CHILDREN'S
HOSPITAL ASSOCIATION



WHY PROCUREMENT BENCHMARKS MATTER

for School-Based (K-12) Student-Facing Mental Health Tools

IMPORTANT DISCLAIMER: CURRENT STATE OF AI-BASED MENTAL HEALTH TOOLS

As of this December 2025 publication, there are no AI-based therapeutic tools for youth that have demonstrated evidence-based efficacy through peer-reviewed research meeting clinical standards. While artificial intelligence may play a role in administrative functions (scheduling, care coordination) or as a supplement to human-delivered services, no standalone AI chatbot or generative AI tool has been validated as an effective therapeutic intervention for children and adolescents.

Schools should be aware that they are not "behind" if they have not adopted AI-based mental health tools. Rather, they should apply the highest level of scrutiny to any provider claiming their AI tool can deliver therapeutic benefits and require robust, independent evidence before procurement.

Why Procurement Benchmarks Matter for School-Based (K-12) Student-Facing Mental Health Tools

- Digital mental health tools used in schools are not the same as general edtech or consumer wellness apps.
- These tools deliver intervention directly to students: supporting coping and resilience or, in some cases, addressing depression, anxiety, or suicidal thinking.
- That direct engagement with clinical symptoms and risk makes these tools fundamentally different from tools and platforms that support academic learning or general wellness apps.
- Because districts and schools endorse and integrate these tools into student life, they carry the weight of institutional trust.
- A poorly designed or unsafe tool can amplify stigma, miss signs of crisis, or even provide harmful responses. Conversely, when well-chosen, such tools can extend access to evidence-based supports in environments where youth mental health providers are scarce.

For this reason, procurement is not a neutral administrative step; it is a clinical safety decision.

States, districts, and schools have a responsibility to demand that any student-facing digital mental health tool meet high standards of evidence, safety, privacy, and accessibility. Providers, in turn, must design with child development, cultural context, and clinical implications in mind.

Clear procurement benchmarks can help ensure that these tools:

- Demonstrate evidence-based impact on youth mental health outcomes.
- Protect student privacy and sensitive health data with the rigor required of healthcare settings.
- Deliver safe, developmentally appropriate, bias-free content.
- Provide equitable access for students across ability, language, and socioeconomic divides.

Scope of these Benchmarks

This framework applies to school-procured, student-facing digital mental health tools (e.g., teletherapy and coaching services contracted by districts, self-directed apps or modules used in classrooms, care coordination platforms, and digital assessment tools). It does not apply to social media platforms, direct-to-consumer wellness apps, or adult-facing tools repurposed for youth unless they are formally procured by a school for student use. These benchmarks are not intended to endorse tools replacing human mental health support.

How to use these Benchmarks

This resource offers State Departments of education, local education agencies, and schools tools and information to inform the development of guidance and policies for procuring and implementing student-facing digital mental health tools in ways that maximize safety, privacy, and effectiveness.



Classification of AI-Enabled Mental Health Tools

These benchmarks apply to different categories of tools, requiring varying levels of clinical scrutiny depending on the level of risk.

1 DIRECT CLINICAL INTERVENTION TOOLS (HIGHEST RISK)

- AI chatbots or generative AI providing therapeutic responses
- Self-directed digital interventions claiming to treat clinical symptoms
- *These tools must meet the most stringent evidence, safety, and clinical oversight requirements*

2 SCREENING AND ASSESSMENT TOOLS (HIGH RISK)

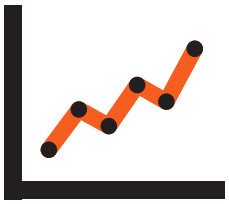
- AI-powered risk detection or symptom screening
- Tools that generate clinical recommendations or referrals
- *These tools must have validated accuracy, immediate human follow-up protocols, and clear liability frameworks*

3 CARE COORDINATION AND SUPPORT TOOLS (MODERATE RISK)

- Scheduling, referral management, progress tracking
- Wellness coaching or evidence-based interventions to support mental health self-management (non-therapeutic)
- *These tools must meet data privacy and safety standards and include clear boundaries about what is not clinical care*

4 TELETHERAPY PLATFORMS USING AI ON BACKEND (VARIES BY USE)

- Human therapist delivery with AI-powered matching, scheduling, or analytics
- *Primary scrutiny on human provider credentials and service quality; secondary scrutiny on AI data use and privacy*



CRITICAL PROCUREMENT PROCESS REQUIREMENT

Procurement decisions should not be made by administrators or IT departments alone. Mental health professionals (school psychologists, counselors, social workers, or external child mental health experts) must be included in the evaluation and procurement process for any student-facing mental health tool. These subject matter experts should review:

- Evidence of efficacy claims
- Safety protocols and crisis response procedures
- Clinical appropriateness of content and approach
- Alignment with best practices in child/adolescent mental health



DISCLAIMER

These materials do not constitute, and should not be interpreted as, policy, accounting, legal, medical, tax, or other regulated advice, or a recommendation on any specific course of action. These materials are not a guarantee of results and cannot be relied upon. Future results may differ materially from any statements of expectation, forecasts, or projections. Particularly in light of rapidly evolving technology, these materials are provided “as is” without any representation or warranty, and all liability is expressly disclaimed for any loss or damage of any kind.

Additionally, schools must comply with all applicable state and federal laws regarding AI use with minors, which vary by jurisdiction and are rapidly evolving. For example, some states have enacted specific restrictions on AI use with youth. Schools should consult with legal counsel to ensure compliance with relevant laws in their state. These benchmarks do not constitute legal advice and cannot substitute for jurisdiction-specific legal review.

criteria for

EFFICACY

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Evidence of whether the tool demonstrates impact on student mental health outcomes (e.g., reduced symptoms, improved coping skills, increased help-seeking). Must show safeguards against harmful errors, bias, or misleading responses. School districts should understand that "evidence of efficacy" means independent, peer-reviewed research demonstrating improved mental health outcomes (reduced symptoms, improved functioning, increased help-seeking), not testimonials, case studies, or provider-conducted evaluations. The bar for evidence should match what would be expected in health care settings. Given the current limited evidence base for AI mental health tools for youth, schools should be highly cautious and demand rigorous proof before adoption.	Independent, third-party evaluations showing impact on youth mental health outcomes. Safeguards that protect against biased or harmful outputs.	Positive outcomes from peer-reviewed studies, third-party evaluations, or small-scale pilots. Documentation of clinical alignment.	What specific evidence exists that establishes your product or service accomplishes what it is intended to? How do you test for harmful or biased outputs? How do you monitor ongoing use for efficacy? What underlying models are used, and do they minimize errors? To what extent does the provider report data on student use, and who has access to the data?	Provider shall supply independent third-party evaluations or peer-reviewed evidence demonstrating the product's effectiveness in improving youth mental health outcomes, aligned with established clinical standards.

criteria for

DATA SECURITY

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Protections in place to prevent unauthorized access, disclosure, or misuse of highly sensitive student mental health information, which must be treated with the same rigor as protected health information (PHI). Nature of interaction would depend on which protection gets applied (FERPA or HIPAA).	Compliance, in all material respects, with federal and state laws and regulations regarding the privacy of information and confidentiality of student records. Encryption at rest and in transit. Independent security audits.	Certificates of compliance with relevant laws. Security audit reports. Encryption protocols documentation.	Does the provider have clean SOC-2 audits? Does the provider stipulate that student and educator data will not be sold to third parties in any circumstance (even in the event of bankruptcy)? How is student mental health data stored, encrypted, and deleted? How are breaches reported to districts and schools?	Provider agrees to implement and maintain PHI-level security standards, including encryption and independent audits, and shall not sell, share, or repurpose student mental health data under any circumstance.

criteria for

PRIVACY

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Policies and practices that ensure only essential data is collected, stored, and shared, with special attention to the heightened risks of exposing minors' mental health information. Providers must use transparent, developmentally appropriate privacy language. Providers must have protections in place to demonstrate both compliance with the law and proper ethical use of any data that can be used to identify a specific individual. This includes direct identifiers like a Social Security number, driver's license number, or passport number, as well as indirect identifiers when combined, such as name, address, date of birth, or email address.	Collects only essential data. Clear, age-appropriate privacy policies. Explicit family consent when required. Compliance with varying state laws on age of consent for mental health services (ranges from 13-18 depending on state). Clear protocols for parental notification and consent aligned with state requirements.	Privacy policies. Terms of service. Data handling and retention documentation.	Is there a privacy agreement or terms and conditions? If so, does it contain and meet federal and state requirements for protecting student data? Is parent permission required if the AI software reshares identifiable student information to build and learn its knowledge base for purposes of resharing outside of the school environment? What data do you collect and why? How do you explain privacy policies in language accessible to youth and families? How do you handle parental consent? How do you handle parental consent given varying state laws on youth age of consent for mental health services? Is there evidence of best practices for enforcement of notifications? How do you notify parents about student use of the tool, and what information do they receive?	Provider shall comply and assist the district in compliance in all material respects, with applicable federal and state laws and regulations regarding the privacy of information and confidentiality of student records. Additionally, the provider agrees to collect only data essential for the product's operation and to provide a transparent privacy policy accessible to all users.

criteria for

SAFETY

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Safeguards to prevent triggering or unsafe content; active monitoring for self-harm, suicidality, or violence; and clear escalation protocols linking to trained adults or crisis services. Providers must demonstrate how unsafe responses are detected and mitigated. Tools must have documented protocols ensuring human mental health professionals are immediately notified and involved when risk is detected. Crisis hotline numbers alone (such as 988) are not sufficient as the sole safety mechanism. Providers must demonstrate integration with the school's mental health team, including training for school staff on how to respond to alerts and how to access student activity/conversation summaries when safety concerns arise.	Built-in content moderation and filtering. Documented escalation and incident response plans. Transparency for school-based health staff, educators, and families. Mandatory integration with school-based mental health team.	Safety feature documentation. Escalation protocols. Incident response reports.	Is there a privacy agreement or terms and conditions? If so, does it contain and meet federal and state requirements for protecting student data? Is parent permission required if the AI software reshares identifiable student information to build and learn its knowledge base for purposes of resharing outside of the school environment? What data do you collect and why? How do you explain privacy policies in language accessible to youth and families? How do you handle parental consent? How do you handle parental consent given varying state laws on youth age of consent for mental health services? Is there evidence of best practices for enforcement of notifications? How do you notify parents about student use of the tool, and what information do they receive?	Provider shall comply and assist the district in compliance in all material respects, with applicable federal and state laws and regulations regarding the privacy of information and confidentiality of student records. Additionally, the provider agrees to collect only data essential for the product's operation and to provide a transparent privacy policy accessible to all users.

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INTEROPERABILITY

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Ensures tools integrate with school counseling, referral, and student support systems (MTSS, IEP/504) without creating workflow burden.	Adherence to industry standards for data exchange. Compatibility with existing educational technology infrastructures. Evidence of integration with counseling/referral platforms.	Technical specifications and compatibility reports. Proof of successful past integrations.	Can the tool connect to our MTSS, SIS, or counseling platforms? How do you avoid duplicating staff workload?	Providers must ensure that the product is fully interoperable with existing systems and adheres to current industry standards for data exchange. Documentation of past integration successes must be provided.

criteria for

ACCESS

DESCRIPTION	KEY BENCHMARKS	NECESSARY ARTIFACTS	SUGGESTED QUESTIONS TO ASK PROVIDER	SAMPLE PROCUREMENT LANGUAGE
Ensures equitable access for all students. Includes staff and student training.	ADA compliance. Multilingual support. Device flexibility (desktop, tablet, mobile). Affordable pricing models. Affordable cost or licensing options for underfunded schools.	Accessibility compliance certificates. Documentation of features that support non-English speaking and multilingual students. Pricing models showing affordability.	Does the AI tool meet ADA standards, or can it be configured and adapted to meet the needs of users who have a disability? Does the vendor provide training for staff and students on use of the AI tool? Can the AI tool be accessed on different types of devices (not just smartphones). Does the AI tool support multiple languages?	Provider shall demonstrate the provision of equitable access through accessibility features, multilingual support, and scalable pricing models suitable for various funding levels. Provider shall also deliver training for students and staff.