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futures 
campaign

AMERICA'S SCHOOL MENTAL HEALTH REPORT CARD








..... February 2022



Every Child Should Have Access to
the Mental Health Care They Need.

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2022 brings an urgent challenge and a profoundly important opportunity.

The challenge is America’s growing youth mental health crisis. In 2019, more than one in three high school students said they experienced persistent feelings of sadness or hopelessness and one in five students seriously considered suicide. In 2020, the percentage of emergency department visits increased by 24% for children ages five to 11 and by 31% for youth ages 12 to 17 compared to the same period in 2019. The truth is we weren’t adequately addressing this crisis before the pandemic, and it’s only gotten worse.

As our nation struggles to keep children in school, parents and educators alike are confronted with the increasingly complex mental health needs of children who are stressed out, anxious, depressed, and worse. Their needs are overwhelming our educators, who themselves are often overworked, underpaid, and don’t always have the training and supports to adequately help children who are struggling.



In 2019, more than 1 in 3 high schools students said they experienced persistent feelings of sadness or hopelessness



As big as these challenges seem, they are not insurmountable. We have an opportunity to do something about it, and that’s why Inseparable joined 16 other organizations to form the Hopeful Futures Campaign. **We believe that all parents, families, and communities want their children to be safe, happy, and healthy.**

Our goal is to bring comprehensive school mental health systems to every school in the country, so that every child has the opportunity to thrive. With the help of our campaign partners, we’ve assembled a **first-ever national report card** grading every state in the country on policies that support school mental health, with recommendations so that every state can take further action to help their children.

We’ve built an action center so that students, parents, and anyone who wants to make a difference can learn about the state of school mental health where they live, then take direct action to improve their state’s response to the youth mental health crisis.

We named this effort the Hopeful Futures Campaign because empowering **children, parents, and families** to have a healthy and hopeful future is one of the most important things we can do for them. And it’s a campaign because it’s going to take an army of committed advocates and activists working together to drive this change.

Let’s get to work, together.

Bill Smith
Founder, Inseparable





In 2021, pediatricians, child psychiatrists and children’s hospitals declared a national state of emergency for youth mental health.¹ The groups highlighted that suicide is the second leading cause of death for youth ages 10 to 24 and that they have seen high rates of loneliness, anxiety, depression, trauma, and suicidality in youth.² Even before the pandemic, over one in eight youth (ages 12 to 17) reported at least one major depressive episode in the past year. Today, Americans across the country are united in their concern about the mental health of our young people and the impact it has throughout their lives.

Children with mental health problems often struggle in school and at home—and are more likely to encounter challenges as adults. Despite how common mental health conditions are in youth, many do not get the services they need, which can lead to worsened conditions that are harder to treat and to poorer life outcomes.

When youth get support early, they have better outcomes and young lives are kept on track. One of the most effective approaches to get youth the help they need is to meet them where they’re at—in schools—with comprehensive mental health systems. Comprehensive school mental health systems work in partnership with youth, families, and communities to promote a positive school climate, to help develop life skills, enhance knowledge of mental health, and to provide more intensive services for youth with greater challenges. School mental health services lower barriers to care and reduce inequities for underserved youth.

“
Before the pandemic, over one in eight youth (ages 12-17) reported at least one major depressive episode in the past year.
”

We need to invest now in creating hopeful futures for our nation’s youth. States can take a critical step by adopting policies that support comprehensive school mental health systems. That’s why I’m honored to stand with the Hopeful Futures Campaign, a coalition of 17 leading national organizations, in releasing this report. This report describes actions each state has taken in key policy areas to promote student mental health and offers tangible policy recommendations to better support our nation’s youth.

I strongly encourage you to read this report, join the campaign, and take action.

Sharon Hoover, Ph.D.

Professor, Division of Child and Adolescent Psychiatry
Co-Director, National Center for School Mental Health
Director, NCTSN Center for Safe Supportive Schools
University of Maryland School of Medicine



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; 69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3external icon>.

² Curtin SC, and Heron M. *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2000-2017*. 352. NCHS Data Brief, 2019.



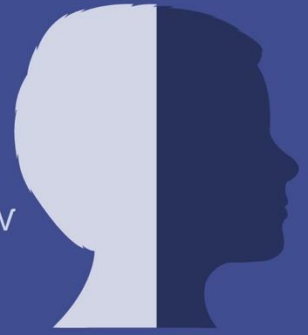


Suicide is the second leading cause of death among high school-aged youth ages 14–18.



Nearly one in three parents (**31%**) shared that their children’s emotional health is worse than before the pandemic.

Half of all mental illness presents **by age 14**, yet few get the services they need.



5-11 YEAR OLDS

5-11 YEAR OLDS (2020)

12-17 YEAR OLDS

12-17 YEAR OLDS (2020)

In 2020, the proportion of mental health-related emergency room visits for children 5-11 and 12-17 years increased by **24%** and **31%**, respectively.

In 2019, one third of high school students reported persistent feelings of sadness or hopelessness, **an overall increase of 40% from 2009.**



WORKS REFERENCED

Curtin SC, and Heron M. *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2000-2017*. 352. NCHS Data Brief, 2019.

Panchal N, Kamal R, Cox C, Garfield R, Chidambaram P. *Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic*. 2021. Kaiser Family Foundation.

Kessler RC, Berglund P, Demler O, 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;62(6):593-602.

Lipari RN, Hedden S, Blau G, and Rubenstein L. *Adolescent mental health service use and reasons for using services in specialty, educational, and general medical settings*. The CBHSQ Report: May 5, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

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; 69:1675–1680.

Centers for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report 2009-2019*. 2020.





Our Purpose and Process

Across the country, youth are struggling with their mental health and it's profoundly affecting their lives in school, at home, and in their community. One of the best ways to help children is to provide comprehensive mental health services in schools. That's why our broad cross-section of organizations (Active Minds, Bring Change to Mind, The Center for Law and Social Policy, Healthy Schools Campaign, Inseparable, 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, Rare Impact by Rare Beauty, The Trevor Project, UNICEF USA, Well Being Trust, and YourMomCares) are united in promoting school mental health services through the Hopeful Futures Campaign.

The Hopeful Futures Campaign is issuing our first-ever state-specific report cards that examine state policies that support school mental health. The policies fall 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.



To create these report cards, we held focus groups with students, parents, and general voters, as well as consulted with campaign partners, who include subject matter experts, technical assistance experts, and experts in serving youth and especially vulnerable communities. These extensive efforts led to selecting eight categories that contribute to aspects of a comprehensive school mental health system. To compare states more consistently, we focused on state statutes and, in some cases, state educational standards or databases. With the generous pro bono assistance of a team of lawyers from Jenner & Block, we researched policies in every state and used a scoring guide to assess progress.

The report cards provide an easy-to-understand snapshot of school mental health policy in each state. It is important to note that state–level statutes and data points give us an important but incomplete analysis of where states stand on school mental health. For example, a relatively comprehensive state statute on mental health training for teachers and staff may not be implemented with the desired effect. On the other hand, a relatively sparse state training requirement may be implemented comprehensively and effectively. Similarly, a school's ratio of school mental health professionals to students may not reflect unique circumstances regarding how those professionals are deployed and how mental health services are provided to students within a state. In every category, local context is needed to appropriately interpret the report card. As a result, we urge readers to use the report cards as a starting point to spark a dialogue about what is working in their state and what policies and practices are needed to improve school mental health.



Report Card Policy Categories

School Mental Health Professionals – A state’s ratios of school mental health professionals to students is an important signal of the overall availability of mental health support in schools. We urge states to meet nationally recommended ratios for school psychologists, counselors, and social workers, and to ensure that these providers reflect the diversity of the students they serve. Together, these three types of professionals can provide a range of needed mental health services.

Methodology: We used public data of a state’s ratio of school psychologists, social workers, and counselors to students as reported on [The School Health Assessment and Performance Evaluation \(SHAPE\) System](#).

School-Family-Community Partnerships – Partnering with and effectively engaging families, youth, and community stakeholders, including community-based mental health providers, is vital to successfully implementing and sustaining a comprehensive school mental health system.

Methodology: We researched state statutory requirements for family/community engagement plans. We also looked at whether a state had statutes to support partnerships between schools and community mental health providers, advisory councils or task forces focused on school mental health services, or community school legislation.

Teacher and Staff Training – Regular training in mental health, substance use, and suicide prevention can help educators and staff feel better equipped to identify warning signs of mental health or substance use problems, to respond appropriately, and to have knowledge of available resources and effective interventions. We note that while many states have training in one or more of these topics, few states specifically require all three topics. While we did not focus on trauma-informed trainings, we believe that such training is a valuable complement to training on mental health, substance use, and suicide prevention.

Methodology: We researched state statutory requirements for teacher training on suicide prevention, mental health, and substance use.

Funding Supports – Sustainable funding for school mental health services is critical and Medicaid can play an important role, bringing federal matching funds that help state dollars go further. Multiple state Medicaid programs cover school mental health services, including via telehealth, for all Medicaid-enrolled students, but many others limit coverage to students on an Individualized Education Plan (IEP). Some states have taken the additional step of ensuring that all school mental health professionals are eligible to bill under their state’s Medicaid program.

Methodology: We used the Healthy Schools Campaign’s [School Medicaid Program Database](#) to provide information on Medicaid coverage, including eligible students and behavioral health staff. We used data from the [National Academy for State Health Policy](#) to assess Medicaid coverage of school-based behavioral health services delivered via telehealth.

Well-Being Checks – Regular checks of mental wellness can help identify students and staff who may need support. With high rates of trauma, anxiety, depression, and other mental health and substance use challenges, it’s important to be able to intervene early and provide the services and supports needed to help students and staff thrive.

Methodology: We researched state statutory requirements for well-being checks or mental health screenings in schools.



Healthy School Climate – Policies that foster safe, supportive schools help create a positive learning environment and foster mental wellness for all students but especially for LGBTQ students, students of color, and other highly impacted populations. There are many policies that contribute to a healthy school climate, and for the purposes of this report, we focused on the policies noted below.

Methodology: We researched state statutes for school anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline (suspensions and expulsions), and school suicide prevention programs.

Skills for Life Success – Relationship skills, self-management, responsible decision-making, self-awareness, and social awareness are all life skills that help children and youth in school and beyond. While many states have adopted life skills competencies or standards for pre-kindergarten, our report is focused on life skills requirements for K-12.

Methodology: We used CASEL’s [database](#) to identify state actions and, where applicable, researched state statutes and educational standards.

Mental Health Education – Mental health education, when well-implemented and fully integrated into K-12 health education, can increase awareness and understanding and promote help-seeking behavior. While many states mention mental health concepts in their health education, states are increasingly passing legislation to ensure comprehensive, age-appropriate mental health education in every grade.

Methodology: We researched state statutes and educational standards for mental health as a required topic within health education.





Using the Report Cards to Promote Policy Priorities

The Hopeful Futures Campaign state policy report cards are intended for state policymakers and activists who want to know what policies their state has already adopted to support school mental health services and where there are opportunities to improve. The report cards include policy recommendations that can serve as a starting point for conversations informed by local communities.

Many states are making great strides in adopting policies that support school mental health services. We highlight some of these states in our Policy Pacesetters section and encourage using these policies as a springboard to enhance school mental health in other states. We also note that because we only measured state policies, we have not included local policies or programs funded by federal grants, such as Project AWARE. These programs and local efforts may serve as excellent models for policymakers to sustain and expand.



Finally, we created an interactive [action center](#) that connects activists to advocacy opportunities in their state, including reaching out to policymakers to encourage support for legislation that helps ensure that every child has access to school mental health services.





Our Scoring Guide

The Hopeful Futures Campaign school mental health report cards score each state in eight policy areas that, together, help support comprehensive school mental health services. For each policy area, the scoring guide includes a policy goal and specific types of policies researched, as well as a scoring rubric with the criteria used to assign a score on a zero-to-three “pencil” scale (with three pencils reflecting substantial progress toward the policy goal).

POLICY AREA	POLICY GOALS	SCORING RUBRIC
 <p>School Mental Health Professionals</p>	<p>State meets nationally recommended ratios of students to school psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.</p> <p>Policies that fall in this area:</p> <ul style="list-style-type: none"> • Ratio of students to school psychologists (1:500) • Ratio of students to social workers (1:250) • Ratio of students to counselors (1:250) 	<p>0 Does not meet recommended ratios of any type of school mental health professional</p> <p>1 Meets recommended ratio for one type of school mental health professional</p> <p>2 Meets recommended ratios for two types of school mental health professionals</p> <p>3 Meets recommended ratios for three types of school mental health professionals</p>
 <p>School-Family-Community Partnerships</p>	<p>State policies support and enable schools to engage with families and communities.</p> <p>Policies that fall in this area:</p> <ul style="list-style-type: none"> • Requirement for family/community engagement plans • School-community mental health partnership in statute • State advisory council or task force focused on school mental health services • Community school legislation 	<p>0 No relevant family/community engagement policies</p> <p>1 State encourages, but does not require, family/community engagement or has other recommended policy</p> <p>2 State requires family/community engagement or has two recommended policies</p> <p>3 State requires family/community engagement and has at least one additional recommended policy or has three recommended policies</p>
 <p>Teacher and Staff Training</p>	<p>State statutes require training of teachers and staff in mental health, substance use, and suicide prevention.</p> <p>Policies that fall in this area:</p> <ul style="list-style-type: none"> • Required school staff training in: <ul style="list-style-type: none"> • Suicide prevention • Mental health • Substance use 	<p>0 No teacher/staff training</p> <p>1 Teacher/staff training on one topic</p> <p>2 Teacher/staff training required on two topics</p> <p>3 Teacher/staff training required on three topics</p>



POLICY AREA	POLICY GOALS	SCORING RUBRIC
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State policies support funding of school mental health services for all Medicaid-eligible students.

Policies that fall in this area:

- State Medicaid program covers school-based mental health services for all Medicaid-eligible students
- State Medicaid program covers school-based mental health services via telehealth for all Medicaid-eligible students
- Note: Coverage of students who have Individualized Education Plans (IEPs) or other special education plans is insufficient to meet criteria

- 0 No recommended Medicaid school mental health policies
- 1 Recommended school telehealth policy
- 2 Recommended Medicaid school mental health policy
- 3 Recommended Medicaid school mental health and telehealth policies



State policies require regular checks of mental wellness that help identify students and staff who may need support.

Policies that fall in this area:

- Required annual well-being check for all students and staff
- Note: Mental health screenings meet definition of well-being check

- 0 No well-being check requirements
- 1 Infrequent well-being check requirement
- 2 Regular, but limited (by grade/age) well-being check requirement
- 3 Annual well-being check requirement for K-12



State policies foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and school suicide prevention programs.

Policies that fall in this area:

- Statewide school surveys regarding school climate, substance use, and mental health required
- Anti-bullying policies
- Inclusive environment (anti-discrimination policies)
- Mental health excused absence policies
- Alternatives to exclusionary discipline (suspension and expulsion)
- School suicide prevention programs

- 0 No healthy school climate policies
- 1 One to two healthy school climate policies
- 2 Three to four healthy school climate policies
- 3 Five to six healthy school climate policies



POLICY AREA	POLICY GOALS	SCORING RUBRIC
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State policy requires student competencies in life skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Policies that fall in this area:

- Required age-appropriate life skills competencies for K-12

- 0 No recommended life skills competencies required for K-12
- 1 Recommended life skills competencies required for elementary school
- 2 Recommended life skills competencies for K-12 in educational standards
- 3 Recommended life skills competencies required for K-12 by statute



State policy requires that K-12 health education includes instruction on mental health.

Policies that fall in this area:

- Mental health education is integrated in K-12 health education requirements by statute

- 0 Mental health education not required by statute
- 1 Mental health education required by statute in limited grades
- 2 Mental health education for K-12 in educational standards
- 3 Mental health education required for K-12 by statute



Alabama

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BY THE NUMBERS

719,000 Number of K-12 Students (2022 Projection) ⁱ	54,000 Children with major depression ⁱⁱ	34,000 Children with major depression who do not receive treatment ⁱⁱⁱ	No data Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 8,615 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 418 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** No data is available for the ratio of school psychologists to students in Alabama (the recommended ratio is 1:500).
- **School Social Workers:** Alabama has one school social worker for every 8,615 students (the recommended ratio is 1:250).
- **School Counselors:** Alabama has one school counselor for every 418 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** Alabama Code 16-6B-3 (2012) encourages parental involvement of at-risk children, and encourages, but does not require, family involvement with schools and communities.
- **Mental health partnership:** The Alabama School-Based Mental Health Collaboration aims to achieve greater integration between community-based mental health centers and public schools and ensure that students have access to evidence-based mental health services through the community.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** Alabama Code 16-28B-8 (2021) Provide annual training for all school employees in suicide awareness and prevention, subject to available funding.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** The Jamari Terrell Williams Act (2018) expands Alabama's definition of bullying to include harassment of a student by another student, intimidation, violence, and threats of violence off of school property, and cyberbullying.
- **Suicide prevention:**
 - Alabama Code 16-28B-8 (2018) requires schools to educate students on suicide warning signs and prevention and inform students of community suicide prevention resources.
 - Alabama Code 16-28B-8 (2016) requires that the Department of Education form an advisory committee consisting of representatives from various mental health organizations and school leaders to help coordinate statewide strategies and standards for suicide prevention in schools.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** State [health education program](#) standards for grades 6-8 include mental and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW ALABAMA COMPARES

State Rankings from Mental Health America ^{iv}

	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	28	20	24	20
Youth with At Least One Major Depressive Episode in the Past Year	33,000 / 8.69%	45,000 / 11.90%	49,000 / 13.13%	54,000 / 14.51%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	26,000 / 67.5%	31,000 / 69.7%	34,000 / 66.8%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	29,000 / 8.1%	23,000 / 6.4%	27,000 / 7.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	8,000 / 31.30%	6,000 / 25.9%	8,000 / 31.30%
Students Identified with Emotional Disturbance for an Individualized Education Program	Not Asked	7,000 / 5.9%	1,406 / 2.09%	1,420 / 2.13%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	1,322 / 1.95%	1,365 / 2.02%	7,000 / 5.9%	16,000 / 12.50%
Youth with Substance Use Disorder in the Past Year	22,000 / 5.60%	15,000 / 3.96%	14,000 / 3.63%	12,000 / 3.19%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Alaska

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BY THE NUMBERS

158,000 Number of K-12 Students (2022 Projection) ⁱ	10,000 Children with major depression ⁱⁱ	6,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 5,368 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 6,240 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 417 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Alaska has one [school psychologist](#) for every 5,368 students (the recommended ratio is 1:500).
- **School Social Workers:** Alaska has one [school social worker](#) for every 6,240 students (the recommended ratio is 1:250).
- **School Counselors:** Alaska has one [school counselor](#) for every 417 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention training:** [Alaska Stat. § 14.30.362](#) (2020) requires all teachers, administrators, counselors, and specialists to receive youth suicide awareness and prevention training.
- **Substance use training:** [Alaska Stat. § 14.20.680](#) (2020) requires training for all teachers, administrators, and counselors on the needs of students suffering from drug or alcohol abuse.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions, including available school and community-based services and resources.





Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy Achieved:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students. [Alaska Admin. Code, tit. 7, § 115.600\(c\)](#) (2021)
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Alaska Stat. § 14.33.200](#) (2020) requires each school district to adopt an anti-bullying policy that prohibits harassment or intimidation and emphasizes respectful conduct and speech.
 - [Alaska Stat. § 14.33.220](#) (2020) requires that all school employees, volunteers, and students report to the appropriate school authority any incident of bullying or harassment that they encounter.
 - [Alaska Stat. § 14.33.210](#) (2020) requires every school district to annually report to the state education department all incidents of bullying, intimidation, or harassment that resulted in a suspension or expulsion. The data are to be compiled and reported to the state legislature.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- Mental health education not required by statute.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW ALASKA COMPARES

State Rankings from Mental Health America ^{iv}

	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	21	49	40	46
Youth with At Least One Major Depressive Episode in the Past Year	5,000 / 8.27%	8,000 / 14.27%	9,000 / 15.21%	10,000 / 17.93%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	5,000 / 65.6%	5,000 / 57.8%	6,000 / 63.40%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	5,000 / 9.3%	6,000 / 10.7%	7,000 / 12.10%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000 / 31.4%	2,000 / 29.9%	1,000 / 20.20%
Students Identified with Emotional Disturbance for an Individualized Education Program	671 / 5.69%	707 / 5.93%	745 / 6.26%	765 / 6.48%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	3,578 / 33.6%	2,000 / 8.9%	2,000 / 10.3%	2,000 / 7.50%
Youth with Substance Use Disorder in the Past Year	4,000 / 6.53%	4,000 / 6.54%	3,000 / 4.37%	3,000 / 4.63%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Arizona

hopeful
futures
campaign

BY THE NUMBERS

1,287,000
Number of
K-12 Students
(2022 Projection)ⁱ

95,000
Children with
major depressionⁱⁱ

67,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,593
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 3,382
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)


1 : 905
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Arizona has one [school psychologist](#) for every 1,593 students (the recommended ratio is 1:500).
- **School social workers:** Arizona has one [school social worker](#) for every 3,382 students (the recommended ratio is 1:250).
- **School counselors:** Arizona has one [school counselor](#) for every 905 students (the recommended ratio is 1:250).
- ***Pacesetter*** In 2021, The Arizona Department of Education announced a [\\$21 million investment](#) to fund 71 new school counselors and 69 new school social workers throughout the state.

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [Ariz. Rev. Stat. Ann. § 15-102](#) requires districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention training:** [Ariz. Rev. Stat. Ann. §15-120](#) (2019) Arizona teachers, counselors, and other supportive personnel that work with 6th-12th grade students are required to receive evidence-based suicide awareness and prevention training at least once every three years.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports

Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate

Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Ariz. Rev. Stat. § 15-341 (2019) School districts are responsible for developing definitions for bullying, harassment, and intimidation, and for investigating all reports that prohibited conduct has occurred. School employees are required to report instances of bullying and provide victims with tools and resources appropriate to the situation.
- **Alternatives to exclusionary discipline:** Ariz. Rev. Stat. §15-841 (2018) Arizona schools are encouraged to engage non-punitive alternatives to suspension, including academic work, community service, and participation in mental health and wellness interventions facilitated by school counselors and social workers. Recent amendments provide even stronger protections for young students in kindergarten through 4th grade and require several interventions that center mental health and social wellness prior to punitive disciplinary action.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring age-appropriate suicide prevention education for students.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- Mental health education:** [Ariz. Rev. Stat. Ann. §15-701.03](#) (2021) requires that K-12 health education include mental health instruction that incorporates mental health and the relationship of physical and mental health.

HOW ARIZONA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	46	30	49	49
Youth with At Least One Major Depressive Episode in the Past Year	50,000 / 9.39%	72,000 / 13.06%	89,000 / 15.93%	98,000 / 17.41%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	43,000 / 69.7%	52,000 / 59.6%	67,000 / 70.1%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	47,000 / 8.9%	66,000 / 12.5%	64,000 / 11.9%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	14,000 / 33.2%	15,000 / 24.7%	10,000 / 16.1%
Students Identified with Emotional Disturbance for an Individualized Education Program	7,687 / 7.79%	7,551 / 7.31%	7,742 / 7.61%	7,756 / 7.39%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	31,000 / 11.7%	32,000 / 12.1%	27,000 / 10.2%
Youth with Substance Use Disorder in the Past Year	40,000 / 7.53%	26,000 / 4.77%	23,000 / 4.08%	27,000 / 4.83%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Arkansas

hopeful
futures
campaign

BY THE NUMBERS

491,000

Number of
K-12 Students
(2022 Projection)ⁱ

39,000

Children with
major depressionⁱⁱ

23,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 2,776

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 3,655

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 368


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Arkansas has one [school psychologist](#) for every 2,776 students (the recommended ratio is 1:500).
- **School social workers:** Arkansas has one [school social worker](#) for every 3,655 students (the recommended ratio is 1:250).
- **School counselors:** Arkansas has one [school counselor](#) for every 368 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention:** Ark. Code § 6-17-708 - Arkansas requires all public school personnel to complete two hours of teen suicide prevention training.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Meaningful progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for Individualized Education Plan (IEP) services.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services provided via telehealth for all Medicaid-eligible students.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** [Ark. Code § 6-15-1303\(a\)](#) - Arkansas requires every school district or open enrollment charter school to conduct a school safety audit, including an audit of the school climate and culture, every three years.
- **Anti-bullying:**
 - [Ark. Code § 6-17-711/Ark Code § 6-18-514](#) - Arkansas requires all public school personnel to complete two hours of professional development focused on bullying prevention.
 - [Ark. Code § 6-18-514](#) - Arkansas requires school leadership to promptly investigate all allegations of bullying, inform parents, and keep a written record of the investigations. Schools must produce an annual report to their respective school boards on bullying incidents.
- **Inclusive Environment:** [Ark. Code § 6-10-114](#) - Arkansas prohibits schools from allowing students to participate in events or activities where some students might be excluded because of their race, national origin, or ethnic background.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No required life skills competencies in K-12 ([CASEL](#)). Arkansas offers the [G.U.I.D.E. for Life program](#), which is designed to give K-12 students a five-step process to develop skills they can follow to achieve personal success, but no requirements are in place.

Policy Opportunity:

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



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [State education standards](#) require K-12 health education to include social and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW ARKANSAS COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	36	31	47	48
Youth with At Least One Major Depressive Episode in the Past Year	21,000 / 9.01%	32,000 / 13.36%	35,000 / 14.74%	39,000 / 16.27%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	19,000 / 61.3%	23,000 / 63.9%	23,000 / 58.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	19,000 / 8.4%	25,000 / 10.7%	33,000 / 14.30%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	7,000 / 35.4%	7,000 / 30%	7,000 / 22.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	750 / 1.74%	998 / 2.24%	1,070 / 2.42%	1,123 / 2.54%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	11,000 / 11.8%	13,000 / 14.4%	17,000 / 17.70%
Youth with Substance Use Disorder in the Past Year	14,000 / 5.95%	10,000 / 4.10%	10,000 / 4.11%	9,000 / 3.63%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



California

hopeful
futures
campaign

BY THE NUMBERS

6,884,000
Number of
K-12 Students
(2022 Projection)ⁱ

459,000
Children with
major depressionⁱⁱ

278,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 998
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 6,132
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 612
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** California has one [school psychologist](#) for every 998 students (the recommended ratio is 1:500).
- **School Social Workers:** California has one [school social worker](#) for every 6,132 students (the recommended ratio is 1:250)
- **School Counselors:** California has one [school counselor](#) for every 612 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnerships:**
 - [Cal. Welfare and Inst. Code Sec. 5886](#) (2021) establishes a mental health partnership grant program for the purpose of creating mental health partnerships between a county's mental health department and school districts.
 - [Cal Educ. Code Sec. 8902](#) (2021) provides grants for schools to create community partnerships with local universities and non-profits to enhance student support services, including mental health, social, and academic support services.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Cal. Educ. Code Sec. 215](#) (2018) requires school suicide prevention policies to address training on suicide awareness and prevention for teachers.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based telehealth services for all EPSDT services, which include mental health.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Cal. Educ. Code Sec. 234.1](#) (2017) requires the department of education to adopt an anti-bullying policy and processes, including a requirement that school personnel who witness an act of discrimination, harassment, intimidation, or bullying take immediate steps to intervene when safe to do so.
 - [Cal. Educ. Code Sec. 32270](#) (2009) establishes a statewide school safety cadre for the purposes of facilitating interagency coordination and collaboration to encourage good citizenship and reduce school violence, bullying, substance abuse, discrimination, harassment and other school safety issues.
 - [Cal Educ. Code Sec. 233](#) (2001) requires the State Board of Education to, at the request of the Superintendent of Public Instruction, adopt policies directed toward creating a school environment that is free from discriminatory attitudes and practices and acts of hate violence. It further directs the State Board of Education to provide regional training to assist school district personnel identify hate violence on school campuses.
- **Mental health excused absences:** [Cal. Educ. Code Sec. 48205](#) (2021) allows for excused absences for the benefit of the pupil's mental or behavioral health.
- **Suicide prevention:**
 - [Cal. Educ. Code Sec. 215](#) (2018) requires school boards to work with school and community stakeholders, school mental health professionals, and suicide prevention experts to develop a policy aimed at addressing suicide prevention for grades K-12, including addressing the needs of high-risk groups.
 - [Cal Educ. Sec. 234.6](#) (2020) requires that schools include anti-bullying and suicide prevention policies and resources in a prominent location on their websites.
- **Alternatives to exclusionary discipline:** [Cal. Educ. Code Sec. 48900.5](#) (2019) specifies that suspension shall be imposed only when other means of correction fail to bring about proper conduct.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys and promoting an inclusive environment through anti-discrimination policies.



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- [Cal. Educ. Code 51890](#) (1977) requires K-12 health education to include mental and emotional health and development.
- [Cal. Educ. Code 51925](#) (2021) requires middle and high school health education to include instruction in mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW CALIFORNIA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	45	33	33	36
Youth with At Least One Major Depressive Episode in the Past Year	289,000 / 9.17%	401,000 / 13.23%	415,000 / 13.71%	459,000 / 15.22%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	245,000 / 63.9%	259,000 / 66.0%	278,000 / 64.5%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	258,000 / 8.8%	256,000 / 8.7%	284,000 / 9.8%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	68,000 / 27.5%	59,000 / 24.6%	72,000 / 26.1%
Students Identified with Emotional Disturbance for an Individualized Education Program	24,981 / 4.36%	24,818 / 4.36%	25,118 / 4.42%	25,424 / 4.51%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	146,713 / 32.0%	92,000 / 7.0%	100,000 / 7.5%	111,000 / 8.2%
Youth with Substance Use Disorder in the Past Year	237,000 / 7.50%	40,000 / 4.63%	122,000 / 4.04%	137,000 / 4.55%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
 ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Colorado

hopeful
futures
campaign 

BY THE NUMBERS


969,000 Number of K-12 Students (2022 Projection) ⁱ	65,000 Children with major depression ⁱⁱ	20,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,578 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 2,258 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 324 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Colorado has one [school psychologist](#) for every 1,578 students (the recommended ratio is 1:500).
- **School social workers:** Colorado has one [school social worker](#) for every 2,258 students (the recommended ratio is 1:250).
- **School counselors:** Colorado has one [school counselor](#) for every 324 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** Colorado Revised Statute [22-11-302](#) (2019) requires parental involvement, and mandates that each district must have a school accountability committee to encourage parental engagement.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention:** [Colorado 21-1119](#) (2021) requires suicide prevention and postvention training for K-12 educators.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program [covers](#) school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Substantial progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** [Colorado Revised Statute 22-93-101-106 \(2016\)](#) establishes a [school bullying prevention and education grant program](#) for schools.
- **School climate survey:** [The Healthy Kids Colorado Survey](#) is administered in odd-numbered years and gathers aggregate data on youth health and wellbeing.
- **Inclusive Environment:** [Colorado Revised Statute 22-32-109.1 \(2020\)](#) puts in protections for specific groups from discrimination and harassment, and Colorado public schools are required to address discrimination based on certain characteristics.
- **Alternatives to exclusionary discipline:**
 - [Colorado Revised Statute 22-33-202 \(2016\)](#) requires school districts to provide students who are identified as at risk of suspension or expulsion with a plan to provide the necessary support services to help them avoid expulsion.
 - [Colorado Revised Statute 22-32-144 \(2016\)](#) encourages the use of restorative justice as the first step when remediating student offenses, rather than exclusionary discipline practices. Consequences for infractions like bullying or class disruption could include community service, counseling, and restitution.
- **Mental health excused absences:** [22-33-104 \(2020\)](#) requires policies to allow for excused absences for a mental or behavioral health disorder.
- **Suicide prevention:**
 - The [Crisis and Suicide Prevention Training Grant Program](#) allows for up to \$400,000 in grants each year to be allocated to schools for suicide prevention.
 - [Colorado 21-1119 \(2021\)](#) requires suicide prevention and postvention training for K-12 students.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Colorado includes life skills competencies throughout its K-12 educational standards ([CASEL](#)).

Policy Opportunity:

Establish existing educational standards for K-12 life skills competencies in statute.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [State statutes](#) require K-12 health education to include mental health.

HOW COLORADO COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	31	13	42	13
Youth with At Least One Major Depressive Episode in the Past Year	31,000 / 7.74%	59,000 / 13.89%	60,000 / 13.99%	65,000 / 15.02%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	30,000 / 55.6%	29,000 / 60.9%	20,000 / 39.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	35,000 / 8.3%	36,000 / 8.7%	38,000 / 9.00%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	8,000 / 21.5%	8,000 / 21.5%	16,000 / 43.10%
Students Identified with Emotional Disturbance for an Individualized Education Program	6,467 / 8.55%	5,578 / 6.90%	5,596 / 6.88%	5,687 / 6.98%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	17,000 / 8.3%	17,000 / 8.3%	22,000 / 9.60%
Youth with Substance Use Disorder in the Past Year	29,000 / 7.29%	24,000 / 5.6%	22,000 / 5.12%	24,000 / 5.44%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Connecticut

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BY THE NUMBERS

547,000 Number of K-12 Students (2022 Projection) ⁱ	39,000 Children with major depression ⁱⁱ	24,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 548 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 580 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 457 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved





School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Connecticut has one [school psychologist](#) for every 548 students (the recommended ratio is 1:500).
- **School social workers:** Connecticut has one [school social worker](#) for every 580 students (the recommended ratio is 1:250).
- **School counselors:** Connecticut has one [school counselor](#) for every 457 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in increasing the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
 - [Conn. Gen. Stat. § 10-221\(g\)\(1\)](#) (2021) provides that each local and regional board of education shall develop, adopt and implement written policies and procedures to encourage parent-teacher communication.
 - [Conn. Gen. Stat. § 10-223j](#) (2019) provides that school governance councils shall have responsibilities including working with school administration to develop a compact with parents/legal guardians and students outlining responsibilities for enrollment and school membership and ways that parents and school personnel can build a partnership to improve learning, and developing a written parent involvement policy outlining the role of parents/legal guardians in the school.
 - [Conn. Gen. Stat. § 10-4g](#) (1997) provides that the State Board of Education shall develop a program to encourage local and regional boards of education to develop and implement plans to involve parents of students in the educational process in that district and to increase community involvement in the schools.
 - [Conn. Gen. Stat. § 10-4p](#) (2015) provides that the State Board of Education shall develop a five-year implementation plan with goals and strategies to, among other things, encourage greater parental and community involvement in public schools.

Policy Opportunity:

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





Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Mental health and suicide prevention training:**
 - [Conn. Gen. Stat. § 10-145o \(2013\)](#) requires training for beginning teachers in classroom management and climate, including bullying and suicide prevention.
 - [Conn. Gen. Stat. § 10-220a \(2021\)](#) requires local or regional boards of education to provide in-service training program for school employees who hold the initial educator, provisional educator or professional educator certificate, including information on health and mental health risk reduction, and prevention of and response to youth suicide.
 - [Conn. Gen. Stat. § 10-222j \(2014\)](#) requires the Department of Education to provide training on the prevention, identification, and response to school bullying and teen dating violence, and the prevention of and response to youth suicide.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for Medicaid-eligible students who have an Individualized Education Program (IEP) or 504 plan, but not for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** [Conn. Gen. Stat. § 10-222d \(2021\)](#) provides that local and regional boards of education will develop and implement a safe school climate plan to address bullying and teen dating violence. [Conn. Gen. Stat. Ann. § 10-263e \(2003\)](#) provides that the Department of Education will establish a competitive safe learning grant program to encourage healthy school environments that are free from bullying and intimidation.
- **Inclusive environment:** [Conn. Gen. Stat. § 10-222s \(2019\)](#) requires each local and regional board of education to provide on the website of the department training materials to school administrators regarding prevention of and intervention in discrimination against and targeted harassment of students.
- **Mental health excused absences:** [Substitute S.B. 2/Public Act 21-46](#) requires local and regional boards of education to permit students to take up to two non-consecutive mental health wellness days per school year.
- **Suicide prevention:** Text for this bullet.
- **Alternatives to exclusionary discipline:**
 - The [Connecticut School Discipline Collaborative](#) advises the Commissioner of Education and State Board of Education on strategies for transforming school discipline to reduce the overall and disproportionate use of exclusionary discipline.
 - [Conn. Gen. Stat. Ann. § 10-233c\(e\) \(2015\)](#) provides that if a student is suspended for the first time and has never been expelled, the administration may waive the suspension period if the student successfully completes an administration-specified program and meets any other specified conditions.
 - The Connecticut State Board of Education adopted a [Position Statement on Reducing Disproportionality in Suspensions and Expulsions \(Exclusionary Discipline\)](#), which provides that exclusionary disciplinary practices should only be used as a last resort.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, and requiring age-appropriate suicide prevention education for students.



Skills for Life Success



Some progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** The Connecticut Early Learning and Development Standards include life skills competencies/standards for K-3 ([CASEL](#)).

Policy Opportunity:

- Extend existing life skills education requirements to K-12, including making training in the curriculum available to parents and caregivers.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Conn. Gen. Stat. § 10-16b \(2021\)](#) requires K-12 instruction in mental and emotional health, including youth suicide prevention.

HOW CONNECTICUT COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	24	8	17	8
Youth with At Least One Major Depressive Episode in the Past Year	24,000 / 8.26%	36,000 / 13.16%	39,000 / 14.24%	39,000 / 14.41%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	16,000 / 43.6%	24,000 / 59.1%	24,000 / 65.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	27,000 / 10.2%	24,000 / 9%	20,000 / 7.80%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	5,000 / 23.6%	5,000 / 21.6%	5,000 / 23.60%
Students Identified with Emotional Disturbance for an Individualized Education Program	5,230 / 10.47%	5,526 / 11.51%	5,691 / 11.94%	5,824 / 12.43%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	22,625 / 39.8%	5,000 / 3.3%	5,000 / 3.3%	5,000 / 3.50%
Youth with Substance Use Disorder in the Past Year	20,000 / 6.85%	13,000 / 4.64%	13,000 / 4.64%	10,000 / 3.74 %

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Delaware

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BY THE NUMBERS

141,000 Number of K-12 Students (2022 Projection) ⁱ	9,000 Children with major depression ⁱⁱ	6,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 825 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 2,547 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 382 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Delaware has one [school psychologist](#) for every 825 students (the recommended ratio is 1:500).
- **School Social Workers:** Delaware has one [school social worker](#) for every 2,547 students (the recommended ratio is 1:250).
- **School Counselors:** Delaware has one [school counselor](#) for every 382 students (the recommended ratio is 1:250).

Policy Opportunity:

- Build on Delaware's investment in school mental health professionals by funding telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Delaware Code 14-4165](#) (2015) Requires the Department of Education, the Department of Health and Human Services, and the Department of Services for Children, Youth and their Families to identify and maintain a suicide prevention training program for school district employees that is evidence-based, where available, and requires each school district to adopt a suicide prevention program.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The Delaware Department of Education conducts an annual [School Climate Survey](#), which includes questions on social emotional learning, bullying, student engagement, and culturally responsive teaching.
- **Anti-bullying:**
 - [Delaware Code 14-4164](#) (2019) Requires that schools have a protocol for determining whether the target of the bullying was targeted due to the race, age, marital status, creed, religion, color, sex, disability, sexual orientation, gender identity or expression, or national origin, and have strategies to combat it.
 - [Delaware Code 14-4164](#) (2018) requires a schoolwide bullying prevention program to be enacted in all public schools.
 - [Delaware Code 14-4164](#) (2019) Mandates a school bullying prevention and criminal youth gang detection training program for school district and charter school employees.
- **Suicide prevention:** [Delaware Code 14-4165](#) (2015) Requires each school district to establish a suicide prevention program.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Delaware has life skills competencies/standards for K-12, but they are not in statute.

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [State education standards](#) for K-12 health education include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.



HOW DELAWARE COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	16	8	8	18
Youth with At Least One Major Depressive Episode in the Past Year	6,000/8.49%	8,000/11.58%	9,000/13.05%	11,000/15.41%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	4,000/57.3%	4,000/47.9%	6,000/52.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	4,000/6.6%	6,000/9.3%	9,000/12.80%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000/41.5%	2,000/41.5%	3,000/36.30%
Students Identified with Emotional Disturbance for an Individualized Education Program	745/6.34	1,037/8.32%	1,152/9.25%	1,211/9.47%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	3,000/6.9%	3,000/6.9%	3,000/7.00%
Youth with Substance Use Disorder in the Past Year	4,000/6.33%	3,000/4.3%	3,000/4.15%	3,000/4.31%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



BY THE NUMBERS

69,000

Number of K-12 Students (2022 Projection)ⁱ

4,000

Children with major depressionⁱⁱ

1,000

Children with major depression who do not receive treatmentⁱⁱⁱ

1 : 410

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 365

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 511


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 <p>School Mental Health Professionals</p> 	 <p>School-Family-Community Partnerships</p> 	 <p>Teacher and Staff Training</p> 	 <p>Funding Supports</p> 
 <p>Well-Being Checks</p> 	 <p>Healthy School Climate</p> 	 <p>Skills for Life Success</p> 	 <p>Mental Health Education</p> 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Some progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** The District of Columbia has one [school psychologist](#) for every 410 students (the recommended ratio is 1:500).
- **School social workers:** The District of Columbia has one [school social worker](#) for every 365 students (the recommended ratio is 1:250).
- **School counselors:** The District of Columbia has one [school counselor](#) for every 511 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in increasing the ratios of school social workers and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [Codes and regulations](#) require plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [D.C. Code § 7-1131.17](#) (2016) requires teachers, principals, and staff employed by child care providers to complete a behavioral health training course every two years to identify students with unmet behavioral needs and implement best practices for suicide prevention, intervention, and postvention.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Substantial progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** [D.C. Code § 38-2602](#) (2021) directs the creation of a school climate survey to collect student, staff, and parent data regarding, among other things, mental health environment, bullying, and cyberbullying. District of Columbia Public Schools (DCPS) administers the [Panorama Survey](#) annually to measure student social-emotional competencies, progress toward the goal that every child will feel loved, challenged, and prepared, and feedback on family engagement.
- **Anti-bullying:** [D.C. Code § 2-1535.06](#) (2012) directs educational institutions and agencies to establish an annual bullying program for youth, inform youth about their right to be free from discrimination in education, and provide bullying prevention training to employees who have significant contact with youth.
- **Inclusive environment:** [D.C. Code § 2-1402.41](#) (2015) prohibits discrimination against specific groups in educational institutions.
- **Suicide prevention:** [D.C. Code § 38-2602](#) (2021) The Youth Suicide Prevention and School Climate Survey Amendment Act of 2016 directs the state superintendent to develop guidance for student mental and behavioral health, including model policies to appropriately support students with behavioral and mental health concerns and model policies for suicide prevention, intervention, and postvention.
- **Alternatives to Exclusionary Discipline**
 - [D.C. Code § 38-236.03](#) (2018) instructs schools to evaluate school discipline policies to ensure fairness and equity and to eliminate discriminatory outcomes.
 - [D.C. Code § 38-273.03](#) (2018) bans disciplinary unenrollment of pre-K age students and limits disciplinary suspensions of pre-k age students to situations involving willful bodily or emotional harm.
 - [D.C. Code § 38-236.04](#) (2019) limits disciplinary suspensions and unenrollment of students to situations involving willful bodily or emotional harm.
 - [D.C. Code § 38-236.06](#) (2019) instructs the state superintendent to submit an evaluative report every five years of school efforts to limit exclusionary practices.
 - [D.C. Code § 38-236.06](#) (2019) directs the Department of Behavioral Health to provide schools with personnel with expertise in behavioral health and trauma-informed educational settings to provide broader mental health services, including revising disciplinary plans to reduce exclusionary methods in favor of addressing the causes of student misconduct.



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** The District of Columbia [health education standards](#) require K-12 health education programs to include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW WASHINGTON DC COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	13	1	3	3
Youth with At Least One Major Depressive Episode in the Past Year	2,000 / 7.23%	3,000 / 10.49 %	3,000 / 10.53%	4,000 / 11.36%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	1,000 / 48.7%	1,000 / 38.8%	1,000 / 41.0%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	2,000 / 7.9%	2,000 / 6.8%	2,000 / 7.3%%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	1,000 / 38.1%	1,000 / 37.3%	1,000 / 35.8%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,326 / 23.38%	840 / 12.7%	827/ 12.32%	802 / 11.54%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	0 / 4.1%	1,000 / 4.6%	1,000 / 4.50%
Youth with Substance Use Disorder in the Past Year	2,000/ 7.29%	2,000 / 7.29%	2,000 / 5.42 %	2,000 / 5.57%

i. *Projections of education statistics to 2022.* National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
 ii. *The state of Mental Health in America.* Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iii. *The state of Mental Health in America.* Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iv. *The state of Mental Health in America.* Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Florida

hopeful futures campaign

BY THE NUMBERS

3,038,000

Number of K-12 Students (2022 Projection)ⁱ

191,000

Children with major depressionⁱⁱ

117,000

Children with major depression who do not receive treatmentⁱⁱⁱ

No Data

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

No Data

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

No Data


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** [No data](#) is available for the ratio of school psychologists to students in Florida (the recommended ratio is 1:500).
- **School social workers:** [No data](#) is available for the ratio of school social workers to students in Florida (the recommended ratio is 1:250).
- **School counselors:** Florida has one [school counselor](#) for every 459 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Mental health and substance use training:** [Fla. Stat. 1012.584](#) requires the Florida Department of Education to establish an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem. The school safety specialist shall ensure that all school personnel within his/her school district receive youth mental health awareness and assistance training.

Policy Opportunity:

- Expand existing training requirements to ensure K-12 teachers and staff receive regular training on suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students. [Fla. Stat. 409.9071](#)
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** [Fla. Stat. 1006.147\(4\)\(j\)](#) requires each school district to adopt a written anti-bullying program, which must include a “procedure to refer victims and perpetrators of bullying or harassment for counseling.”

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Florida statute](#) requires middle and high school health education to include mental health.

Policy Opportunity:

- Expand mental health education statute to elementary health education.

HOW FLORIDA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	29	36	38	30
Youth with At Least One Major Depressive Episode in the Past Year	11,000 / 8.05%	185,000 / 13.0%	189,000 / 13.1%	191,000 / 13.2%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	106,000 / 57.2%	116,000 / 64.7%	117,000 / 67.3%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	137,000 / 10.0%	128,000 / 9.3%	124,000 / 9.0%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	31,000 / 23.6%	24,000 / 19.7%	20,000 / 17.0%
Students Identified with Emotional Disturbance for an Individualized Education Program	19,584 / 8.13%	14,933 / 5.84%	14,604 / 5.68%	14,062 / 5.43%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	84,718 / 33.3%	45,000 / 8.6%	52,000 / 9.4%	65,000 / 11.70%
Youth with Substance Use Disorder in the Past Year	82,000 / 5.96%	64,000 / 4.54%	62,000 / 4.34%	56,000 / 3.84%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Georgia

hopeful
futures
campaign

BY THE NUMBERS

1,821,000
Number of
K-12 Students
(2022 Projection)ⁱ

119,000
Children with
major depressionⁱⁱ

75,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 6,390
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 5,272
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 447
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Georgia has one [school psychologist](#) for every 6,390 students (the recommended ratio is 1:500).
- **School Social Workers:** Georgia has one [school social worker](#) for every 5,272 students (the recommended ratio is 1:250).
- **School Counselors:** Georgia has one [school counselor](#) for every 447 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Ga. Code Ann. § 20-2-779.1](#) (2021) requires that all certified public school personnel to receive annual training in suicide awareness and prevention.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program does not cover school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Ga. Code Ann. § 20-2-751.4 \(2010\)](#) is a multifaceted anti-bullying policy that includes cyber bullying, requires parents to be notified if a student bullies, and requires the Department of Education to produce a model policy that includes criteria for teacher reporting, investigative procedures, and prohibiting retaliation.
 - [Georgia Code Annotated §20-2-145 \(2010\)](#) requires a character education program for students from K-12, including methods of discouraging bullying and violent acts against fellow students.
- **Suicide prevention:** [Ga. Code Ann. § 20-2-779.1 \(2021\)](#) requires local school systems to adopt policies on student suicide prevention, intervention and postvention.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Georgia regulations](#) require that K-12 health education includes mental health.

HOW GEORGIA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	27	17	29	17
Youth with At Least One Major Depressive Episode in the Past Year	70,000 / 8.43%	99,000 / 11.44%	108,000 / 12.52%	119,000 / 13.75%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	67,000 / 70.9%	73,000 / 70.4%	75,000 / 67.80%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	65,000 / 7.7%	78,000 / 9.3%	76,000 / 9.10%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	15,000 / 19.2%	15,000 / 19.2%	14,000 / 20.10%
Students Identified with Emotional Disturbance for an Individualized Education Program	13,629 / 9.05%	10,653 / 6.70%	10,286 / 6.45%	10,124 / 6.35%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	25,000 / 7.00%	23,000 / 6.5%	25,000 / 7.00%
Youth with Substance Use Disorder in the Past Year	49,000 / 5.88%	27,000 / 3.18%	28,000 / 3.20%	30,000 / 3.45%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Hawaii

hopeful
futures
campaign

BY THE NUMBERS

186,000

Number of
K-12 Students
(2022 Projection)ⁱ

8,000

Children with
major depressionⁱⁱ

6,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,406

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

No Data

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 275


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** No data is available for the ratio of school psychologists to students in Hawaii (the recommended ratio is 1:500).
- **School social workers:** No data is available for the ratio of school social workers to students in Hawaii (the recommended ratio is 1:250).
- **School counselors:** Hawaii has one school counselor for every 275 students (the recommended ratio is 1:250)

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** State education policies include plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention:** State statute requires a youth suicide awareness and prevention training program and risk referral protocol.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Haw. Code R. § 8-19-6 (1982) Bullying is prohibited student conduct for students in grades 9-12.
- **Suicide prevention:** State statute requires a youth suicide awareness and prevention training program and risk referral protocol.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Hawaii [health education standards](#) reference mental health, but are not required by statute or code.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW HAWAII COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	35	25	23	23
Youth with At Least One Major Depressive Episode in the Past Year	10,000 / 9.79 %	11,000 / 11.97%	12,000 / 12.93%	12,000 / 12.93%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	6,000 / 57.9%	5,000 / 56.2%	5,000 / 56.2%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	8,000 / 9%	8,000 / 8.5%	8,000 / 8.5%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000 / 28.3%	2,000 / 28.3%	2,000 / 28.2%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,063 / 6.47%	979 / 5.92%	947 / 5.74%	947 / 5.74%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	3,000 / 9.2%	3,000 / 9.2%	3,000 / 9.2%
Youth with Substance Use Disorder in the Past Year	7,000 / 7.52%	4,000 / 3.93%	4,000 / 4.04%	4,000 / 4.04%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Idaho

hopeful
futures
campaign

BY THE NUMBERS

325,000

Number of
K-12 Students
(2022 Projection)ⁱ

22,000

Children with
major depressionⁱⁱ

19,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 479

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 8,447

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 549

Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



School Mental Health
Professionals



School-Family-
Community Partnerships



Teacher and
Staff Training



Funding
Supports



Well-Being
Checks



Healthy
School Climate



Skills for
Life Success



Mental Health
Education



Little or no progress achieved

Some progress achieved

Meaningful progress achieved

Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Some progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Idaho has one [school psychologist](#) for every 479 students (the recommended ratio is 1:500).
- **School social workers:** Idaho has one [school social worker](#) for every 8,447 students (the recommended ratio is 1:250).
- **School counselors:** Idaho has one [school counselor](#) for every 549 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school social workers and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) require family engagement in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention training:** [Idaho Code § 33-136 \(2021\)](#) requires schools to provide suicide awareness and prevention training for school personnel each year.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The Idaho Department of Education offers satisfaction and engagement surveys of students, parents, and school staff.
- **Anti-bullying:** Idaho Code § 33-1612 (2021) and Idaho Admin. Code 08.20.03.160 (2021) require schools to have a comprehensive policy that addresses violence prevention and student harassment.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Some progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Idaho has developed life skills competencies/standards for birth through 3rd grade ([CASEL](#)).

Policy Opportunity:

- Expand existing life skills education requirements to 4-12, including making training in the curriculum available to parents and caregivers.



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [State education standards](#) for K-12 health education include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW IDAHO COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	41	46	48	50
Youth with At Least One Major Depressive Episode in the Past Year	13,000 / 9.47%	24,000 / 16.22%	26,000 / 16.7%	27,000 / 17.44%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	13,000 / 55.7%	15,000 / 61.2%	19,000 / 67.10%
Youth with Major Severe Depressive Episodes in the Past Year	Not asked	17,000 / 11.7%	19,000 / 12.7%	22,000 / 14.7%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not asked	6,000 / 36%	6,000 / 35.8%	6,000 / 27.7%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,395/5.44%	1,354 / 4.95%	1,372 / 4.95%	1,412 / 4.95%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	7,000 / 10.3%	10,000 / 12.7%	11,000 / 12.2%
Youth with Substance Use Disorder in the Past Year	9,000 / 6.32%	7,000 / 4.65%	6,000 / 3.97%	7,000 / 4.47%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Illinois

hopeful futures campaign

BY THE NUMBERS

1,966,000
Number of
K-12 Students
(2022 Projection)ⁱ

149,000
Children with
major depressionⁱⁱ

77,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,261
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 741
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 626
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Illinois has one [school psychologist](#) for every 1,261 students (the recommended ratio is 1:500).
- **School Social Workers:** Illinois has one [school social worker](#) for every 741 students (the recommended ratio is 1:250).
- **School Counselors:** Illinois has one [school counselor](#) for every 626 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State statutes](#) require training in warning signs of mental illness and suicidal behavior at least once every two years for all teachers and administrators.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports

Meaningful progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** Illinois has submitted a Medicaid state program amendment that would cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Ensure Medicaid covers school-based mental health services for all Medicaid-eligible students via telehealth.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** At the school level, Illinois administers a yearly survey tied to the state's accountability system. [The 5Essentials Survey](#) measures: Effective Leaders, Collaborative Teachers, Involved Families, Supportive Environments, and Ambitious Instruction.
- **Anti-bullying:** [105 ILCS 5/27-23.7](#) (2017) requires schools to provide students with information on how to handle bullying on a quarterly basis.
- **Inclusive environment:** Illinois issued [non-regulatory guidance](#) relating to the protection of transgender, nonconforming students under the Illinois Human Rights Act (2021).
- **Mental health excused absences:** [105 ILCS 5/26-1](#) (2021) grants all students up to 5 days of excused absences in any school year for mental health reasons.
- **Alternatives to exclusionary discipline:**
 - [105 ILCS 5/10-22.6](#) requires schools to use non-exclusionary discipline practices and must meet with parents and/or guardians prior to using out-of-school suspensions or expulsions.
 - [105 ILCS 5/27-23.7](#) provides that alternatives to exclusionary discipline be used to address incidents of bullying based on religion, race, ethnicity, or any other category that is identified in the Illinois Human Rights Act.
- **Suicide prevention:** [105 ILCS 5/2-3.163 \(2015\)](#) requires a school youth suicide awareness and prevention policy, including protocols for suicide awareness and prevention education.



Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Illinois education standards include life skills competencies for K-12 ([CASEL](#)).

Policy Opportunity:

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



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [105 ILCS 110-3](#) requires the inclusion of mental and emotional health into K-12 health education standards.

HOW ILLINOIS COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	19	27	36	12
Youth with At Least One Major Depressive Episode in the Past Year	94,000 / 8.86%	141,000 / 14.00%	148,000 / 14.86%	149,000 / 15.15%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	80,000 / 56.1%	90,000 / 62.1%	77,000 / 55.2%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	98,000 / 10.1%	104,000 / 11.0%	104,000 / 11.0%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	26,000 / 27.40%	26,000 / 25%	38,000 / 38.3%
Students Identified with Emotional Disturbance for an Individualized Education Program	20,192 / 10.87%	18,373 / 10.17%	18,237 / 10.19%	18,381 / 10.59%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	82,513 / 36.4%	28,000 / 5.8%	34,000 / 7.2%	33,000 / 6.6%
Youth with Substance Use Disorder in the Past Year	62,000 / 5.83%	47,000 / 4.67%	40,000 / 4.04%	42,000 / 4.25%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Indiana

hopeful
futures
campaign 

BY THE NUMBERS

1,026,000
Number of
K-12 Students
(2022 Projection)ⁱ

89,000
Children with
major depressionⁱⁱ

50,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 2,607
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,829
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 497
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Indiana has one [school psychologist](#) for every 2,607 students (the recommended ratio is 1:500).
- **School social workers:** Indiana has one [school social worker](#) for every 1,829 students (the recommended ratio is 1:250).
- **School counselors:** Indiana has one [school counselor](#) for every 497 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State regulations](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Behavioral health commission:** [Ind. Code § 12-21-7 \(2020\)](#) establishes the Indiana Behavioral Health Commission, comprised of parents, public officials, and mental health providers. The Commission must prepare reports on behavioral and mental health in Indiana, barriers to treatment, and inventories and assessments of the state's integrated, school-based mental health service program as well as related evidence-based preventative programs.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Ind. Code § 20-28-3-6 \(2020\)](#) requires teachers and other appropriate employees at schools who teach students in grades 5-12 to attend and participate in at least two hours of research-based, in-service youth suicide awareness and prevention training every three years.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** Indiana [recently passed legislation](#) permitting the state Medicaid agency to submit a state program amendment that would cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Ind. Code § 20-33-8-13.5](#) (2018) addresses requirements for prohibiting bullying and ensuring appropriate responses to bullying behaviors; including reporting, discipline for teachers who fail to investigate bullying, and follow-up services for the victim (support) and the bully (bullying education).
 - [Ind. Code §§ 5-2-10.1-11\(c\)\(2\)\(A\)](#) (2016), [20-19-3-11.5](#) (2018), and [20-30-5-5.5](#) (2013) establish the Department of Education’s role in: (1) developing an appropriate curriculum that includes bullying identification, prevention, and intervention training; (2) providing resources to parents and school officials regarding bullying and cyberbullying; and (3) enforcing that each public school provides age-appropriate, research-based instruction on bullying prevention.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** [Ind. Code § 20-19-5-2](#) (2005), was [updated in 2019](#) to include life skills competencies in guidelines for pre-K through grade 12.

Policy Opportunity:

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



Health education in K-12 that includes instruction on mental health.

Current Policy:

- No mental health education required.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.



HOW INDIANA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	14	19	28	26
Youth with At Least One Major Depressive Episode in the Past Year	41,000 / 7.58%	74,000 / 13.77%	84,000 / 15.71%	89,000 / 16.61%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	40,000 / 54.8%	48,000 / 53%	50,000 / 51.50%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	54,000 / 10.4%	66,000 / 12.7%	76,000 / 14.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	14,000 / 27.80%	16,000 / 26.1%	23,000 / 32.90%
Students Identified with Emotional Disturbance for an Individualized Education Program	13,070 / 13.71%	12,798 / 13.73%	12,838 / 13.41%	12,712 / 13.36%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	39,641 / 28.5%	22,000 / 7.7%	22,000 / 7.1%	22,000 / 7.40%
Youth with Substance Use Disorder in the Past Year	32,000 / 5.92%	18,000 / 3.29%	18,000 / 3.37%	23,000 / 4.20%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Iowa

hopeful futures campaign

BY THE NUMBERS

503,000 Number of K-12 Students (2022 Projection) ⁱ	41,000 Children with major depression ⁱⁱ	21,000 Children with major depression who do not receive treatment ⁱⁱⁱ	No Data Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 8,973 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 391 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** No data is available for the ratio of school psychologists to students in Iowa (the recommended ratio is 1:500).
- **School social workers:** Iowa has one school social worker for every 8,973 students (the recommended ratio is 1:250).
- **School counselors:** Iowa has one school counselor for every 391 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** State statutes and regulations require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnership:** Iowa recently launched the Iowa Center for School Mental Health, a partnership between the University of Iowa and the Iowa Department of Education, to support school mental health statewide through training, development of best practices, and clinical services.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** State statutes and regulations require school personnel to complete at least 1 hour of evidence-based training annually on suicide prevention and postvention and annual evidence-based training on adverse childhood experiences (ACES) and toxic stress response mitigation.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** Iowa administers a yearly survey to students in grades 3-12, the Conditions for Learning survey, to measure capabilities in areas including problem solving, conflict resolution, and group collaboration.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, implementing anti-bullying policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Substantial progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** [Iowa Administrative Code 281-12.5](#) requires K-12 health education to include emotional and social health and the state department of education has developed [K-12 life skills competencies](#).



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Iowa Administrative Code 281-12.5](#) requires K-12 health education to include emotional and social health (life skills), but does not specify mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW IOWA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	4	12	22	31
Youth with At Least One Major Depressive Episode in the Past Year	22,000 / 9.17%	34,000 / 14.10%	37,000 / 15.09%	41,000 / 16.69%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	20,000 / 59.8%	20,000 / 53.0%	21,000 / 49.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	17,000 / 6.9%	23,000 / 9.8%	32,000 / 13.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	6,000 / 36.60%	7,000 / 28.80%	9,000 / 29.50%
Students Identified with Emotional Disturbance for an Individualized Education Program	5,725 / 13.35%	5,741 / 12.98%	5,896 / 13.31%	* / 13.31%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	14,960 / 24.10%	8,000 / 5.60%	10,000 / 7.50%	10,000 / 7.40%
Youth with Substance Use Disorder in the Past Year	13,000 / 5.55%	10,000 / 4.18%	10,000 / 4.21%	12,000 / 5.07%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
 ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Kansas

hopeful
futures
campaign

BY THE NUMBERS


508,000 Number of K-12 Students (2022 Projection) ⁱ	39,000 Children with major depression ⁱⁱ	21,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,157 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 1,360 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 431 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Kansas has one school psychologist for every 1,157 students (the recommended ratio is 1:500).
- **School social workers:** Kansas has one school social worker for every 1,360 students (the recommended ratio is 1:250).
- **School counselors:** Kansas has one school counselor for every 431 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** Kansas has a non-codified Kansas Education System Accreditation rubric that includes family and community engagement standards, but are not required by statute.
- **Advisory council:** In 2017, the Kansas State Board of Education formed the Kansas School Mental Health Advisory Council to advise the Kansas State Board of Education of unmet needs within the state in the area of school mental health; coordinate with legislators and stakeholders to address relevant issues effectively to best meet the needs of students; and coordinate statewide collaborative social emotional character development partnerships.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** Kan. Stat. Ann. § 72-6284 (2016) requires that each school district's board of education must provide at least one hour of suicide prevention programming each calendar year to all school staff and make available to parents.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.





Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth first step:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Kan. Stat. § 72-6147 (2013) requires each school district to adopt and implement a plan to address bullying by or towards students, staff, and parents. Students and staff are required to undergo annual Bullying Awareness and Prevention trainings.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Although not required by statute (Kan. Stat. Ann. [§ 72-3231](#) (2007)), Kansas has adopted standards for K-12 life skills competencies ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Kansas statutes and educational standards do not require K-12 health education to include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW KANSAS COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	8	37	26	33
Youth with At Least One Major Depressive Episode in the Past Year	20,000 / 8.28%	33,000 / 13.84%	35,000 / 14.95%	39,000 / 16.53%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not asked	22,000 / 70.8%	19,000 / 54.7%	21,000 / 54.50%
Youth with Major Severe Depressive Episodes in the Past Year	Not asked	18,000 / 7.8%	23,000 / 9.9%	26,000 / 11.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not asked	3,000 / 20.10%	7,000 / 31.1%	6,000 / 22.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,474 / 5.75%	2,409 / 5.48%	2,436 / 5.53%	2,459 / 5.60%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not asked OR 12,164 / 26.4%	10,000 / 7.9%	9,000 / 7.9%	8,000 / 7.90%
Youth with Substance Use Disorder in the Past Year	14,000 / 5.88%	10,000 / 4.09%	9,000 / 3.63%	10,000 / 4.02%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Kentucky

hopeful
futures
campaign

BY THE NUMBERS

678,000

Number of K-12 Students (2022 Projection)ⁱ

51,000

Children with major depressionⁱⁱ

27,000

Children with major depression who do not receive treatmentⁱⁱⁱ

1 : 2,057

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 3,400

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 425


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Kentucky has one [school psychologist](#) for every 2,057 students (the recommended ratio is 1:500).
- **School social workers:** Kentucky has one [school social worker](#) for every 3,400 students (the recommended ratio is 1:250).
- **School counselors:** Kentucky has one [school counselor](#) for every 425 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [Kentucky statutes and regulations](#) require plans, policies, or strategies for family engagement.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [KRS § 156.095 \(2020\)](#) All school employees with direct contact with students in grades 6-12 must complete one hour of suicide prevention training each year.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program [covers](#) school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth and all EPSDT services.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** [KRS § 158.6455 \(2021\)](#) requires a yearly [Quality of School Climate and Safety](#) survey, which includes questions on belonging and access to support.
- **Anti-bullying:** [KRS § 158.148 \(2016\)](#) Kentucky schools are required to have, and periodically update, codes of acceptable behavior and discipline that include bullying. Kentucky law does not require districts to implement bullying prevention training, but does recognize cyberbullying [KRS § 525.080 \(2016\)](#) and requires school districts to report incidents to parents.
- **Suicide prevention:** [KRS § 156.095 \(2020\)](#) By September 15th of each year, students in grades 6-12 must receive suicide prevention awareness information in person, by live streaming, or via a video recording.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** The Kentucky Department of Education has a [webpage](#) dedicated to Social, Emotional and Behavioral Learning/Health, but life skills competencies are not required ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [State education standards](#) for K-12 health education include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW KENTUCKY COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	33	16	19	24
Youth with At Least One Major Depressive Episode in the Past Year	32,000 / 9.52%	41,000 / 11.94%	46,000 / 13.61%	51,000 / 15.15%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	19,000 / 62%	19,000 / 49.30%	27,000 / 59.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	21,000 / 6.30%	31,000 / 9.60%	32,000 / 9.90%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	5,000/27.2%	10,000 / 34.20%	9,000 / 28.60%
Students Identified with Emotional Disturbance for an Individualized Education Program	4,734 / 7.87%	4,468 / 7.35%	4,524 / 7.45%	4,501 / 7.39%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	16,000/10.4%	17,000 / 11%	15,000 / 9.30%
Youth with Substance Use Disorder in the Past Year	20,000 / 5.77%	12,000 / 3.62%	13,000 / 3.77%	14,000 / 4.10%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Louisiana

hopeful
futures
campaign

BY THE NUMBERS

694,000

Number of
K-12 Students
(2022 Projection)ⁱ

51,000

Children with
major depressionⁱⁱ

32,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 3,365

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,979

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 441


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Louisiana has one [school psychologist](#) for every 3,365 students (the recommended ratio is 1:500).
- **School social workers:** Louisiana has one [school social worker](#) for every 1,979 students (the recommended ratio is 1:250).
- **School counselors:** Louisiana has one [school counselor](#) for every 441 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [La. R.S 17:437.1](#) (2017) requires teachers, school counselors, principals and certain other administrators to receive two hours of annual in-service training in suicide prevention.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [La. R.S. 17:418.13](#) (2017) requires districts to incorporate policies that prohibit the bullying of a student by another student.
 - [La. R.S. 17:416.13](#) (2017) requires four hours of anti-bullying training for new school employees and two hours for every year after the first.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** The Louisiana Department of Education has a [webpage](#) with resources, but life skills competencies are not required ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Louisiana [regulations](#) require K-12 health education to include understanding preventive mental health measures, like stress reduction, but does not specify mental health education.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW LOUISIANA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	48	21	16	25
Youth with At Least One Major Depressive Episode in the Past Year	33,000 / 8.96%	39,000 / 10.76%	46,000 / 12.84%	51,000 / 14.14%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not asked	18,000 / 52.7%	24,000 / 54.9%	32,000 / 62.50%
Youth with Major Severe Depressive Episodes in the Past Year	Not asked	27,000 / 7.5%	33,000 / 9.2%	36,000 / 10.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not asked	9,000 / 34.20%	9,000 / 32%	7,000 / 21.10%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,756 / 2.84%	1,773 / 2.79%	1,715 / 2.7%	1,727 / 2.74%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	34,564 / 43.5%	22,000 / 16.5%	10,000 / 7.6%	11,000 / 9.00%
Youth with Substance Use Disorder in the Past Year	21,000 / 5.8%	14,000 / 3.89%	13,000 / 3.58%	12,000 / 3.19%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Maine

hopeful futures campaign

BY THE NUMBERS

195,000 Number of K-12 Students (2022 Projection) ⁱ	14,000 Children with major depression ⁱⁱ	4,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,830 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 617 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 311 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Maine has one [school psychologist](#) for every 1,830 students (the recommended ratio is 1:500).
- **School social workers:** Maine has one [school social worker](#) for every 617 students (the recommended ratio is 1:250).
- **School counselors:** Maine has one [school counselor](#) for every 311 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly increasing the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Community schools:** [Me. Stat. tit. 20-A, § 9922](#) (2021) sets up a method for Maine public schools to adopt the community schools model. In this, schools work together with other community resources to ensure the physical, social, and emotional well-being of children.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Me. Stat. tit. 20-A, § 4502\(5-B\)](#) (2021) requires all school personnel to complete at least a one to two-hour in-service training in suicide awareness and prevention. The law also requires a certain number of school personnel to complete a one-day course in suicide prevention and intervention training.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students, though [Me. Stat. tit. 20-A, § 6303](#) (2021) provides that schools may receive Medicaid funding for health and social services.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Me. Stat. tit. 20-A, § 6554](#) (2021) provides that bullying is not allowed on school grounds, and prohibits cyberbullying even when it occurs off school premises.
 - [Me. Stat. tit. 20-A, § 6554\(9\)](#) (2021) provides, as part of Maine's anti-bullying statute, that schools conduct staff training to prevent bullying in schools.
- **Mental health excused absences:** [Me. Stat. Title 20-A, Chapter 211, § 5001-A](#). (2020) allows excused absences for physical, mental or behavioral health.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Maine has developed life skills [guiding principles](#) for K-12, but life skills competencies are not required ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:**
 - [Me. Stat. tit. 20-A, §§ 4711-4712](#) (2021) requires that elementary and middle school health curricula address mental health, its relation to physical health, and attitudes toward mental health issues.
 - [Me. Stat. tit. 20-A § 4723](#) (2021) requires mental health in health education in high school.

HOW MAINE COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	5	22	9	2
Youth with At Least One Major Depressive Episode in the Past Year	9,000 / 8.91%	14,000 / 15.07%	14,000 / 15.45%	14,000 / 15.60%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	7,000 / 45.3%	6,000 / 38.6%	4,000 / 30.0%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	12,000 / 13.1%	12,000 / 13.5%	12,000 / 13.6%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	4,000 / 41.30%	5,000 / 50%	7,000 / 65.6%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,335 / 13.71%	2,243 / 13.73%	2,328 / 14.35%	2,468 / 15.32%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	6,868 / 25.9%	2,000 / 4.5%	2,000 / 3.4%	3,000 / 5.4%
Youth with Substance Use Disorder in the Past Year	6,000 / 5.84%	4,000 / 4.75%	4,000 / 4.59%	4,000 / 4.67%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Maryland

hopeful
futures
campaign

BY THE NUMBERS

979,000

Number of
K-12 Students
(2022 Projection)ⁱ

67,000

Children with
major depressionⁱⁱ

32,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,198

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 2,324

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 362


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Maryland has one [school psychologist](#) for every 1,198 students (the recommended ratio is 1:500).
- **School social workers:** Maryland has one [school social worker](#) for every 2,324 students (the recommended ratio is 1:250).
- **School counselors:** Maryland has one [school counselor](#) for every 362 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly increasing the ratios of school psychologists, school social workers and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statute](#) encourages, but does not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Community schools:** [Md. Educ. § 9.9-101](#) (2021), among other statutes, provides for “community schools” designed to foster collaboration between school personnel and the community to provide “wraparound services” for students in need.
- **Consortium on Coordinated Community Supports:** The Consortium established in [Md. Educ. § 7-447.1](#) (2021) is designed to facilitate coordination between school personnel, community members, and others to provide community support for students’ behavioral needs.



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Md. Educ. § 6-122](#) (2021) requires annual training for all personnel who regularly have direct contact with students on topics including youth suicide risk, mental health, and trauma.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff to include substance use and co-occurring conditions and available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** Md. Educ. § 7-203 (2020) requires school climate surveys as one of multiple school quality indicators.
- **Anti-bullying:** Md. Educ. § 7-424 (2019), § 7-424.1 (2018), and § 7-424.3 (2020) mandate policies against bullying, harassment, or intimidation; require a standardized approach to reporting of bullying, harassment, or intimidation; and authorize the creation of an anonymous two-way electronic tip program to address such issues.
- **Suicide prevention:** Md. Educ. § 7-503 (2008) and § 7-504 (2005) establish a state grant-funded Youth Suicide Prevention Program.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as permitting excused absences for mental health concerns, promoting an inclusive environment through anti-discrimination policies, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Some progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** According to CASEL, the [Maryland Early Learning Standards](#) incorporate life skills competencies and standards for birth through second grade.

Policy Opportunity:

- Build on existing Maryland Early Learning Standards (through grade 2) and require adoption of evidence-based life skills education for grades 3-12, including making training in the curriculum available to parents and caregivers.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Sec. 13a.04.18.01](#) states that comprehensive health education standards include mental and emotional health.

HOW MARYLAND COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	20	9	4	10
Youth with At Least One Major Depressive Episode in the Past Year	37,000 / 8.07%	59,000 / 12.91%	59,000 / 13.02%	67,000 / 14.93%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	33,000 / 52.5%	23,000 / 41.3%	32,000 / 44.7%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	43,000 / 10.0%	42,000 / 9.8%	54,000 / 12.3%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	23,000 / 53.9%	21,000 / 49.2%	18,000 / 34.5%
Students Identified with Emotional Disturbance for an Individualized Education Program	6,915 / 9.09%	6,085 / 7.69%	6,107 / 7.64%	6,180 / 7.61%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	31,319 / 40.6%	22,000 / 8.5%	18,000 / 7.2%	15,000 / 6.5%
Youth with Substance Use Disorder in the Past Year	26,000 / 5.76%	16,000 / 3.45%	15,000 / 3.26%	17,000 / 3.7%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Massachusetts

hopeful
futures
campaign

BY THE NUMBERS

943,000

Number of
K-12 Students
(2022 Projection)ⁱ

67,000

Children with
major depressionⁱⁱ

44,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 825

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,522

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 396


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Massachusetts has one [school psychologist](#) for every 825 students (the recommended ratio is 1:500).
- **School social workers:** Massachusetts has one [school social worker](#) for every 1,522 students (the recommended ratio is 1:250).
- **School counselors:** Massachusetts has one [school counselor](#) for every 396 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** Massachusetts has [policies](#) requiring family engagement.
- **Mental health partnership:** The Department of Elementary and Secondary Education created a learning collaborative to establish comprehensive school mental health systems. [DESE](#)



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State statutes and policies](#) require school districts to provide a minimum of two hours of suicide awareness and prevention training every three years to all licensed school personnel.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program [covers](#) school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth for all EPSDT services, which include mental health.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** [Mass. Gen. Laws Ann. ch. 71, § 37O](#) (2020) Requires development of a school climate survey to be administered at least once every four years.
- **Anti-bullying:** [Mass. Gen. Laws Ann. ch. 71, § 37O](#) (2020) prohibits bullying by students, staff and other personnel; requires schools to recognize students who might be more vulnerable to bullying and make a plan with specific steps to support these students.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** The Massachusetts Department of Elementary and Secondary Education provides [resources](#) for, but does not require, life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Massachusetts Comprehensive Health Curriculum Framework](#) (1999) includes mental health. The Massachusetts Department of Elementary and Secondary Education is currently in the process of reviewing and revising this framework.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.



HOW MASSACHUSETTS COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	6	5	5	5
Youth with At Least One Major Depressive Episode in the Past Year	41,000/8.28%	66,000/13.30%	67,000/13.86%	75,000/15.61%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	38,000/54.5%	41,000/61.2%	44,000/56.80%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	50,000/10.5%	40,000/8.5%	48,000/10.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	22,000/46.00%	15,000/37.7%	19,000/42.20%
Students Identified with Emotional Disturbance for an Individualized Education Program	14,154/16.51%	16,338/18.81%	16,935/19.51%	17,455/20.22%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	32,413/25.0%	10,000/2.0%	4,000/1.2%	5,000/1.90%
Youth with Substance Use Disorder in the Past Year	35,000/7.03%	21,000/4.26%	19,000/3.92%	20,000/4.10%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Michigan

hopeful
futures
campaign

BY THE NUMBERS

1,521,000
Number of
K-12 Students
(2022 Projection)ⁱ

125,000
Children with
major depressionⁱⁱ

74,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 2,184
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,750
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 691
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Michigan has one [school psychologist](#) for every 2,184 students (the recommended ratio is 1:500).
- **School social workers:** Michigan has one [school social worker](#) for every 1,750 students (the recommended ratio is 1:250).
- **School counselors:** Michigan has one [school counselor](#) for every 691 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Advisory council.** [MCL 388.1631n\(2\)](#) (2021) Michigan created an advisory council for school mental health programs.
- **Mental health partnership:** [MCL 330.1227](#) (1996) Michigan requires community mental health services programs to develop and provide individualized school-to-community transition services for individuals with serious mental illness, serious emotional disturbance, or developmental disability beginning at the age of 16.



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- No required teacher/staff training in recommended behavioral health topics.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [MCL 380.1310b](#) (2017) Michigan requires school districts to develop, obtain state approval of, and implement a formal anti-bullying policy.
 - [MCL 380.1310b\(8\)](#) (2017) Michigan grants defamation immunity to school employees, volunteers, students, or parents who promptly report, in good faith, instances of bullying.
 - [MCL 380.1310b\(\(6\)\(a\)](#) (2017) Michigan encourages schools to form bullying prevention taskforces, programs, teen courts, and other initiatives involving school staff, students, student groups, parents, law enforcement, and other community stakeholders.
 - [MCL 380.1310b\(6\)\(b\)](#) Michigan encourages schools to require annual training for school administrators and employees on preventing, identifying, responding to, and reporting incidents of bullying.
- **Suicide prevention:**
 - [MCL 380.1893](#) (2020) Michigan requires any school district issuing an identification card to students in grades 7 through 12 to include contact information for a suicide prevention hotline.
 - [MCL 380.1171](#) (2006) Michigan encourages school boards to provide age-appropriate instruction for students, staff, and teachers, concerning the warning signs and risk factors for suicide and depression, and also provide resources for suicide prevention.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Michigan health education standards include social and emotional health in [K-8](#) and [9-12](#).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- No mental health education required in K-12.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW MICHIGAN COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	44	20	27	27
Youth with At Least One Major Depressive Episode in the Past Year	82,000 / 10.06%	107,000 / 13.87%	117,000 / 15.36%	125,000 / 16.55%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	64,000 / 59.8%	66,000 / 55.7%	74,000 / 59.70%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	68,000 / 9.1%	84,000 / 11.3%	87,000 / 11.90%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	19,000 / 29.2%	24,000 / 29.8%	26,000 / 30.40%
Students Identified with Emotional Disturbance for an Individualized Education Program	12,498 / 8.75%	11,273 / 8.26%	11,458 / 8.45%	11,314 / 8.52%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	57,703 / 32.0%	18,000 / 4.3%	23,000 / 5.5%	27,000 / 6.10%
Youth with Substance Use Disorder in the Past Year	57,000 / 7.01%	30,000 / 3.87%	28,000 / 3.64%	30,000 / 3.98%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Minnesota

hopeful
futures
campaign

BY THE NUMBERS


960,000 Number of K-12 Students (2022 Projection) ⁱ	70,000 Children with major depression ⁱⁱ	42,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,273 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 852 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 654 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Minnesota has one [school psychologist](#) for every 1,273 students (the recommended ratio is 1:500).
- **School social workers:** Minnesota has one [school social worker](#) for every 852 students (the recommended ratio is 1:250).
- **School counselors:** Minnesota has one [school counselor](#) for every 654 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnership:** [Minn. Stat. § 245.4901](#) (2021) establishes school-linked behavioral health grants that promote partnerships between schools and community mental health providers to provide an array of mental health services, including via telehealth, to help students and their families.
- **Community schools:** [Minn. Stat. § 124D.231](#) (2016) Schools that receive funding under Minnesota's Full Service Community School program are required to implement at least two programs from a menu of options that includes a parental involvement program and a mental and physical health program offering mental health counseling.



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Minn. Stat. § 6.122A.187](#) (2021) Requires 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 mental health topics.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.





Funding Supports

Meaningful progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth first step:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate

Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Minn. Stat. § 121A.031 (2015) A detailed policy that prohibits physical- and cyber-bullying and creates protocols for school personnel to respond and intervene in bullying behavior among students while encouraging trainings to reduce discrimination and promote greater acceptance of diversity.
- **Suicide prevention:** Minn. Stat. § 145.56 (2015) The Minnesota Commissioner of Health must provide grants to fund community-based programs that provide evidence-based suicide prevention education to school staff, parents, and students in grades K-12.
- **Mental health excused absences:** Minn. Stat. 120A.22 §12 (2021) A note from a physician or a licensed mental health professional stating that the child cannot attend school is a valid excuse.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Substantial progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Minnesota has life skills competencies/standards for K-12, but they are not required ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Minn. Stat. § 120B.21](#) (2013) School districts are encouraged, but not required, to provide age-appropriate mental health instruction for students in grades 4-12.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW MINNESOTA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	12	15	10	14
Youth with At Least One Major Depressive Episode in the Past Year	35,000/8.26%	58,000/13.56%	61,000/14.04%	70,000/15.94%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	27,000/47.5%	32,000/55.4%	42,000/58.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	44,000/10.5%	41,000/9.8%	49,000/11.60%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	10,000/24.80%	13,000/33.7%	17,000/35.90%
Students Identified with Emotional Disturbance for an Individualized Education Program	14,774/19.41%	15,666/19.76%	16,510/20.69%	17,016/21.20%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	20,000/7.8%	20,000/7.5%	20,000/8.00%
Youth with Substance Use Disorder in the Past Year	29,000/6.76%	18,000/4.27%	17,000/3.86%	20,000/4.62%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Mississippi

hopeful
futures
campaign

BY THE NUMBERS

464,000

Number of K-12 Students (2022 Projection)ⁱ

28,000

Children with major depressionⁱⁱ

16,000

Children with major depression who do not receive treatmentⁱⁱⁱ

No data

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 4,956

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 430


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** No data is available for the ratio of school psychologists to students in Mississippi (the recommended ratio is 1:500).
- **School Social Workers:** Mississippi has one school social worker for every 4,956 students (the recommended ratio is 1:250).
- **School Counselors:** Mississippi has one school counselor for every 430 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** State statutes encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:**
 - State statutes require local school districts to conduct refresher training on mental health and suicide prevention every two years.
 - State statutes require local school districts to conduct in-service training on suicide prevention for all school district employees.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program does not cover school-based mental health services delivered via telehealth

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Miss. Code Ann. § 37-11-67 (2017) Each school district must include a prohibition against bullying in their discipline policy and code of student conduct.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies required in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Mississippi [health education curriculum](#) includes mental health in K-12.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW MISSISSIPPI COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	42	29	18	18
Youth with At Least One Major Depressive Episode in the Past Year	20,000 / 8.15 %	28,000 / 11.56%	29,000 / 12.15%	29,000 / 12.15%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	16,000 / 63.7%	18,000 / 66.3%	18,000 / 66.3%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	14,000 / 6.0%	15,000 / 6.3%	15,000 / 6.3%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000 / 14.9%	2,000 / 14.9%	2,000 / 14.9%
Students Identified with Emotional Disturbance for an Individualized Education Program	3,354 / 7.52%	3,487 / 7.9%	3,326 / 7.62%	6,000 / 7.5%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	6,000 / 8.2%	6,000 / 7.5%	3,326 / 7.62%
Youth with Substance Use Disorder in the Past Year	14,000 / 5.81%	9,000 / 3.49%	8,000 / 3.3%	8,000 / 3.3%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Missouri

hopeful
futures
campaign

BY THE NUMBERS

938,000

Number of
K-12 Students
(2022 Projection)ⁱ

72,000

Children with
major depressionⁱⁱ

37,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 4,867

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 2,250

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 339

Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Missouri has one [school psychologist](#) for every 4,867 students (the recommended ratio is 1:500).
- **School Social Workers:** Missouri has one [school social worker](#) for every 2,250 students (the recommended ratio is 1:250).
- **School Counselors:** Missouri has one [school counselor](#) for every 339 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process..

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Mo. Ann Stat. § 170.048](#) (2016) requires each district to adopt a policy for youth suicide awareness and prevention, including training of district employees.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students. Also allows community mental health providers to provide services in schools at a school district's discretion.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Inclusive environment:** Mo. Code Regs. Ann. tit. 5, § 20-100.125, app. A, "CC1." The school system promotes respect for individual differences via diversity training, diversity awareness, policies, and procedures, and also ensures the implementation of effective practices on violence-prevention instruction, including information on preventing and responding to harassment and bullying, for each student and staff member.
- **Anti-bullying:** Mo. Ann. Stat. § 160.775 (2016) The statute defines bullying, provides guidance on school policies and notifying students.
- **Suicide prevention:** Mo. Ann Stat. § 170.048 (2016) requires each district to adopt a policy for youth suicide awareness and prevention, including training of district employees.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- Mo. Ann. Stat. § 170.020 (2019) authorizes a voluntary pilot program to implement a life skills program in elementary grades, but there are no life skills competencies required in K-12.

Policy Opportunity:

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



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** State regulations for K-12 health education standards include social and emotional health and mental health preventive measures, like stress reduction, but do not specify mental health education.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW MISSOURI COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	17	26	31	22
Youth with At Least One Major Depressive Episode in the Past Year	36,000 / 7.62%	68,000 / 14.57%	69,000 / 14.78%	72,000 / 15.54%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	45,000 / 59%	40,000 / 58.8%	37,000 / 57.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	51,000 / 11.3%	47,000 / 10.4%	47,000 / 10.40%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	19,000 / 36.7%	9,000 / 19%	5,000 / 12.60%
Students Identified with Emotional Disturbance for an Individualized Education Program	6,231 / 7.63%	6,738 / 8.25%	7,072 / 8.66%	7,188 / 8.87%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	16,000 / 6.3%	14,000 / 5.9%	9,000 / 4.20%
Youth with Substance Use Disorder in the Past Year	30,000 / 6.31%	17,000 / 3.72%	17,000 / 3.69%	19,000 / 4.04%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Montana

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campaign

BY THE NUMBERS

149,000

Number of K-12 Students (2022 Projection)ⁱ

12,000

Children with major depressionⁱⁱ

6,000

Children with major depression who do not receive treatmentⁱⁱⁱ

1 : 698

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 2,475

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 311


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Montana has one [school psychologist](#) for every 698 students (the recommended ratio is 1:500).
- **School Social Workers:** Montana has one [school social worker](#) for every 2,475 students (the recommended ratio is 1:250).
- **School Counselors:** Montana has one [school counselor](#) for every 311 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- No teacher/staff training required in recommended mental health topics
- **Teacher/staff training:** [State statute](#) requires the Office of Public Instruction to provide guidance and technical assistance to school districts on suicide awareness and prevention. The legislature recommends, but does not require, that training be made available annually and recommends that employees take at least two hours of suicide awareness and prevention training every five years.

Policy Opportunity:

- Require regular training/expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers telehealth services for Individualized Education Plan (IEP) services.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [MAR 10.55.801](#) requires school districts to develop policies that address bullying and discrimination and promote involvement by parents, educators, and the community.
 - The [Bully-free Montana Act](#) (2015) prohibits bullying, and the [administrative rules thereunder](#) require school districts to develop anti-bullying policies.
- **Suicide prevention:**
 - [MAR 10.557.20](#) requires school districts to develop policies related to suicide prevention and response.
 - The Office of Public Instruction's [School-Based Crisis Intervention Project](#) seeks to support school districts in developing systematic crisis intervention policies.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended skills for like success competencies in K-12 ([CASEL](#)).
- **Life skills:** The Office of Public Instruction (OPI) makes [available](#) to school districts and educators resources, but skills for life success competencies are not required in K-12.

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health

Current Policy:

- **Mental health education:** Montana’s regulations for health education include topics on mental and emotional health in K-12 ([NASBE](#))

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW MONTANA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	49	45	37	38
Youth with At Least One Major Depressive Episode in the Past Year	715 / 9.04%	11,000 / 14.07%	11,000 / 14.40%	12,000 / 15.11%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	6,000 / 63.2%	5,000 / 55.6%	6,000 / 53.5%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	7,000 / 9.2%	8,000 / 10.4%	8,000 / 11.40%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000 / 24.7%	2,000 / 29.3%	3,000 / 35.50%
Students Identified with Emotional Disturbance for an Individualized Education Program	712 / 5.51%	848 / 6.35%	881 / 6.5%	906 / 6.68%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	2,000 / 6.3%	2,000 / 5.4%	3,000 / 9.5%
Youth with Substance Use Disorder in the Past Year	6,000 / 8.51%	5,000 / 6.3%	4,000 / 5.18%	4,000 / 5.68%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Nebraska

hopeful
futures
campaign

BY THE NUMBERS

319,000

Number of
K-12 Students
(2022 Projection)ⁱ

24,000

Children with
major depressionⁱⁱ

12,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,164

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 3,350

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 385


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Nebraska has one [school psychologist](#) for every 1,164 students (the recommended ratio is 1:500).
- **School Social Workers:** Nebraska has one [school social worker](#) for every 3,350 students (the recommended ratio is 1:250).
- **School Counselors:** Nebraska has one [school counselor](#) for every 385 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Neb. Rev. Stat. Ann. § 79-2,146](#) (2014) requires all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and any other appropriate personnel to receive at least one hour of suicide awareness and prevention training each year

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- No recommended Medicaid school mental health policies
- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers telehealth services for Individualized Education Plan (IEP) services.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy Achieved:

- **Anti-bullying:** Neb. Rev. Stat. § 79-2,137 (2008) enacts a definition and scope of bullying, and requires district policies to address consequences of bullying and local review of those policies.
- **Suicide prevention:** Neb. Rev. Stat. Ann. § 79-3104 (2021) establishes the "Safe2HelpNE" report line managed by the Department of Education, whose staff are "trained in threat assessment and management processes, suicide prevention, recognizing mental illness and emotional disturbance, and applicable confidentiality and privacy laws. The report line staff shall have access to clinical consultation and support seven days per week and twenty-four hours per day from a licensed mental health professional."

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy Achieved:

- No recommended life skills competencies required in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy Achieved:

- No mental health education required in K-12.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW NEBRASKA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	15	35	21	37
Youth with At Least One Major Depressive Episode in the Past Year	12,000 / 7.97%	20,000 / 13.01%	22,000 / 14.20%	24,000 / 15.50%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	14,000 / 55.4%	12,000 / 55.4%	12,000 / 52.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	12,000 / 7.7%	14,000 / 9.0%	19,000 / 12.40%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	5,000 / 35.9%	5,000 / 35.9%	5,000 / 27.80%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,957 / 7.40%	2,664 / 9.5%	2,864 / 10.06%	2,861 / 9.98%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	7,891 / 27.4%	19,000 / 8.80%	10,000 / 12.6%	13,000 / 15.40%
Youth with Substance Use Disorder in the Past Year	10,000 / 7.12%	6,000 / 4.05%	6,000 / 3.69%	6,000 / 3.94%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Nevada

hopeful
futures
campaign

BY THE NUMBERS

539,000 Number of K-12 Students (2022 Projection) ⁱ	42,000 Children with major depression ⁱⁱ	28,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,866 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 8,730 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 544 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Nevada has one [school psychologist](#) for every 1,866 students (the recommended ratio is 1:500).
- **School Social Workers:** Nevada has one [school social worker](#) for every 8,730 students (the recommended ratio is 1:250).
- **School Counselors:** Nevada has one [school counselor](#) for every 544 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [NRS 388.256](#) (2019), [388.2565](#) (2019) requires that instruction be provided to teachers and school resource officers on the prevention of suicide.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth for all EPSDT services, which include mental health.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [NRS 388.133](#) Requires the Department of Education to prescribe a policy for all school districts and schools to provide a safe and respectful learning environment that is free of bullying and cyber-bullying, including requirements for reporting and restorative disciplinary practices.
 - [NRS 388.1343](#) (2011) Each school is required to establish a school safety team to develop, foster, and maintain a school environment that is free from bullying and cyber-bullying. The school safety teams are also tasked with investigating incidents of bullying and cyber-bullying.
 - [NRS 236.073](#) (2011), [NRS 388.1395](#) (2013) Nevada has adopted a “Week of Respect” to bring attention to issues regarding bullying and cyber-bullying.
- **Inclusive environment:** [NRS 388.133](#) The Department of Education is required to establish a policy that sets requirements and methods for addressing the rights and needs of persons with diverse gender identities and expressions and for restorative disciplinary practices.
- **Mental health excused absences:** [SB 249](#) (2021) allows for excused absences for mental health reasons.
- **Suicide prevention:**
 - [NRS 389.021](#) (1999), [NRS 388.256](#) (2019) Nevada law requires that instruction be provided to students on the prevention of suicide, including the identification of appropriate and available mental health services.
 - [SB 249](#) (2021) requires the inclusion of information for a national or local suicide prevention hotline and mental health resources on school-issued student identification cards, including text messaging option on college or community college identification cards.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Nevada has adopted life skills [competencies/standards](#) for K-12 ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Nevada statutes and regulations require health education from K-12 to include topics in mental and emotional health. ([NASBE](#))

HOW NEVADA COMPARES

State Rankings from Mental Health America ^{iv}

	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	51	51	51	51
Youth with At Least One Major Depressive Episode in the Past Year	19,000 / 8.48%	34,000 / 14.97%	35,000 / 15.11%	42,000 / 17.93%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	22,000 / 61.4%	23,000 / 71%	28,000 / 65.20%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	28,000 / 13.2%	26,000 / 11.8%	29,000 / 13.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	5,000 / 18.70%	3,000 / 11.2%	5,000 / 18.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,881 / 4.86%	1,931 / 4.45%	1,959 / 4.42%	2,085 / 4.64%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	16,086 / 52%	8,000 / 7.10%	13,000 / 12.6%	8,000 / 7.10%
Youth with Substance Use Disorder in the Past Year	15,000 / 6.85%	12,000 / 5.20%	12,000 / 5.09%	13,000 / 5.59%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



New Hampshire

hopeful
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campaign

BY THE NUMBERS

192,000

Number of K-12 Students (2022 Projection)ⁱ

15,000

Children with major depressionⁱⁱ

7,000

Children with major depression who do not receive treatmentⁱⁱⁱ

1 : 919

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 2,408

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 219


Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Some progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** New Hampshire has one [school psychologist](#) for every 919 students (the recommended ratio is 1:500).
- **School Social Workers:** New Hampshire has one [school social worker](#) for every 2,408 students (the recommended ratio is 1:250).
- **School Counselors:** New Hampshire has one [school counselor](#) for every 219 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists and school social workers in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [NH Rev Stat § 193-J:2](#) (2020) requires school faculty and staff to receive at least two hours of suicide awareness and prevention training annually, including youth suicide risk factors, warnings signs, and response procedures.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program [covers](#) school-based mental health services for all Medicaid-eligible students. See [NH Rev. Stat. § 167:3-k](#) (2020).
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth for all EPSDT services, which include mental health.





Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [NH Rev Stat § 193-F:4](#) (2010) directs school boards to adopt a written policy prohibiting bullying and cyberbullying, including procedures for reporting and investigating bullying.
 - [NH Rev Stat § 193-F:5](#) (2010) requires school districts to provide annual bullying prevention training to employees and regular volunteers and contractors who have significant contact with pupils as well as education programs for pupils and parents in preventing, identifying, responding to, and reporting bullying or cyberbullying.
- **School climate survey:** As of 2021, New Hampshire Department of Education administers the [603 Bright Future Survey](#), which includes questions on mental wellbeing.
- **Inclusive environment:**
 - [NH Rev. Stat. § 193:38](#) (2019) bans discrimination based on specific characteristics, such as gender, sexual orientation, or disability, in public schools.
 - [NH Rev Stat § 193-F:8](#) (2010) allows schools to create anti-discrimination or harassment policies.
- **Suicide prevention:**
 - [NH Rev Stat § 193-J](#) (2020) instructs schools to educate students on the importance of safe and healthy choices and coping strategies, recognizing risk factors of mental disorders and suicide, and help-seeking strategies for oneself or others.
 - [NH Rev Stat § 186:11](#) (2021) directs the state board of education to provide youth suicide prevention information to public and private schools to facilitate the delivery of appropriate courses and programs.
 - [NH Rev Stat § 193-J:2](#) (2019) instructs schools to promote cooperative efforts between school districts and community suicide prevention program personnel.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as permitting excused absences for mental health concerns and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** New Hampshire provides resources for, but does not require, life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** New Hampshire [regulations](#) require K-12 health education to include mental health.

HOW NEW HAMPSHIRE COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	38	8	14	6
Youth with At Least One Major Depressive Episode in the Past Year	10,000 / 9.79%	13,000 / 13.91%	14,000 / 15.08%	15,000 / 15.85%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	7,000 / 54.7%	9,000 / 56.9%	7,000 / 46.6%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	8,000 / 8.3%	8,000 / 8.7%	9,000 / 10.2%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	3,000 / 39.7%	3,000 / 34.9%	4,000 / 47.6%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,192 / 12.40%	2,039 / 12.32%	2,095 / 12.77%	2,132 / 13.24%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked OR 7,076 / 36.1%	1,000 / 2.1%	1,000 / 2.5%	2,000 / 4.30%
Youth with Substance Use Disorder in the Past Year	7,000 / 7.11%	4,000 / 4.25%	4,000 / 4.41%	4,000 / 4.57%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



New Jersey

hopeful
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campaign

BY THE NUMBERS

1,330,000

Number of
K-12 Students
(2022 Projection)ⁱ

86,000

Children with
major depressionⁱⁱ

42,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 731

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 655

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 358


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** New Jersey has one school psychologist for every 731 students (the recommended ratio is 1:500).
- **School Social Workers:** New Jersey has one school social worker for every 655 students (the recommended ratio is 1:250).
- **School Counselors:** New Jersey has one school counselor for every 358 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in further improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in behavioral health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** State policies to engage parents and families in the educational process, but not required by statute.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** 18A:6-112 (2013) requires every public school teaching staff member to attend at least two hours of suicide prevention training, including anti-bullying and harassment.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Meaningful progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- **Well-being checks:** 18A:40-5.5 (2021) Establishes \$1 million Mental Health Screening in Schools Grant Program in DOE; requires public schools to administer annual written screenings for depression for students in grades 7-12.

Policy Opportunity:

- Build on Mental Health Screening in Schools grant program and require annual well-being checks to all students and staff in K-12.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The [School Climate Improvement Survey](#) is a comprehensive instrument administered by the New Jersey Department of Education to collect and analyze data regarding the current and emerging needs of K-12 schools.
- **Anti-bullying:**
 - [18A:37-15](#) (2013) requires each school district to adopt a policy prohibiting harassment, intimidation or bullying on school property, at a school-sponsored function or on a school bus.
 - [18A:37-21](#) requires school districts to form a school safety team in each school to foster a positive school climate and address issues such as harassment, intimidation, or bullying.
 - [18A:37-29](#) designates “Week of Respect” to focus on preventing harassment, intimidation, and bullying.
- **Inclusive environment:**
 - The New Jersey Law Against Discrimination, [NJ Rev Stat §10:5-12\(11\)\(f\)](#) (2009), generally makes it unlawful for schools to subject individuals to differential treatment based on race, creed, color, national origin, ancestry, marital status, domestic partnership or civil union status, sex, affectional or sexual orientation, gender identity or expression, disability or nationality.
 - [NJ Rev Stat §18A:36-41](#) (2017) directs the Department of Education to establish guidelines regarding the needs of transgender students and to assist schools in establishing policies and procedures that ensure a supportive and nondiscriminatory environment for transgender students.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** New Jersey provides [guidelines](#), but does not require, life skills standards/competencies for K-12 ([CASEL](#)).

Policy Opportunity:

- Build on existing guidelines and require evidence-based life skills education for K-12, including making the training in the curriculum available to parents and caregivers.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [C.18A: 35-4.39](#) (2019) requires that mental health, including substance use, be added to the health curriculum.



HOW NEW JERSEY COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	22	6	6	7
Youth with At Least One Major Depressive Episode in the Past Year	53,000 / 7.91	77,000 / 11.17%	82,000 / 11.95%	86,000 / 12.71%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	40,000 / 57.8%	40,000 / 55.7%	42,000 / 58.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	47,000 / 7%	54,000 / 8.1%	55,000 / 8.40%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	16,000 / 32.5%	16,000 / 32.5%	14,000 / 28.40%
Students Identified with Emotional Disturbance for an Individualized Education Program	8,377 / 6.82%	7,690 / 6.12%	7,484 / 5.89%	7,313 / 5.84%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	18,000/5%	14,000/4%	18,000/5%
Youth with Substance Use Disorder in the Past Year	49,000/6.97%	23,000/3.34%	23,000/3.42%	22,000/3.33%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



New Mexico

hopeful
futures
campaign 

BY THE NUMBERS

356,000

Number of
K-12 Students
(2022 Projection)ⁱ

31,000

Children with
major depressionⁱⁱ

18,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 3,673

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 945

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 473


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** New Mexico has one [school psychologist](#) for every 3,673 students (the recommended ratio is 1:500).
- **School Social Workers:** New Mexico has one [school social worker](#) for every 945 students (the recommended ratio is 1:250).
- **School Counselors:** New Mexico has one [school counselor](#) for every 473 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State educational policies](#) include information, but do not require training, on mental health and suicide prevention.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** N.M. Stat. Ann. § 22-35-4 (2014) requires school districts to adopt anti-bullying policies and to establish an annual anti-bullying program for students, which includes training and benchmarks.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** New Mexico health education standards for [K-4](#) and [5-8](#) and [9-12](#) include topics on mental and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW NEW MEXICO COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	50	41	50	47
Youth with At Least One Major Depressive Episode in the Past Year	20,000 / 11.73%	20,000 / 11.73%	29,000 / 17.43%	31,000 / 18.60%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	11,000 / 62.60%	20,000 / 62.9%	18,000 / 55.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	12,000 / 7.20%	21,000 / 13.1%	22,000 / 13.80%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	3,000 / 26.30%	5,000 / 22.60%	5,000 / 22.50%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,041 / 6.74X%	1,889 / 6.20%	1,853 / 6.16%	1,830 / 6.15%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	7,668 / 27.8%	6,800 / 4.10%	4,000 / 7.80%	5,000 / 7.80%
Youth with Substance Use Disorder in the Past Year	16,000 / 9.21%	16,000 / 9.21%	8,000 / 4.80%	9,000 / 5.43%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



New York

hopeful
futures
campaign

BY THE NUMBERS

2,721,000
Number of
K-12 Students
(2022 Projection)ⁱ

179,000
Children with
major depressionⁱⁱ

103,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 648
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 773
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)


1 : 288
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved





School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** New York has one [school psychologist](#) for every 648 students (the recommended ratio is 1:500).
- **School Social Workers:** New York has one [school social worker](#) for every 773 students (the recommended ratio is 1:250).
- **School Counselors:** New York has one [school counselor](#) for every 288 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in increasing the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State policy](#) encourages, but does not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State educational policies](#) include information, but do not require training, on mental health and suicide prevention, except in the context of school safety.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some no progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Education Law § 13](#) (2014) requires that school districts create and distribute policies and procedures to create "a school environment that is free from harassment, bullying and discrimination."
 - [Education Law § 13](#) (2014) provides for the development of measured, balanced and age-appropriate responses to instances of harassment, bullying or discrimination.
 - [Education Law § 801-a](#) (2014) requires K-12 instruction, include a component on civility, citizenship, and character education, with a focus on discouraging acts of harassment, bullying, and discrimination.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** New York has developed [benchmarks](#) for K-12 life skills competencies, but they are not required ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Education Law § 804](#) (2018) requires that all schools' health education programs include mental health and the relation of physical and mental health.

HOW NEW YORK COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	17	14	12	9
Youth with At Least One Major Depressive Episode in the Past Year	107,000 / 7.28%	161,000 / 11.46%	157,000 / 11.4%	179,000 / 13.29%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	83,000 / 55.1%	85,000 / 59.1%	103,000 / 60.9%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	102,000 / 7.5%	105,000 / 7.8%	109,000 / 8.3%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	26,000 / 27.2%	22,000 / 21.9%	29,000 / 28.3%
Students Identified with Emotional Disturbance for an Individualized Education Program	27,566 / 11.22%	22,429 / 9.49%	22,553 / 9.15%	22,063 / 9.10%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	120,733 / 35.6%	56,000 / 8.8%	49,000 / 8.3%	48,000 / 7.7%
Youth with Substance Use Disorder in the Past Year	88,000 / 5.99%	57,000 / 4.04%	47,000 / 3.41%	52,000 / 3.87%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



North Carolina

hopeful
futures
campaign 

BY THE NUMBERS

1,678,000
Number of
K-12 Students
(2022 Projection)ⁱ

132,000
Children with
major depressionⁱⁱ

74,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 2,527
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,584
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 354
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** North Carolina has one [school psychologist](#) for every 2,527 students (the recommended ratio is 1:500).
- **School Social Workers:** North Carolina has one [school social worker](#) for every 1,584 students (the recommended ratio is 1:250).
- **School Counselors:** North Carolina has one [school counselor](#) for every 354 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Community schools:** [21st Century Community Learning Centers](#) offer additional opportunities for student, family and community engagement.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Substantial progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [N.C. Gen. Stat. Ann. § 115C-376.5](#) (2020) requires each K-12 school unit to adopt a school mental health plan that includes training of school personnel in youth mental health, suicide prevention, substance abuse sexual abuse prevention, sex trafficking prevention, and teenage dating violence.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - N.C. Gen. Stat. Ann. § 115C-407.16 (2014) All public school districts are required to enact a policy against bullying or harassing behavior containing enumerated definitions, policies, consequences, and procedures.
 - N.C. Gen. Stat. Ann. § 115C-407.17 (2009) Schools must develop and implement methods and strategies for promoting school environments that are free of bullying or harassing behavior.
- **Suicide prevention:** N.C. Gen. Stat. Ann. § 115C-376.5 (2020) The State Board of Education is required to adopt a school-based mental health policy that includes suicide prevention for grades K-12 and a model suicide risk referral protocol for grades 6-12.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [N.C. Gen. Stat. Ann § 115C-81.25](#) (2017) requires that K-12 health education include mental and emotional health.

HOW NORTH CAROLINA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	30	44	45	42
Youth with At Least One Major Depressive Episode in the Past Year	61,000 / 8.11%	95,000 / 12.03%	119,000 / 15.05%	132,000 / 16.68%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	68,000 / 74.3%	77,000 / 60.2%	74,000 / 51.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	75,000 / 9.8%	98,000 / 12.6%	110,000 / 14.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	12,000 / 17.0%	21,000 / 21.9%	27,000 / 24.9%
Students Identified with Emotional Disturbance for an Individualized Education Program	5,911 / 4.36%	5,349 / 3.81%	5,275 / 3.72%	5,187 / 3.65%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	38,000 / 11.9%	33,000 / 10.0%	34,000 / 10.0%
Youth with Substance Use Disorder in the Past Year	46,000 / 6.11%	29,000 / 3.63%	28,000 / 3.57%	31,000 / 3.91%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



North Dakota

hopeful
futures
campaign 

BY THE NUMBERS

105,000

Number of K-12 Students (2022 Projection)ⁱ

8,000

Children with major depressionⁱⁱ

4,000

Children with major depression who do not receive treatmentⁱⁱⁱ

1 : 2,162

Ratio of School Psychologists to Students (Recommended Ratio 1:500)

1 : 655

Ratio of School Social Workers to Students (Recommended Ratio 1:250)

1 : 395

Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** North Dakota has one [school psychologist](#) for every 2,162 students (the recommended ratio is 1:500).
- **School Social Workers:** North Dakota has one [school social worker](#) for every 655 students (the recommended ratio is 1:250).
- **School Counselors:** North Dakota has one [school counselor](#) for every 395 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State policy](#) provides for a required set-aside of certain funds for parent and family engagement.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:**
 - [§ 15.1-07-34](#) provides that each school district must provide a minimum of eight hours, every two years, of professional development for school teachers and administrators in topics related to youth mental health, trauma, social and emotional learning, suicide prevention, bullying, risk mitigation and evidence-based interventions.
 - North Dakota teacher licensure requires that candidates receive training in competencies related to youth mental health from an accredited or approved youth mental health education provider. N.D. Cent. Code Ann. [§ 15.1-13-35](#) (2016).

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** N.D. Cent. Code Ann. § 15.1-19-18 (2019) requires each school district to adopt a policy prohibiting bullying on school premises, school buses, or at school-sponsored activities. School districts must also provide bullying prevention programs for K-12 students.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** North Dakota has developed standards for K-12 life skills competencies, but they are not required (CASEL).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- No mental health education required in K-12 by statute or code.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW NORTH DAKOTA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	2	3	25	34
Youth with At Least One Major Depressive Episode in the Past Year	4,000 / 7.25%	6,000 / 12.13%	7,000 / 13.75%	8,000 / 15.07%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	2,000 / 46.7%	3,000 / 53.4%	4,000 / 54.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	3,000 / 6.0%	4,000 / 8.5%	5,000 / 10.30%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	1,000 / 35.9%	1,000 / 33.0%	2,000 / 33.0%
Students Identified with Emotional Disturbance for an Individualized Education Program	788 / 8.98%	1,066 / 10.86%	1,183 / 11.85%	1,240 / 11.99%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not asked OR 3,272 / 36.3%	3,000 / 8.5%	5,000 / 13.5%	5,000 / 15.60%
Youth with Substance Use Disorder in the Past Year	3,000 / 6.38%	2,000 / 4.39%	2,000 / 4.38%	3,000 / 5.08%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Ohio

hopeful
futures
campaign

BY THE NUMBERS

1,686,000

Number of
K-12 Students
(2022 Projection)ⁱ

131,000

Children with
major depressionⁱⁱ

76,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,084

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 4,854

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 430

Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Ohio has one [school psychologist](#) for every 1,084 students (the recommended ratio is 1:500).
- **School Social Workers:** Ohio has one [school social worker](#) for every 4,854 students (the recommended ratio is 1:250).
- **School Counselors:** Ohio has one [school counselor](#) for every 430 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State statute](#) requires at least four hours of in-service training on child abuse, violence, substance abuse and promotion of positive youth development within two years of commencing employment, and every five years thereafter, for teachers and certain school personnel and requires teachers and certain school personnel to receive training in youth suicide awareness and prevention once every two years.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Ohio Revised Code 3313.666 requires each school district to implement an anti-bullying policy, which must include, among other things, a statement that bullying is prohibited, procedures for reporting bullying, procedures for responding to and investigating reports of bullying, and procedures for protecting victims of bullying from new or additional harassment..

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Ohio has adopted and implemented educational standards for K-12 life skills competencies (CASEL).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- No mental health education required.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW OHIO COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	10	18	11	19
Youth with At Least One Major Depressive Episode in the Past Year	83,000 / 8.90%	129,000 / 14.35%	123,000 / 13.73%	131,000 / 14.73%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	63,000 / 48.6%	59,000 / 52.2%	76,000 / 63.3%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	87,000 / 9.9%	79,000 / 9.1%	78,000 / 9.0%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	32,000 / 37.10%	28,000 / 36.0%	19,000 / 25.1%
Students Identified with Emotional Disturbance for an Individualized Education Program	15,601 / 9.88%	15,208 / 9.80%	15,377 / 9.97%	15,281 / 10.03%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	60,767 / 24.8%	33,000 / 7.4%	26,000 / 5.9%	33,000 / 7.40%
Youth with Substance Use Disorder in the Past Year	53,000 / 5.68%	36,000 / 3.99%	36,000 / 3.97%	38,000 / 4.23%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Oklahoma

hopeful
futures
campaign 

BY THE NUMBERS

687,000

Number of
K-12 Students
(2022 Projection)ⁱ

54,000

Children with
major depressionⁱⁱ

30,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 3,301

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 5,167

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 421


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 <p>School Mental Health Professionals</p> 	 <p>School-Family-Community Partnerships</p> 	 <p>Teacher and Staff Training</p> 	 <p>Funding Supports</p> 
 <p>Well-Being Checks</p> 	 <p>Healthy School Climate</p> 	 <p>Skills for Life Success</p> 	 <p>Mental Health Education</p> 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Oklahoma has one [school psychologist](#) for every 3,301 students (the recommended ratio is 1:500).
- **School Social Workers:** Oklahoma has one [school social worker](#) for every 5,167 students (the recommended ratio is 1:250).
- **School Counselors:** Oklahoma has one [school counselor](#) for every 421 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Some progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) encourage, but do not require, districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:**
 - [Okla. Stat. tit. 70 § 6-194.3](#) (2021) requires local school districts to require a training program for teachers on recognizing and addressing the mental health needs of students. Program shall be completed the first year a certified teacher is employed by a school district, then once every third academic year.
 - [SB21](#) (2021) requires school districts to provide suicide awareness and prevention training to all staff on a biennial basis.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.





Funding Supports

Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students, but community-based providers may bill for services delivered in schools to Medicaid-enrolled students
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate

Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - Okla. Stat. tit. 70 § 24-100.4 (2016) requires that each district adopt a policy on bullying that includes an educational program for students in preventing, identifying, responding to, and reporting incidents of bullying. Staff training is also required.
 - Okla. Stat. tit. 70 § 24-100.5 (2021) Each year, each public school must establish a committee which investigates bullying reports and assists in promoting a positive school climate.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies required in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [HB1568](#) (2021) adds mental health instruction to health education curriculum and directs the state Board of Education to adopt standards for grades K-12.

HOW OKLAHOMA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	43	40	46	28
Youth with At Least One Major Depressive Episode in the Past Year	27,000 / 8.74%	44,000 / 13.86%	52,000 / 16.48%	54,000 / 17.01%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	28,000 / 65.8%	35,000 / 61.1%	30,000 / 56.0%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	26,000 / 8.4%	39,000 / 12.7%	39,000 / 12.8%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	6,000 / 22.7%	8,000 / 23.5%	12,000 / 33.6%
Students Identified with Emotional Disturbance for an Individualized Education Program	4,290 / 7.51%	4,073 / 6.78%	4,142 / 6.89%	4,057 / 6.66%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	27,252 / 35.5%	16,000 / 11.5%	11,000 / 7.9%	6,000 / 4.4%
Youth with Substance Use Disorder in the Past Year	19,000 / 6.41%	14,000 / 4.36%	13,000 / 4.19%	14,000 / 4.36%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Oregon

hopeful
futures
campaign

BY THE NUMBERS

633,000

Number of
K-12 Students
(2022 Projection)ⁱ

55,000

Children with
major depressionⁱⁱ

29,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 3,393

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 8,831

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 461


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Oregon has one [school psychologist](#) for every 3,393 students (the recommended ratio is 1:500).
- **School Social Workers:** Oregon has one [school social worker](#) for every 8,831 students (the recommended ratio is 1:250).
- **School Counselors:** Oregon has one [school counselor](#) for every 461 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [ORS 339.343](#) (2019) Each school district is required to adopt a comprehensive plan on suicide prevention for students in grades K-12 that includes training to be provided to school employees.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports

Meaningful progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** Oregon is [awaiting federal approval](#) of a Medicaid state program amendment that would cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program [only covers](#) school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate

Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** [ORS 339.341](#) (2020) Establishes the Statewide School Safety and Prevention System, which is required to assist school districts in decreasing acts of harassment, intimidation or bullying or acts of cyberbullying and to support resiliency building and trauma-informed care practices and suicide prevention.
- **Mental health excused absences:** [ORS 339.065](#) (2019) Allows for an absence to be excused based on the student's mental or behavioral health.
- **Suicide prevention:** [ORS 339.343](#) (2019) Each school district is required to adopt a comprehensive plan on suicide prevention for students in grades K-12, including interventions and activities that reduce risk and promote healing.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Some progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Oregon’s Department of Education includes [resources](#) on life skills competencies, but they are not required in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Oregon’s [health education standards](#) for K-12 include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW OREGON COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	37	47	41	45
Youth with At Least One Major Depressive Episode in the Past Year	30,000 / 10.23%	48,000 / 16.34%	52,000 / 17.57%	55,000 / 18.62%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	27,000 / 55.6%	30,000 / 53.9%	29,000 / 49.70%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	36,000 / 12.7%	37,000 / 13.1%	40,000 / 14.10%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	10,000 / 29.20%	14,000 / 37.9%	14,000 / 36.60%
Students Identified with Emotional Disturbance for an Individualized Education Program	4,524 / 8.71%	5,122 / 9.54%	5,286 / 9.81%	5,568 / 10.30%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	17,935 / 25.5%	11,000 / 7.0%	10,000 / 6.7%	10,000 / 6.60%
Youth with Substance Use Disorder in the Past Year	20,000 / 6.71%	16,000 / 5.30%	14,000 / 4.65%	17,000 / 5.77%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Pennsylvania

hopeful
futures
campaign

BY THE NUMBERS

1,802,000

Number of
K-12 Students
(2022 Projection)ⁱ

117,000

Children with
major depressionⁱⁱ

57,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 997

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 3,416

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 369


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Pennsylvania has one [school psychologist](#) for every 997 students (the recommended ratio is 1:500).
- **School Social Workers:** Pennsylvania has one [school social worker](#) for every 3,416 students (the recommended ratio is 1:250).
- **School Counselors:** Pennsylvania has one [school counselor](#) for every 369 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [24 P. S. § 13-1526](#) (2015) Schools are required to provide four hours of training in youth suicide awareness and prevention every five years for professional educators serving students in grades six through twelve.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** Pennsylvania has a school climate survey and resources available to schools.
- **Anti-bullying:** 24 P. S. § 13-1303.1A (2008). Pennsylvania schools are required to have an anti-bullying policy and incorporate the policy into the school entity's code of student conduct. The policy shall delineate disciplinary consequences for bullying and may provide for prevention, intervention, and education programs.
- **Suicide prevention:** 24 P.S. §15-1526 requires schools to adopt a youth suicide awareness and prevention policy. Permits schools to incorporate suicide prevention curriculum.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Pennsylvania has developed Pennsylvania Career Ready Skills for K-12 that include life skills competencies ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** No mental health education required in statute.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW PENNSYLVANIA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	11	01	02	01
Youth with At Least One Major Depressive Episode in the Past Year	84,000 / 8.69%	113,000 / 12.23%	109,000 / 11.8%	117,000 / 12.88%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	59,000 / 53.9%	56,000 / 57.5%	57,000 / 55.20%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	77,000 / 8.6%	64,000 / 7.1%	73,000 / 8.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	28,000 / 39.90%	23,000 / 37.1%	28,000 / 39.90%
Students Identified with Emotional Disturbance for an Individualized Education Program	22,858 / 14.03%	24,746 / 15.50%	25,166 / 15.76%	26,105 / 16.33%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	29,000 / 6.1%	29,000 / 6.1%	32,000 / 6.80%
Youth with Substance Use Disorder in the Past Year	64,000 / 6.64%	29,000 / 3.19%	31,000 / 3.4%	32,000 / 3.52%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
 ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Rhode Island

hopeful
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campaign 

BY THE NUMBERS

147,000

Number of
K-12 Students
(2022 Projection)ⁱ

11,000

Children with
major depressionⁱⁱ

6,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 838

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 686

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 420


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Rhode Island has one [school psychologist](#) for every 838 students (the recommended ratio is 1:500).
- **School Social Workers:** Rhode Island has one [school social worker](#) for every 686 students (the recommended ratio is 1:250).
- **School Counselors:** Rhode Island has one [school counselor](#) for every 420 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in further improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Community schools:** [R.I. Gen. Laws § 16-73-1.1](#) (effective July 2, 2018) Rhode Island has created a community school initiative known as "child opportunity zones", which are sites at or near a school that provide early childhood initiatives, before-school, after-school, and summer enrichment programs, health and mental health services, parent engagement, adult education, workforce development training, or any combination of these programs.
- **Advisory council:** The Rhode Island Department of Education (RIDE) has implemented the School Health Advisory Council (SHAC), the purpose of which is to advise on policies, programs, and practices that promote equitable access to high quality school and community-based mental health and related services for youth and their families.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [H5353](#) (2021) requires annual training of teachers and school personnel regarding suicide awareness and prevention.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program does not cover school-based mental health services delivered via telehealth

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** SurveyWorks is Rhode Island's Department of Education (RIDE) survey suite, which solicits students, parents, teachers/staff, and administrators for feedback.
- **Anti-bullying:**
 - R.I. Gen. Laws § 16-21-34 (2011) In accordance with Rhode Island's "Safe Schools Act", bullying and cyber-bullying are prohibited in its schools.
 - R.I. Gen. Laws § 16-21-24 (effective July 11, 2013) Rhode Island schools are required to develop policies, procedures, and strategies to establish anonymous reporting mechanisms for school violence (includes bullying).
- **Suicide prevention:** H5353 (2021) requires training in suicide awareness and prevention of all students starting in grade 6 and through grade 12 each academic year. Requires each school district to adopt a policy on suicide prevention, intervention and postvention.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Rhode Island has developed [educational standards](#) for K-12 life skills competencies ([CASEL](#)).

Policy Opportunity:

- Build on existing standards and require evidence-based life skills education for K-12, including making the training in the curriculum available to parents and caregivers.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Rhode Island [regulations](#) require that K-12 health education include mental and emotional health.

HOW RHODE ISLAND COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	24	4	7	15
Youth with At Least One Major Depressive Episode in the Past Year	7,000 / 9.00%	10,000 / 13.3%	10,000 / 13.4%	11,000 / 14.64%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	4,000 / 39.5%	5,000 / 53.4%	6,000 / 64.9%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	7,000 / 10.2%	7,000 / 9.5%	6,000 / 8.3%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	3,000 / 48.3%	3,000 / 41.2%	1,000 / 20.4%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,024 / 15.48%	1,618 / 12.49%	1,600 / 12.38%	1,610 / 12.34%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	4,712 / 33.6%	2,000 / 5.8%	2,000 / 5.3%	1,000 / 3.8%
Youth with Substance Use Disorder in the Past Year	5,000 / 6.89%	3,000 / 4.69%	3,000 / 4.05%	3,000 / 4.58%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



South Carolina

hopeful
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campaign 

BY THE NUMBERS

772,000 Number of K-12 Students (2022 Projection) ⁱ	52,000 Children with major depression ⁱⁱ	34,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,788 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 4,238 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 351 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** South Carolina has one [school psychologist](#) for every 1,788 students (the recommended ratio is 1:500).
- **School social workers:** South Carolina has one [school social worker](#) for every 4,238 students (the recommended ratio is 1:250).
- **School counselors:** South Carolina has one [school counselor](#) for every 351 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnership:** [S.C. Dep't Mental Health, Sch. Mental Health Servs.](#) The South Carolina Department of Mental Health School Mental Health Services (SMHS) partners with school districts to provide school mental health services.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** State [statute](#) requires two hours of training in youth suicide awareness and prevention as a requirement for renewal of credentials for individuals employed in a middle or high school.

Policy Opportunity:

- Expand on existing training requirements] to ensure K-12 teachers and staff receive regular training on mental health and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Meaningful progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program does not cover school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** S.C. Code Ann. § 59-63-140 requires that each local school district must adopt a policy prohibiting harassment, intimidation, or bullying at school. Schools and school districts are encouraged to establish bullying prevention programs and other initiatives involving school staff, students, administrators, volunteers, parents, law enforcement, and community. Members.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [S.C. Code Ann. § 59-32-30 \(2021\)](#) For K-5, health education must include mental and emotional health. [The Comprehensive Health Education \(CHE\) Act of 1988 \(59-32-5\)](#); [S.C. Code Ann. Regs. 43-238](#) requires that, at least one time during the four years of grades 9–12 (but not each grade), each student shall receive health education, which includes mental and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW SOUTH CAROLINA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	34	48	44	35
Youth with At Least One Major Depressive Episode in the Past Year	32,000 / 9.03%	46,000 / 12.31%	51,000 / 13.56%	52,000 / 13.82%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	33,000 / 73.7%	36,000 / 68%	34,000 / 67.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	32,000 / 8.9%	36,000 / 9.8%	33,000 / 9.10%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	4,000 / 13.50%	9,000 / 28.3%	8,000 / 24.20%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,946 / 4.55%	2,208 / 3.2%	2,112 / 3.04%	2,143 / 3.05%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	20,000 / 11.9%	23,000 / 14.8%	19,000 / 12.40%
Youth with Substance Use Disorder in the Past Year	24,000 / 6.63%	15,000 / 4.09%	15,000 / 3.95%	15,000 / 3.95%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



South Dakota

hopeful
futures
campaign

BY THE NUMBERS


137,000 Number of K-12 Students (2022 Projection) ⁱ	11,000 Children with major depression ⁱⁱ	6,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 1,742 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 3,413 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 376 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** South Dakota has one [school psychologist](#) for every 1,742 students (the recommended ratio is 1:500).
- **School social workers:** South Dakota has one [school social worker](#) for every 3,413 students (the recommended ratio is 1:250).
- **School counselors:** South Dakota has one [school counselor](#) for every 376 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Little or no progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) do not address parent and family engagement.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** South Dakota Codified Law [§ 13-42-71](#) requires that anyone applying for an initial certificate or a renewal certificate as a teacher, administrator, or other educational professional must participate in at least one hour of suicide awareness and prevention training.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** South Dakota § 13-32-14 requires that school districts must adopt a bullying policy or follow the model bullying policy outlined in § 13-32-19.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Little or no progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- No mental health education required in statute or code.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW SOUTH DAKOTA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	7	24	13	35
Youth with At Least One Major Depressive Episode in the Past Year	5,000 / 8.32%	8,000 / 12.56%	9,000 / 12.53%	11,000 / 15.41%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not asked	4,000 / 55.7%	3,000 / 49.7%	6,000 / 59.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not asked	5,000 / 7.3%	5,000 / 8%	8,000 / 12.00%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not asked	1,000 / 28.80%	1,000 / 29.2%	2,000 / 29.30%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,131 / 9.95%	1,184 / 9.76%	1,213 / 9.89%	1,251 / 10.04%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not asked OR 3,325 / 31.0%	3,000 / 8.7%	2,000 / 5.4%	2,000 / 4.70%
Youth with Substance Use Disorder in the Past Year	4,000 / 6.90%	4,000 / 5.59%	3,000 / 4.78%	3,000 / 4.60%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Tennessee

hopeful
futures
campaign 

BY THE NUMBERS

1,078,000

Number of
K-12 Students
(2022 Projection)ⁱ

70,000

Children with
major depressionⁱⁱ

40,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 2,389

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 4,428

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 314


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Tennessee has one [school psychologist](#) for every 2,389 students (the recommended ratio is 1:500).
- **School social workers:** Tennessee has one [school social worker](#) for every 4,428 students (the recommended ratio is 1:250).
- **School counselors:** Tennessee has one [school counselor](#) for every 314 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** State [statute](#) requires that in-service training include at least two hours of suicide prevention education for all teachers and principals each school year. Statute encourages, but does not require, the use of two in-service training days to provide training on prevention and intervention strategies for mental/emotional disorders and warning signs of early mental illness.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program [allows for coverage](#) of school-based mental health services for all Medicaid-eligible students, though managed care organizations are not required to provide school-based mental health services for all students.
- **Medicaid telehealth:** State Medicaid program [covers](#) school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The [Tennessee Department of Health](#) conducts a [School Climate Survey](#) and has published a [Children's Mental Health Data Brief](#).
- **Anti-bullying:** [Tenn. Code Ann. § 49-2-120](#) (2009) prohibits bullying, hazing, or intimidation in public schools.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Tennessee has developed [standards](#) for K-12 life skills competencies ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Tennessee health education standards for K-5, 6-8, and 9-12 includes topics on mental, emotional, and social health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW TENNESSEE COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	32	38	34	40
Youth with At Least One Major Depressive Episode in the Past Year	43,000 / 8.57%	65,000 / 12.79%	63,000 / 12.27%	70,000 / 13.72%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not asked	37,000 / 57%	35,000 / 61.5%	40,000 / 66.50%
Youth with Major Severe Depressive Episodes in the Past Year	Not asked	52,000 / 10.4%	46,000 / 9.2%	51,000 / 10.30%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not asked	12,000 / 27.3%	12,000 / 27.3%	6,000 / 12.20%
Students Identified with Emotional Disturbance for an Individualized Education Program	3,295 / 3.69%	3,342 / 3.72%	3,381 / 3.76%	3,470 / 3.84%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not asked	27,000 / 13.5%	27,000 / 13.5%	19,000 / 8.80%
Youth with Substance Use Disorder in the Past Year	29,000 / 5.78%	20,000 / 3.86%	20,000 / 3.91%	21,000 / 4.00%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.





BY THE NUMBERS

5,783,000 Number of K-12 Students (2022 Projection) ⁱ	363,000 Children with major depression ⁱⁱ	255,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 4,962 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 13,604 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 423 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education

Little or no progress achieved
 Some progress achieved
 Meaningful progress achieved
 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Texas has one [school psychologist](#) for every 4,962 students (the recommended ratio is 1:500).
- **School social workers:** Texas has one [school social worker](#) for every 13,604 students (the recommended ratio is 1:250).
- **School counselors:** Texas has one [school counselor](#) for every 423 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Substantial progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [Texas Education Code 29.168](#) (2017) requires districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnership:** [Texas Health and Safety Code 113.0001 et seq.](#) (2019) establishes the Texas Child Mental Health Care Consortium, which consists of several medical schools and other stakeholders and is designed to “leverage the expertise and capacity” of these institutions “to address mental health care needs of children and adolescents.”
- **School mental health task force:** [Texas Education Code 38.301 et seq.](#) (2019) establishes the Collaborative Task Force on Public School Mental Health Services, which is established to study and evaluate school mental health services.



Teacher and Staff Training



Substantial progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Texas Education Code 38.351](#) (2021) requires each school district to adopt a suicide prevention program, which must include training on how to recognize students at risk of suicide or mental health and substance use conditions, and on how to intervene effectively and assist students.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - Texas Education Code 37.0832 (2021) requires each school district to implement an anti-bullying policy that, among other things, prohibits bullying, establishes a procedure for reporting incidents of bullying, and prohibits retaliation against students who report incidents of bullying.
 - Texas Education Code 21.451 (2021) requires each school district to implement a staff development plan that includes training on preventing, identifying, responding to, and reporting incidents of bullying.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Texas Education Code 28.002](#) (2021) requires each K-12 school district health education curriculum to include mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making.

HOW TEXAS COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	39	28	30	41
Youth with At Least One Major Depressive Episode in the Past Year	191,000 / 8.45%	296,000 / 12.19%	325,000 / 13.20%	363,000 / 14.60%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	180,000 / 65.4%	209,000 / 67.1%	255,000 / 73.10%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	211,000 / 9.0%	219,000 / 9.2%	234,000 / 9.70%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	48,000 / 23.5%	54,000 / 25.0%	44,000 / 19.20%
Students Identified with Emotional Disturbance for an Individualized Education Program	25,510 / 5.84%	28,884 / 6.09%	31,519 / 6.60%	35,851 / 7.41%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	179,103 / 40.5%	93,000 / 10.1%	108,000 / 11.5%	135,000 / 13.8%
Youth with Substance Use Disorder in the Past Year	151,000 / 6.68%	88,000 / 3.61%	80,000 / 3.24%	87,000 / 3.49%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Utah

hopeful futures campaign

BY THE NUMBERS

712,000 Number of K-12 Students (2022 Projection) ⁱ	56,000 Children with major depression ⁱⁱ	25,000 Children with major depression who do not receive treatment ⁱⁱⁱ	1 : 2,720 Ratio of School Psychologists to Students (Recommended Ratio 1:500)	1 : 8,198 Ratio of School Social Workers to Students (Recommended Ratio 1:250)	1 : 591 Ratio of School Counselors to Students (Recommended Ratio 1:250)
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There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved
  Some progress achieved
  Meaningful progress achieved
  Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Utah has one [school psychologist](#) for every 2,720 students (the recommended ratio is 1:500).
- **School Social Workers:** Utah has one [school social worker](#) for every 8,198 students (the recommended ratio is 1:250).
- **School Counselors:** Utah has one [school counselor](#) for every 591 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Meaningful progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:**
 - [53G-9-704](#) (2020) requires school districts and charter schools to require licensed employees to complete a minimum of two hours of professional development training on youth suicide prevention every three years.
 - [53G-8-802](#) (2020) requires the Board of Education to provide training in identifying an individual who may be showing signs or symptoms of mental illness.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff training includes substance use conditions and available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports

Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** [S.B. 106](#) (2019) requires the Department of Health to submit a Medicaid state program amendment to allow coverage of school mental health services. [H.B. 373](#) (2019) required a [report](#), which recommends allowing local school districts to receive Medicaid coverage for allowable services provided to students who do not have an IEP.
- **Medicaid telehealth:** State Medicaid plan [covers](#) school-based mental health services delivered via telehealth for all EPSDT services, which include mental health.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks

Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** Every two years, Utah conducts a [Student Health and Risk Prevention \(SHARP\) survey](#). The survey is given to students in grades 6, 8, 10, and 12 and is designed to measure adolescent substance use, mental health needs, and other risk and protective factors.
- **Mental health excused absences:** [H.B. 81](#) (effective May 2021) added “mental or behavioral health” of the student as a valid excused absence.
- **Alternatives to exclusionary discipline:**
 - [53G-8-207](#) (2019) requires local school boards and charter schools to establish alternatives to suspension, including in-school suspension or a program allowing the parent to attend class with the student.
 - [53G-8-211\(3\)\(b\)](#) (2021) provides that if a minor student is alleged to have committed certain offenses, the a school district, school, or law enforcement officer or agency may refer the minor to evidence-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, or other evidence-based interventions that may exist.
- **Suicide prevention:** [53G-9-702](#) (2021) requires school districts and charter schools to implement youth suicide prevention programs and trainings for elementary and secondary grades.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as adopting anti-bullying policies and promoting an inclusive environment through anti-discrimination policies.



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Meaningful progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Utah’s K-12 [core state standards](#) for health education include mental health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.



HOW UTAH COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	23	32	32	32
Youth with At Least One Major Depressive Episode in the Past Year	27,000 / 10.17%	47,000 / 15.48%	51,600 / 16.64%	56,000 / 17.77%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	24,000 / 53.8%	22,000 / 45.2%	25,000 / 45.4%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	31,000 / 10.7%	36,000 / 11.9%	45,000 / 14.5%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	11,000 / 27.3%	8,000 / 24.5%	11,000 27.3%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,263 / 4.21%	1,889 / 3.17%	1,918 / 3.17%	1,933 / 3.12%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	15,745 / 33.8%	10,000 / 4.7%	16,000 / 7.8%	10,000 / 4.7%
Youth with Substance Use Disorder in the Past Year	12,000 / 4.65%	12,000 / 3.84%	10,000 / 3.16%	12,000 / 3.77%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Vermont

hopeful
futures
campaign

BY THE NUMBERS

96,000

Number of
K-12 Students
(2022 Projection)ⁱ

7,000

Children with
major depressionⁱⁱ

3,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,496

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,265

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 191


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Some progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Vermont has one [school psychologist](#) for every 1,496 students (the recommended ratio is 1:500).
- **School social workers:** Vermont has one [school social worker](#) for every 1,265 students (the recommended ratio is 1:250).
- **School counselors:** Vermont has one [school counselor](#) for every 191 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in further improving the ratios of school psychologists and school social workers in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Little or no progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and policies](#) do not address parent and family engagement.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- No teacher/staff training required in recommended mental health topics.

Policy Opportunity:

- Require regular training/expand to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students, but Vermont's Success Beyond Six program allows schools to contract with a local Designated Mental Health Agency and allows for Medicaid billing for services to students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with an Individualized Education Plan (IEP).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** 16 V.S.A. § 570a-c (2013) comprehensively bans bullying, harassment, or hazing in all Vermont public schools.
- **Alternatives to exclusionary discipline:** Vermont Act No. 35 (2021) creates the Taskforce on Equitable and Inclusive School Environments. This taskforce is to create recommendations to minimize and end school suspensions and expulsions. Students under eight years of age are also prohibited from being suspended or expelled except for the most severe infractions.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring age-appropriate suicide prevention education for students.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Some progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** Vermont has adopted life skills standards for K-3, but no life skills competencies are required for 4th-12th grade (CASEL).

Policy Opportunity:

- Extend existing life skills education requirements to 4-12.



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** 16 V.S.A. § 131 requires health education to address mental health, including an understanding of depression and the signs of suicide risk.

HOW VERMONT COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	01	01	01	04
Youth with At Least One Major Depressive Episode in the Past Year	4,000 / 8.21%	5,000 / 12.83%	6,000 / 14.65%	7,000 / 16.36%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	3,000 / 55.3%	2,000 / 40.7%	3,000 / 42.60%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	3,000 / 8.2%	4,000 / 10.7%	5,000 / 13.70%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	3,000 / 49.7%	2,000 / 45.4%	3,000 / 49.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,930 / 24.65%	2071 / 27.72%	2,233 / 30.41%	2,326 / 32.23%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	0 / 0.6%	0 / 0.6%	0 / 2.10%
Youth with Substance Use Disorder in the Past Year	4,000 / 7.76%	2,000 / 5.46%	2,000 / 5.61%	2,000 / 5.50%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.
 ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.
 iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Virginia

hopeful
futures
campaign

BY THE NUMBERS

1,384,000
Number of
K-12 Students
(2022 Projection)ⁱ

98,000
Children with
major depressionⁱⁱ

58,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,623
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 2,067
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)


1 : 345
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES



 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** Virginia has one [school psychologist](#) for every 1,623 students (the recommended ratio is 1:500).
- **School social workers:** Virginia has one [school social worker](#) for every 2,067 students (the recommended ratio is 1:250).
- **School counselors:** Virginia has one [school counselor](#) for every 345 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in behavioral health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes and regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [§ 22.1-298.6](#) (2020) requires each school board to implement policies that require teachers and other personnel to complete a mental health awareness training program at least once.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Substantial progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage expansion first step:** Virginia is awaiting federal approval of a Medicaid state program amendment that would cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The Virginia Department of Health implements a survey in odd-numbered years to monitor health and behavioral health risk factors.
- **Anti-bullying:**
 - § 22.1-279.6 (2020) requires that school districts include policies that prohibit bullying, including cyberbullying, in the district codes of student conduct.
 - § 22.1-208.01 (2013) requires districts to establish character education for students which must emphasize the inappropriateness of bullying.
- **Inclusive environment:** § 22.1-23.3 (2020) directs the Department of Education to provide model policies concerning the treatment of transgender students that includes maintaining a safe and supportive learning environment.
- **Mental health excused absences:** § 22.1-254 (2021) allows for students to be granted an excused absence due to mental health.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring age-appropriate suicide prevention education for students and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [§ 22.1-207](#) (2018) requires that K-12 physical and health education shall include mental health and the relationship of physical and mental health.

HOW VIRGINIA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	26	17	20	21
Youth with At Least One Major Depressive Episode in the Past Year	57,000 / 9.14%	83,000 / 13.22%	90,000 / 14.28%	98,000 / 15.57%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	44,000 / 51.3%	51,000 / 53.0%	58,000 / 55.2%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	55,000 / 9.1%	62,000 / 10.2%	79,000 / 13.0%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	15,000 / 28.3%	16,000 / 26.1%	19,000 / 25.0%
Students Identified with Emotional Disturbance for an Individualized Education Program	9,432 / 8.34%	9,752 / 8.39%	9,782 / 8.38%	9,913 / 8.47%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	25,000 / 7.8%	21,000 / 6.6%	22,000 / 6.4%
Youth with Substance Use Disorder in the Past Year	35,000 / 5.71%	23,000 / 3.65%	22,000 / 3.56%	23,000 / 3.71%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Washington

hopeful
futures
campaign 

BY THE NUMBERS

1,193,000
Number of
K-12 Students
(2022 Projection)ⁱ

99,000
Children with
major depressionⁱⁱ

50,000
Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,408
Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 14,391
Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)


1 : 465
Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Washington has one [school psychologist](#) for every 1,408 students (the recommended ratio is 1:500).
- **School Social Workers:** Washington has one [school social worker](#) for every 14,391 students (the recommended ratio is 1:250).
- **School Counselors:** Washington has one [school counselor](#) for every 465 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State statutes](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Substantial progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Wash. Rev. Code Ann. § 28A.310.500](#) (2016) requires each educational district to train educators and other staff on youth suicide screening and referral, and on recognition, screening, and response to emotional or behavioral distress, including possible substance use.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students, but schools may contract with Medicaid managed care organizations for school mental health services.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:**
 - [Wash. Rev. Code Ann. § 28A.600.477](#) (2019) requires every school district to adopt policies and procedures prohibiting harassment, intimidation, and bullying that incorporate state requirements.
 - [Wash. Rev. Code Ann. § 28A.300.2851](#) (2013) requires the office of the superintendent of public instruction and the office of the education ombuds to convene a work group on school bullying and harassment prevention that will develop, recommend, and implement strategies in all public schools.
- **Inclusive environment:**
 - [Wash. Rev. Code Ann. § 28A.642.080](#) (2019) requires every school district to adopt specific policies and procedures prohibiting the harassment, intimidation, and bullying of transgender students.
 - [Wash. Rev. Code Ann. § 28A.642.020](#) (2010) requires the superintendent of public instruction to develop rules and guidelines to eliminate discrimination in schools.
- **Suicide prevention:**
 - [Wash. Rev. Code Ann. § 28A.300.288](#) (2014) requires the office of the superintendent of public instruction to work with state agency and community partners to assist schools in implementing youth suicide prevention activities, including training students in recognizing and responding to signs of suicide.
 - [Wash. Rev. Code Ann. § 28A.320.294](#) (2021) requires every public school that maintains a website to publish on its home page website and phone information for mental health assistance organizations including suicide prevention organizations.
 - [Wash. Rev. Code Ann. § 28A.210.400](#) (2020) requires every public school that issues student or staff identification cards to print the contact information for 1) a national suicide prevention organization, and 2) one or more campus, local, state, or national organizations specializing in suicide prevention, crisis intervention, or counseling.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success

Substantial progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:**
 - Washington has developed K-12 life skills standards that focus on helping students develop awareness, management, and engagement internally and in social settings [CASEL](#).
 - [Wash. Rev. Code Ann. § 28A.300.477](#) (2019) created a social-emotional learning committee to promote and expand social-emotional learning. Among other things, the committee’s role is to develop and implement a statewide framework and identify best practices and guidance for schools.
 - [Wash. Rev. Code Ann. § 28A.300.478](#) (2019) requires the office of the superintendent of public instruction to review and revise standards and benchmarks as appropriate.
 - [Wash. Rev. Code Ann. § 28A.410.270](#) (2021) The Washington professional education standards board incorporates social-emotional learning standards and benchmarks, including competencies in mental health literacy and anti-bullying strategies. The requirement is also incorporated for school principals. [Wash. Rev. Code Ann. § 28A.410.273](#) (2019).



Mental Health Education

Substantial progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** [Wash. Rev. Code Ann. § 28A.230.095](#) (2011) requires that all districts have assessments or other strategies to ensure that all students have an opportunity to learn health and fitness, which includes mental health and suicide prevention education.

HOW WASHINGTON COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	47	39	35	39
Youth with At Least One Major Depressive Episode in the Past Year	56,000 / 10.56%	75,000 / 13.98%	85,000 / 15.66%	99,000 / 18.22%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	40,000 / 59.1%	38,000 / 47%	50,000 / 49.80%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	56,000 / 10.7%	53,000 / 10.3%	69,000 / 13.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	13,000 / 26.7%	13,000 / 26.7%	24,000 / 35.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	4,551 / 4.76%	5,142 / 5.11%	5,324 / 5.25%	5,633 / 5.49%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	16,000 / 5.20%	16,000 / 5.2%	15,000 / 5.20%
Youth with Substance Use Disorder in the Past Year	37,000 / 6.98%	28,000 / 5.18%	27,000 / 5.01%	26,000 / 4.84%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



West Virginia

hopeful
futures
campaign

BY THE NUMBERS

256,000

Number of
K-12 Students
(2022 Projection)ⁱ

21,000

Children with
major depressionⁱⁱ

13,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 4,329

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 15,433

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 366


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


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AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School psychologists:** West Virginia has one [school psychologist](#) for every 4,329 students (the recommended ratio is 1:500).
- **School social workers:** West Virginia has one [school social worker](#) for every 15,433 students (the recommended ratio is 1:250).
- **School counselors:** West Virginia has one [school counselor](#) for every 366 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State regulations and policies](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [W. Va. Code § 18-2-40\(b\)](#) (2020) Requires the State Board of Education to provide for routine education of school personnel on suicide prevention. The education may be accomplished through self-review of materials and resources.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Funding Supports



Some progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program covers school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Well-Being Checks



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.





Healthy School Climate



Meaningful progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The West Virginia Department of Education provides voluntary [school climate surveys](#).
- **Anti-bullying:**
 - [W. Va. Code § 18A-5-1\(c\)](#) (2008) Students and school personnel have the right to a school that is safe, orderly, and free from bullying, among other rights.
 - [W. Va. Code § 18-2C-3](#) (2011) County school boards must prohibit harassment, intimidation and bullying, and create requirements and procedures for reporting such behavior.
 - [W. Va. Code § 18-2C-5](#) (2001) Schools are encouraged to implement anti-bullying programs and those that receive federal or state funding for bullying prevention must train students and employees on the school’s anti-bullying policy.
 - [W. Va. Code § 18-2C-2](#) (2011) Provides a definition of “harassment, intimidation, or bullying.”
- **Suicide prevention:** [W. Va. Code § 18-2-40\(c\)](#) (2020) Each year, all schools must provide suicide prevention awareness information to all middle and high school students and also provide opportunities to discuss the information.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- **Life skills:** West Virginia has [standards of college and career readiness](#) for K-12 that include life skills competencies. ([CASEL](#))

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** Health education standards for grades 5-12 include topics on wellness and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW WEST VIRGINIA COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	9	39	39	44
Youth with At Least One Major Depressive Episode in the Past Year	12,000 / 9.13%	18,000 / 14.05%	18,000 / 14.46%	21,000 / 16.62%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	10,000 / 54.2%	11,000 / 59.3%	13,000 / 63.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	14,000 / 11.3%	15,000 / 12.5%	16,000 / 13.30%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	4,000 / 27.50%	4,000 / 27.8%	3,000 / 20.90%
Students Identified with Emotional Disturbance for an Individualized Education Program	1,479 / 6.00%	1,180 / 4.94%	1,136 / 4.80%	1,025 / 4.45%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	5,000 / 10.4%	4,000 / 7.2%	2,000 / 4.50%
Youth with Substance Use Disorder in the Past Year	8,000 / 6.29%	6,000 / 4.42%	5,000 / 4.08%	6,000 / 4.44%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Wisconsin

hopeful
futures
campaign

BY THE NUMBERS

871,000

Number of
K-12 Students
(2022 Projection)ⁱ

71,000

Children with
major depressionⁱⁱ

36,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 901

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 1,750

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 414


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Wisconsin has one [school psychologist](#) for every 901 students (the recommended ratio is 1:500).
- **School Social Workers:** Wisconsin has one [school social worker](#) for every 1,750 students (the recommended ratio is 1:250).
- **School Counselors:** Wisconsin has one [school counselor](#) for every 414 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** [State policy](#) encourages districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- **Mental health partnership:** [Wis. Stat. § 115.367](#) (2021) offers funding, through a competitive grant program, for school districts to [partner](#) with community mental health providers to offer direct mental health services in schools.

Policy Opportunity:

- Require, rather than encourage, school districts to adopt family engagement plans.
- Expand and require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Little or no progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [Wis. Stat. § 115.365](#) requires districts to publicize suicide prevention resources and training but does not require teachers or staff to take training.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions, substance use conditions, and suicide awareness and prevention, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth:** State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **Anti-bullying:** Wis. Stat. § 118.46 (2021) requires schools to adopt an anti-bullying policy and distribute it annually to students and parents.
- **Mental health excused absences:** Wis. Stat. § 118.15 (2021) provides for excused mental health absences, but may be asked to furnish a written statement from a health or mental health care professional.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Meaningful progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- Wisconsin has developed and implemented [life skills competencies](#) that focus on emotional development, self-concept, and social competence for K-12 ([CASEL](#)).

Policy Opportunity:

- Establish existing education standards for K-12 life skills competencies in statute.



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- Mental health education:** [Wisconsin statute 118.01](#) (2021) for health education does not include mental health; state [education standards](#) for health education includes references to mental or emotional health in grades 3-5 and 9-12.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW WISCONSIN COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	3	6	15	11
Youth with At Least One Major Depressive Episode in the Past Year	39,000 / 8.57%	61,000 / 13.66%	68,000 / 15.31%	71,000 / 15.99%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	27,000 / 44.3%	33,000 / 47.2%	36,000 / 55.10%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	47,000 / 10.8%	58,000 / 13.4%	55,000 / 12.70%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	22,000 / 47.60%	23,000 / 40.4%	19,000 / 36.40%
Students Identified with Emotional Disturbance for an Individualized Education Program	12,427 / 16.44%	12,217 / 16.18%	* / 16.18%	* / 16.18
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	27,877 / 31.3%	20,000 / 7.0%	16,000 / 5.5%	12,000 / 4.50%
Youth with Substance Use Disorder in the Past Year	28,000 / 6.24%	19,000 / 4.23%	18,000 / 4.07%	19,000 / 4.34%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.



Wyoming

hopeful
futures
campaign 

BY THE NUMBERS

95,000

Number of
K-12 Students
(2022 Projection)ⁱ

8,000

Children with
major depressionⁱⁱ

4,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 847

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 946

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 330


Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

There is a national emergency in children’s mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.


The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign’s school mental health report cards highlight accomplishments and provide important action steps to help address the children’s mental health crisis in every state.


AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

 School Mental Health Professionals 	 School-Family-Community Partnerships 	 Teacher and Staff Training 	 Funding Supports 
 Well-Being Checks 	 Healthy School Climate 	 Skills for Life Success 	 Mental Health Education 

 Little or no progress achieved

 Some progress achieved

 Meaningful progress achieved

 Substantial progress achieved



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

Current Policy:

- **School Psychologists:** Wyoming has one [school psychologist](#) for every 847 students (the recommended ratio is 1:500).
- **School Social Workers:** Wyoming has one [school social worker](#) for every 946 students (the recommended ratio is 1:250).
- **School Counselors:** Wyoming has one [school counselor](#) for every 330 students (the recommended ratio is 1:250).

Policy Opportunity:

- Invest in further improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.



School-Family-Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement** [State regulations](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:

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



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Teacher/staff training:** [State statute](#) requires each teacher and school administrator within a district under the Wyoming education resource block grant model to receive at least eight hours of suicide prevention education every four years. Any teacher or school administrator shall receive at least two hours of suicide prevention education during the initial school year of employment if not received previously. Suicide prevention may consist of self-review of approved materials.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Little or no progress achieved

Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:

- **Medicaid coverage:** State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students. Effective 2022-2023, recent legislation authorizes school districts to bill for school-based services but is limited to students receiving special education services.
- **Medicaid telehealth:** State Medicaid program does not cover school-based mental health services delivered via telehealth.

Policy Opportunity:

- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.



Little or no progress achieved

Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:

- No well-being checks required.

Policy Opportunity:

- Require annual well-being checks for all students and staff in K-12.



Some progress achieved

Policies that foster safe, supportive schools, including anti-bullying policies, school climate surveys, inclusive environment (anti-discrimination) policies, excused absences for mental health, alternatives to exclusionary discipline, and suicide prevention programs.

Current Policy:

- **School climate survey:** The Wyoming Department of Education makes a school climate survey available to all schools.
- **Anti-bullying:** 21-4-314 (2009) requires each school district to adopt a policy prohibiting harassment, intimidation or bullying at school.

Policy Opportunity:

- Enact legislation to address additional healthy school climate policies, such as promoting an inclusive environment through anti-discrimination policies, permitting excused absences for mental health concerns, requiring age-appropriate suicide prevention education for students, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.



ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS



Skills for Life Success



Little or no progress achieved

Skills, such as responsible decision-making, relationship skills, and self-management, that help students succeed in school and life.

Current Policy:

- No recommended life skills competencies in K-12 ([CASEL](#)).

Policy Opportunity:

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



Mental Health Education



Some progress achieved

Health education in K-12 that includes instruction on mental health.

Current Policy:

- **Mental health education:** The Wyoming Health Education [Standard](#) recommends addressing mental and emotional health.

Policy Opportunity:

- Require K-12 health education to explicitly include education on mental health, similar to legislation passed by New York and Virginia.

HOW WYOMING COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	40	50	43	43
Youth with At Least One Major Depressive Episode in the Past Year	4,000 / 9.40%	6,000 / 14.20%	7,000 / 14.91%	8,000 / 17.59%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	4,000 / 62.5%	4,000 / 56.6%	4,000 / 44.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	4,000 / 10.1%	5,000 / 12.0%	6,000 / 14.80%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	2,000 / 36.3%	2,000 / 36.3%	3,000 / 45.60%
Students Identified with Emotional Disturbance for an Individualized Education Program	641 / 7.85%	570 / 6.63%	579 / 6.72%	589 / 6.80%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	3,000 / 12.7%	3,000 / 12.0%	3,000 / 12.70%
Youth with Substance Use Disorder in the Past Year	3,000 / 7.00%	2,000 / 5.4%	2,000 / 4.63%	2,000 / 5.22%

i. *Projections of education statistics to 2022*. National Center of Education Statistics. (n.d.). Retrieved November 11, 2021, from <https://nces.ed.gov/pubs2014/2014051.pdf>.

ii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iii. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.

iv. *The state of Mental Health in America*. Mental Health America. (n.d.). Retrieved November 9, 2021, from <https://mhanational.org/issues/state-mental-health-america>.





Policy Pacesetters

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

School Mental Health Professionals



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



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



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

School-Family-Community Partnerships



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



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



Teacher and Staff Training



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



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

Funding Supports



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



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

Well-Being Checks



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



Healthy School Climate



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



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

Skills for Life Success



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



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

Mental Health Education



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



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



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

***Are there best-practice school mental health programs or policies in your state?
Share them with us at info@inseparable.us.***





Ratio of School Psychologists : Students

(Recommended Ratio 1:500)

Outperforming Recommended Ratio



District of Columbia
1 : 410

Outperforming Recommended Ratio



Idaho
1 : 479

Underperforming Recommended Ratio

Connecticut	1 : 548	•	Minnesota	1 : 1,273	•	Arkansas	1 : 2,776
New York	1 : 648	•	Washington	1 : 1,408	•	Oklahoma	1 : 3,301
Montana	1 : 698	•	Vermont	1 : 1,496	•	Louisiana	1 : 3,365
New Jersey	1 : 731	•	Colorado	1 : 1,578	•	Oregon	1 : 3,393
Delaware	1 : 825	•	Arizona	1 : 1,593	•	New Mexico	1 : 3,673
Massachusetts	1 : 825	•	Virginia	1 : 1,623	•	West Virginia	1 : 4,329
Rhode Island	1 : 838	•	South Dakota	1 : 1,742	•	Missouri	1 : 4,867
Wyoming	1 : 847	•	South Carolina	1 : 1,788	•	Texas	1 : 4,962
Wisconsin	1 : 901	•	Maine	1 : 1,830	•	Alaska	1 : 5,368
New Hampshire	1 : 919	•	Nevada	1 : 1,866	•	Georgia	1 : 6,390
Pennsylvania	1 : 997	•	Kentucky	1 : 2,057	•	Alabama	No Data
California	1 : 998	•	North Dakota	1 : 2,162	•	Florida	No Data
Ohio	1 : 1,084	•	Michigan	1 : 2,184	•	Hawaii	No Data
Kansas	1 : 1,157	•	Tennessee	1 : 2,389	•	Iowa	No Data
Nebraska	1 : 1,164	•	North Carolina	1 : 2,527	•	Mississippi	No Data
Maryland	1 : 1,198	•	Indiana	1 : 2,607	•		
Illinois	1 : 1,261	•	Utah	1 : 2,720	•		





Ratio of School Social Workers : Students

(Recommended Ratio 1:250)

No States Are Currently Outperforming the Recommended Ratio

Underperforming Recommended Ratio

District of Columbia	1 : 365	•	Indiana	1 : 1,829	•	Ohio	1 : 4,854
Connecticut	1 : 580	•	Louisiana	1 : 1,979	•	Mississippi	1 : 4,956
Maine	1 : 617	•	Virginia	1 : 2,067	•	Oklahoma	1 : 5,167
New Jersey	1 : 655	•	Missouri	1 : 2,250	•	Georgia	1 : 5,272
North Dakota	1 : 655	•	Colorado	1 : 2,258	•	California	1 : 6,132
Rhode Island	1 : 686	•	Maryland	1 : 2,324	•	Alaska	1 : 6,240
Illinois	1 : 741	•	New Hampshire	1 : 2,408	•	Utah	1 : 8,198
New York	1 : 773	•	Montana	1 : 2,475	•	Idaho	1 : 8,447
Minnesota	1 : 852	•	Delaware	1 : 2,547	•	Alabama	1 : 8,615
New Mexico	1 : 945	•	Nebraska	1 : 3,350	•	Nevada	1 : 8,730
Wyoming	1 : 946	•	Arizona	1 : 3,382	•	Oregon	1 : 8,831
Vermont	1 : 1,265	•	Kentucky	1 : 3,400	•	Iowa	1 : 8,973
Kansas	1 : 1,360	•	South Dakota	1 : 3,413	•	Texas	1 : 13,604
Massachusetts	1 : 1,522	•	Pennsylvania	1 : 3,416	•	Washington	1 : 14,391
North Carolina	1 : 1,584	•	Arkansas	1 : 3,655	•	West Virginia	1 : 15,433
Wisconsin	1 : 1,750	•	South Carolina	1 : 4,238	•	Florida	No Data
Michigan	1 : 1,750	•	Tennessee	1 : 4,428	•	Hawaii	No Data





Ratio of School Counselors : Students

(Recommended Ratio 1:250)

Outperforming Recommended Ratio



Vermont
1 : 191

Outperforming Recommended Ratio



New Hampshire
1 : 219

Underperforming Recommended Ratio

New York	1 : 288	•	Delaware	1 : 382	•	Connecticut	1 : 457
Hawaii	1 : 275	•	Nebraska	1 : 385	•	Florida	1 : 459
Maine	1 : 311	•	Iowa	1 : 391	•	Oregon	1 : 461
Montana	1 : 311	•	North Dakota	1 : 395	•	Washington	1 : 465
Tennessee	1 : 314	•	Massachusetts	1 : 396	•	New Mexico	1 : 473
Colorado	1 : 324	•	Wisconsin	1 : 414	•	Indiana	1 : 497
Wyoming	1 : 330	•	Alaska	1 : 417	•	District of Columbia	1 : 511
Missouri	1 : 339	•	Alabama	1 : 418	•	Nevada	1 : 544
Virginia	1 : 345	•	Rhode Island	1 : 420	•	Idaho	1 : 549
South Carolina	1 : 351	•	Oklahoma	1 : 421	•	Utah	1 : 591
North Carolina	1 : 354	•	Texas	1 : 423	•	California	1 : 612
New Jersey	1 : 358	•	Kentucky	1 : 425	•	Illinois	1 : 626
Maryland	1 : 362	•	Mississippi	1 : 430	•	Minnesota	1 : 654
West Virginia	1 : 366	•	Ohio	1 : 430	•	Michigan	1 : 691
Arkansas	1 : 368	•	Kansas	1 : 431	•	Arizona	1 : 905
Pennsylvania	1 : 369	•	Louisiana	1 : 441	•		
South Dakota	1 : 376	•	Georgia	1 : 447	•		



We know that if we invest now, we will create lasting impacts down the road.

If left untreated as children grow into adults, mental health conditions have a profound impact on society. Mental illness depresses worker productivity and worsens the labor shortage. It is one of the leading challenges for military recruitment and readiness of our Armed Forces. And it can lead to homelessness, substance use, and strains on emergency responders.



“The economic case for mental health...We have to have people who are in great shape, physically and mentally, so they can do great work for our clients, customers, shareholders, and communities. It’s that simple.”



—Brian Moynihan, CEO, Bank of America¹

Impact on the Economy

Children’s mental health affects the economy—both today and in the future. Mental illness is the single greatest cause of worker disability in the U.S.²

- Mental illness causes staggering amounts of lost productivity in the form of absenteeism and presenteeism.³
- Children with untreated mental health problems grow into adults with diminished earning potential; many of them miss large stretches of work as adults or cannot work at all.⁴
- Because the mental health care system is inadequate, parents of children with mental illness miss more days of work and are often forced to drop out of the workforce to care for their children.⁵

Early Intervention Is Effective and Cost-Effective

These challenges for the economy, armed forces, children, and families are not inevitable. Early intervention in children’s mental health works, improving quality of life and treatment outcomes. Treatment is effective, even for serious mental health problems like psychosis.⁶ It’s also cost effective; treatment for depression and anxiety has an estimated return on investment ranging from \$2.30-5.70 per \$1.⁷

School-based care is particularly potent because it reaches children where they already are, including children who are poor, minority, or have limited access to care in other settings. A study of school-based health clinics in four districts in Ohio revealed a cost savings of \$1.3 million dollars, along with improved access for African-American students and other positive outcomes.⁸

Impact on Families & Communities

Mental health problems common among children—if left unaddressed—can lead to serious problems for young people and their communities.

- Untreated childhood ADHD increases risk of later drug use.^{9,10} Without support, young people diagnosed with bipolar disorder, depression or anxiety often later develop substance abuse disorders.^{14,15}
- Deaths from drug overdoses are rising, topping 100,000 in 2021.¹³ Meanwhile, 47,511 Americans died by suicide in 2019; suicide is a leading cause of death for young people.¹⁴
- The vast majority of youth in juvenile detention have a mental illness.^{15,16} However, youth in detention often cannot access a wide range of mental health services and are more likely to reoffend than if they had received rehabilitation in the community.

Impact on Military Readiness

Children’s mental health conditions impact the readiness of our armed forces.

- Mental illness is one of the top medical conditions disqualifying young people from joining the military—a concern that could affect the ability of the armed forces to recruit enough young people to protect our nation.¹⁸
- Three-fourths of U.S. soldiers reported having a mental health condition *prior* to their service—with many mental health challenges stemming from childhood trauma.¹⁹ Young people considering joining the military deserve a stronger start and support earlier in life.
- Children and youth in military families have higher rates of mental health problems than those in the general population, and those mental health problems are especially pronounced during a parent’s deployment.²⁰



WORKS CITED

- ¹Moynihan, Brian. "HLTH 2020: Building Mental Health Into the New Model of Leadership." *onemind.org*, One Mind, 14 Dec. 2020, www.onemind.org/news/workplace-mental-health-brian-moynihan/. Accessed 31 Jan. 2022.
- ²Depression." *World Health Organization*, World Health Organization, 13 Sept. 2021, <https://www.who.int/news-room/fact-sheets/detail/depression>. Accessed 31 Jan. 2022.
- ³Harder, Henry George, et al. *Mental Illness in the Workplace: Psychological Disability Management*. 2014. Routledge, 2016.
- ⁴Smith, James Patrick, and Gillian C Smith. "Long-Term Economic Costs of Psychological Problems during Childhood." *Social Science & Medicine (1982)*, U.S. National Library of Medicine, 31 Mar. 2010, <https://doi.org/10.1016/j.socscimed.2010.02.046>. Accessed 31 Jan. 2022.
- ⁵Sellmaier, Claudia, et al. "Workplace participation of parents and youth with mental health difficulties: The impact of community services and supports." *Community Work & Family*, vol. 23, no. 5, 16 Sept. 2020, pp. 534-555, <https://doi.org/10.1080/13668803.2020.1820954>. Accessed 31 Jan. 2022.
- ⁶Kane, John M., et al. "Comprehensive versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH Raise Early Treatment Program." *American Journal of Psychiatry*, vol. 173, no. 4, 20 Oct. 2015, pp. 362-372., <https://doi.org/10.1176/appi.ajp.2015.15050632>. Accessed 31 Jan. 2022.
- ⁷Chisholm, Dan, et al. "Scaling-up Treatment of Depression and Anxiety: A Global Return on Investment Analysis." *The Lancet Psychiatry*, vol. 3, no. 5, 12 Apr. 2016, pp. 415-424., [https://doi.org/10.1016/s2215-0366\(16\)30024-4](https://doi.org/10.1016/s2215-0366(16)30024-4). Accessed 31 Jan. 2022.
- ⁸Guo, Jeff J., et al. "School-Based Health Centers: Cost-Benefit Analysis and Impact on Health Care Disparities." *American Journal of Public Health*, vol. 100, no. 9, 30 Aug. 2011, pp. 1617-1623., <https://doi.org/10.2105/ajph.2009.185181>. Accessed 31 Jan. 2022.
- ⁹Harstad, Elizabeth, et al. "Attention-Deficit/Hyperactivity Disorder and Substance Abuse." *Pediatrics*, vol. 134, no. 1, 2014, p. 293., <https://doi.org/10.1542/peds.2014-0992>. Accessed 31 Jan. 2022.
- ¹⁰Wilens, Timothy E., et al. "Does ADHD Predict Substance-Use Disorders? A 10-Year Follow-up Study of Young Adults with ADHD." *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 50, no. 6, 22 Apr. 2011, pp. 543-553., <https://doi.org/10.1016/j.jaac.2011.01.021>. Accessed 31 Jan. 2022.
- ¹¹Goldstein, Benjamin I., and Oscar G. Bukstein. "Comorbid Substance Use Disorders among Youth with Bipolar Disorder." *The Journal of Clinical Psychiatry*, vol. 71, no. 03, 1 Dec. 2009, pp. 348-358., <https://doi.org/10.4088/jcp.09r05222gry>. Accessed 31 Jan. 2022.
- ¹²O'Neil, Kelly A., et al. "Internalizing Disorders and Substance Use Disorders in Youth: Comorbidity, Risk, Temporal Order, and Implications for Intervention." *Clinical Psychology Review*, vol. 31, no. 1, 14 Aug. 2010, pp. 104-112., <https://doi.org/10.1016/j.cpr.2010.08.002>. Accessed 31 Jan. 2022.
- ¹³"Drug Overdose Deaths in the U.S. Top 100,000 Annually." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 17 Nov. 2021, www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm. Accessed 31 Jan. 2022.
- ¹⁴"Suicide Statistics." *American Foundation for Suicide Prevention*, American Foundation for Suicide Prevention, 9 Sept. 2021, <https://afsp.org/suicide-statistics/>. Accessed 31 Jan. 2022.
- ¹⁵Vincent, Gina M., et al. "Sex and Race Differences in Mental Health Symptoms in Juvenile Justice: The Maysi-2 National Meta-Analysis." *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 47, no. 3, Mar. 2008, pp. 282-290., <https://doi.org/10.1097/chi.0b013e318160d516>. Accessed 31 Jan. 2022.
- ¹⁶Underwood, Lee, and Aryssa Washington. "Mental Illness and Juvenile Offenders." *International Journal of Environmental Research and Public Health*, vol. 13, no. 2, 18 Feb. 2016, p. 228., <https://doi.org/10.3390/ijerph13020228>. Accessed 31 Jan. 2022.
- ¹⁷Spoehr, Thomas. "Improving America's Long-Term Military Recruiting Outlook." *The Heritage Foundation*, The Heritage Foundation, 5 Oct. 2021, www.heritage.org/defense/report/improving-americas-long-term-military-recruiting-outlook. Accessed 31 Jan. 2022.
- ¹⁸Kesling, Ben. "For Many Soldiers, Mental-Health Issues Start before Enlistment." *The Wall Street Journal*, Dow Jones & Company, 5 Dec. 2019, www.wsj.com/articles/for-many-soldiers-mental-health-issues-start-before-enlistment-11575561604. Accessed 31 Jan. 2022.
- ¹⁹Stagman, Shannon, and Cooper, Janice L. "Children's Mental Health: What Every Policymaker Should Know." *National Center for Children in Poverty*. Apr.2010, www.nccp.org/wp-content/uploads/2010/04/text_929.pdf. PDF. Accessed 31 Jan. 2022.

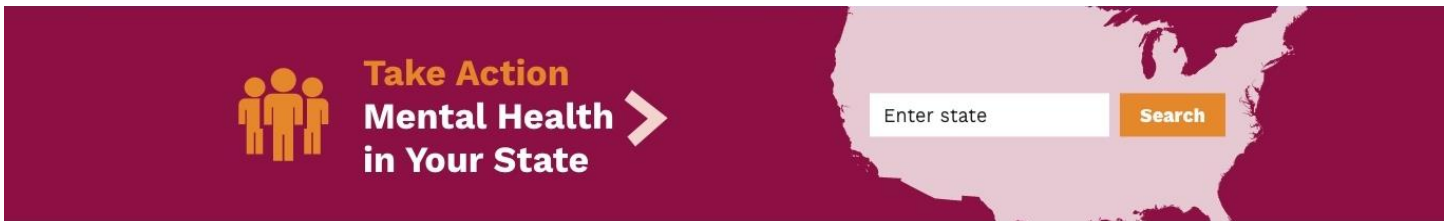






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