



Exhibit C4

Student Mental Health Services

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and the House Committee on Education
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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?

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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

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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

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Students Per Student Support Staff Member and School Counselor, SREB States and Massachusetts (2017-18, NCES data)

	Student Support	Counselor
Alabama	93	413
Arkansas	67	385
Delaware	162	396
Florida	235	478
Georgia	200	459
Kentucky	209	428
Louisiana	184	456
Maryland	136	370
Massachusetts	91	406
Mississippi	148	446
North Carolina	136	361
Oklahoma	146	433
South Carolina	266	353
Tennessee	241	329
Texas	208	431
Virginia	104	361
West Virginia	236	375
Average of Comparison States (Excluding Arkansas)	168	405

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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

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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"



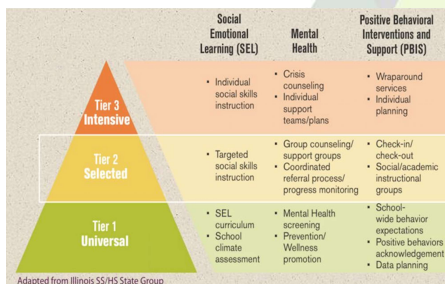
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Multi-Tier System of Supports (MTSS)

- 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

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Multi-Tier System of Supports (MTSS)



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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



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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



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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

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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

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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

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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

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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

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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

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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

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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's** 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

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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

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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

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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

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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

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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

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