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

The **Hopeful Futures Campaign**, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign's school mental health report cards highlight accomplishments and provide important action steps to help address the children's mental health crisis in every state.
School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

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

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

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

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

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

**Current Policy:**
- **Teacher/staff training:** Minn. Stat. § 6.122A.187 (2021) Requires initial training of all licensed teachers to include understanding the warning signs of early-onset mental illness. In subsequent licensure renewal periods, training must include at least one hour of suicide prevention best practices and additional specified mental health topics.

**Policy Opportunity:**
- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on substance use conditions, including available school and community-based services and resources.
Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:
- **Medicaid coverage**: State Medicaid program covers school-based mental health services for all Medicaid-eligible students.
- **Medicaid telehealth first step**: State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

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

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

Current Policy:
- No well-being checks required.

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

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

Current Policy:
- **Anti-bullying**: Minn. Stat. § 121A.031 (2015) A detailed policy that prohibits physical- and cyber-bullying and creates protocols for school personnel to respond and intervene in bullying behavior among students while encouraging trainings to reduce discrimination and promote greater acceptance of diversity.
- **Suicide prevention**: Minn. Stat. § 145.56 (2015) The Minnesota Commissioner of Health must provide grants to fund community-based programs that provide evidence-based suicide prevention education to school staff, parents, and students in grades K-12.
- **Mental health excused absences**: Minn. Stat. 120A.22 §12 (2021) A note from a physician or a licensed mental health professional stating that the child cannot attend school is a valid excuse.

Policy Opportunity:
- Enact legislation to address additional healthy school climate policies, such as requiring annual school climate surveys, promoting an inclusive environment through anti-discrimination policies, and requiring adoption of alternatives to exclusionary discipline that keep youth in school, with services and supports to get their lives on track.
ACHIEVING COMPREHENSIVE MENTAL HEALTH IN SCHOOLS

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

Current Policy:

- Life skills: Minnesota has life skills competencies/standards for K-12, but they are not required (CASEL).

Policy Opportunity:

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

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

Current Policy:

- Mental health education: Minn. Stat. § 120B.21 (2013) School districts are encouraged, but not required, to provide age-appropriate mental health instruction for students in grades 4-12.

Policy Opportunity:

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

<table>
<thead>
<tr>
<th>HOW MINNESOTA COMPARES</th>
<th>2015</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall State Rank for Youth Mental Health</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Youth with At Least One Major Depressive Episode in the Past Year</td>
<td>35,000/8.26%</td>
<td>58,000/13.56%</td>
<td>61,000/14.04%</td>
<td>70,000/15.94%</td>
</tr>
<tr>
<td>Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment</td>
<td>Not Asked</td>
<td>27,000/47.5%</td>
<td>32,000/55.4%</td>
<td>42,000/58.30%</td>
</tr>
<tr>
<td>Youth with Major Severe Depressive Episodes in the Past Year</td>
<td>Not Asked</td>
<td>44,000/10.5%</td>
<td>41,000/9.8%</td>
<td>49,000/11.60%</td>
</tr>
<tr>
<td>Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment</td>
<td>Not Asked</td>
<td>10,000/24.80%</td>
<td>13,000/33.7%</td>
<td>17,000/35.90%</td>
</tr>
<tr>
<td>Students Identified with Emotional Disturbance for an Individualized Education Program</td>
<td>14,774/19.41%</td>
<td>15,666/19.76%</td>
<td>16,510/20.69%</td>
<td>17,016/21.20%</td>
</tr>
<tr>
<td>Youth with Private Insurance That Did Not Cover Mental or Emotional Problems</td>
<td>Not Asked</td>
<td>20,000/7.8%</td>
<td>20,000/7.5%</td>
<td>20,000/8.00%</td>
</tr>
<tr>
<td>Youth with Substance Use Disorder in the Past Year</td>
<td>29,000/6.76%</td>
<td>18,000/4.27%</td>
<td>17,000/3.86%</td>
<td>20,000/4.62%</td>
</tr>
</tbody>
</table>


