



NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas

Deb Peters
*Senator – District 9
South Dakota
President, NCSL*

To: Russell Frandsen
801.538.1034
rfrandsen@le.utah.gov

Chuck Truesdell
*Fiscal Analyst
Office of Budget Review
Legislative Research Commission
Kentucky
Staff Chair, NCSL*

From: Amber Bellazaire
303.856.1395
amber.bellazaire@ncsl.org

William T. Pound
Executive Director

Margaret Wile
303-856-1459
Margaret.wile@ncsl.org

Date: April 30, 2018

Subject: Coordination of Mental Health Services in K-12 Schools

Dear Russell,

Thank you for reaching out to NCSL for information regarding mental health services in K-12 schools. I have included a brief background on the topic, as well as two tables highlighting a non-exhaustive list of state statutes and introduced legislation on school-based mental health services. I have also included information on other initiatives at the state, district and school levels as well as some additional resources.

Please let me know if I can clarify any of the details provided in this document, or provide any additional research or resources.

All the best,
Amber

NCSL provides links to other websites for information purposes only. Providing these links does not indicate NCSL's support or endorsement of the site or any specific policies

Background

Schools have the opportunity to meet children where they are, identify mental health needs early and connect children to appropriate services and supports. For example, [children report feeling more comfortable receiving health-related services at school](#), and [a majority of those accessing mental health services do so through their school](#). Typically, school-based mental health services include: prevention, formal screening and assessment, and interventions such as counseling and referrals to local, clinical services.

State Laws

The following are examples of state statutes.

Statute	Effective Date	Description
Conn. Gen. Stat. § 19a-6p	7/1/2013	Provides that a school-based health center may extend its hours of operation, provide services to students who do not reside in the school district that such school-based health center is located, provide behavioral health services, expand the health care services provided by such school-based health center, conduct community outreach relating to services provided by such school-based health center, and receive reimbursement for services from private insurance.
Iowa Code § 225C.54	7/1/2015	Allows for state block grant allocation to develop a wide range of children, youth and family services through existing community mental health centers and other local service partners. Services include, but are not limited to, school-based mental health projects, mobile crisis intervention services, and mental health assessment capacity development based in public and nonpublic schools and clinical settings. States that to maximize federal financial participation, the Human Services Division will analyze the feasibility of leveraging Medicaid administrative funding and existing Medicaid options, such as expanding the home and community-based services waiver for children’s mental health services.
Md. Education Code Ann. § 7-440	7/1/2017	Requires the Department of Health with the Department of Education to recommend best practices for county boards of education to provide to students with behavioral needs assessments and individualized or group behavioral health counseling services with a health care provider through a school-based health center or through community partnered school-based behavioral health services.

Introduced Legislation

The following are examples of proposed legislation from the 2017-2018 legislative session.

Bill Number	Status	Description
CA SB 191	Failed	Authorizes a county or provider network and a school to enter into a partnership to create targeted interventions for students with identified social-emotional, behavioral, and academic needs. A partnership would also establish a Medicaid mental health provider for the provision of campus-based mental health and substance use disorder services and on-campus support to identify students who may be in need of such services.
DC B 232	To Congress	Establishes the School Health Innovations Grant program to award grants to operators of health care clinics that partner with District of Columbia public schools and public charter schools to give students, and the communities that surround the schools, opportunities to access behavioral health care services.
IL HB 4208	Passed 1 st Chamber	Authorizes the State Board of Education to award annual grants under the Safe Schools and Healthy Learning Environments Program. The goal of the program is to improve the way schools address students' intellectual,

		social, emotional, physical, psychological, and moral developmental needs. Under this program, school districts would implement evidence-based practices such as, hiring school psychologists, social workers, and other mental and behavioral health specialists, providing drug and alcohol treatment services and wraparound services for youth, training for school staff and expanding the use of school support personnel and community-based services.
LA H 766	Passed 1 st Committee	Allows a behavioral health provider, such as a psychiatrist, psychologist, counselor, or social worker, to provide behavioral health services at a student's school, during school hours, if the student's parents or guardians request such services from the provider. Services may include: individual psychotherapy, family psychotherapy, psychotropic medication management, community psychiatric support and treatment, and crisis intervention.
NE L 552	Failed-Adjourned	Creates the Children's Connection program. Each behavioral health region, in partnership with Nebraska schools serving children in kindergarten through grade eight, would develop a Children's Connection program with the following components: (1) Formal agreements with specific referral sources, such as public and private schools and the Nebraska Help Line (2) Training for referral sources to recognize and refer children who could benefit from the program; (3) Formal agreements with community mental health providers to serve children referred to the program with evidence-based strategies; (4) Implementation of strategies to utilize available health insurance or the medical assistance program
WV H 2695	Failed-Adjourned	Establishes a three-year pilot program to expand school-based mental and behavioral health services for students and families as an alternative to disciplinary measures. Programming would include: school-wide prevention, targeted screening and early intervention, and intensive treatment, such as individualized or group pharmacological, therapeutic, emotional, or behavioral health supports, for students with the most serious challenges.

In addition to the bills provided in this chart, at least fourteen states – including Utah – have either proposed or enacted legislation on the use of telemedicine for mental health services. [California](#), [Minnesota](#), [New York](#), [Utah](#), and [Vermont](#) are some of the states proposing telemedicine programs specifically authorizing the provision of services at elementary and secondary schools.

Non-Legislative State Initiatives

The following are examples of state-level initiatives.

[MassHealth Children's Behavioral Health Initiative \(CBHI\)](#)

- The CBHI provides Medicaid-enrolled children with mental health services. MassHealth pays for home- and community-based behavioral health services, requires providers to screen for serious emotional disturbance (SEB) at well-child visits, and standardizes the behavioral health assessment tool used by providers.

[California Student Mental Health Initiative \(SMHI\)](#)

- The SMHI provides public schools (K-12) and Public Institutions of Higher Education (University of California, California State University, and California Community Colleges) with funding to develop,

April 30, 2018

p. 4

expand and integrate school-based mental health services and supports. SMHI focuses on mental health service gaps, improving services, promoting mental health and facilitating access to support services at the earliest signs of mental health problems.

[North Carolina School-Based Mental Health Initiative \(NC SMHI\)](#)

- The NC SMHI is a multidisciplinary partnership consisting of public educators, community-based mental health clinicians, lawyers, State Department officials, advocates, university faculty, and parents. The partnership, in collaboration with the State Board of Education, developed a [report](#) on mental health services in North Carolina and outlined legislative and policy recommendations. Based on the NC SMHI report, the NC State Board of Education implemented a [policy](#) requiring districts to develop plans for the improvement and expansion of student mental health services.

District-level Telemedicine Programs

The following are examples of programs utilizing telemedicine for children's mental health services in schools.

New York University (NYU) Langone Health's [Child Study Center](#) (Center)

- The New York State Office of Mental Health (OMH) and the Center are partnered to provide pediatric telepsychiatry services. Participating school districts are located in Ulster, Rockland, and Sullivan Counties. In October 2017, the Center partnered with [NYU Langone Hospital—Brooklyn](#) to begin telepsychiatry programs at two public schools in the largely low-income Sunset Park neighborhood of Brooklyn. The Center's school-based telepsychiatry services include: assessment, medication management and consultation with other providers. Additional offerings, such as psychotherapy and autism assessments, are expected in the future.

Seattle Children's [The Partnership Access Line \(PAL\)](#)

- PAL a telephone-based child mental health consultation system for primary care doctors, nurse practitioners and physician assistants located in Washington and Wyoming. PAL is staffed by child psychiatrists affiliated with the University of Washington School of Medicine and Seattle Children's Hospital. PAL activities include: assessment of need, referrals to mental health professionals who are in-network with the child's health care coverage, coordinating contact between the parent or guardian and the mental health professional; and providing post referral reviews. A [Telemedicine and e-Health publication](#) from 2015 provides some evaluation of the PAL program.

Texas Tech University's [Telemedicine Wellness, Intervention, Triage, and Referral Project \(TWITR\)](#)

- The TWITR program includes school personnel training, risk-assessment procedures and access to in-school telehealth sessions with a Texas Tech University Health Service Center psychiatrist. More than 30,000 junior high and high school students have received a mental-health assessment and approximately 10 percent have also participated in counseling sessions via telemedicine.

Additional Resources

- The Centers for Disease Control and Prevention's (CDC) website on [Children's Mental Health](#) provides a high-level overview of the issue.
- [The National Alliance for Medicaid in Education \(NAME\)](#) is an organization comprised of the nation's school districts and state Medicaid and Education agencies who are involved in administration of Medicaid claiming for school-based services.
- Some schools have implemented programs informed by the Multi-Tiered System of Supports (MTSS) framework, which delivers mental health services to an entire student population, with more

April 30, 2018

p. 5

intensive services delivered only to the students with more ongoing challenges. The following is an example.

- [Boston Public Schools \(BPS\) Comprehensive Behavior Health Model \(CBHM\) -](#)
Implementation of the CBHM began in the 2012-13 school year. The CBHM is now in 40 Boston Public Schools and partners with Boston Children's Hospital and other local agencies to provide mental health services in schools.
- The National Association of School Psychologists (NASP) released a report in 2015 titled, ["Improving Mental Health in Schools" that provides additional information on Multi-Tiered System of Supports \(MTSS\)](#).