Presentation Overview

- What need exists for student mental health support?
- What does current staffing for student support personnel look like nationally?
- Considering best practices:
  - What national approaches and staffing recommendations are available?
  - What are other states doing to provide student mental health services?

Need for Mental Health Services

- According to the National Alliance on Mental Illness (NAMI), one in five youth have a mental health condition, with half of mental health conditions developing by age 14
  - Less than half received treatment in the past year
  - Untreated mental illness interferes with a student’s ability to learn
  - Schools can identify warning signs, and connect students with appropriate services and supports
- Suicide is the third leading cause of death among individuals between the ages of 10 and 19 (CDC)
- Studies have documented existing stigma around mental health and low levels of mental health literacy, particularly for adolescents
National Student Support Staffing Data

- National Center for Education Statistics (NCES) collects data on the number of student support staff generally and guidance counselors specifically.
  - Most recent data is from 2017-18
  - Does not collect data specifically for social workers or psychologists
- For student support staff:
  - National average is 142:1, ranging from 43:1 (Maine) to 1,318:1 (Nevada)
  - Arkansas is at 67:1
- For counselors:
  - National average is 442:1, ranging from 196:1 (Vermont) to 924:1 (Arizona)
  - Arkansas is at 385:1

National Approaches for Student Mental Health

- Several national approaches are available for addressing social emotional needs:
  - Whole Community, Whole Child (WSCC) Model
  - Multi-Tier System of Supports (MTSS) Model
  - American School Counselor Association’s National Model
  - AWARE (Advancing Wellness And Resiliency in Education)
- Many states have implemented these approaches, will be highlighted later in this presentation
Whole School, Whole Community, Whole Child (WSCC)

- Developed jointly by the CDC and the Association for Supervision and Curriculum (ASCD)
- A student-centered model that emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.
  - One of the 10 components is “counseling, psychological and social services”

Multi-Tier System of Supports (MTSS)

- Integration of Response to Intervention (RTI) and Positive Behavior Interventions and Supports (PBIS) strategies
- A framework focused on the whole child, to support academic growth as well as behavior and social and emotional needs
- Takes a proactive approach, with universal screening of students early in the school year
- Tiers of intervention – typically three – ranging from whole class, to small group, to individual intervention

Multi-Tier System of Supports (MTSS)
ASCA National Model

• The model outlines the components of a school counseling program that is integral to the school’s academic mission and is created to have a significant positive impact on student achievement, attendance and discipline
• School counseling programs are collaborative efforts benefiting students, parents, teachers, administrators and the overall community

AWARE (Advancing Wellness And Resiliency in Education)

• State agency grants funded through the Substance Abuse and Mental Health Services Administration
• Intended to build infrastructure and expand the capacity of the state and district partners around mental health
• Each state develops individual plan to create comprehensive, coordinated and integrated school behavioral health services systems

Recommended School Mental Health Professional Ratios

• The American School Counselor Association (ASCA)
  – 250:1 school counselor to student ratio
• The National Association of School Psychologists (NASP)
  – 250:1 for school counselors, 500-700:1 for school psychologists, and 400:1 for school social workers
• The National Association of Social Workers (NASW)
  – 250:1 for school social workers, unless working with students with intensive needs, when a lower ratio is required
Changing Landscape for State Polices

- Traditionally, school psychologists and social workers were considered more for special needs students, while school counselors were considered for general education
  - Further, counselors staffing have generally been higher in secondary schools than in elementary schools
- In recent years, some states are shifting to address the mental health needs of all students in a more holistic approach
- A review of recent state legislation found many states are enacting new policies related to mental health

State Legislation on Mental and Behavior Health

- Between 2017 and 2020 (to date), there have been 75 legislative bills related to mental and behavior health (6 vetoed)
- An additional 51 bills were specifically related to suicide prevention (2 vetoed)
- Legislation was related to:
  - Establishing Commissions/Councils/Committees
  - Requiring studies, data collection or reporting
  - Requiring or recommending that districts adopt curriculum, policies, or specific staffing
  - Providing targeted resources or funding

State Approaches to Mental Health

- In addition to reviewing recent legislation, the study team also reviewed each state’s current approach to mental health including:
  - Targeted funding approaches
  - Staffing requirement or targets
  - Specific framework/model or curriculum
  - Professional development
  - Programming and resource banks in areas such as bullying, suicide prevention, and substance abuse
  - Partnerships with other agencies and community organizations
Targeted Funding Approaches

• At least 17 states include a specific staffing allocation for mental health positions in their formula
  – While allocations may be used to generate the total dollars to districts, the state may not require dollars to be expended in the same manner
• Examples of funding approaches based upon staffing ratios:
  – Arkansas: Combined counselor/nurse positions at 200:1
  – Illinois: Counselors at Elementary 450:1, Middle/High 250:1
  – Georgia: 1 Counselor for every 450 students
  – North Carolina: 1 Instructional Support Position (counselors, social workers and other instructional support) for every 218.55 ADM
  – West Virginia: Counselors at 250:1, Psychologists at 1,500:1
  – Tennessee: Counselors at K-5 500:1, grades 6-12 at 350:1; social workers at 2,000:1; psychologists at 2,500:1

Targeted Funding Approaches, continued

– Other state funding formula approaches based upon enrollment:
  • Alabama: Funded guidance positions vary by district size and type (Elementary or middle/secondary)
    – 1-249 students generates 0.5, levels increase over 6 size ranges
    – 1,250-1,499 students generate 2.5 at elementary and 3.0 at middle/secondary, with 1.0 FTE added for each 250 over 1,500 students
  • Florida: A set amount is appropriated within the funding formula to help establish or expand school-based mental health; each district receives a minimum of $100,000 and the remainder is distributed proportionally based on total unweighted student enrollment

Targeted Funding Approaches, continued

• Other states provided additional grants or categorical funds to be used for mental health:
  – Oregon: Student Success Act, once fully funded, will include $500 million in non-competitive grant money for Oregon school districts and charter schools, and a portion must go to student mental health
  – Ohio invested $675 million to help districts and schools support their students’ academic achievement through mental health counseling, wraparound services, mentoring and after-school programs
  – School districts have to work with local organizations to determine community needs and resources, so they can use the state dollars to make the greatest impact
**Staffing Requirements or Targets**

- Separate from funding allocation ratios, states have also set required or targeted staffing levels:
  - **Arkansas**: Standards for Accreditation require that each school district has a student/guidance counselor ratio of no more than 450:1
  - **Iowa**: policies state each school district shall work toward the goal of having one qualified professional school counselor for every 350 students enrolled in the district
  - **Kentucky**: provides for one counselor in every school, with the goal of getting to a 250:1 ratio
  - **North Dakota**: requires each district to have a behavioral/mental health coordinator

**Specific Framework/Model or Curriculum**

- Some states have adopted one of the national frameworks previously discussed:
  - **Arkansas**: AWARE project to support districts in efforts to provide mental health care awareness and trauma-informed practices
  - **Colorado** and **Oklahoma** are two other states that received AWARE funding
  - **North Dakota**: MTSS Social Emotional Learning (SEL) Goals framework guides quality explicit instruction of social and emotional learning skills to foster an engaging school climate for all students, guides selection of evidence-based programs, and steers professional learning for SEL
  - **North Carolina**: CDC’s Whole School, Whole Community, Whole Child (WSCC) model

**Specific Framework/Model or Curriculum, continued**

- Other states have developed frameworks independently:
  - **New Mexico**: “Coordinated school health approach” with eight interactive components of coordinated school health: health education; physical education and activity; nutrition; social and emotional well-being; healthy and safe environment; health services; staff wellness; and family, school, and community involvement.
  - Several states have embedded social emotional learning (SEL) into their curriculum or standards, including Illinois, Indiana, Iowa, New York, Oklahoma, and Washington
Programming and Resource Banks

- Majority of states have also implemented specific program or developed resource banks for family outreach, substance abuse, suicide prevention, bullying, trauma-informed practices and restorative justice. Some examples include:
  - Illinois: The Illinois State Board of Education partners with Illinois Classrooms in Action to provide a wide variety of resources
  - Michigan: Opioid abuse prevention programs
  - Ohio: Olweus Bullying Prevention Program (OBPP), a comprehensive, school-wide anti-bullying program designed and evaluated for use in elementary, middle, junior high and high schools

Professional Development

- States also have set requirements for professional development in social emotional development, student mental health or specific topic areas, such as trauma-informed practices or suicide risk assessment and treatment
  - North Dakota: The Department of Public Instruction Trauma Sensitive Schools (TSS) training provided over three, 2-hour professional development sessions
  - Ohio: training on suicide prevention required every two years
  - Virginia: requires that school counselors must complete training in the recognition of mental health disorders
  - Alaska: Trauma-Engaged Schools Framework, a collaborative between the DOE and outside agencies with specific activities and transformative practices for schools and districts to implement based upon trauma-engaged approaches

Partnerships with Other Agencies and Community Organizations

- States often reported leveraging partnerships with agencies including but not limited to:
  - State Departments of Health and Human Services, Justice Departments
  - Boards of alcohol, drug and mental health services
  - Regional human service centers
  - Community-based mental health treatment providers
  - Nonprofit organizations, local or national
  - Hospitals
  - Education associations
- States have also joined multi-state groups, such as the Collaborating States Initiative