



State Roles in Building and Sustaining Workforce Capacity

School Mental Health
COLLABORATIVE

A joint initiative between:



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Introduction

Child and youth mental health needs continue to expand in the United States (De France et al., 2022). With children and youth spending much of their time at school from Monday through Friday during the school year (e.g., Kraft & Novicoff, 2025), schools can play an important role in meeting their mental health needs. Indeed, 96% of schools report providing mental health services to students (National Center for Education Statistics, 2022). One of the most critical processes for meeting these mental health needs is through providing access to skilled school mental health (SMH) providers. The presence of qualified SMH providers (e.g., school psychologists, school counselors, school social workers) is linked to improved academic performance, reductions in disciplinary incidents, and more positive perceptions of school climate (Hoover et al., 2019; McKinsey & Company, 2025). These positive outcomes are predicated on the provision of effective services, the likelihood of which is increased when these SMH professionals are working within an effective system (Fixsen et al., 2019). Given the potential for the positive impact of SMH providers on a wide range of student outcomes, an important question is: how can we collectively work to increase student access to SMH providers through effective systems?

The current social and political context of education in the United States is one that emphasizes increasing the role of states in making decisions about what happens in schools. Indeed, state-level roles in supporting schools to provide skilled SMH providers cannot be overstated; the U.S. Department of Education (2025) emphasized how important it is to “empower states to take charge and advocate for and implement what is best for students, families, and educators in their communities” (para. 3). Applied to expanding the access to SMH providers for students, this context places high importance on state-level systems. It is therefore critical to understand how state-level systems can be structured and operated to expand and maintain a skilled school mental health workforce.

The purpose of this Practice Review is to provide a summary of what research and best practice recommendations have to say about the role of states to build an effective SMH system. This includes who the invested parties are in a statewide SMH system, what their roles are within the system, and to zoom in on one aspect (i.e., workforce capacity) of what it takes to build and maintain the system to support implementing evidence-based school mental health practices at scale across a state.





Overview of Invested Parties and Important Roles in a Statewide School Mental Health System

Key invested parties in a statewide SMH system include personnel at state-level agencies as part of the executive branch, state legislatures, training programs, professional organizations, intermediate service agencies, local education agencies (LEAs), and other individuals (e.g., providers, advocates). Each party plays a variety of roles in influencing, developing, implementing, and maintaining effective and efficient SMH services. Key roles include establishing and enforcing policy, allocating and managing funding, offering and providing technical assistance, developing and implementing professional training programs, engaging in advocacy efforts, hiring and retaining skilled SMH providers, and delivering effective services. For the invested parties, sometimes these roles can be overlapping, while at other times the roles can play out in conflict with each other. As a result, it can be helpful to implement a coordinated (i.e., communication between invested parties to reduce conflict) and collaborative (i.e., joint work to accomplish common goals) system in place within which these interactions occur. Below we introduce key players and their roles, setting the stage for a discussion of the importance of coordination and collaboration across invested parties and roles.



State-Level Agencies as Part of the Executive Branch

State education agencies (SEAs), or departments of education, serve as the hub for policy development and enactment, regulatory enforcement, management of funding and resources, and technical guidance in SMH practices. SEAs develop and oversee statewide initiatives and have unique access in connecting multiple key organizations across the states. Other critical functions of SEAs are assembling task forces and working groups, while bringing together expertise from education, health, parent communities, and related groups to generate collaborative solutions for emerging mental health needs. These functions underscore the invaluable role of SEAs in designing sustainable systems and ensuring a coherent state-level vision for consistent implementation across schools and districts.

It should also be noted that there are additional invested parties beyond SEAs that are part of the executive branch in state government. For example, states typically have one or more agencies that focus on workforce development, as well as agencies focused on community-based mental health services. Any statewide system engaged in school mental health workforce expansion should include these state agencies, as they have assets to support and at times authority over expanding mental health services in schools.



And finally, as parts of the executive branch within state government, these state-level agencies should work in coordination with staff in the governor's office to ensure alignment of their work with the governor's vision for the state.

There are a wide range of examples of SEAs and partner agencies exercising their roles to the benefit of their state's school mental health services. For example, Florida's Department of Education implemented the Marjory Stoneman Douglas High School Public Safety Act passed by the Florida Senate in 2018 with dedicated resources to support the expansion of school-based mental health programs, requiring all districts to develop comprehensive mental health plans as a condition of funding. In North Carolina, SB476, passed in 2020 by the General Assembly, mandated that school districts develop mental health plans and suicide risk protocols, while requiring the SEA to set baseline expectations for the content and quality of these plans. The SEA was also instrumental in providing guidance on educator training in mental health awareness. The Iowa Department of Education provides a [list of approved behavioral health screening tools for contracted mental health providers](#), as well as access to a [searchable database of mental and behavioral health facilities, providers, and services](#) that is maintained by the Iowa Department of Health and Human Services.

State Legislatures

State legislatures have significant influence over what school mental health services are provided across the state. Through lawmaking authority, legislatures can enact statutes outlining minimum programmatic or service requirements, such as protocols for suicide prevention or requirements for comprehensive mental health instruction (e.g., Florida's Marjory Stoneman Douglas High School Public Safety Act of 2018). Other important legislature roles include developing appropriations that can directly fund SMH providers and create grant programs that promote innovative practices designed to reduce mental health problems (e.g., [Iowa's Therapeutic Classrooms Grant Program](#) as defined in [Iowa Code 256.25A](#)). Several states have established mental health pilot programs (e.g., Kentucky's [CLIMB 2.0 program](#) supported through legislative appropriation), requiring dedicated mental health personnel for specific roles (e.g., Alabama's requirement in [House Bill 123 in 2022](#) for local boards of education to establish a school mental health service coordinator), and setting staffing ratios that align with recommendations from national professional organizations (e.g., Delaware's passed legislation, [House Bill 100](#), implementing a three-year phased approach to reach recommended ratios for school counselors, school social workers, and school psychologists).

Professional Organizations

Professional organizations represent the interests and standards of SMH providers. National organizations, such as the National Association of School Psychologists (NASP), the American School Counselor Association (ASCA), and the School Social Work Association of America (SSWAA), are important contributors to education policy. These organizations provide advocacy, policy statements, and guidance on staffing ratios. They also advocate for increased funding, and support SEAs in implementing federal guidance. For example, the Professional Standards of NASP (2020) indicate a ratio of 1 school psychologist for every 500 students and the ASCA and the SSWAA recommend a ratio of 1 school counselor or school social worker for every 250 students (ASCA, 2023; Tan & SSWAA, 2024).



These organizations also provide key resources to practitioners, legislatures, and SEAs to promote greater access to SMH providers, ranging from loan forgiveness initiatives to interstate licensure reciprocity statutes.

State associations in the school mental health sector (e.g., school psychology state associations) partner frequently with their national counterparts in coordinated messages on the importance of school mental health services while providing coordinated best practice guidance for schools and districts. For school leaders, these organizations provide critical sources of support and professional development to enact new mental health initiatives.

Institutions of Higher Education and Professional Training Programs

Universities, colleges, and training programs are key drivers of SMH systems, including in workforce development and capacity-building initiatives. Institutions of Higher Education (IHEs) that offer training programs in school counseling, school psychology, and school social work play key roles in addressing state-level needs and workforce shortages. These institutions often work with SEAs to identify which positions have critical shortages and prioritize recruitment and training to meet school district needs.

IHEs are often on the forefront of innovative efforts to support schools that lack sufficient resources, such as rural schools, by partnering with SEAs and local districts to create pipelines for school mental health positions with individuals currently living and working in those districts. For example, the University of Northern Iowa works collaboratively with Iowa's area education agencies (AEAs) to implement a [grow-your-own school psychologist program](#) focused on expanding the school mental health workforce across the state. Similar initiatives driven by IHEs include internship placements in schools that lack sufficient staffing, alternative credentialing pathways, or tuition support for students entering high-need fields. In partnership with state legislatures, IHEs can also help align certification standards with the competencies necessary for effective school mental health practices.

Intermediate Service Agencies

Intermediate service agencies—such as regional education service agencies (RESAs) and Boards of Cooperative Educational Services—operate as an important connection between SEAs and local districts. They are especially valuable for tailoring services to meet local needs and provide technical assistance, professional development, and assistance with the rollout of new state mental health initiatives. Intermediate agencies can facilitate multi-district partnerships with mental health organizations (e.g., National Alliance on Mental Illness) and facilitate professional learning communities (PLCs) across regions. School leaders can engage with intermediate service agencies to increase access to state resources, support compliance with regulations and statutes, and connect with other school leaders who have similar needs.

Local Education Agencies (LEAs)

At the center of school mental health service delivery are LEAs (i.e., local school districts). This is where students, SMH providers, and services come together.



Regarding the SMH workforce, LEAs focus on recruiting and retaining SMH providers to meet the mental health needs of their students. As such, LEAs should be deeply invested in connecting with other invested parties to work towards building and maintaining an effective SMH provider pipeline.

Individual Leaders

Facilitating significant and long-lasting change in the school mental health workforce in states necessitates involvement and influence from individual leaders beyond those previously mentioned. Parent and community advocates often serve important roles on advisory councils and regulatory decision-making bodies. Individual champions, such as expert policy advisors or district leaders and practitioners, play essential roles in communicating the practical and applied considerations of new initiatives and promoting communication across agencies. For school leaders, fostering connections with champions (i.e., key individuals who can put their weight behind an innovation to help facilitate implementation) can help advance key initiatives and personalize advocacy for student mental health (Lyon, 2017).

Coordination and Collaboration Across Invested Parties and Roles

So far, we have introduced key invested parties and the individual roles they can play in states. We have also highlighted examples of when and how these roles can intersect. Next, we discuss intentional strategies that extend beyond intersection into coordination and collaboration that establishes and maintains a statewide SMH system. Building and sustaining a robust SMH system with sufficient workforce is inherently complex, encompassing recruitment, preparation, retention, and ongoing professional growth, while ensuring services remain responsive to the diverse needs of students and communities. Achieving positive outcomes at scale depends on a tightly connected set of functions fulfilled by the invested parties: (a) policies enabling implementation, (b) sustainable and diversified funding, (c) high-quality technical assistance, (d) expanded training pathways, (e) effective advocacy, and (f) data-driven continuous improvement.



Policies Enabling Implementation

Policies in education are actions taken by governing entities intended to regulate or otherwise direct districts and schools. These are ultimately intended to impact student outcomes. Policies that help states develop, implement, and sustain effective SMH systems that facilitate student access to skilled SMH providers need to be purposeful and multi-directional in nature (Viennot & Pont, 2017). A wide range of policy strategies can be effective in this context.



State-level frameworks influence how school mental health professionals are credentialed and integrated into the broader educational ecosystem. Policies that align education and public health priorities, such as cross-agency workforce definitions, standardized service delivery protocols, and interagency data-sharing agreements create coherence across systems and reduce inefficiencies (Hoover et al., 2019; Orlando et al., 2018). Governance structures that clearly define roles, designate points of accountability, and establish mechanisms for intersectoral coordination help ensure consistent implementation and safeguard initiatives beyond shifts in political leadership. In some states, embedding SMH priorities within school improvement plans ensures they remain a standing commitment for leadership teams (Bates et al., 2024). Advisory councils or standing interagency committees can further bridge the gap between policy development and day-to-day implementation, integrating the perspectives of practitioners, administrators, and community-invested parties.

Sustainable and Diversified Funding

Adequate funding is necessary for the successful implementation of educational policies (Viennet & Pont, 2017) that establish and maintain state-level SMH systems. For example, multiple funding sources have been found to be necessary for successful, large-scale implementation of School-Wide Positive Behavioral Interventions and Supports (SWPBIS; Gage et al., 2014). There are several strategies for promoting, sustaining, and diversifying funding that is adequate to support state-level SMH systems.

For example, states that braid or blend resources from state general funds, Medicaid reimbursement, federal block grants, and philanthropic contributions are better positioned to sustain staffing and professional development over time (Nuñez et al., 2025). Embedding personnel costs for SMH providers into state education funding formulas normalizes their inclusion as essential to school operations rather than discretionary add-ons vulnerable to budget fluctuations. It is also critical to understand the budgetary needs of other invested parties across the system. For example, SMH providers' pre-service and in-service training programs need diversified funding sources to contribute to the provider pipeline so schools have a sufficient number of providers to meet students' mental health needs.

High-Quality Technical Assistance

Technical assistance (TA) is "a process within a dynamic context that enables a goal-focused, strategy-oriented, accountable organization to transfer knowledge to clients for the purpose of their growth, change, and improvement" (Trohanis, 2001). In other words, TA is a systematic process of making help and support available to support improvement and change. Effective technical assistance moves beyond one-time training to include ongoing consultation, peer learning networks, and structured continuous improvement supports.

Given that several invested parties provide technical assistance within a state, it is important that those invested parties work collaboratively to provide a wide range of supports while working to minimize unnecessary redundancies and conflicting information. State agencies, intermediate service agencies, and professional associations are examples of state-level invested parties that play a pivotal role in equipping districts with tools, frameworks, and implementation support (Hoover et al., 2019).



SEAs can play a critical role in coordinating these invested parties, including offering guidance and funding to support the coordination.

Expanded Training Pathways

Training the current and future school mental health workforce is another essential lever for addressing shortages and improving service quality. IHEs are critical partners with SEAs/accrediting bodies and school districts in aligning curricula with the competencies required for effective school-based mental health practice (Zabek et al., 2023). Collaborative partnerships between universities, state agencies, and school districts can expand pre-service pipelines.

For the current workforce, ongoing professional development is key to ensuring practices remain evidence-based and responsive to emerging student needs. Online and hybrid formats can increase access for districts with limited access to professional development. In addition, credentialing systems, including micro-credentials, can recognize specialized expertise, bolster retention, and create advancement opportunities. Similar to the aforementioned technical assistance, sustaining professional development requires coordinated action among governance bodies, professional organizations, school communities, and IHEs to secure adequate and stable funding for student support services and workforce development.

Effective Advocacy

Advocacy is “an umbrella term for a range of activities designed to change society by engaging individuals, groups, systems, or the government” (Oyen et al., 2020). Advocacy and invested party engagement amplify and sustain workforce capacity efforts. Broad-based coalitions that include educators, mental health professionals, parents, students, and community leaders help ensure strategies reflect lived experience and local context (Orlando et al., 2018). Advocacy that emphasizes the link between student well-being, academic success, and long-term workforce readiness can resonate across political contexts, fostering bipartisan support (McKinsey & Company, 2025). Regular communication channels between policymakers and practitioners help align legislation, funding decisions, and implementation realities, while cross-sector partnerships can expand reach and reduce duplication of services and resource provision. State-level advocacy efforts can be enhanced by leveraging advocacy tools provided by national organizations, such as the [NASP Policy Playbook](#) from the National Association of School Psychologists (NASP, 2024).

Data-Driven Continuous Improvement

Data-based decision making (DBDM) is “...collecting and using a variety of data from multiple sources to make informed decisions...” (January, 2023, p. 77). In the case of continuous improvement, data-driven decision-making provides critical information for the use of processes like Plan-Do-Study-Act (PDSA) cycles that serve to improve practice. Applied to SMH systems, data-driven continuous improvement should operate within data-driven governance that provides the foundation for strategic decision-making and accountability. Integrated data systems allow leaders to track workforce distribution, service utilization, and student outcomes, enabling more precise resource targeting (Hoover et al., 2019). Disaggregated data can illuminate service gaps and guide effective resource allocation.



Embedding continuous improvement cycles, such as PDSA, into workforce expansion strategies ensures they are regularly evaluated and adapted in response to shifting needs (Langley et al., 2009).

The Power in Coordination and Collaboration

Taken together, the roles of policy, funding, technical assistance, training, advocacy, and data governance are mutually reinforcing. When invested parties planfully coordinate and collaborate (rather than work in isolation) to improve mental health services directly, they improve the conditions for a high-quality, stable school mental health workforce. However, there is an even more powerful state-level approach for impacting students' mental health: build and sustain an integrated system that promotes implementation of evidence-based practices by a workforce with sufficient capacity statewide. Implementation science offers a practical framework for organizing these coordinated roles into a functioning statewide system capable of sustaining workforce capacity over time.

Building and Sustaining a State-Level School Mental Health System with Sufficient Workforce Capacity

At its most basic level, a *system* is a collection of elements that interact with each other to produce one or more outcomes (Banathy, 1992; Bertalanffy, 1968; Vornberg, 2013). Here, we are focusing on how the invested parties (elements) described in this Practice Review work together (interact) to support a school mental health workforce that meets the needs of all students. *Capacity* is the extent to which an individual or system can use implementation methods and techniques to effectively use evidence-based practices (Ward, 2019). Here, we are focusing on the extent to which state systems can support (implementation methods) having a sufficient number of appropriately credentialed and skilled providers positioned where they need to be. Building workforce capacity is an important implementation outcome for a state-level SMH system, because, as previously noted, student outcomes are positively impacted when they have access to skilled SMH providers (Hoover et al., 2019; McKinsey & Company, 2025). Invested parties must therefore work as a system because it increases the likelihood of achieving the state's commonly held goal of meeting the mental health needs of K-12 students. *Implementation science* provides the key ingredients for these capacity-building implementation efforts (e.g., Fixsen et al., 2013; Jackson et al., 2018). The key ingredients include (a) a state management team, (b) implementation teams, (c) policy-practice connections, (d) managing systems change, and (e) external supports for systems change (Fixsen et al., 2019).

State Management Team

A *state management team* (SMT) is responsible for leading the management of systemic change within a state. At minimum, membership on this team should include leadership from the executive branch of state government.



Examples of potential members include the Director or Superintendent of the SEA, an associate director/administrator who has school mental health policy or funding in their portfolio, the Director or an associate director/administrator from the state's agency focused on workforce development, and one or more staff members from the governor's office. The team may also decide to include other invested parties in a decision-making or advisory capacity, such as senior leadership from intermediate service agencies, school districts, and provider training programs. This team should provide vision for the work, set and enforce policies, allocate resources, and direct work. The invested parties listed here typically have the ability to facilitate the necessary enabling context (i.e., factors that support implementation, such as policies and culture). Although the composition and governance structures of these teams will differ across states, the essential functions of leadership, coordination, decision-making, and accountability remain consistent.

Implementation Teams

Implementation teams (ITs) are the capacity-building engine of systems. They are responsible for conveying information between the SMT and others throughout the system, using implementation strategies to actively manage the change process, and providing training and resources to build capacity. Important skill domains for members include engagement and collaboration, effective team building, analysis and diagnosis to support systems change and data-based decision making, content expertise, and facilitation of the change process.

ITs operate at different levels of the system, creating a cascading system of support. For example, there may be ITs at the state, intermediate, district, and school levels. Each team focuses on the implementation responsibilities at their level of the system and reciprocal communication with other ITs to ensure coordination and collaboration across the system.

Policy-Practice Connections

Policy-practice connections (PPCs) include both policymakers conveying the intended implications for practice set forth in policies and providers (and those directly supporting them) communicating challenges and successes with policy implementation. These communication loops are necessary for improving policy and practice. IT members are positioned to be the conduit for these communications and improvement efforts. For example, if an IT member for an intermediate service agency learns that providers are not enrolling in their professional development offerings due to a lack of adequate funding, they can discuss opportunities to provide access to additional funding with the SMT.

Managing Systems Change

PPCs facilitated by ITs are part of improving systems in both top-down and bottom-up approaches. Policies help drive changes in practice (top-down), and experiences in practice should inform effective policymaking (bottom-up). Establishing continuous improvement cycles like PPCs is part of systems being intentional about managing the change process. The cycle of gathering data to identify needs, developing and implementing plans to make changes based on those data, and monitoring impact is at the heart of continuous improvement.



Another critical tool for managing the systems change process is the use of implementation stages (National Implementation Research Network, 2015). Stages are a helpful way to think about the process of a statewide system being built, implemented, and sustained over time. This stage-based approach to building systems based on needs allows for differentiated actions, based on where the state is in the process. The National Implementation Research Network's (NIRN) implementation stages framework includes (with example *Action Steps* provided):

- **Exploration:** the process of identifying the need for change and potential activities for pursuing that change. For example, gathering information on where workforce shortages might exist and potential strategies for addressing those shortages. *Action Step: work with your SEA to analyze SMH workforce status, trends, and identify gaps in services (e.g., rural school districts).*
- **Installation:** gathering support for pursuing change through identified strategies during *Exploration*. For example, personnel at an SEA engaging with the governor's staff to share data on shortages in workforce capacity, along with data on effective policies in other states for growing workforce capacity. *Action Step: work with the SEA's Director and policy liaison to schedule time with the governor's staff for a data sharing meeting.*
- **Initial Implementation:** the first attempts to use practices identified during *Exploration* and *Installation*. For example, an SEA using changes in the rules around allocation of federal discretionary funds to support a new grant competition for expansion of pre-service training programs. *Action Step: work with the SEA's communication specialists to develop an advertising campaign to promote the new grant competition.*
- **Full Implementation:** the maintenance of practices beyond *Initial Implementation* due to their success. For example, an SEA working to establish permanent funding for sustaining expanded training programs. *Action Step: work with the SEA's policy team and governor's staff to connect with legislators seeking to advance workforce expansion legislation and share impact and need data with them.*

Understanding where a system is in the change process is informed by data and helps target appropriate next steps to take to move change forward. It is incumbent upon states to build these systems and manage change intentionally to ensure that the pieces are in place for sustained workforce capacity.

External Supports for Systems Change

Personnel in statewide SMH systems may decide that it helps to involve external expertise to support change efforts. SEA leaders might engage external partners with expertise in several areas, such as implementation science, systems change, workforce capacity, or process facilitation. Engaging external partners can enhance credibility and provide different perspectives about systems change that can help move systems forward in their development and ultimately, implementation of evidence-based practices by an effective SMH provider workforce. Groups like the School Mental Health Collaborative ([SMHC](#)) and [NIRN](#) provide a wide range of resources and services (see links immediately above and at end of this document) to help states build systems for supporting workforce expansion.



Summary and Next Steps

One of the primary mechanisms states can use to impact school mental health is by increasing workforce capacity. There are many invested parties in states, with a wide range of roles and responsibilities. It is critical for these invested parties to coordinate and collaborate in their efforts to expand the school mental health workforce, because it is not the responsibility of any single entity. It is the product of coordinated leadership across multiple state partners working toward a shared vision. To therefore maximize the impact that invested parties can have on school mental health, they should collaborate as part of a statewide system. Implementation science provides a roadmap for establishing and maintaining statewide systems. Given the complexity of building and sustaining a statewide SMH system, there are many possible next steps. Regardless of your role, some potential next steps are:



1. Share this Practice Review with decision makers where you work, discuss the role(s) your organization plays in expanding workforce capacity in your state, and identify the extent to which a statewide SMH system (as described in this Practice Review) may already exist in your state.
2. Conduct a needs assessment to learn more about workforce needs in your state and what efforts are already in place to enhance workforce capacity.
3. Identify other invested parties and reach out to them to discuss how the existing system can be improved, or build a coalition to pursue establishing a statewide system if one does not exist already. This may include strategies like creating a pitch deck (i.e., a slide deck with a proposal and call to action) to highlight state needs and the information from this Practice Review.
4. Reach out to experts in systems building (e.g., SMHC) for assistance in building your statewide network. You can visit the SMHC support site at <https://smhcollaborative.org/> to reach out.





Discussion Guide

After reviewing the information in the Practice Review above and the grantee spotlight that accompanies these materials, reflect on the following questions to deepen your learning and guide next steps in developing an action plan to do state-level work in building the capacity of the school mental health workforce. Consider discussing these questions with colleagues in a setting like professional learning communities or online discussion boards, to expand your individual and collective understanding.

1. What statewide school mental health system-building strategies resonate with you? Which strategies do you want to learn more about?
2. What are the school mental health workforce needs in your state? How do you know?
3. What individual efforts have you engaged in, or are aware of, to expand the school mental health workforce capacity in your state?
4. What strategic partnerships are you aware of in your state focused on expanding the school mental health workforce?
5. What colleagues or invested parties described in the Practice Review can you reach out to, to build a coalition for establishing or growing a statewide system?





Resources

- School Mental Health Collaborative: <https://smhcollaborative.org/>
- Active Implementation Hub: <https://implementation.fpg.unc.edu/>
- National Implementation Research Network: <https://nim.fpg.unc.edu/>
- Systems Reviews Building Coherence, Increasing Efficiency, and Improving Workflow at State Educational Agencies: <https://www.wested.org/resource/systems-reviews-an-approach-to-building-coherence-increasing-efficiency-and-improving-workflow-at-state-education-agencies/>
- State Policy Opportunities: Advancing Comprehensive School Mental Health Systems to Support Students: <https://healthyschoolscampaign.org/resources/single/state-policy-opportunities-advancing-comprehensive-school-mental-health-systems-to-support-students/>





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