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Frequently Asked Questions

The Increasing Access to Mental Health in Schools Act (H.R. 3572/S. 1811)

What is considered a 'low-income local educational agency'?

A low-income local educational agency is one where at least 20 percent of the students are from families with incomes below a federally determined poverty threshold and where ratios of school-based mental health professionals are below nationally recognized ratios.

Which institutions of higher education would be eligible for the partnerships this bill would fund?

An eligible institution of higher education is one that offers a program of study that leads to a graduate degree in school psychology, school counseling, school social work, or another school-based mental health field, so long that it prepares students for state licensing or certification in such field.

What would be deemed as a partnership eligible for funding?

A partnership between at least one low income local educational agency and at least one eligible institution of higher education. In areas where local educational agencies do not have a sufficient student population to support the placement of all participating graduate students, a state educational agency can enter a partnership.

How long is the grant period?

5 years. After which it may be renewed for additional 5-year periods, upon a showing of adequate progress, as determined by the Department of Education, after consultation with a peer review panel that includes higher education faculty in school-based mental health fields and teacher education; school-based mental health providers; teachers and administrators working in low-income school districts; and a community mental health provider. This panel would also provide recommendations on the initial application process.

Does this approach have evidence of success?

Yes. In 2019, Congress directed the Department of Education to create a demonstration grant modeled off this legislation. The Mental Health Service Professional Demonstration Grant program has since provided grants to 26 local education agencies to support and demonstrate innovative partnerships to train school-based mental health service providers for employment in schools.

Does the loan forgiveness in the bill cover all types of student loans?

The bill covers all types of federal student loans provided by the Department of Education. It does not cover private student loans.

Is this bill bipartisan?

It is currently bipartisan in the House, but not in the Senate.

The Mental Health Services for Students Act (H.R. 721/S. 1841)

What is Project AWARE?

Project AWARE (Advancing Wellness and Resilience in Education) is a program administered through SAMHSA which aims to build or expand the capacity of states to provide mental health services for students by increasing awareness of student mental health issues; providing training for school staff and other adults on how to detect and respond to such concerns; and connecting students and families in need to services. The Mental Health Services for Students Act builds on and expands the scope of this program.

What is the eligibility for partnerships funded through this bill?

To be eligible, a partnership must include a state educational agency, coordinating with one or more local educational agencies, and at least one community-based mental health provider.

What is the duration of the grant?

Five years with an option for renewal.

Are there examples of similar partnerships being successful?

This legislation is based on a pilot program already being implemented in the congressional district of the lead House co-sponsor, Rep. Grace Napolitano (D-CA-32). The program has been active since 2001 and is currently serving 35 local schools. The Mental Health Services for Students Act seeks to expand this model nationwide.

Is the bill bipartisan?

It is bipartisan in the House, but currently is not in the Senate.

Has this bill been brought up for a vote?

Yes, it passed the House on May 12, 2021 by a strong bipartisan vote of 349-74. It is currently pending in the Senate.

The Comprehensive Mental Health in Schools Pilot Program Act (H.R. 3549)

What are the eligibility requirements for the pilot program?

To be eligible, as part of the application process, a local educational agency must conduct both a needs and a cost assessment and establish a plan to implement necessary interventions during the course of the grant, as well as how to maintain such activities afterwards.

Would this program be available to all school districts or is it based on need?

Although all local educational agencies are eligible, those that serve high-poverty schools are prioritized.

How long will these grants be available for?

4 consecutive academic years, with an option for a continuation of an additional 4 years, provided the school district meets certain benchmarks laid out by an evaluation process to be developed by the Department of Education.

Is this funding only to be applied for increasing mental health services in schools?

The purpose of this bill is to ensure a comprehensive, holistic, school-wide approach to student well-being and learning. While the funding can be used by schools to employ more mental and behavioral health professionals, it can also be used for other purposes to address the underlying issues the bill is looking to address. This includes instituting multi-tier interventions to help educators address academic and behavioral needs, providing teachers with professional development to integrate social and emotional learning and trauma-informed competencies into their teaching, and instituting policies that eradicate punitive disciplinary practices.

Has this bill been introduced in both the House and Senate?

Currently, there is only a House version.

Is this bill bipartisan?

Currently it is not, but addressing school-based mental health and student well-being tends to be a bipartisan issue.

Potential Opposition Questions

All of the COVID-19 emergency funding packages, and especially the American Rescue Plan, provided significant amount of money for education, which can be used for some of the issues these bills would address. In that case, would these bills be duplicative?

We are very grateful for all of the education funding enacted through all of the COVID relief legislation. It is absolutely critical to ensure that we address the needs of all students, both those returning to classrooms and those that are still engaged in remote learning. We were especially glad to see that, in the American Rescue Plan, there was dedicated funding to address learning loss, including through social and emotional learning, as well as allowing schools to use a portion of the funding on student mental health.

Although, this is certainly necessary, unfortunately, considering the growing levels of need, it is not sufficient. The emergency funds for mental health are allowable, meaning that schools can use them for this purpose, but do not have to. We know most schools recognize the great need to address student mental health and well-being, and that it is an integral part of education. However, they have many competing priorities, including hiring more teachers, upgrading facilities and technology, instituting learning recovery, and filling overall budget gaps. For these reasons, dedicated funding for school-based mental health and social and emotional well-being is necessary. This cannot be just a temporary, COVID-centered response. Instead, federal policies must be sustainable and forward-thinking, and that is what these bills would help accomplish.

Congress has recently provided large sums of money to schools specifically to address many of the issues these bills aim to address. Is more funding necessary at this point?

We are greatly appreciative of all the pandemic-related relief Congress has provided to address the many different needs schools are facing at this time, including related to student related mental health. However, the need for school-based services is great, and unfortunately is only continuing to grow. We were seeing this before COVID-19, but the need has been further exacerbated, particularly among already vulnerable students, such as low-income students, students of color, LGBTQ+ students, and students with disabilities.

Shortages of school-based mental health professionals persist throughout the country. At the same time, we know that children who have access to mental health in schools have better health and educational outcomes. This is especially true in underserved communities, both urban and rural, where health care shortages tend to be most acute. We, of course understand the various pressures and fiscal constraints Congress is operating under, but these investments in student well-being will pay dividends in the future, as healthier, more adjusted, and better educated children typically become more productive members of society as adults.