

To: Kenichi Maruyama, PhD, MPA, GPC

From: Alizea Alvarez-Sookram

Date: 8/12/25

Re: Strengthening School-Based Mental Health Services in Louisiana: Policy Options and Recommendations

Executive Summary

Louisiana is facing a school-based mental health (SBMH) crisis that is both urgent and inequitable. Students across the state, particularly those from historically marginalized and economically disadvantaged backgrounds, are navigating rising rates of depression, anxiety, trauma, and behavioral challenges without sufficient support. Orleans Parish is emblematic of this problem, with some of the nation's worst student-to-provider ratios and a student population that is overwhelmingly composed of students of color and low-income households.

This memo evaluates three evidence-based policy options to address these gaps. The first focuses on expanding federal grant funding to help schools immediately hire and retain more mental health professionals. The second emphasizes workforce development to build a sustainable pipeline of trained, culturally representative providers over the long term. The third introduces state-level staffing mandates to institutionalize access and create enforceable accountability standards.

While each approach offers distinct advantages, I recommend prioritizing Workforce Development for its ability to address the root causes of capacity shortages and improve equity. This should be paired with Federal Grant Funding to provide short-term relief, and, once capacity is in place, State-Level Mandates to ensure all students have consistent access to mental health support. Together, these strategies offer a balanced, phased approach, meeting immediate needs while laying the foundation for long-term systemic change.

Problem Statement

School-based mental health services are a critical access point for children and adolescents experiencing anxiety, depression, trauma, or behavioral challenges. Nationally, up to 80% of children who receive mental health services do so through their schools (Larson et al., 2017). In Louisiana, the crisis is acute: in 2022, over 51,000 youth experienced a major depressive episode, yet 62.5% received no treatment (Hopeful Futures Campaign, 2022).

Orleans Parish, where 91.7% of students identify as Black, Hispanic, or another student of color, and 89.2% are economically disadvantaged, has some of the nation's worst student-to-provider ratios, one school psychologist for every 3,365 students and one school social worker for every 1,979 students (Louisiana Department of Education, 2025). These ratios fall far below the recommended standards of 1:500 and 1:250, respectively.

This problem is exacerbated by the rollback of federal grants under the Trump administration, particularly those linked to diversity, equity, and inclusion (DEI) frameworks (Associated Press, 2025; NPR, 2025). These cuts stalled program expansion, forced districts to reduce services, and left high-need schools without adequate staffing. The result is a fragmented system with

inconsistent coverage, limited cultural responsiveness, and insufficient workforce capacity (Richter et al., 2022; Kraft & Furlong, 2020).

Policy Option 1: Sustained Federal Grant Funding for SBMH Programs

One pathway to strengthening SBMH services in Louisiana is through sustained federal investment in existing grant programs. Initiatives such as the School-Based Mental Health Services Grant Program and the Mental Health Service Professional Demonstration Grant Program, authorized under the Bipartisan Safer Communities Act, provide states and districts with targeted funding to hire, train, and retain mental health professionals (U.S. Department of Education, 2024). By lowering the financial barrier to expanding staff capacity, these grants act as inducements, policy tools that incentivize action without mandating it (Kraft & Furlong, 2020).

Federal funding has historically played a critical role in enabling districts, particularly those in high-need areas, to expand services and implement care coordination models (Associated Press, 2025). However, while these grants can deliver immediate capacity gains, they are often subject to annual appropriations and political shifts, making them a less reliable long-term solution unless paired with state or local funding streams.

Policy Option 2: School Mental Health Workforce Development

Another, more structural approach involves building a stronger pipeline of qualified school-based mental health professionals. This strategy focuses on recruiting, training, and retaining providers, particularly those who are bilingual and culturally representative of the communities they serve. Policy tools in this category center on capacity-building by investing in people and institutional infrastructure (Kraft & Furlong, 2020).

Proposals such as the Mental Health Services for Students Act of 2023, introduced by Rep. Grace Napolitano and supported by organizations like the National Alliance on Mental Illness (NAMI), include provisions for loan forgiveness, graduate training subsidies, and partnerships between universities and K–12 systems (U.S. Congress, 2023). Research shows that workforce shortages are one of the greatest barriers to equitable access, particularly in rural and low-income areas (Richter et al., 2022; Larson et al., 2017). By expanding and diversifying the provider pool, workforce development not only addresses the shortage but also enhances cultural responsiveness, an essential factor in improving service engagement and outcomes.

Policy Option 3: State-Level Mandates on Student-to-Counselor Ratios

A third option uses state authority to require schools to meet minimum mental health staffing ratios, such as the American School Counselor Association's recommended 250:1 student-to-counselor standard (American School Counselor Association, 2022). States like California, New York, and Illinois have already enacted similar laws, using authority tools to set enforceable benchmarks for access (Kraft & Furlong, 2020).

Mandated ratios create accountability by making mental health support a non-negotiable part of public education. In Louisiana, such legislation could ensure that improvements are distributed

equitably across parishes rather than concentrated in wealthier districts. However, without accompanying funding, these mandates risk becoming unfunded requirements that districts struggle to meet, especially those already facing severe budget constraints.

Policy Recommendation

Louisiana's SBMH crisis demands a policy approach that delivers both immediate relief and long-term stability. While all three options have merit, **Workforce Development** offers the greatest potential for sustainable, equity-driven change. By focusing on the recruitment, training, and retention of mental health professionals, particularly those who reflect the cultural and linguistic diversity of Louisiana's students, this strategy addresses the root cause of the crisis: a chronic shortage of qualified providers. A stronger workforce also increases the likelihood of culturally responsive care, which has been shown to improve student engagement and treatment outcomes.

In the short term, Workforce Development should be paired with **Federal Grant Funding** to bridge immediate gaps. Federal dollars could be directed toward hiring temporary staff, expanding service hours, and piloting innovative service delivery models in high-need areas. Once provider capacity is strengthened, **State-Level Mandates** should be introduced to institutionalize access and hold districts accountable for maintaining adequate staffing levels.

This phased approach involves building the workforce, expanding capacity through grants, and locking in gains through mandates, offering a comprehensive solution. It ensures that the state not only meets the immediate needs of students but also establishes a resilient, equitable SBMH system capable of adapting to future challenges.

References

American School Counselor Association. (2022). *The role of the school counselor*.

<https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios>

Associated Press. (2025, May 1). Trump-era cuts to school mental health programs draw criticism, lawsuits.

<https://apnews.com/article/school-mental-health-grants-trump-biden-dei-00bec2d96371f023ac56fe3f32f3e92f>

Hopeful Futures Campaign. (2022). *Louisiana school mental health report card*.

<https://hopefulfutures.us>

Kraft, M. E., & Furlong, S. R. (2020). *Public policy: Politics, analysis, and alternatives* (7th ed.). CQ Press.

Larson, S., Chapman, S., Spetz, J., & Brindis, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health centers: A multidisciplinary review. *Journal of School Health*, 87(9), 653–662. <https://doi.org/10.1111/josh.12541>

Louisiana Department of Education. (2025). *Enrollment and demographic data by district*.

NPR. (2025, May 1). Trump cuts derail school mental health expansions across U.S.

<https://www.npr.org/2025/05/01/nx-s1-5382582/trump-school-mental-health>

Richter, J., Wolf, D., Schwan, S., & Plener, P. (2022). Implementing school-based mental health services: A scoping review. *Child and Adolescent Psychiatry and Mental Health*, 16, 17.

<https://doi.org/10.1186/s13034-022-00461-y>

U.S. Congress. (2023). *Mental Health Services for Students Act of 2023*, H.R. 3713, 118th Cong.

<https://www.congress.gov/bill/118th-congress/house-bill/3713/text>

U.S. Department of Education. (2024). *FY 2025 budget summary and background information*.

<https://www2.ed.gov/about/overview/budget/budget25/index.html>