From Crisis to Action:

A Guide for State and Local Leaders on Youth Mental Health in Schools

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

October **2025**

Contents

Introduction

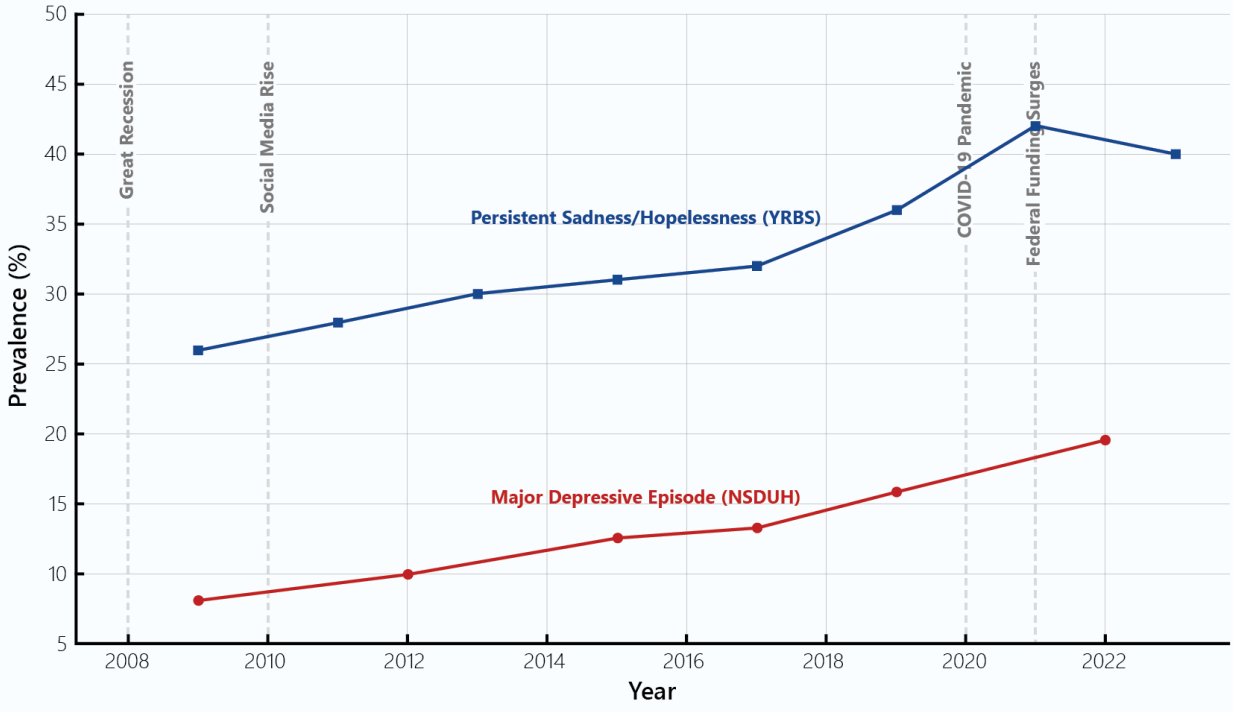
The Urgency of Youth Mental Health

The past two decades have brought unprecedented attention to the mental health of children and adolescents in the United States. Rising rates of depression, anxiety, suicide, and trauma-related conditions reflect a crisis that has touched nearly every community. According to national surveys, more than one in three high school students report persistent feelings of sadness or hopelessness, and suicide has become the second leading cause of death among youth ages 10–24. **These figures do not merely represent statistics; they represent real young people whose capacity to thrive academically and socially is compromised by untreated or poorly addressed mental health concerns.**

The pandemic accelerated these trends, amplifying existing stressors such as community violence, family financial insecurity, and limited access to essential supports, while introducing new challenges like prolonged social isolation and disruptions to daily routines. Although many students have shown remarkable resilience, some groups—particularly those in rural or under-resourced communities—have faced greater barriers to support. Ensuring that all students have access to the help and opportunities they need must be central to any response.

Figure 1.

Rising Youth Mental Health Needs (2009-2023)



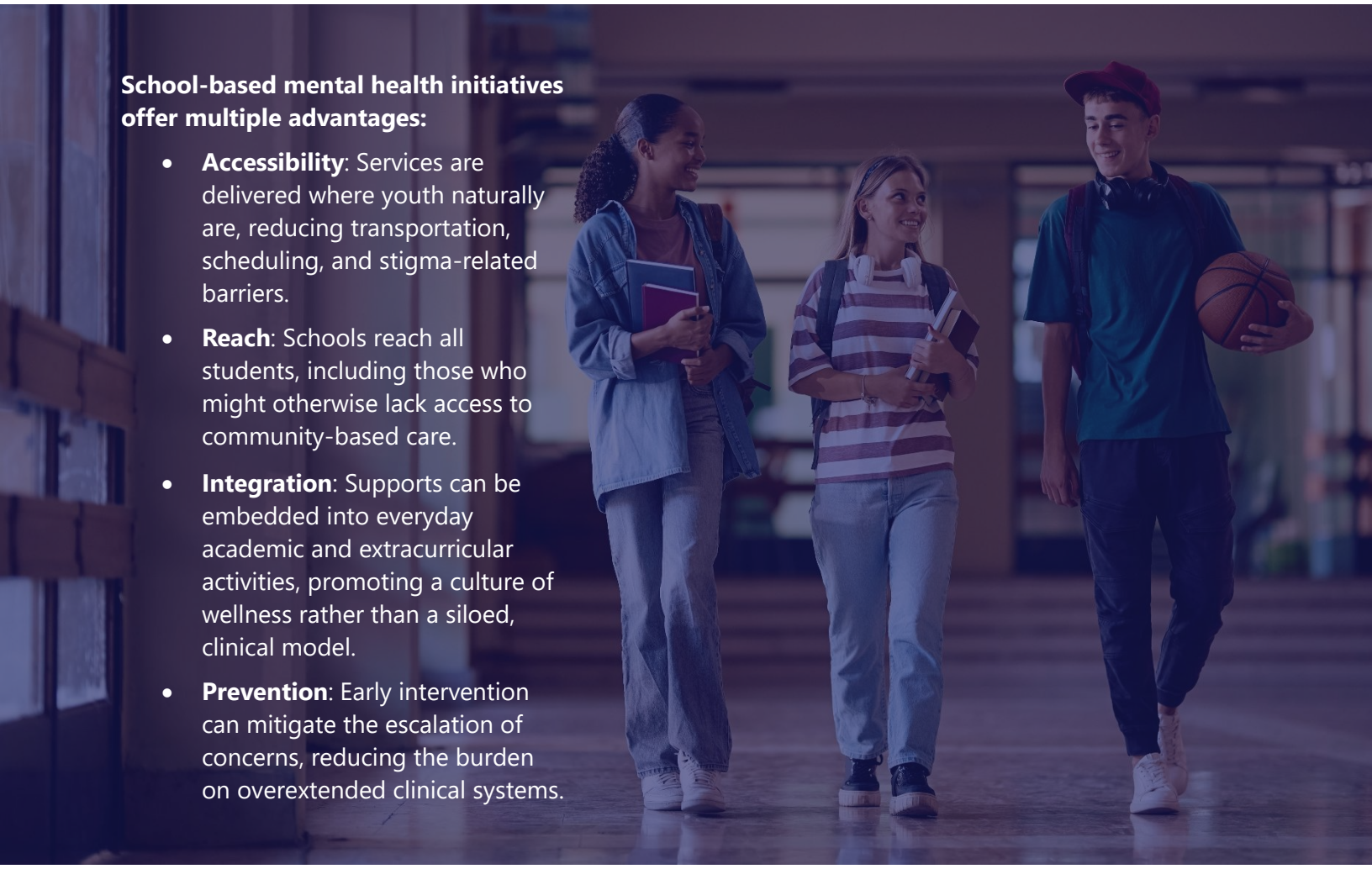
Data show increases in U.S. adolescents reporting past-year major depressive episodes (NSDUH) and persistent sadness or hopelessness (YRBSS). Trends highlight the impact of social and economic stressors, with sharp rises following the COVID-19 pandemic.

Sources: Centers for Disease Control and Prevention. (2023). *Youth Risk Behavior Surveillance - United States, 2023. MMWR Surveillance Summaries,* 73(4), 1–35.; Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (NSDUH)* (HHS Publication No. PEP23-07-01-001, NSDUH Series H-58).

These data illustrate a sustained upward trajectory in adolescent depression and distress, underscoring that youth mental health challenges are not temporary spikes but long-term trends. **For state and local leaders, the implication is clear: schools must be equipped with durable, systemic supports, rather than short-term responses, to meet the scale and persistence of need.**

The Critical Role of Schools

Given the scope of this crisis, schools have emerged as the most logical and effective setting for prevention and intervention. Students spend the majority of their waking hours in school, and schools are uniquely positioned to identify emerging concerns, provide universal promotion and prevention, and connect students and families with more intensive supports when needed.



School-based mental health initiatives offer multiple advantages:

- **Accessibility**: Services are delivered where youth naturally are, reducing transportation, scheduling, and stigma-related barriers.
- **Reach**: Schools reach all students, including those who might otherwise lack access to community-based care.
- **Integration**: Supports can be embedded into everyday academic and extracurricular activities, promoting a culture of wellness rather than a siloed, clinical model.
- **Prevention**: Early intervention can mitigate the escalation of concerns, reducing the burden on overextended clinical systems.

At the same time, schools cannot be expected to shoulder this responsibility alone. Families remain the cornerstone of children's mental health, providing the relationships and contexts that shape development. Effective school mental health systems should intentionally and respectfully engage parents and caregivers, recognizing them as equal partners. When schools and families align, students experience consistent messages about wellness, stronger support systems, and greater continuity of care.

The Current Landscape: A Changing Federal Context

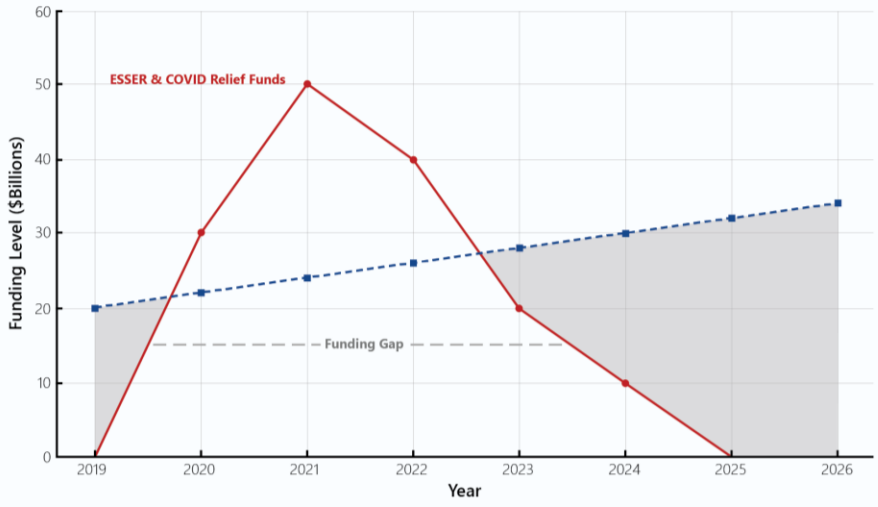
The national context for school mental health is both promising and precarious. On one hand, the past five years have seen unprecedented federal investment, catalyzed by the pandemic. Emergency relief packages, discretionary grant programs, and initiatives like the Bipartisan Safer Communities Act (BSCA) infused billions into states and districts to expand mental health staff, implement evidence-based interventions, and build school–community partnerships.

Early results from BSCA-funded programs are measurable: in the first nine months of implementation (May–Dec 2023), School-Based Mental Health Services and Mental Health Service Professional grants supported districts in hiring 1,163 new school mental health professionals, retaining 13,155 existing staff, and delivering services to 774,385 students. These gains underscore how BSCA dollars have directly expanded capacity on the ground, even as needs remain high.

Yet these investments are time-limited. As public health emergency relief sunsets, many districts face a "fiscal cliff." At the same time, evolving federal priorities create uncertainty about the long-term sustainability of mental health investments. Depending on the prevailing policy focus, school mental health may be emphasized as a public health imperative, an educational necessity, or an issue of local control and family choice.

Figure 2.

The Fiscal Cliff: Temporary Federal Resources vs. Ongoing Need



In recent years, districts benefited from an unprecedented but temporary infusion of federal emergency funds — ESSER I ($13.2B, 2020), ESSER II ($54.3B, 2021), and ARP ESSER III ($122B, 2021). These resources enabled schools to expand staff capacity, invest in telehealth, and implement new student support programs. The earlier rounds of funding (ESSER I & II) have already expired, and the final round (ESSER III) must be obligated by September 2026. As these one-time resources wind down, schools face a steep "fiscal cliff" at the same time that student needs remain high and, in many areas, continue to grow.

Sources: U.S. Department of Education. (2021). American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) Program.; U.S. Department of Education. (2022). ESSER Expenditure Dashboard.

This uncertainty underscores the importance of framing school mental health as a shared priority. Effective initiatives resonate widely when understood as investments in academic success, workforce readiness, and safe learning environments. They gain traction when they highlight local relevance, cost-effectiveness, and practical outcomes. **Positioning school mental health as a common good helps ensure continuity of supports even as broader priorities evolve.**

The Importance of State and Local Innovation

When federal priorities shift, the burden and opportunity fall to states, districts, and local communities. Across the country, leaders are finding creative ways to sustain and scale mental health initiatives by:

- Leveraging Medicaid and state plan amendments to expand reimbursable school-based services.
- Cultivating philanthropic partnerships that align with local needs and values.
- Building provider pipelines through "grow your own" workforce initiatives.
- Using telehealth and technology to bridge gaps in rural and underserved areas.

These strategies highlight a key principle: **innovation is often most effective when it is localized**. Local leaders are best positioned to understand community values, identify culturally responsive approaches, and build coalitions across education, health, and social services.

Public-private partnerships play a pivotal role in this landscape. Foundations, academic institutions, hospitals, and local businesses bring resources that complement district budgets. In some cases, private investment serves as a bridge until more sustainable public financing mechanisms are secured. In others, philanthropic partnerships seed innovations that later scale statewide.

State Innovation in School Mental Health

Oregon's Medicaid Expansion for Schools

Oregon broadened its Medicaid State Plan to reimburse services delivered by school-employed staff such as counselors, social workers, and psychologists. By investing in district billing systems and training, the state created a replicable model that generates sustainable revenue for school-based services.

Texas's Child Mental Health Care Consortium

Texas launched a statewide consortium connecting medical schools, community providers, and schools to expand access to child psychiatry through telehealth. By framing the program as cost-effective and locally controlled, the legislature sustained it with general revenue funds even after federal grants ended.

California's Mental Health Services Act (MHSA)

Funded by a 1% tax on personal incomes over $1 million, MHSA provides counties with flexible resources for community-driven mental health initiatives. Many counties use MHSA funds to partner with schools, expand prevention and early intervention programs, and support youth-focused services.

Together, these examples demonstrate how state and local leadership can braid policy, funding, and partnerships to sustain and scale mental health supports in schools.

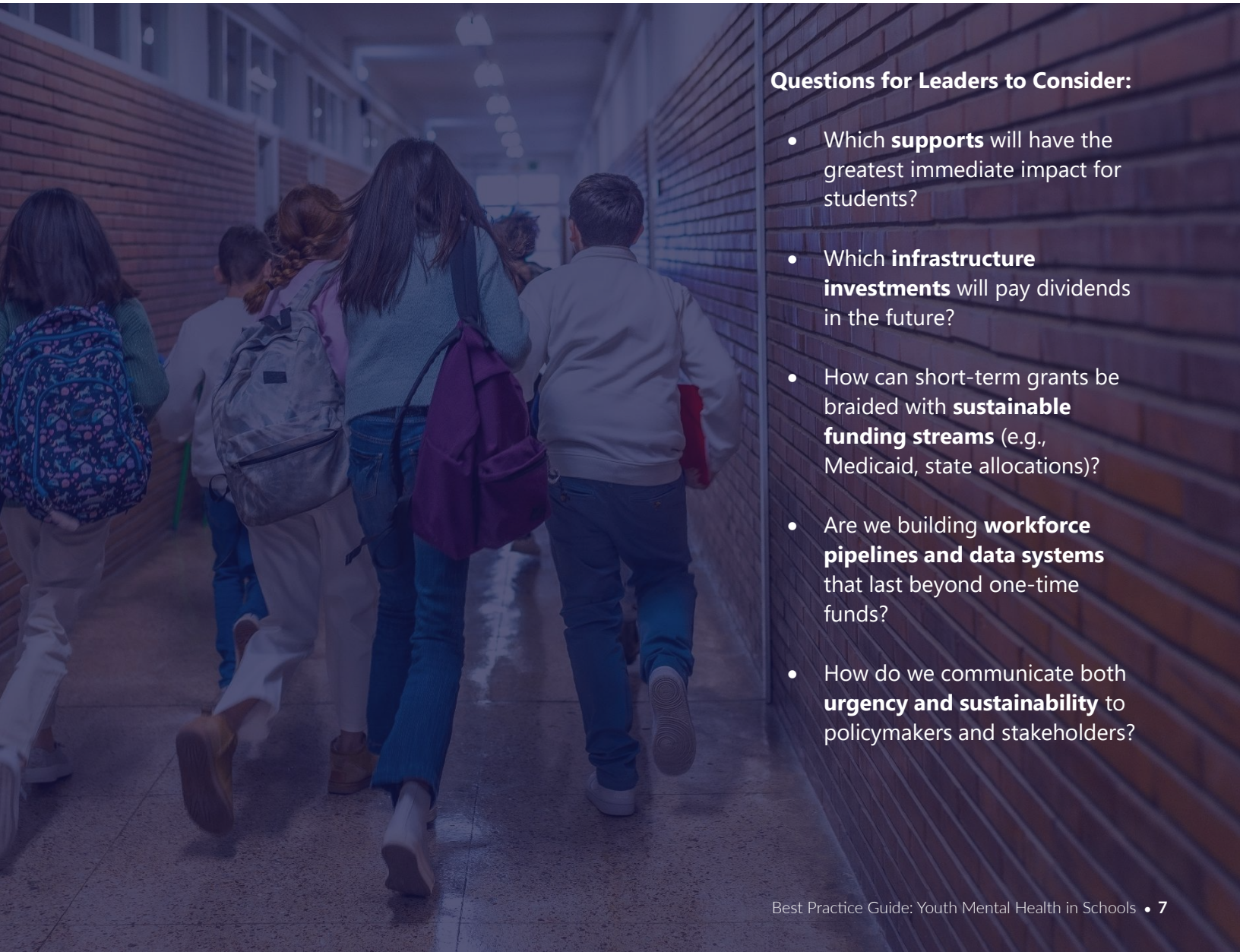
Navigating Short- and Long-Term Goals

For district and state leaders, one of the most complex challenges is balancing immediate needs with long-term sustainability. In an environment of limited or unstable funding, leaders must ask:

- Which supports will have the greatest immediate impact for students?
- Which infrastructure investments will pay dividends in the future?
- How can we braid short-term grants with longer-term financing streams?

For example, a district might use one-time funds to expand evidence-based Tier 2 interventions (e.g., small-group trauma programs, brief skill-building sessions) that meet time-sensitive needs. At the same time, the district could invest in billing systems, data infrastructure, and workforce pipelines that enable sustainable access to Medicaid reimbursement. In this way, short-term and long-term goals reinforce one another rather than competing.

Effective leaders adopt a **dual-lens perspective: they act boldly to meet urgent needs while planting seeds for future growth.** They recognize that systems change takes time, but that students cannot wait for perfect conditions before receiving help.



Questions for Leaders to Consider:

- Which **supports** will have the greatest immediate impact for students?
- Which **infrastructure investments** will pay dividends in the future?
- How can short-term grants be braided with **sustainable funding streams** (e.g., Medicaid, state allocations)?
- Are we building **workforce pipelines and data systems** that last beyond one-time funds?
- How do we communicate both **urgency and sustainability** to policymakers and stakeholders?

Framing Principles

This *Best Practice Guide* is built on several framing principles that cut across all sections:

1. **Bipartisan and Centrist Framing**
   Mental health is not a partisan issue. The policies and strategies presented here emphasize values that cut across perspectives: safe schools, strong families, responsible use of resources, and practical solutions that help every student succeed.
2. **Partnership with Students and Families**
   Students and families are not passive recipients but active co-creators of school mental health systems. Their perspectives ensure relevance and sustainability.
3. **Access and Reach**
   Innovations should reduce barriers and expand access to supports for students with fewer opportunities to receive the care and resources they need, including those in rural or under-resourced communities.
4. **Integration into Educational Mission**
   Mental health supports must be framed as integral to learning, attendance, and achievement, not as extras or add-ons.
5. **Data-Driven Decision Making**
   Investments should be guided by needs assessments, outcome data, and fidelity monitoring to ensure that resources are producing measurable benefits.

Purpose and Organization

The goal of this guide is to provide **state and local leaders with concrete strategies and exemplars** that can be adapted to their unique contexts. It is not intended as a one-size-fits-all manual, but rather as a resource that highlights promising practices, policy innovations, and real-world examples of implementation.

This guide is organized around three interdependent pillars:

1. **Building a Comprehensive and Tiered Service Array**
   Strengthening promotion and prevention (Tier 1), targeted interventions (Tier 2), and intensive supports (Tier 3) while highlighting innovations in universal life skills, trauma-informed practices, evidence-based group programs, crisis response, and wraparound supports.
2. **Expanding and Diversifying the Provider Array**
   Addressing workforce shortages by leveraging both traditional and non-traditional providers including community health workers, wellness coaches, telehealth networks, and university–district partnerships.
3. **Funding Strategies to Sustain and Scale**
   Navigating a shifting federal landscape by leveraging Medicaid, philanthropy, local innovation funds, and creative financing mechanisms while emphasizing strategies that work across political contexts and align with broader state priorities.

Each section includes **call-out exemplars** that illustrate how states and districts have successfully innovated. The guide concludes with an **action checklist** to help leaders assess readiness and identify next steps.

Conclusion

The mental health of our nation's youth is one of the defining challenges of our time. Schools, families, and communities are on the front lines, facing both the urgency of immediate student needs and the uncertainty of shifting political and fiscal contexts. Yet across the country, leaders are proving that with creativity, collaboration, and centrist framing, it is possible to sustain and scale comprehensive systems of support.

This guide offers a roadmap for doing so. By highlighting practical strategies, bipartisan policies, and real-world exemplars, it aims to empower leaders to act boldly and strategically. **The pages that follow provide both inspiration and instruction, with the ultimate goal of ensuring that every student, regardless of background or geography, has access to the mental health supports they need to thrive.**

Section I:
Building a Comprehensive Service Array

Introduction to the Tiered Approach

A central tenet of effective school mental health is the **multi-tiered system of supports (MTSS)** framework. This approach organizes prevention and intervention into a continuum:

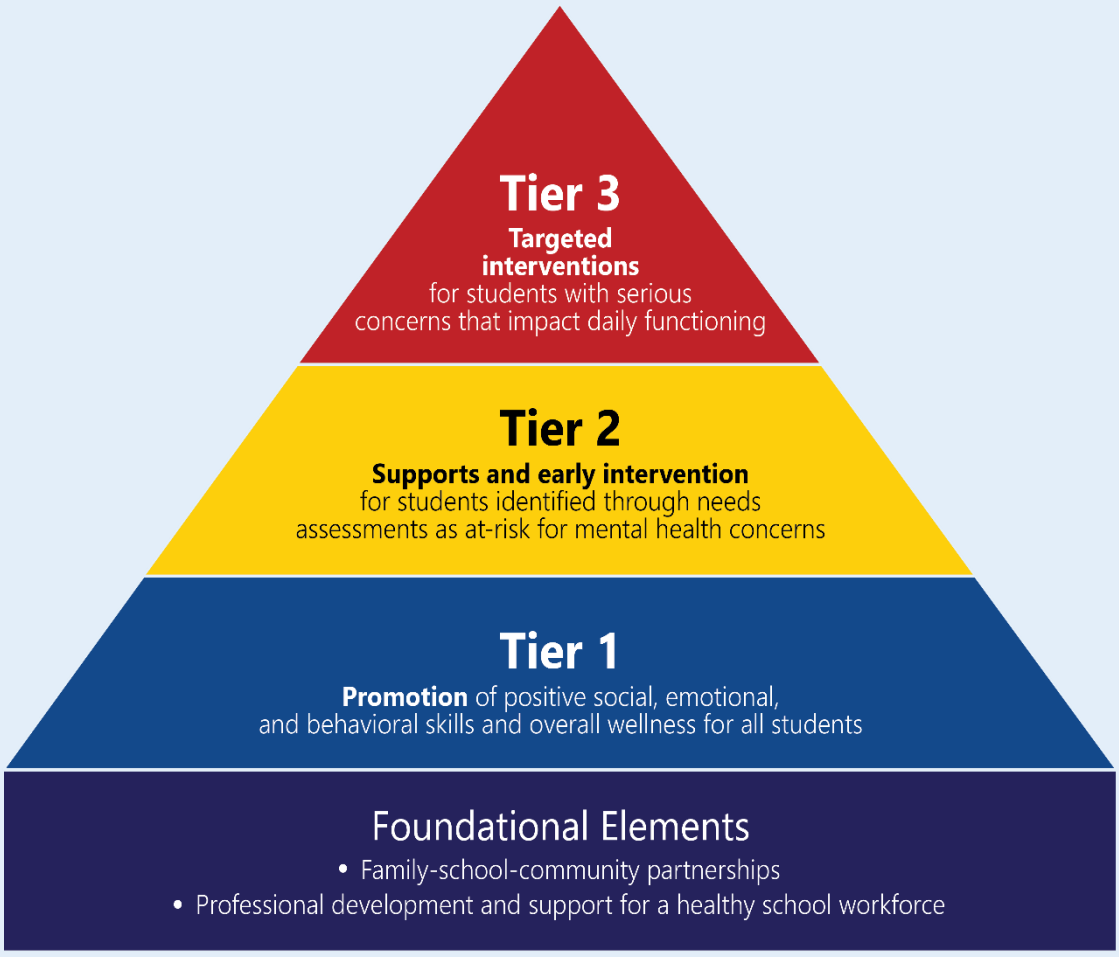
Tier 1: Universal supports for all students to promote wellness and prevent problems.

Tier 2: Targeted supports for students at elevated risk or with emerging needs.

Tier 3: Intensive, individualized services for students with significant or chronic challenges.

A strong tiered service array ensures that all students benefit from a foundation of wellness promotion while those with greater needs have timely access to progressively intensive interventions. Importantly, tiers are not silos; they are interconnected layers that rely on data-driven decision making, strong partnerships with families, and sustainable workforce and funding strategies.

Multi-Tiered System of Supports



A. Elevating Tier 1 (Universal) Mental Health Supports

1. Healthy Behaviors and Environments

Schools and families play a pivotal role in shaping the daily habits that support student well-being. Prioritizing balanced nutrition, regular physical activity, and adequate sleep helps protect against both physical and mental health concerns. At the same time, emerging federal priorities highlight the importance of limiting harmful social media use and equipping caregivers with tools to foster safe, nurturing environments. When schools partner with families to reinforce healthy behaviors at home and in classrooms (through nutrition programs, opportunities for movement, and guidance on digital well-being) students are better able to thrive academically and build lifelong habits that support resilience.

Texas Coordinated School Health & **KIPP Texas Nutrition**

Texas's Department of Health Services encourages districts to operate coordinated school health models that include nutrition, physical activity, health education, and parent engagement. Meanwhile, KIPP Texas has instituted universal free healthy meals aligned with state standards, ensuring that all students have access to nourishing options as part of their daily learning environment.

Common Sense Digital Literacy & Well-Being

Common Sense Education's Digital Literacy & Well-Being curriculum provides structured, evidence-informed lessons across grades on topics such as screen time management, media balance, online relationships, and privacy. By combining technical literacy with mental health and wellness considerations, this program equips students with healthier online habits and stronger self-regulation.

2. Life Skills

Universal Life Skills curricula and practices lay the groundwork for student resilience, self-regulation, and positive relationships. Schools adopting evidence-based Life Skills frameworks see improvements in both academic performance and behavioral outcomes. When Life Skills are integrated across subjects rather than confined to a single curriculum, students learn to apply these skills in real contexts. Florida's Resiliency Standards offer one example of embedding well-being into statewide academic expectation.

Florida's Resiliency Standards

Florida has adopted statewide *Resiliency Standards* designed to integrate resilience and life skills into K–12 education. These standards emphasize coping skills, goal-setting, empathy, and healthy decision-making, and are woven into academic expectations and accountability frameworks. By embedding well-being into the curriculum rather than treating it as an add-on, Florida ensures that every student receives consistent instruction in resilience-building. Early implementation has also highlighted the importance of pairing standards with educator training and ongoing evaluation to ensure impact.

3. Trauma-Informed Practices

Exposure to adversity is widespread, and schools that embrace trauma-informed practices shift from asking "What's wrong with this student?" to "What has this student experienced, and how can we support them?" Universal trauma-informed training equips educators to recognize behavioral cues, respond with empathy, and reduce re-traumatization.

4. Mental Health Literacy

Building student and staff mental health literacy is essential to reducing stigma and encouraging help-seeking. Age-appropriate curricula that teach emotional vocabulary, stress management, and help-seeking fosters self-advocacy. Staff training ensures early identification and appropriate referral.

5. School Climate and Connectedness

Positive school climate is one of the most powerful protective factors against mental health concerns. Initiatives that enhance belonging and safety (e.g., restorative practices, peer mentoring, student voice in decision-making) reduce disciplinary issues and improve attendance. Maryland's Safe to Learn effort exemplifies a statewide approach to school climate and safety.

Maryland Safe to Learn

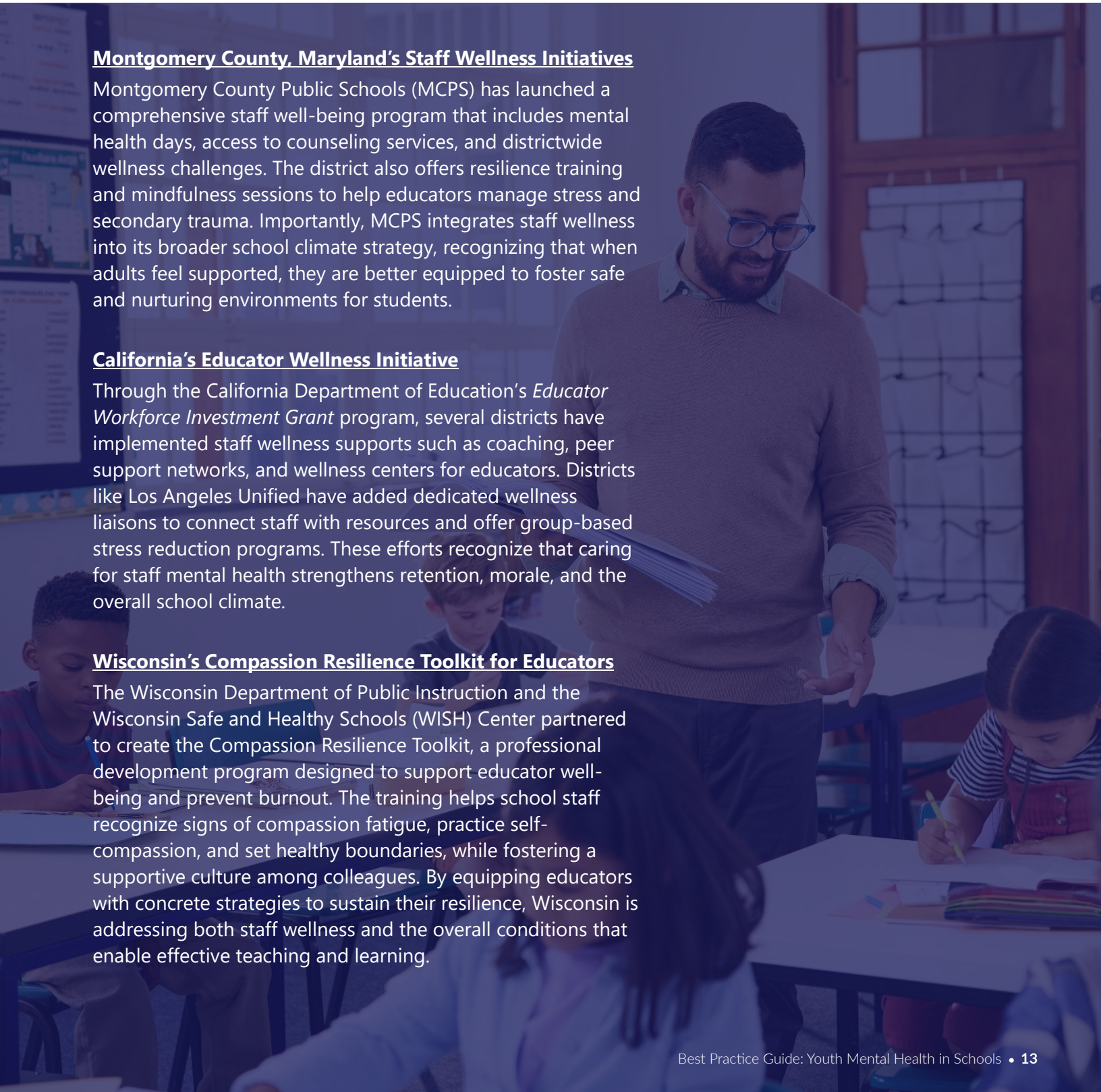
Maryland has implemented statewide requirements under the *Safe to Learn Act of 2018*, pairing physical safety measures with efforts to strengthen school climate. Each district has established a designated safety coordinator, implemented behavioral threat assessment teams, and invested in mental health services to ensure that safety is not only about securing buildings but also about fostering supportive environments. Evaluations from the Maryland Center for School Safety highlight that schools using integrated approaches—combining restorative practices, safety drills, and access to mental health staff—report fewer serious incidents and greater student perceptions of safety and belonging.

6. Student-Led Wellness Programs

Youth voice is critical. Peer ambassador programs, student mental health clubs, and youth-led campaigns normalize help-seeking and create a culture of mutual support. These initiatives also provide authentic leadership opportunities for students, including those who may not otherwise engage in traditional extracurriculars. Some communities have partnered with the National Alliance on Mental Illness (NAMI) to implement peer-to-peer youth education and support programs. For example, NAMI Metropolitan Baltimore offers a youth program that equips young people to support one another, reduce stigma, and connect peers to trusted adults. While availability varies by chapter, this model highlights the power of peer-led approaches in creating authentic student leadership opportunities.

7. School Staff Well-being

The well-being of educators and school staff is foundational to creating healthy learning environments. Chronic stress, burnout, and secondary trauma can undermine staff effectiveness and contribute to high turnover. Schools that prioritize staff wellness, through initiatives such as regular check-ins, access to employee assistance programs, mindfulness and stress management resources, and protected time for collaboration, see benefits for both adults and students. Promoting staff well-being also models healthy coping and resilience for young people, reinforcing the message that mental health matters at every age.



Montgomery County, Maryland's Staff Wellness Initiatives

Montgomery County Public Schools (MCPS) has launched a comprehensive staff well-being program that includes mental health days, access to counseling services, and districtwide wellness challenges. The district also offers resilience training and mindfulness sessions to help educators manage stress and secondary trauma. Importantly, MCPS integrates staff wellness into its broader school climate strategy, recognizing that when adults feel supported, they are better equipped to foster safe and nurturing environments for students.

California's Educator Wellness Initiative

Through the California Department of Education's *Educator Workforce Investment Grant* program, several districts have implemented staff wellness supports such as coaching, peer support networks, and wellness centers for educators. Districts like Los Angeles Unified have added dedicated wellness liaisons to connect staff with resources and offer group-based stress reduction programs. These efforts recognize that caring for staff mental health strengthens retention, morale, and the overall school climate.

Wisconsin's Compassion Resilience Toolkit for Educators

The Wisconsin Department of Public Instruction and the Wisconsin Safe and Healthy Schools (WISH) Center partnered to create the Compassion Resilience Toolkit, a professional development program designed to support educator well-being and prevent burnout. The training helps school staff recognize signs of compassion fatigue, practice self-compassion, and set healthy boundaries, while fostering a supportive culture among colleagues. By equipping educators with concrete strategies to sustain their resilience, Wisconsin is addressing both staff wellness and the overall conditions that enable effective teaching and learning.

B. Addressing Gaps in Tier 2 Supports

While Tier 1 provides universal promotion and prevention, a significant proportion of students will need **targeted, short-term mental health supports**. Historically, Tier 2 has been the "missing middle," with schools often over-relying on crisis-driven Tier 3 referrals. Strengthening Tier 2 closes this gap.

1. Evidence-Based Group and Brief Interventions

Programs like BRISC (Brief Intervention for School Clinicians), SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress), and Supporting Students Exposed to Trauma (SSET) equip school-based providers to deliver targeted support within 3–12 sessions. These approaches are skill-focused, time-limited, and adaptable to different student populations.

2. Structured Referral and Progress Monitoring Systems

A strong Tier 2 system requires clear referral pathways. Educators and staff must know how to identify concerns, when to refer, and how progress will be tracked. MTSS-aligned data dashboards can flag at-risk students through indicators such as attendance, grades, and behavioral referrals. Progress monitoring ensures interventions are effective and adjusted as needed.

3. Supporting Students Who Do Not Qualify for Special Education

Many students fall into a gray area, struggling significantly but not meeting criteria for special education services. Tier 2 interventions bridge this gap, offering support that prevents escalation.

4. Building Capacity Through Staff Training

General educators, school nurses, coaches, and paraprofessionals can play a role in Tier 2 supports when trained to deliver evidence-informed practices. Expanding who can deliver supports increases reach without overwhelming a small cadre of mental health professionals.

Seattle Public Schools' BRISC Integration

Seattle Public Schools has scaled the *Brief Intervention for School Clinicians (BRISC)* model across the district to address Tier 2 gaps. BRISC is a short-term, evidence-based intervention (typically 3–4 sessions) that helps students identify stressors, set goals, and build coping strategies. By training school-employed clinicians and embedding BRISC into their daily practice, Seattle created a standardized approach for providing timely, skill-focused support to students who do not meet criteria for special education but still need targeted help. The district's experience demonstrates how a large urban system can adapt an evidence-based model for wide-scale use, reducing reliance on crisis-driven Tier 3 referrals and ensuring more students get the right support at the right time.

C. Enhancing Tier 3 Services and Crisis Supports

Even with strong Tier 1 and Tier 2 systems, some students will require **intensive, individualized, and clinically appropriate services**. Schools must ensure these supports are available and coordinated.

1. Onsite or Virtual Clinical Services

Embedding clinicians in schools, either physically or via telehealth, reduces barriers to specialty care. Partnerships with community mental health agencies or hospital systems enable schools to provide therapy and psychiatric consultation within the school day. Several clinical interventions, like CBITS (Cognitive Behavioral Intervention for Trauma in Schools) and IPT-A (Interpersonal Psychotherapy for Adolescents, adapted for schools), have been designed for the school setting to promote access and effectiveness.

2. School-Linked Behavioral Health Hubs

Regionalized models, such as Kentucky's School-Based Mental Health Regional Centers, expand capacity by creating hubs that serve multiple districts. These hubs provide training, supervision, and direct service, ensuring even small and rural districts can access high-quality Tier 3 supports.

3. Crisis Response Protocols

Every school needs a clear, trauma-informed crisis response plan for emergencies such as suicidality, violence exposure, or natural disasters. Protocols must define roles, communication channels, and referral pathways. Regular drills and cross-agency collaboration (with law enforcement, EMS, and mental health crisis teams) promote readiness.

4. Reentry Plans Post-Crisis

Students returning from hospitalization, juvenile detention, or acute crises require structured reentry supports. Reentry planning meetings with families, staff, and providers ensure academic accommodations and emotional supports are in place.

Kentucky's School-Based Mental Health Technical Assistance Network

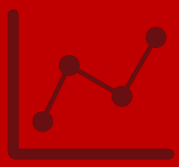
Kentucky's Office of Special Education and Early Learning (OSEEL) funds a statewide Technical Assistance (TA) Network to support Local Education Agencies (LEAs) in scaling Tier 3 mental health services. Through this network, OSEEL provides school districts with training, coaching, and program design support, helping build and sustain intensive, individualized behavioral health supports tailored to student needs. This approach ensures that even smaller or rural districts can access the expertise needed to implement high-quality Tier 3 interventions, rather than having to rely solely on external providers. By investing in infrastructure and capacity-building, Kentucky ensures every child, regardless of location, can access robust mental health care within the school setting.

D. Ensuring Integration and Sustainability

A tiered system is only as strong as the infrastructure that holds it together. Sustainability requires attention to data, staffing, and long-term planning.

1. Use of Data Systems

Data should guide service delivery. Needs assessments, universal screeners, and outcome monitoring systems allow schools to identify student needs and gaps, and demonstrate impact. States like Connecticut provide toolkits for integrating MTSS data with community mental health service tracking.



Connecticut's MTSS & Community Mental Health Data Integration

Connecticut's CONNECT IV initiative, led by CHDI in partnership with state agencies, offers a toolkit and technical assistance for schools seeking to align Multi-Tiered System of Supports (MTSS) data with community mental health service tracking. The program guides districts in coordinating academic, behavioral, and provider data to identify needs, monitor progress, and connect students to appropriate care, reducing service fragmentation and reinforcing a seamless system of support.

2. Role of School-Based Health Centers (SBHCs) and Wraparound Coordinators

SBHCs extend the reach of school systems by co-locating medical and mental health care in schools. Wraparound coordinators play a crucial role in connecting families with both school-based and community resources, ensuring continuity.

3. Cross-Sector Coordination

Partnerships between schools, behavioral health agencies, juvenile justice, child welfare, and public health create a safety net for youth. Interagency agreements and shared data platforms reduce fragmentation.

4. Sustainability Planning

States and districts must intentionally plan for sustainability by:

- Embedding roles into district budgets rather than relying solely on grants.
- Training general educators and paraprofessionals to deliver universal and targeted supports.
- Leveraging Medicaid reimbursement and state-level funding formulas.
- Building political will through bipartisan messaging about student well-being and academic achievement.

5. Community Schools as Hubs for Integrated Supports

Community schools provide a powerful model for integrating academic, health, and social supports directly into the school setting. By co-locating mental health services with academic and enrichment programs, community schools reduce barriers to access and ensure holistic supports. For example, New York City's Community Schools initiative has embedded behavioral health providers onsite, while Cincinnati's Community Learning Centers coordinate a wide array of youth and family services.

E. Cultural Responsiveness and Inclusive Practice

Mental health challenges manifest differently across communities and individual experiences. For example, some youth may be more likely to express distress through outward behaviors such as aggression or withdrawal, while others may internalize symptoms such as anxiety or depression. Students from different backgrounds may also face barriers related to stigma, language, or adjusting to new environments and expectations. Effective systems foster cultural responsiveness, recruit a diverse and skilled workforce, and design interventions responsive to the varied ways that mental health needs present across communities, rather than adopting a one-size-fits-all model.

Florida's Multi-Tiered Mental Health Allocation Model

Florida requires every school district to submit an annual Mental Health Assistance Allocation Plan, documenting how state funds are used to strengthen a tiered continuum of mental health supports. Districts must outline strategies for prevention, early identification, and intensive services, and report annually on student access and outcomes. This planning and accountability framework ensures funds are not only allocated, but tied to measurable improvements in student well-being and sustainability of services. By linking investment to both planning and results, Florida has created one of the most comprehensive state accountability systems for school mental health.

Conclusion

Building a comprehensive and tiered service array is the foundation of effective school mental health. By strengthening Tier 1 prevention, filling Tier 2 gaps, expanding Tier 3 clinical and crisis supports, and ensuring integration, schools create systems that are equitable, effective, scalable, and sustainable.

This work requires intentional partnerships with families, **cross-sector collaboration, and a commitment to both short-term student well-being and long-term sustainability.** Exemplars from Connecticut, Florida, Kentucky, and Washington (Seattle) show that innovation is possible across diverse contexts. As states and districts adapt these strategies, the ultimate goal remains the same: ensuring every student has access to the right level of support, at the right time, in the right place.

Section II:
Expanding the Provider Array

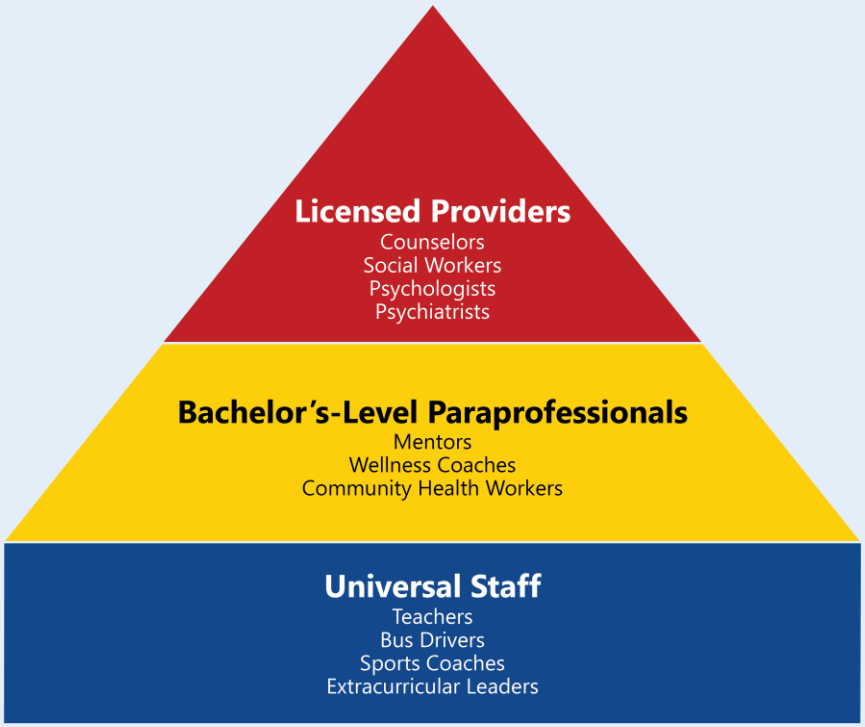
The Workforce Challenge

Even the most well-designed tiered mental health system cannot succeed without a strong and skilled provider workforce. Yet across the country, **schools face persistent shortages of qualified mental health professionals**. National recommendations call for a ratio of one school psychologist per 500 students, one counselor per 250, and one social worker per 250. In reality, many districts, particularly in rural or under-resourced communities, operate at double or triple those ratios.

These shortages reflect a combination of factors: district budget constraints, limited graduate training capacity, high turnover due to burnout, geographic maldistribution of professionals, and compensation disparities between schools and private practice. As federal relief funding wanes, retaining newly hired staff becomes an even greater challenge.

In response to these shortages, states and districts are **expanding the definition of "who" can deliver school mental health supports.** This includes both traditional licensed providers and an array of non-traditional roles, paraprofessionals, and community-embedded partners. The goal is not to replace licensed clinicians, but to build a **layered workforce** that can deliver supports at every tier, reduce bottlenecks, and create culturally responsive systems.

Layered Workforce Pyramid for School Mental Health



This model illustrates how a comprehensive school mental health workforce can be structured in layers. At the foundation, all school staff contribute to promoting wellness and identifying emerging needs. The middle tier includes bachelor's-level paraprofessionals who provide targeted supports. At the top, licensed providers deliver intensive clinical services.

A. Scaling Non-Traditional Workforce Models

1. Community Health Workers (CHWs) and Behavioral Health Aides

Community health workers are trusted members of the communities they serve. In school settings, they act as navigators, prevention specialists, and cultural liaisons. Their training often includes motivational interviewing, trauma-informed practices, skill building, and health system navigation. Rural states and tribal communities have pioneered CHW models to bridge cultural and linguistic gaps, while Latine communities across the U.S. have long drawn on the *promotora de salud* model—peer leaders who provide culturally grounded health education, advocacy, and family engagement. Behavioral health aides, used in Alaska, Nebraska, New Mexico, and other states, extend care by delivering basic supports under supervision. These roles are particularly powerful in contexts where professional shortages are most severe.

2. Bachelor's-Level Wellness Coaches

California's certification of wellness coaches provides a model for rapidly scaling a new workforce. These bachelor's-level staff are trained to deliver Tier 1 and Tier 2 supports, such as skill-building groups and mental health literacy, under supervision of licensed providers. This not only expands capacity but also creates career pathways for young professionals.

3. Youth Mental Health Corps

Through AmeriCorps, eleven states have launched Youth Mental Health Corps initiatives, mobilizing early-career individuals to serve in schools as mentors, paraprofessionals, and wellness coaches. Participants receive training, stipends, and education awards, while schools gain immediate workforce relief. While early results are promising, the Youth Mental Health Corps depends on the broader AmeriCorps infrastructure, which is undergoing shifts in funding and leadership. State and district leaders should monitor developments closely and consider complementary strategies to avoid over-reliance on a single, evolving program.

4. Paraprofessionals, Mentors, and School-Based Wellness Teams

Expanding mental health responsibilities beyond traditional roles allows schools to form wellness teams that include nurses, paraprofessionals, and even coaches. With appropriate training, these adults can deliver universal prevention, screen for emerging needs, and reinforce coping strategies.

New Mexico's Community Health Workers in Schools Initiative

New Mexico has expanded the role of Community Health Workers (CHWs) into schools, particularly in rural and tribal communities. These bilingual, community-embedded staff act as navigators, prevention specialists, and cultural liaisons. By helping families access services, supporting early intervention, and reducing cultural and linguistic barriers, CHWs strengthen trust and improve equity in school mental health. This model highlights how community-rooted staff can bridge gaps between schools and health systems while honoring local culture and context.

Nebraska's Behavioral Health Technician Certificate Training

In response to educator requests for more skills and credentials to support student mental health, Nebraska developed a Behavioral Health Technician Certificate Training Program tailored for schools. Adapted from registered behavior technician training, the program equips general educators, paraeducators, and specialty staff with practical strategies to address students' behavioral health needs in the classroom. Participants complete a 45-hour self-paced e-learning module series combined with supervised experiential learning, and a train-the-trainer model ensures ongoing capacity-building. By creating a pathway toward certification and potential billing for services, Nebraska's approach not only strengthens school-based supports but also promotes long-term sustainability of the workforce.

5. Technology

Technology-based supports should be a part of the solution to enhancing the youth mental health workforce, including integration of gaming, artificial intelligence, online education tools, parent-child monitoring and reward apps (e.g., WisePath) and telehealth platforms. Digital screening tools and case management systems can streamline referral pathways and reduce administrative burdens on school staff, while evidence-informed mental health apps and serious games provide students with accessible, stigma-free supports outside the classroom. Artificial intelligence can further extend capacity by supporting early identification of student needs, customizing learning and wellness resources, and offering data-informed insights to guide school teams, while requiring strong safeguards to ensure both transparency and privacy. Virtual coaching and tele-supervision expand the reach of licensed providers into rural and underserved areas, offering real-time consultation to paraprofessionals, wellness coaches, and CHWs.

Importantly, technology can never replace human connection, but when paired with trusted adults, it extends capacity, personalizes care, and ensures students receive timely, culturally responsive support even in the face of workforce shortages.

B. Building the Specialty Provider Pipeline

While non-traditional roles help fill immediate gaps, a sustainable system also requires **expanding the pipeline of licensed clinicians**.

1. Scholarships, Tuition Forgiveness, and Residency Programs

States such as Minnesota have created "Grow Your Own" school mental health initiatives that offer scholarships, student loan forgiveness, and clinical supervision stipends. These incentives attract candidates to the field and encourage them to serve in high-need districts.

2. University–District Partnerships

Collaborations between higher education and school districts place interns, residents, and practicum students directly into schools. This benefits students (by increasing service capacity) and trainees (by providing real-world school experience). Over time, these partnerships create a pipeline of graduates who are more likely to remain in school settings.

3. Rural Telehealth Collaborations

In states like Mississippi and Michigan, universities and community providers use telehealth to connect trainees and licensed clinicians to rural schools. This not only addresses shortages but also exposes trainees to diverse contexts, strengthening long-term workforce distribution.

4. Career Ladders and In-Service Development

Districts can encourage paraprofessionals and non-traditional staff to pursue advanced degrees by offering tuition support and flexible schedules. Career ladders build loyalty, diversify the workforce, and reduce turnover.

Minnesota's Student Support Personnel Workforce Pipeline

This program offers grants to help cover the cost of attendance for students enrolled in accredited degree programs to become licensed school psychologists, school nurses, school counselors, and school social workers. The grants may also be used for wraparound services and other supports to help students complete their degree.

C. Empowering All Staff in Mental Health Promotion

Schools are filled with adults who interact with students daily: teachers, coaches, cafeteria workers, bus drivers. When properly supported, these staff can play a critical role in promoting wellness and identifying concerns.

1. Tiered Training for Educators and Staff

Tiered training ensures all staff receive basic literacy (e.g., recognizing signs of distress, how to refer), while selected staff receive more intensive skills (e.g., delivering Tier 2 interventions). Universal staff development reduces stigma and builds a culture of collective responsibility.

2. School Climate and Leadership Teams

MTSS and climate leadership teams, which often include cross-role representation, provide infrastructure for coordination. These teams monitor data, plan professional learning, and ensure alignment between academic, behavioral, and mental health initiatives.

3. Cross-System Collaboration

Schools benefit when they partner with community systems (e.g., health providers, youth-serving organizations, social services) to create consistent supports for students. For example, some districts collaborate with local behavioral health agencies to bring services into schools or provide consultation. In other cases, collaboration with school resource officers (SROs) and law enforcement is part of Tier 1 and Tier 2 strategy. Training SROs in trauma-informed practices and youth development ensures they contribute positively to climate rather than exacerbate stress.

4. Coaches and Extracurricular Staff

Sports coaches, arts instructors, and club advisors often have close relationships with students. When trained in mental health literacy, they can serve as trusted adults and referral partners.

Georgia's Resilient Schools Initiative

In Georgia, the nonprofit Resilient Georgia has partnered with the Department of Education, the Department of Behavioral Health and Developmental Disabilities, and regional coalitions to advance trauma-informed approaches in schools and communities. These efforts focus on Adverse Childhood Experiences (ACEs) prevention, building integrated behavioral health networks, and providing training for educators and administrators to act as "first responders" for student well-being. By embedding trauma-informed practices statewide, Georgia is working to strengthen resilience, improve school climate, and ensure students facing adversity have access to timely, supportive care.

C. Policy Infrastructure for Workforce Innovation

Scaling and sustaining workforce innovation requires **state-level policy infrastructure**.

1. Credentialing and Licensure for New Roles

States such as Alaska, Colorado, and Washington have established credentialing for behavioral health paraprofessionals, creating legitimacy, clarity, and funding eligibility. These credentials allow districts to employ wellness staff in recognized roles and bill for their services.

2. Inter-Agency Workforce Planning

State education, health, and workforce agencies can coordinate to forecast demand, align funding, and set training priorities. Joint task forces ensure that investments in workforce development serve both educational and health system needs.

3. Technical Assistance Networks

Universities, state agencies, and nonprofits can provide coaching, training, and consultation to help districts implement new workforce models. Regional technical assistance hubs ensure that even small and rural districts can access expertise.

4. Data and Accountability Systems

Tracking workforce supply, service delivery, and outcomes enables states to refine strategies, demonstrate return on investment, and make the case for continued funding.

Mississippi's School Tele-Mental Health Expansion

Mississippi has advanced a policy-driven initiative to expand access to school-based mental health through telehealth services. By investing in broadband and telehealth infrastructure, dedicating state funding, and training school staff to coordinate virtual care, the state has extended the reach of licensed providers to underserved rural districts. This approach reduces geographic barriers, shortens wait times, and ensures that students in even the most remote communities can access timely, specialized mental health care.

Conclusion

Expanding and diversifying the provider array is both an urgent necessity and a long-term opportunity. By broadening the definition of who delivers mental health supports, investing in pipelines for licensed clinicians, empowering all school staff, and building policy infrastructure, states and districts can create a workforce that is resilient, culturally responsive, and sustainable.

The exemplars from California, Georgia, Minnesota, Mississippi, Nebraska, and New Mexico demonstrate that innovation is possible across contexts. Whether through wellness coaches, telehealth networks, or "grow your own" pipelines, the lesson is clear: **a one-dimensional workforce cannot meet the needs of today's students.** Schools must build layered, flexible, and community-embedded systems that ensure every student has access to the right provider, at the right time, in the right way.

Section III: Funding Strategies to Sustain and Scale School Mental Health

The Funding Imperative

No matter how innovative the programs or how skilled the workforce, comprehensive school mental health systems cannot thrive without stable, long-term funding. Too often, schools launch promising initiatives with short-term grants only to face painful cuts when funds expire. This "boom-and-bust" cycle erodes trust, disrupts services, and discourages families and staff.

The challenge, then, is twofold:

1. **Adapt to shifting federal priorities and timelines** while making the most of existing resources.
2. **Build durable state and local financing mechanisms** that can carry supports forward long after grant periods end.

Implementation costs for school mental health vary widely depending on geography, staffing models, and service intensity. Estimates suggest that adding one school-employed clinician may cost districts $75,000–$120,000 annually (salary plus benefits), while bachelor's-level wellness coaches or community health workers may cost $40,000–$60,000 per position.

Key funding sources include:

- Federal programs (e.g., Project AWARE, School-Based Mental Health Services grants).
- Medicaid reimbursement for school-employed and contracted providers.
- State mental health allocations and flexible education funding formulas.
- Local tax levies, philanthropic partnerships, and business engagement.

Successful leaders recognize that funding requires both technical skill and strategic framing.

They align services with allowable funding streams, braid together multiple sources, and frame investments in ways that resonate across political divides.

A. Adapting to Shifting Federal Funding and Priorities

1. The Fiscal Cliff: Temporary Federal Aid and Long-Term Needs

Federal emergency education funds provided a significant but time-limited boost to schools through ESSER, CARES, and ARPA. Districts were able to hire staff, expand telehealth, and implement evidence-based programs to support students' academic and mental health needs. With earlier rounds of funding now expired and the remaining dollars ending in 2026, schools face an urgent need to identify sustainable funding strategies that can carry forward these critical supports.

2. Changing Federal Programs and Leadership

Discretionary grant programs (e.g., Project AWARE, School-Based Mental Health Services grants) remain valuable but are competitive and time-limited. Federal priorities can shift with changes in agency leadership or program focus, underscoring the importance of staying informed about evolving opportunities. States and districts can strengthen sustainability by aligning local priorities and values with these shifts, ensuring they can leverage federal funding while maintaining consistency in their own long-term strategies.

3. State and District Readiness to Pivot

Districts that succeed are those prepared to pivot. They maintain grant management capacity, track funding sunsets, and continuously scan for new opportunities. Importantly, they align initiatives with education and health goals, so that even if mental health funding wanes, services can be justified under academic achievement, safety, or workforce readiness agendas.

4. Advocacy and Communication

Sustaining funding requires clear communication with policymakers. Leaders who demonstrate how mental health services improve attendance, reduce disciplinary costs, and boost graduation rates make a compelling case that transcends partisanship.

Texas Child Mental Health Care Consortium

Texas created the Child Mental Health Care Consortium (TCMHCC) to expand access to child psychiatry services, particularly through telehealth. The program connects medical schools, regional providers, and K–12 districts to deliver psychiatric consultation and direct services for students. By framing telehealth psychiatry as cost-effective, locally controlled, and essential for educational success, Texas secured bipartisan support and sustained the initiative through state general revenue after initial federal funding ended. This model demonstrates how positioning mental health as both a health and education priority can lead to long-term investment.

B. Leveraging Medicaid and State-Based Opportunities

For many districts, Medicaid represents the **most sustainable and scalable funding source** for school mental health.

1. Expanding Eligible Services and Providers

States like Oregon and Arkansas have broadened Medicaid reimbursement to cover services delivered by school-employed staff, not just external providers. This allows counselors, social workers, and psychologists to bill directly for services to Medicaid-enrolled students.

2. Updating State Plans and Using Waivers

Medicaid State Plans define what services and providers are eligible. States can submit amendments or use 1115 Medicaid demonstration waivers to expand coverage. Examples include allowing group therapy, covering prevention services, or reimbursing bachelor's-level staff under supervision.

3. Building District Billing Infrastructure

To benefit from Medicaid, districts need billing systems, staff training, and compliance processes. Investment in these systems pays off by creating an ongoing revenue stream. Small districts may pool resources through regional collaboratives.

4. Access Considerations

Medicaid expansion helps extend services to students who might otherwise face barriers to care. At the same time, leaders must ensure that reimbursement strategies do not unintentionally limit access for students without Medicaid coverage. Access for all students can be strengthened through universal approaches such as schoolwide screening and referral systems, as well as through diversified funding strategies (including Medicaid, commercial/private insurance, state appropriations, local education funds, and philanthropic investments) that help ensure every student can receive needed supports.

5. Federal Fiscal Context

Recent federal legislation, including H.R. 1, proposes significant reductions to overall Medicaid funding and increased administrative requirements for eligibility. While the bill does not directly alter school Medicaid policy, the broader fiscal changes could indirectly affect school mental health services by limiting state budgets, reducing reimbursement rates, and creating new enrollment hurdles for families. These pressures may lead to fewer students maintaining coverage, which in turn could constrain districts' ability to bill for services.

6. Implications for State and Local Leaders

State and district leaders should be aware of these dynamics as they plan for the future of school Medicaid. Maintaining efficient billing practices, exploring State Plan amendments or waivers, and diversifying funding streams will be increasingly important to sustain school mental health services. Close coordination between education and health agencies, coupled with proactive monitoring of Medicaid policy changes, can help mitigate risks and ensure that students continue to access needed supports, even in a shifting fiscal environment.

Healthy Schools Campaign

At least 25 states have expanded their school Medicaid programs so that services beyond those in Individualized Education Plans (IEPs), including behavioral health supports, can be reimbursed through Medicaid. The Healthy Schools Campaign maintains a dynamic *School Medicaid Expansion Map* that tracks which states have adopted these policies, how school health services are defined, and which types of providers are eligible for reimbursement. They also publish promising practices that illustrate how states coordinate education and health agencies, simplify billing guidance for schools, and align Medicaid standards with school-based providers. Use this resource to:

- Check your state's status and key policy features
- Learn from examples of how states have navigated operational and legal challenges
- Plan strategic steps in your own state for expanding sustainable school-based Medicaid services

B. Philanthropy and Local Investment Strategies

Philanthropy and local investment provide **flexible, innovation-friendly resources** that complement public funding.

1. Foundation Partnerships

Foundations often prioritize workforce development, access, or youth empowerment, areas that align closely with school mental health. Districts that frame proposals around these themes are more likely to attract support.

2. Local Donors and Business Engagement

In many communities, local businesses and donors are willing to invest when they see a direct connection to community well-being and workforce readiness. Chambers of commerce, civic organizations, and hospital systems can be valuable partners.

3. Strategic Alignment

Philanthropic funds are best used as "risk capital" to test new approaches, pilot programs, or fill gaps not covered by public funds. Successful districts align philanthropic investments with broader state and district strategies to avoid fragmentation.

4. State–Philanthropy Collaborations

Some states, such as Texas and Indiana, have created partnerships where state funding matches philanthropic contributions. This public–private leverage creates accountability and sustainability.

C. Creative Financing Mechanisms

Beyond traditional streams, some states and districts have embraced **innovative financing approaches**.

1. Local Tax Levies and Innovation Funds

Cincinnati, Ohio has used local tax levies to fund wraparound services in schools. Voter-approved initiatives demonstrate strong community buy-in and provide stable, dedicated revenue.

2. Education Funding Formulas with Flexibility

States such as Colorado have incorporated flexibility for mental health supports into their education funding formulas. This allows districts to allocate per-pupil funding toward wellness initiatives without requiring special grants.

3. Outcomes-Based Funding

In some regions, public–private partnerships tie funding to outcomes such as reduced absenteeism or improved graduation rates. While complex, these models incentivize data-driven service delivery.

4. Data-Sharing Collaboratives

Shared data systems across education, health, and justice agencies allow districts to braid funding streams more efficiently. When agencies see overlapping benefits, they are more willing to invest jointly.

Arkansas: Direct Billing for School-Based Mental Health

In Arkansas, some school districts and Education Service Cooperatives (ESCs) can become certified as School-Based Mental Health (SBMH) providers and bill Medicaid directly for mental health services delivered by LEA employees. To qualify, an LEA must:

- Employ the mental health professional as a staff member and have them credentialed with Arkansas Medicaid.
- Complete an SBMH certification application through the Arkansas Department of Education.
- Be approved as a Medicaid provider for billing purposes.

Confidentiality and parental consent protections are built in: provisions require adherence to federal regulations and parental consent before student records are used for billing. Arkansas allows up to 10 therapeutic sessions before requiring a referral from a primary care physician. For students needing more services, LEAs may request an "extension of benefits" via Arkansas's eQHealth system.

Integrating Funding with Programmatic Goals

Funding is not just about dollars; it is about aligning resources with the **tiered service array and workforce innovations** described in earlier sections. Effective leaders:

- Map existing funding streams to each tier of support.
- Ensure workforce strategies are eligible for reimbursement (e.g., credentialing bachelor's-level staff).
- Use short-term funds to seed long-term infrastructure (e.g., billing systems, data platforms).
- Advocate for policies that sustain alignment (e.g., inclusion of Life Skills in state education plans).

When funding aligns with clear programmatic goals, sustainability becomes more than financial, it becomes structural.

Hopeful Futures Campaign: Tools for Policy Action

The Hopeful Futures Campaign is a national initiative dedicated to advancing school mental health through policy change and accountability. Its resources are designed to help state and local leaders understand their current landscape and identify opportunities for impact.

- **The School Mental Health Report Card** provides a state-by-state snapshot of policies that support school mental health, including measures of access, funding, workforce, and implementation. Leaders can use this tool to benchmark progress and identify priority areas for improvement.
- **The School Mental Health State Legislative Guide** offers policy levers, examples, and legislative language that states can use to expand access to mental health services, strengthen prevention, and build sustainable systems.

Together, these resources help policymakers, advocates, and community leaders map where their state stands, understand effective strategies from across the country, and chart a path forward to strengthen school mental health systems.

Conclusion

Sustaining and scaling school mental health requires financial strategies that are **adaptable and resilient within evolving policy environments**. Federal grants provide important boosts but cannot be the sole foundation. Medicaid, state investments, philanthropy, and creative financing mechanisms must all work together in braided and aligned ways.

Exemplars from Arkansas, California, Indiana, Ohio (Cincinnati), and Texas demonstrate that funding solutions exist across political and geographic contexts. Whether through Medicaid reform, millionaire's taxes, or local levies, the message is clear: **when communities prioritize youth mental health, they find ways to pay for it.**

By approaching funding with both pragmatism and creativity, state and district leaders can break the cycle of temporary grants and instead build comprehensive systems that endure. The ultimate goal is to move beyond short-term fixes and establish reliable funding structures that keep supports in place for all students.

Moving Forward: Advancing the Field of School Mental Health

The challenges facing youth mental health are complex, but the innovations highlighted in this guide demonstrate that progress is both possible and already underway. Across states and districts, leaders are showing that with the right mix of vision, collaboration, and pragmatism, schools can build systems that are sustainable and responsive to the evolving needs of students and families.

This guide has underscored three central pillars of action:

Building a Comprehensive Service Array that balances universal prevention, targeted interventions, and intensive supports in a coordinated, data-driven framework.

Expanding and Diversifying the Provider Array by developing layered workforce strategies that combine licensed providers, paraprofessionals, and community-based partners, and leverage technology, while investing in long-term pipelines.

Designing Sustainable Funding Strategies that braid federal, state, local, and philanthropic resources to break the cycle of short-term fixes and build durable infrastructures.

Together, these pillars provide a roadmap for systemic transformation. Yet they are not endpoints, they are foundations. Moving forward, the field must:

1. **Commit to continuous learning** by investing in research, evaluation, and knowledge-sharing networks that allow promising practices to be tested, adapted, and scaled.
2. **Strengthen bipartisan and cross-sector coalitions** to safeguard sustainability regardless of political shifts and to embed mental health into the broader mission of education, workforce development, and community well-being.
3. **Align short-term innovation with long-term systems change**, using temporary resources to seed infrastructure, policy, and cultural shifts that will endure.
4. **Expand access** by ensuring that new approaches are designed to reduce barriers and improve access to supports for students with fewer opportunities to receive care, including those in rural or under-resourced communities.
5. **Deepen family and youth partnership**, elevating their voices not only as recipients of services but as co-designers, decision-makers, and advocates.

Ultimately, advancing school mental health requires both urgency and patience, urgency to meet today's needs and patience to cultivate the durable systems that tomorrow's students will inherit. **By uniting educators, families, policymakers, providers, and youth themselves, we can move from fragmented efforts to a coherent national movement.**

Action Agenda for Advancing School Mental Health

A one-page checklist for state and district leaders*

1. Build a Comprehensive Service Array

- ☐ Strengthen **Tier 1 universal supports** *(e.g., life skills, trauma-informed practices, mental health literacy, school climate).*
- ☐ Close **Tier 2 gaps** with evidence-based group and brief interventions plus clear referral and monitoring systems.
- ☐ Ensure **Tier 3 access** through onsite/virtual clinical care, crisis protocols, and structured reentry plans.
- ☐ Embed **youth and family partnership** into every tier.
- ☐ Develop sustainability plans that outlast grants.

2. Expand and Diversify the Provider Array

- ☐ Deploy **non-traditional workforce models** *(e.g., community health workers, wellness coaches, Youth Mental Health Corps)*.
- ☐ Invest in **pipeline programs** *(e.g., scholarships, residencies, university–district partnerships)*.
- ☐ Provide **tiered training for all staff**, including teachers, coaches, and extracurricular leaders.
- ☐ Establish **career ladders** and incentives to reduce turnover and diversify the workforce.
- ☐ Build **policy infrastructure** *(e.g., credentialing, inter-agency planning, data systems)*.

3. Secure Sustainable Funding

- ☐ Prepare for the **federal fiscal cliff** by identifying replacement strategies now.
- ☐ Expand **Medicaid reimbursement** for school-employed providers and prevention services.
- ☐ Build **district billing and compliance systems** that can generate recurring revenue.
- ☐ Leverage **philanthropy and local investment** to pilot innovations and seed long-term models.
- ☐ Explore **creative financing** *(e.g., local levies, flexible education formulas, outcomes-based funding)*.

4. Promote Reach and Family Partnership

- ☐ Use data to **identify and address gaps** in access and outcomes.
- ☐ Partner authentically with **families and caregivers** as co-designers and decision-makers.
- ☐ Center **youth voice** through peer-led programs, advisory boards, and leadership opportunities.

5. Position School Mental Health as Essential

- ☐ Frame services as integral to **learning, safety, and workforce readiness**, not add-ons.
- ☐ Build **bipartisan coalitions** that emphasize accountability, local control, and cost-effectiveness.
- ☐ Embed mental health into **education mission statements, accountability frameworks, and funding formulas**.

*This agenda is meant to be adapted. Leaders can check off current strengths, highlight gaps, and identify priority next steps. Progress will look different across contexts, but the commitment is the same: every student deserves access to the supports they need to learn, grow, and thrive.

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

About The National Center for School Mental Health

Housed within the University of Maryland School of Medicine's Division of Child and Adolescent Psychiatry, the **National Center for School Mental Health (NCSMH)** is a technical assistance and training center with a mission to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

Annual Conference

Each year, the NCSMH hosts the nation's leading **Annual Conference on Advancing School Mental Health**, bringing together educators, mental health providers, researchers, advocates, youth, families, and policymakers. This gathering highlights cutting-edge research, innovative practices, and cross-sector collaboration to promote the mental health and well-being of students. Participation provides opportunities to network, learn from national exemplars, and share effective strategies that can be adapted to diverse contexts.

Quality Improvement Resources

The NCSMH offers a robust suite of quality improvement resources to guide schools and districts in building, evaluating, and sustaining comprehensive school mental health systems. These include:

The SHAPE System (**S**chool **H**ealth **A**ssessment and **P**erformance **E**valuation): A free, interactive platform that helps schools and districts assess their school mental health systems, set improvement goals, and access targeted resources.

School Mental Health Quality Guides: The Quality Guides provide guidance to school mental health systems to advance the quality of their services and supports. The guides contain background information on each domain (**Teaming**, **Needs Assessment and Resource Mapping**, **Screening**, **Mental Health Promotion Services & Supports (Tier 1)**, **Early Intervention & Treatment Services & Supports (Tiers 2 & 3)**, **Funding and Sustainability**, **Impact**) best practices, action steps, examples from the field, and resources.

Join the Movement

By engaging with the NCSMH, school and district leaders, educators, mental health professionals, and community partners can access the tools, knowledge, and national network needed to **build comprehensive school mental health systems**.

To learn more, visit: **www.schoolmentalhealth.org**

Acknowledgements

This research was funded by the Annie E. Casey Foundation, and we thank them for their support; however, the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the Foundation.

This guide was designed by Cameron Sheedy, M.S.

Recommended Citation:

Hoover, S.A. (2025). *From crisis to action: A guide for state and local leaders on youth mental health in schools.* National Center for School Mental Health, Baltimore, Maryland.