensive-guide-medicaid-services-and-administrative>

mental health care into pediatric offices, and growing a mental health care workforce.<sup>10</sup>

The 2020 CARES Act allocated \$190 billion in Elementary and Secondary School Emergency Relief (ESSER) Funds with the purpose of providing LEAs with funds to address the impact of the COVID-19 pandemic. On December 27, 2020, an additional \$54.3 billion was provided as additional funding for schools.<sup>11</sup>

- The American Rescue Plan Act of 2021 allocated \$122.8 billion for the Elementary and Secondary School Emergency Relief Fund (ESSER), which some schools and states have used to fund mental health counselor and social worker positions in schools, provide staff training, and technical assistance for school mental health programs.<sup>12</sup>
- The Bipartisan Safer Communities Act allocated \$185.7 million to Substance Abuse and Mental Health Services Administration (SAMHSA) and \$60 million to Health Resources and Services Administration (HRSA) to support youth mental health.<sup>13</sup>
- As part of the Bipartisan Safer Communities Act, CMS developed a Technical Assistance Center (TAC) to assist and expand the capacity of Medicaid agencies, LEAs, and schools to provide greater services under Medicaid. The TAC includes stakeholder calls and webinars with target audience members, including schools in small rural communities to better assist them with the administrative burden and barriers on providing school-based health services. The TAC website also includes a list of frequently asked questions and answers to better support states and LEAs in operationalizing Medicaid school-based services.<sup>14</sup>

In January 2024, CMS announced \$50 million in grants for states to connect more children to critical health care services, particularly for mental health, at school. Made possible by the historic investments of the Bipartisan Safer Communities Act (BSCA), the grants will provide 20 states up to \$2.5 million each in funding that can help states implement, enhance, and expand the use of school-based health services through Medicaid and CHIP.<sup>15</sup>

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10 HHS Awards Nearly \$245 Million to Support Youth Mental Health and Help the Health Care Workforce Meet Families' Mental Health Needs. Retrieved from <https://www.samhsa.gov/newsroom/press-announcements/20230925/samhsa-awards-131-million-to-support-at-risk-youth-and-families>

11 Text - S.3548 - 116th Congress (2019-2020): CARES Act | Congress.gov | Library of Congress. Retrieved from <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text>

12 Federal Elementary and Secondary School Emergency Relief fund (ESSER). OESE. Retrieved from <https://oese.ed.gov/offices/education-stabilization-fund/elementary-secondary-school-emergency-relief-fund/>

13 HHS Awards Nearly \$245 Million to Support Youth Mental Health and Help the Health Care Workforce Meet Families' Mental Health Needs. SAMHSA. Retrieved from <https://www.samhsa.gov/newsroom/press-announcements/20230109/hhs-announces-bsca-funding-support-youth-mental-health-help-health-care-workforce>

14 Technical Assistance Center (TAC). Medicaid. Retrieved from <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/technical-assistance-center-tac/index.html>

15 CMS Announces \$50 Million in Grants to Deliver Critical School-Based Health Services to Children. CMS. Retrieved from <https://www.cms.gov/newsroom/press-releases/cms-announces-50-million-grants-deliver-critical-school-based-health-services-children>

# Barriers to Sustainable School Mental Health Services

Despite several federal funding initiatives dedicated to providing school-based mental health services, barriers to providing ongoing, sustainable school mental health services still exist for LEAs and state policymakers.

The most commonly cited barriers include a lack of funding and guidance on how to apply it, workforce shortages, and gaps between policymakers and payers regarding reimbursement for services.

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## Lack of Sustainable Funding Sources and Guidance Around Funding

## Lack of Mental Health Workforce

## Administrative Burdens

# Lack of Sustainable Funding Sources and Guidance Around Funding

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**A majority of states lack predictable and recurring dedicated sources for school-based mental health funding.** There are also challenges associated with utilizing Medicaid as a funding mechanism for school-based services. Most states enable school districts to submit the cost of mental health services for Medicaid reimbursement, but in many states, this only applies to students who are classified as special education.

Additionally, school-based Medicaid reimbursement systems are often exceedingly complex and often strain the human capital and systems capabilities of many school districts. Finally, reimbursement rates for school districts can be so low that many choose not to participate in reimbursement as the funds received are not perceived to be worth the time and effort to obtain them.

Commercial insurance has the potential to play a role in school-based mental health funding, but it is not uncommon for insurers to decline to fund school-based services due to their lack of formal partnerships with schools and providers. Commercial insurers see the responsibility of these services under the existing state education funding framework that can be reimbursed through Medicaid versus the commercial healthcare funding framework.

Additionally, many schools are unaware of how to access existing funding or are unsure of how the funding may be allocated. This includes a lack of templates or ideas on how to utilize funding. For example, the American Rescue Plan Act funds allowed schools to grow their mental health provider workforce and provide training for school staff. However, a recent study indicates that a large portion of schools were not aware the funds could be used for these purposes, indicating a lack of transparency and guidance from federal and local governments.<sup>16</sup>

Another study found that over 55% of school administrators do not have enough information or are not aware of funding resources for mental health programs. The absence of clear funding guidance is particularly evident in specific regions, with research suggesting that lower-income and rural schools are less inclined to allocate funds for expanding their workforce.<sup>17</sup>

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<sup>16</sup> The Landscape of School-Based Mental Health Services. KFF. Retrieved from <https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/>

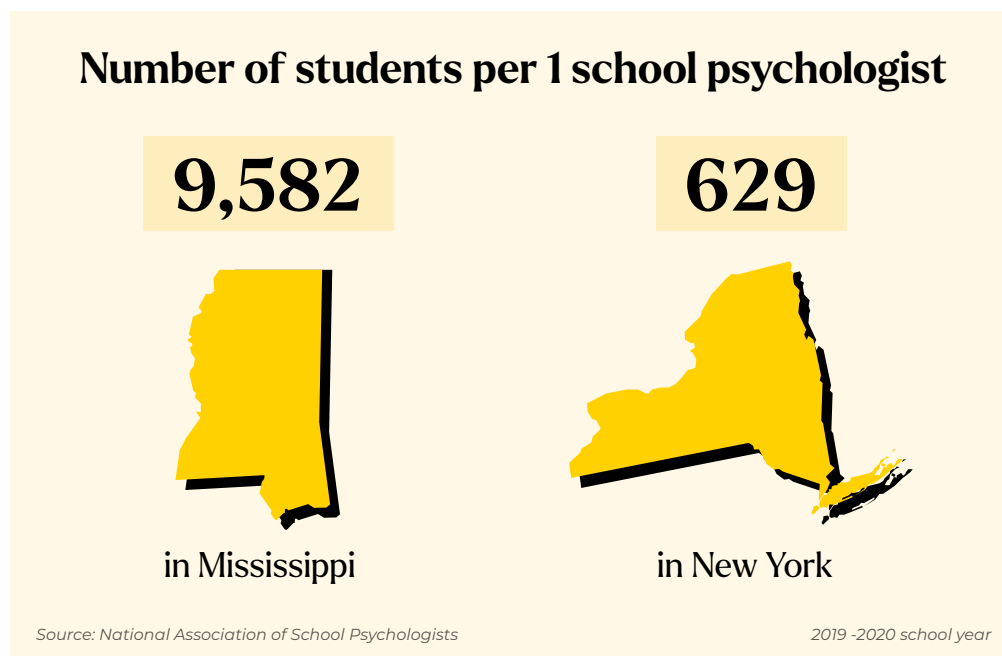
<sup>17</sup> How District Poverty Levels Influence Covid-Relief Spending. (2022, June 8). Retrieved from <https://www.future-ed.org/how-district-poverty-levels-influence-covid-relief-spending/>

# Lack of Mental Health Workforce

**States and LEAs also struggle with a lack of mental health providers due to inadequate funding and regional health workforce shortages.** In the 2019-2020 school year, on average, there was one school psychologist per 1,211 students in the United States which far exceeds the recommended ratio of no more than 500 students per school psychologist.

Schools located in rural areas are especially vulnerable to provider shortages. For example, the ratio in Mississippi of students to school psychologists is one to 9,582; compared to one to 629 in New York.<sup>18</sup> While not all seventeen states that have expanded school Medicaid have lower student to school psychologist, many do, indicating that Medicaid expansion could be an important lever in increasing the mental health workforce.<sup>19</sup>

Educator shortages put a significant strain on the workforce and the healthcare system since staff that is overworked can impact a student's wellbeing and mental health as well. Schools also face shortages of bilingual and culturally competent mental health providers for an increasingly diverse student population.<sup>20</sup>



18 State Shortages Data Dashboard. National Association of School Psychologists. Retrieved from <https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard>

19 Healthy Students, Promising Futures. Healthy Schools Campaign. Retrieved from [https://healthyschools-campaign.org/dev/wp-content/uploads/2023/10/Status-of-School-Medicaid-Expansion\\_-How-and-How-Many-States-Have-Taken-Action-to-Increase-School-Health-Access-and-Funding.pdf](https://healthyschools-campaign.org/dev/wp-content/uploads/2023/10/Status-of-School-Medicaid-Expansion_-How-and-How-Many-States-Have-Taken-Action-to-Increase-School-Health-Access-and-Funding.pdf)

20 Sohn, E. There's a strong push for more school psychologists. American Psychological Association. Retrieved from <https://www.apa.org/monitor/2024/01/trends-more-school-psychologists-needed>

# Administrative Burdens

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**Many communities and school districts have noted that they do not have the administrative staff or resources to handle competitive grant processes.** For example, some school districts, especially those in rural areas, have indicated that they no longer participate in the Medicaid program due to complex administrative processes and paperwork requirements. Rural districts have also indicated that they could not afford to outsource billing to a third-party vendor and that there was a lack of qualified Medicaid providers in their area.<sup>21</sup>

School districts need better tools and technical assistance to apply for funding and Medicaid reimbursement, including a more simplified process for billing. Although CMS has created guidance such as the TAC and Medicaid claiming guide, there is still a lack of guidance present around Medicaid reimbursement. The TAC does not have the bandwidth to individually work with and help all LEAs and cannot effectively bridge the unique state and federal requirements for Medicaid reimbursement.

**55%**

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of school administrators

Do not have enough  
information or are not aware of  
funding resources for mental  
health programs

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<sup>21</sup> Structural Inefficiencies in the School-Based Medicaid Program Disadvantage Small and Rural Districts and Students. AASA, The School Superintendents Association. Retrieved from [https://www.aasa.org/docs/default-source/resources/reports/aasa-medicaid-report-final.pdf?sfvrsn=5e2f582f\\_4](https://www.aasa.org/docs/default-source/resources/reports/aasa-medicaid-report-final.pdf?sfvrsn=5e2f582f_4)

# KEY RECOMMENDATIONS AND POTENTIAL SOLUTIONS

1

## **Blend and braid multiple sources of funding at the local, state, and federal level to support a full continuum of school mental health services.**

School funding is cross-sectional and necessitates collaboration between local and state entities. Depending solely on a single funding source for mental health services poses challenges, highlighting the importance of blending and braiding funding to maximize resources. States can capitalize on federal investments such as funds from initiatives like the Bipartisan Safer Communities Act, alongside ongoing contributions from Medicaid, Individuals with Disabilities Education Act (IDEA) funds, and local sources.

Some states, such as Pennsylvania, exemplify this approach by integrating and braiding multiple funding streams to provide a wide range of school mental health services. Pennsylvania's Student Assistance Program, overseen at the state level, draws on funding from Medicaid, CHIP, and private insurance to support behavioral health treatment services. This collaborative model, guided by state guidelines and professional standards, involves representatives from the Departments of Education, Drug and Alcohol Programs, and Human Services, ensuring a holistic and effective program for students facing mental health and substance use challenges.<sup>22</sup> Both state and the federal government entities should explore the collaboration of more dedicated funding streams for school-based mental health, given the fact that delivery of such services has become a mandate for school districts in a way that it was not even 5 or 10 years ago.

Time is of the essence on all of these initiatives. It is important to note that, as ESSER funding expires, districts that utilized this funding for mental health service support are challenged with how to replace that funding to continue certain services.

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<sup>22</sup> Student Assistance Program. Commonwealth of Pennsylvania. Retrieved from <https://www.pa.gov/en/agencies/dhs/resources/for-residents/student-assistance-program.html>

2

## **Invest in long-term strategic plans and funding models through Medicaid and commercial payers.**

A key part of sustainable funding for school-based mental health is the inclusion of traditional healthcare funding streams (e.g. Medicaid and commercial insurance) as part of the funding equation. Medicaid is an essential source of funding for schools as they begin to build comprehensive mental health programs. LEAs and states must ensure Medicaid plans allow school-based and school-linked mental health providers to be reimbursed for all Medicaid-eligible students. For example, Illinois



and Louisiana have expanded their school-based Medicaid programs to cover a range of mental health services, including services under EPSDT.<sup>23</sup>

Another way LEAs can work with Medicaid agencies is to eliminate prior authorization requirements and reduce the administrative burden faced by many schools. For example, Tennessee does not require prior authorization for many school-based services, thus removing that extra layer of challenge as students navigate the mental health services.<sup>24</sup>

In addition to Medicaid and CHIP, schools can also collaborate with commercial health plans to enable reimbursement of medically necessary mental health services provided in schools. For example, the California Children and Youth Behavioral Health Initiative (CYBHI) is a five-year \$4.7 billion dollar investment from the state that takes on a whole-child approach to behavioral health. Of the 20 initiatives within CYBHI, nearly half are dedicated to improving school-based behavioral health services, including efforts to improve the workforce, and changing how providers are reimbursed. This is being done through a collaborative infrastructure through the LEAs, county behavioral health departments, Medi-Cal and commercial payer plans. To create a larger mental health workforce at schools, the state is requiring all LEAs to be Medi-Cal enrolled to be eligible to participate in the CYBHI fee schedule to receive reimbursement for eligible services.<sup>25, 26</sup>

Other states could form similar partnerships between Medicaid agencies and LEAs to create a similar fee structure. If a state is similar to California in that the county health departments are responsible for administering mental health benefits, then it is essential for state Medicaid agencies to also communicate with county health departments and ensure there is an adequate mental health workforce and provide technical assistance should there be a need. Cross-sector collaborations such as the CYBHI allow for a larger mental health workforce and enable schools to have a larger number of behavioral health professionals for students.

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23 Using Medicaid to Address Young People's Mental Health Needs in School Settings. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/blog/2024/using-medicaid-address-young-peoples-mental-health-needs-school-settings>

24 Medicaid Managed Care and School Health Services: Early Lessons & Opportunities. Healthy Students, Promising Futures. Retrieved from <https://healthstudentspromisingfutures.org/wp-content/uploads/2024/04/School-Health-Medicaid-Managed-Care.pdf>

25 Children and Youth Behavioral Health Initiative. DHCS. Retrieved from <https://www.dhcs.ca.gov/cybhi>

26 School-Linked Partnerships and Capacity Grants Funding Guidance Overview. DHCS. Retrieved from <https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-SL-Grants-Funding-Guidance-Memo.pdf>

### 3

## **Build a transparent data infrastructure that integrates and shares data at the local, state, and federal levels.**

Data sharing and data aggregating is vital for establishing sustainable mental health services. Funds should be allocated to develop a data dashboard that monitors student care within schools and coordinates with external agencies, such as pediatric and mental health services.

Failure to share data with state agencies can hinder the understanding of service needs and impede intervention planning. Sharing additional data like student attendance, behavior, grades, and health information can facilitate a coordinated

care system. Integration of measures from various entities, including teachers, counselors, and healthcare providers, enables real-time action planning and goal setting. Demographic data can further aid in identifying communities with the greatest need.

Ohio serves as a notable example, providing both district-level and individual school data through the Ohio Healthy Students Profiles, a collaboration between the Ohio Department of Medicaid and the Ohio Department of Education. This resource includes healthcare interactions, health conditions, and educational indicators for students on Medicaid.<sup>27</sup> Other states should similarly work across agencies and utilize existing resources to create public-facing dashboards that highlight educational and health related data.

<sup>27</sup> Ohio Healthy Students Profiles | Ohio Department of Education and Workforce. Ohio Department of Education. Retrieved from <https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Healthy-Students-Profiles>

**4**

**Utilize data and metrics to measure impact.**

States need to measure the impact of mental health services being provided at the school level. This includes process and outcomes metrics that are stratified by race, ethnicity, gender, and other demographics such as disability status, national origin, languages spoken at home, and socioeconomic status. While there are several quality measures school districts can track, below are some examples schools may utilize.

Measure	Description	Purpose	Metric(s)
Screening	Universal assessment of social, emotional, and behavioral competencies	Identify at-risk populations and risk factors for interventions	# of students screened twice per school year by mental health professionals
Mental Health Literacy (Tier 1)	Knowledge and understanding of mental health, including reducing stigma, and how to get help for mental health concerns	Develop and improve curricula around mental health literacy for all staff and students	# of students who understand how to maintain good mental health  # of students who understand mental disorders and treatments  # of students who know where to get help at school and in the community  # of staff who understand stigma and how to reduce it

Measure	Description	Purpose	Metric(s)
Early Intervention & Treatment Services & Supports (Tiers 2 and 3)	Supports and services for students who have been identified through needs assessments and screening	Understand if students can receive the supports and services and individualized care	# of students who received services and supports after identified as needing them  # of students who are referred to outside support services
Staff Well-being	Assesses the school climate to better understand how to implement activities around workforce and training	Create and improve strategies to reduce staff burn-out and create supportive environments within the school that are inclusive and culturally relevant	# of staff who feel burnt out over the last 6 months  # of staff who do not feel they have the necessary resources or training to address mental health concerns of their students
Academic Improvement	Assesses the impact of mental health services on key academic outcomes	Determine the inter-relationship between high quality mental health services and school performance	# of improvements in attendance for students participating in mental health services (and reduction in chronic absenteeism)  # of reductions in disciplinary events for students participating in mental health services (detention and suspension)  # of improvements in grades for students participating in mental health services

Maryland is a notable example for requiring annual reporting on school discipline data aggregated by race, ethnicity, gender, disability status, socioeconomic status, English language proficiency, and type of discipline. The data is collected for the state, each local school system, and each public school. 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.<sup>28</sup>

28 America's School Mental Health Report Card. Hopeful Futures Campaign. Retrieved from [https://hopefulfutures.us/wp-content/uploads/2022/02/FINAL-EDITS-Master\\_022322.pdf](https://hopefulfutures.us/wp-content/uploads/2022/02/FINAL-EDITS-Master_022322.pdf)

# 5

## **Create sustainability through strong partnerships between schools, counties, and communities.**

Partnerships between community organizations, counties, and schools are essential in creating sustainable mental health programs at schools. Optimal mental health needs to take an overall holistic approach and individuals need a comprehensive evaluation in key domains of life such as daily functioning, personal interests, and social connections. Therefore, it is essential to build strong partnerships within communities to make this happen.

Partnerships with faith-based organizations, LGBTQ+ community centers, local cultural centers, and child welfare services can especially help reach marginalized communities and individuals that are most impacted from poor mental health. Establishing these community linkages fosters trust, a crucial element for building sustainable systems with a positive impact on children. Furthermore, a collaborative care model involving schools, families, pediatricians, and mental health professionals ensures wraparound support to enhance the child's well-being, growth, and overall development.

The Los Angeles County Office of Education (LACOE) started the Community Schools Initiative (CSI) pilot implementation at 15 school sites during the 2019–2020 school year with the goal of helping schools to close opportunity gaps and address long-standing inequities. Beginning in fall of 2019, LACOE collaborated with each school and its respective district, alongside key organizations like the Los Angeles County Department of Mental Health and the Workforce Development Board.

Each school appointed a community school site coordinator to oversee implementation, establish advisory councils, and cultivate partnerships tailored to the school's needs. These coordinators, supported by education specialists in some instances, conducted needs assessments, developed annual plans, and facilitated connections to essential services such as food banks, mental health support, and academic intervention programs for students and families.

These partnerships ranged in type and intensity of service, including providing connections to food banks, linking families to mental health services, and tutoring and other academic intervention services.<sup>29</sup> Data from Year 3 of the program indicate positive results, especially from staff training programs, parent engagement efforts, and improved service delivery and mental health support through successful referrals and direct services.<sup>30</sup>

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29 Community Schools Initiative. Los Angeles County Office of Education. Retrieved from <https://www.lacoe.edu/services/student-support/community-schools-initiative>

30 Data, Impact & Accountability. Los Angeles County Office of Education. <https://www.lacoe.edu/services/student-support/community-schools-initiative/impact>

## 6

### **Utilize diverse voices that promote equity and engagement and can create a larger culturally competent workforce.**

It is crucial to ensure diverse representation among stakeholders in school settings, including people of color, LGBTQ+ communities, and those with lived experiences with mental health conditions, as well as families of children with mental health concerns. Their inclusion enables LEAs to gain insight into the unique needs of these groups and develop culturally competent training for providers, which is essential for effective care delivery. The lack of diversity in the mental health workforce poses a significant barrier to students accessing appropriate care, particularly due to issues of mistrust. Additionally, healthcare interventions often overlook the diverse ways people conceptualize, discuss, and seek mental health support.

If working with outside or private providers to scale capacity, it is important to ensure organizations have a commitment to including diverse voices who can in turn serve diverse populations. This also includes diversity and inclusion training for staff. Some organizations invest in diverse hiring and partners with health equity platforms such as Violet, for example, to deliver culturally competent care. Schools can use similar platforms to help with cultural competency.

By co-designing interventions with children, teens, and families from various backgrounds, individuals can better relate to the interventions and ensure culturally informed approaches to treatment. States like Alaska, New Hampshire, and New York are planning to invest in restorative or culturally relevant school discipline practices, fostering peer-mediated small groups where students can openly discuss concerns and grievances.<sup>31</sup>

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31 How are states spending their COVID Education Relief Funds? The 74. Retrieved from <https://www.the74million.org/article/how-are-states-spending-their-covid-education-relief-funds/>

## 7

### **Partner with the private sector to leverage technological resources.**

With such a large need for telehealth services, especially in areas with limited resources, technological innovation can allow schools to reach children and their families at their convenience. Many families face barriers when trying to obtain mental health care such as transportation and scheduling constraints, among many others. Research indicates that telehealth provides a way for patients to overcome structural barriers that may prevent them from obtaining treatment and the increased flexibility allows providers to reach more children and teens.

Schools and states should collaborate with the private sector to leverage resources for advancing technological platforms and innovation. For example, through the CYBHI cited above the California Department of Health Care Services has contracted with two digital health companies to provide free behavioral health services for all youth ages 0-25. Brightline (serving youth ages 0-12) and Kooth (serving youth ages 13-25) offer free behavioral health coaching for a wide range of needs (e.g., managing tantrums, negotiating peer conflict, developing identities) in order to prevent or

intervene early before more significant behavioral health challenges arise. For those youth who have greater challenges or safety concerns that require a different kind of care, such therapy or other specialized services, these organizations determine the right care and help youth get connected to low cost, high quality care in their local community.

Other examples include a partnership between United Healthcare and Hazel Health that has brought school-centered virtual mental health services to nearly a dozen school districts to support 100,000 students across the State of Iowa, an unprecedented investment in expanding access to high quality, evidence-based, virtual care in the state.

Another example can be seen in EmpowerU's partnership with school districts in Minneapolis that provide students with virtual mental health support. ISD 728, a large rural and suburban school district outside of Minneapolis had an existing strong multi-tier system of support, but growing problems with disengaged middle and high school students.

District leadership knew the counselors in the schools lacked the capacity to provide the 1:1 support needed to get the students back on track academically. They partnered with EmpowerU to provide online skill-building lessons for tier 2 support which include 1:1 asynchronous coaching. This partnership led to an increase in reported student well-being and academic success: 98% of students made significant progress toward their goals.

## Recommendations At A Glance

- 1** Blend and braid multiple sources of funding at the local, state, and federal level to support a full continuum of school mental health services.
- 2** Invest in long-term strategic plans and funding models through Medicaid and commercial payers.
- 3** Build a transparent data infrastructure that integrates and shares data at the local, state, and federal levels.
- 4** Utilize data and metrics to measure impact.
- 5** Create sustainability through strong partnerships between schools, counties, and communities.
- 6** Utilize diverse voices that promote equity and engagement and can create a larger culturally competent workforce.
- 7** Partner with the private sector to leverage technological resources.

# Specific Action Steps to Operationalizing Recommendations

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While the above recommendations are an essential basis for understanding what LEAs and states should prioritize, below are the suggested action steps for operationalizing the recommendations. While this checklist is not comprehensive of all necessary steps, it should be used as a starting point for agencies.

## 1

### **Focus on removing mental health care disparities for BIPOC and LGBTQ+ groups and other underrepresented minorities.**

Checklist for **LEAs:**

- ❑ Create regular staff training that center around LGBTQ+ youth which includes topics such as cultural humility, key terms and concepts, and best practices for creating a LGBTQ+-inclusive environment tailored to addressing mental health concerns. The training can be on-line or in-person and can be leveraged from other local and national agencies.
- ❑ Hire diverse staff members, including teachers, counselors, and therapists, including those from LGBTQ+, BIPOC, and other underrepresented groups to promote diversity and help with better student engagement.
- ❑ Work with staff members to specifically reach out to families of youth that are first-generation immigrants to discuss mental health support services, mental health literacy, and other concerns.
- ❑ Create support groups around LGBTQ+ and BIPOC individuals to create a “safe space” where the students can share concerns, ideas, and thoughts related to their mental health with their peers and counselors. Ensure that these meetings are held regularly.
- ❑ Reach out to community organizations such community health centers, multicultural centers, and LGBTQ youth centers to implement mental health interventions for students to ensure there is a space outside of schools for youth to get care.
- ❑ Partner with local public transportation services to provide weekly access to community health clinics and youth centers for those that have logistical barriers.

Checklist for **SEAs:**

- ❑ Introduce legislation tailored specifically to service LGBTQ+ and youth of color which includes increase access to counseling, crisis intervention, and other mental health supports that meets the needs of all students.
- ❑ Distribute grant funds to schools to partner with local community organizations that can create linkages between school and outside care.

- Utilize state-wide metrics to ensure that mental health staffing needs are met for all schools, and ensure that the metrics track diversity and cultural competency of staff.
- Work with Medicaid agencies to carve school mental health services into managed care delivery systems to expand services to all students.

## 2

### Create diverse statewide mental health task forces.

#### Checklist for **LEAs:**

- Recruit individuals from schools and communities to ensure representation in the mental health taskforce, making sure to include families and youth with lived experience as well as those from marginalized communities.
- Ensure comprehensive data is being collected from schools, including case management, staffing, and overall student and staff well-being. Be sure to relay this data and information at the taskforce meetings to help create targeted strategies and goals.

#### Checklist for **SEAs:**

- Ensure representation from multiple state agencies in the task force such as the behavioral health department, Medicaid agency, education department, workforce, and labor department, among others.
- Create a strategic plan with short and long-term goals related to school mental health services which focus on staffing, financing, and expansion of programs.
- Hold regular task force meetings that display the progress of goals, including data metrics, that can help group members identify areas of improvement and adjust strategies as needed to achieve the desired outcomes.
- Release annual reports which evaluate progress of the plan, updating goals as needed.
- Display public meetings, agendas, and meeting minutes to create transparency and insight.
- Focus on the full spectrum of behavioral health needs, from prevention and early intervention through clinical services, to cover all student needs.



# 3

## Create a financing plan that blends funding to support comprehensive mental health services diverse statewide mental health task forces.

### Checklist for **LEAs:**

- ❑ Conduct a comprehensive needs assessment that determines which initiatives or activities need to be prioritized. Rank them in order of prioritization.
- ❑ Provide toolkits and other guidance on how funding can be utilized for behavioral health interventions and services.
- ❑ Hold quarterly meetings with local healthcare providers to discuss current Medicaid reimbursement structures in school-based settings as well as any challenges with billing that they have to help better understand how to navigate the system.

### Checklist for **SEAs:**

- ❑ Identify all funding streams that can be used for school mental health services.
- ❑ Consider creation of a dedicated funding stream focused specifically on school-based mental health.
- ❑ Crosswalk the list of priorities with the various funding streams, including local and federal funds.
- ❑ Hold strategic meetings to operationalize how to blend and braid funding, including how to create technical assistance around grant management, billing, and other administrative burdens.
- ❑ Expand access to mental health coverage within Medicaid and ensure that Medicaid plans allow school-based mental health providers to be reimbursed for all Medicaid-eligible students.
- ❑ Utilize opportunities through demonstration projects under section 1115 of the Social Security Act to enhance specific data streams and other eligible mental health services.
- ❑ Work with commercial health plans to remove restrictions on reimbursement of medical necessary school mental health services.
- ❑ Provide training and other technical assistance to offset the administrative burden brought by Medicaid documentation and other claiming processes.

# Conclusion

**The need for comprehensive mental health services in schools is clear**, especially given the rising youth mental health crisis. While many federal initiatives have provided funding, significant barriers remain for state and local education agencies to implement these services, including funding complexities, workforce shortages, and administrative burdens.

To address these challenges, schools must leverage diverse funding sources from all areas of support, prioritize long-term planning, and foster transparent data-sharing infrastructures. Partnerships between schools, communities, and the private sector are crucial for sustainability and equity. Operationalizing these recommendations requires targeted advocacy, statewide task forces, and comprehensive financing plans. By embracing these strategies, policymakers and educators can ensure that every student has access to the mental health support they need to thrive academically and emotionally.



# Recommended Action Steps at the National Level

The following are select relevant national recommendations from the [Alignment for Progress National Strategy Recommendations for Mental Health and Substance Use Disorders](#).

**Congress should amend the Elementary and Secondary Education Act** to fund teacher and principal training and professional development on mental health and substance use challenges in children and adolescents.

**Congress should amend the Head Start Act** so the Health and Human Services (HHS) Secretary is required to prioritize programs that support evidence-based trauma-informed programs, age-appropriate positive behavioral interventions and supports, early childhood mental health consultation, and prevention of suspension and expulsion.

**Congress should pass the Stop Mental Health Stigma in Our Communities Act**, which would require the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and implement an outreach and education strategy in the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) community to promote mental health and reduce stigma associated with mental health and substance use disorders (MH/SUD).

**The U.S. Department of Education (DOE) should collaborate with states on student assessment programs** such as Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT should be deployed for adolescents in middle school, high school, and college levels.

**The Executive Branch should continue to fight anti-LGBTQ+ laws** enacted at the state or local level that violate federal law or the U.S. Constitution and harm LGBTQ+ individuals, particularly youth.

**Congress should pass the Mental Health Services for Students Act**, which would strengthen comprehensive, school-based mental health services.

**Congress should fully fund the Individuals with Disabilities Education Act (IDEA)** to ensure that all eligible children, including those with serious mental health conditions, receive the special education services they need to succeed academically.

**The Substance Abuse and Mental Health Services Administration (SAMHSA) should develop culturally competent guidelines** for mental health and substance use service providers, particularly those serving predominantly underserved communities—particularly Black/African American; Hispanic/Latino; Asian American, aNative Hawaiian, and Pacific Islander; American Indian and Alaska Native; lesbian, gay, bisexual, transgender, queer, and intersex(LGBTQI+) communities—through inclusive and responsive community engagement.

**Congress should increase funding for research on the impact of social media and technology on youth mental health** and for consumer education about potential mental health risks online.

**The Department of Education (DOE) should build a standardized framework for schools to implement the Multi-Tiered Systems of Support (MTSS) framework**, establish dashboards for data collection and resources libraries on the MTSS framework, establish a certification program that recognizes districts that have implemented MTSS best practices, and establish a permanent position for school-based Medicaid services to support state education agencies in implementation. The Centers for Medicare & Medicaid Services (CMS) should also clarify that Tier 1 supports under MTSS include prevention and early intervention services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

**Congress should pass the Reconnecting Communities Act**, which would address infrastructure barriers that impede mobility and connectivity, focusing on communities of color and low-income communities. It would also create a program under the Department of Transportation (DOT) to award grants for community engagement, education, and capacity building; planning and feasibility studies; and capital construction.

**Expand the collection of Sexual Orientation and Gender Identify (SOGI) information** in death records and government surveys on youth to create more accurate data on the number of lesbian, gay, bisexual, transgender, or queer (LGBTQ+) youth who die by suicide and who attempt suicide.

**Congress should fund research through the National Institutes of Health on the efficacy of mental health and substance use disorder (MH/SUD) services provided via telehealth**, with outcomes studied by service type (e.g., crisis response) and demographic groups, including underserved communities.

Congress should appropriate additional funding to the National Institutes of Health (NIH) and the National Institute on Mental Health (NIMH) to **fund additional research on Black youth mental health and suicide**.

Congress should pass legislation to **ensure the availability of mental health and substance use disorder (MH/SUD) services via telehealth**, which is critical to expanding access to treatment.

Federal departments and agencies should **make mental health and substance use disorder (MH/SUD) data collection and reporting a top priority by finalizing a proposed rule to require states to report on MH/SUD measures in Medicaid**, creating a common MH/SUD data model and reporting portal that all recipients of federal MH/SUD funds must use, reestablishing the Department of Health and Human Services (HHS) Data Council, and adding new MH/SUD vital statistics records to the National Vital Statistics System (NVSS) that are updated monthly.

**Congress should pass legislation that includes increased safeguards for minors** including: age verification, transparency measures, content controls, reporting mechanisms, and personal data sharing protections, as outlined in the Children and Teen's Online Privacy and Protection Act, the Kids Online Safety Act, and Protecting Kids on Social Media Act.

**Federal appropriators should provide specific funding to support research by the National Institute of Mental Health (NIMH) to continue the development of evidence-based mental health and substance use disorder (MH/SUD) interventions for underserved communities**, such as LGBTQ+ youth, Native communities, Black Americans, and Hispanic/Latino communities.

**The U.S. Food and Drug Administration (FDA) should work to improve adolescents' access to the best mental health and substance use disorder (MH/SUD) medications** by bridging available adult data with bioequivalence studies and an open-label safety study.

**Congress should pass legislation like the Behavioral Health Information Technology Coordination Act** to advance adoption of electronic health records (EHRs) among mental health and substance use disorder (MH/SUD) providers.

**Congress should require the Government Accountability Office (GAO) to report to Congress on current reimbursement rates paid for mental health and substance use disorder (MH/SUD) services** by Medicare, Medicaid, individual and group health plans, and other types of health coverage, both in and out of network. Rates should be assessed for their sufficiency to increase in the supply of participating providers and pipeline for clinicians entering MH/SUD fields, as well as compared to physical health reimbursement.

**The Department of Health and Human Services should develop a model training program** to be disseminated to all levels of medical education (including all prescribers) on screening for mental health and substance use disorders (MH/SUD) to identify at-risk patients.

**Congress should appropriate at least \$36.7 million for the Minority Fellowship Program** (42 U.S.C. 29011) to increase providers' knowledge of issues related to prevention, treatment, and recovery support for mental health and substance use disorders (MH/SUDs) among racial and ethnic minority populations.

To address the continued need for provider flexibility and remove federal barriers to meeting workforce demands, **Congress should permanently eliminate the out-of-state licensure requirements under Medicare and Medicaid.** Congress should also direct the Department of Health and Human Services (HHS) to convene a working group representing state health profession licensure boards to identify barriers to participation in state licensure compacts and develop a framework or model application for reciprocity to facilitate provider approval to practice across state lines.

**Congress should expand funding the eligibility criteria for national and state loan repayment programs** to include bachelor-level social workers, health and human services providers, and certified drug and alcohol counselors, while also expanding service delivery location sites to include more home, school, and community-based settings.

**Congress should require the Department of Health and Human Services (HHS) to issue Medicaid guidance** to increase mental health and substance use disorder (MH/SUD) provider education, recruitment, and retention and improve workforce capacity in rural and underserved areas.

**Congress should pass legislation like the Strengthen Kids' Mental Health Now Act** to increase community-based provider rates and expand the capacity and availability of pediatric mental health services.

**Congress should pass the Advancing Student Services in Schools Today (ASSIST) Act**, which would increase school-based provider rates and expand the availability of mental health and substance use disorder (MH/SUD) care in schools.

**The Centers for Medicaid & Medicare Services (CMS) and Department of Education (DOE) should ensure schools are an eligible entity for receiving youth peer support services** by issuing clarifying guidance and updating its administrative claiming guide to ensure youth peer support models are a permissible school-based service. CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA) should offer learning collaboratives and technical assistance to states on peer support and billing best practices.

**The Centers for Medicare & Medicaid Services (CMS) should clarify its May 2023 guidance on school Medicaid is not meant to supersede allowable Family Educational Rights and Privacy Act (FERPA) exceptions.** The Department of Education (DOE) should issue guidance that clarifies that for the purposes of audits, school Medicaid is considered an education program and local education agencies are free to release information to auditors. Absent action from CMS, Congress should update the FERPA statute to allow for school Medicaid exceptions.



Explore more of the National Strategy recommendations:  
[strategy.alignmentforprogress.org](https://strategy.alignmentforprogress.org)



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# About

Co-founded by former Congressman Patrick J. Kennedy and his wife, Amy L. Kennedy, The Kennedy Forum (TKF) is creating a future where all people can access effective prevention and treatment of mental health and substance use disorders (MH/SUD).

TKF uniquely cultivates relationships with key leaders to advance sweeping change for major MH/SUD issues, including inequity in insurance coverage and the escalating youth mental health crisis.