PARTNERING WITH SCHOOLS to Improve Youth Mental Health

A Resource for Community Mental Health and Substance Use Care Organizations

NATIONAL COUNCIL for Mental Wellbeing

CENTER OF EXCELLENCE
for Integrated Health Solutions

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SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

NATIONAL COUNCIL FOR MENTAL WELLBEING	SCHOOL-BASED HEALTH ALLIANCE
Founded in 1969, the National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of over 3,300 mental health and substance use care organizations and the more than 10 million children, adults and families they serve. We advocate for policies to ensure access to high-quality services. We build the capacity of mental health and substance use care organizations. And we promote greater understanding of mental wellbeing as a core component of comprehensive health and health care. Through our Mental Health First Aid (MHFA) program, we have trained more than 3 million people in the U.S. to identify, understand and respond to signs and symptoms of mental health and substance use challenges.	Since 1995, the School-Based Health Alliance (SBHA), a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality health care in schools for the nation's most vulnerable children. Working at the intersection of health care and education, SBHA is recognized as a leader in the field and a source for information on best practices by philanthropic, federal, state and local partners and policymakers. Among its primary functions, SBHA establishes and advocates for national policy priorities; promotes high-quality clinical practices and standards; supports data collection and reporting, evaluation and research; and provides training, technical assistance and consultation.

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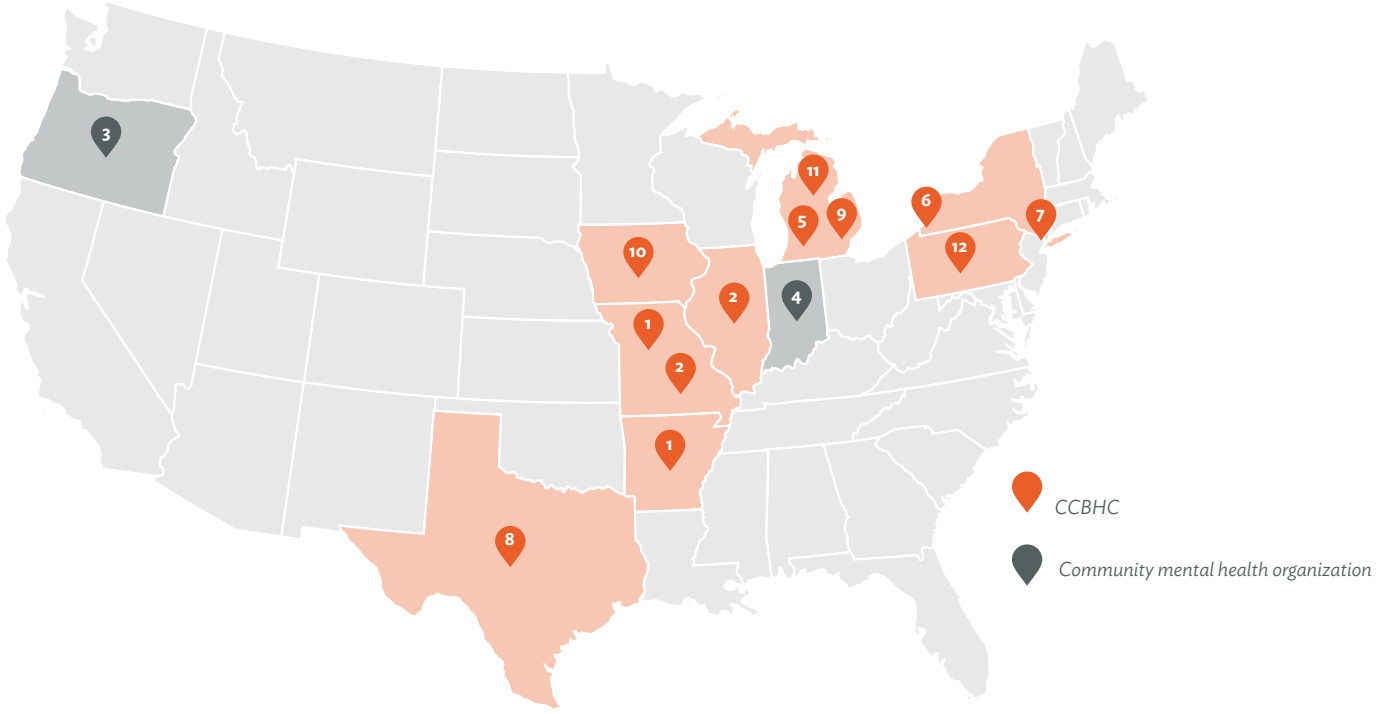

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Development of this Guide

Collaboration between schools and community mental health organizations is essential to address one of our nation's highest priorities: The youth mental health crisis. Community-based mental health organizations, including Certified Community Behavioral Health Clinics (CCBHCs), are critical partners for schools in delivering school-based mental health services that are fair and responsive. The School-Based Health Alliance (SBHA) proudly partnered with the National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions to develop a strong, shared understanding and perspective of how partnerships between schools and community mental health organizations are constructed and the tangible impacts that such partnerships realize in practice.

To inform this resource with real-world insight, SBHA conducted key informant interviews with mental health and substance use care providers and administrators from 12 organizations across the country. These interviews provided rich, nationwide case examples and highlighted effective partnership strategies across a variety of settings. Several themes emerged and were analyzed to frame **six key considerations** critical for successful partnerships between mental health and substance use care organizations and schools to improve mental health. Key considerations are presented alongside additional resource recommendations comprising a comprehensive, applicable guide for community-based readers, including CCBHCs, seeking to establish or enhance partnerships with schools.

How to Use this Guide

CCBHCs and other community mental health and substance use care organizations can use the information shared in this guide to develop new school-based health care partnerships and programs, ensure collaboration with existing services at the school and work toward creating and expanding partnerships that lead to increased access to mental health and substance use care via school-based health centers (SBHCs). These organizations can partner with schools to introduce or increase clinical expertise to support student wellbeing.

These recommendations will guide readers on their journey in assessing the needs of their community's youth and developing partnerships between schools and community mental health organizations with the key purpose of creating and sustaining accessible, equitable and lifesaving services for youth in the environment in which they spend most of their time – the school. Throughout this resource, readers will find qualitative and descriptive information about the value of partnerships, how partnerships are developed and strategies for implementing school-based health care services in schools to develop the workforce and sustain these critical partnerships. Readers are encouraged to select the most relevant elements of this guide for the needs at their stage along the trajectory of partnership development, keeping in mind that key considerations are interrelated and understanding them can support implementation of each.

Throughout this resource:

"Youth" refers to students in kindergarten through 12th grade.

"Community mental health organization" refers to community-based organizations providing mental health and/or substance use services, including prevention, treatment, recovery and related support services.

"School-based health care" is provided through school and community health organization partnerships and in collaboration with school administration and health services staff. This care includes but is not limited to primary care, mental health, oral health and vision services and complements, but does not replace or duplicate, existing school health services.

"School-based health centers" offer the most comprehensive type of school-based health care. SBHCs provide the nation's vulnerable children and youth with access to primary care, mental health, oral health and vision care at school, where they spend most of their time. Working at the intersection of health and education, SBHCs collaborate with school districts, principals, teachers, school staff, families and students. The collaboration, care coordination and youth engagement results in improved outcomes and health literacy for students, school staff and the community. The collaboration also contributes to positive education outcomes, including reduced absenteeism, decreased disciplinary actions and suspensions and improved graduation rates. SBHCs advocate for the needs of children, youth and families with low incomes, provide them with a haven and serve as a protective factor that reduces poor health and education outcomes. Most SBHCs operate with an external community medical sponsoring agency in partnership with the local education agency.

Executive Summary

Section I: Partnering for Youth Mental Wellbeing in Schools

Young people in America are experiencing mental health challenges. Mental health care for students in K-12 is at the forefront of health care concerns nationwide, driven by alarming rates of poor mental health and suicide risk, a shortage of access to appropriate care and disproportionate impacts for population with unmet needs, all exacerbated by the COVID-19 pandemic. In 2021, several pediatric health organizations and the U.S. Surgeon General released statements of urgent advisory toward accelerating policy and practice to better serve America's youth.

Recognizing the value of school-based health care services and collaboration to support youth mental wellbeing. Providing school-based health care through evidence-based mental and physical health services in schools increases accessibility of care and supports educational achievement. However, schools continually faced with insufficient staffing, high student needs and recent pandemic fatigue may lack the resources required to fully support the mental health of their student body. Collaboration between youth-serving, community-based mental health organizations, schools and districts removes barriers to care, enabling students to receive fast, effective, fair and destigmatized mental health support in school, where they spend every weekday. Partnerships like these show impressive gains in youth wellness and success, measured by improved attendance at school performances and graduation rates for all students, especially among our most vulnerable populations.

Describing key players in school-based mental health. The guide begins with key organizations and structures behind school-based health care and community mental health and substance use care services (including CCBHCs). Having a shared understanding of these entities sets the stage for a deeper look at how they can come together in a range of collaborative styles to support a shared vision of improved youth mental health access and outcomes.

Section II: The Path to Partnership

1- What does partnership look like?

School-based health care partnerships between schools and community-based settings exist along a continuum of collaboration, where relationship complexity varies according to setting, need and capacity. Partnering entities will require dedicated capacity for communication and planning and formalized supports that enable administrative and operational functionality for programs. Many schools use a multi-tiered system of support (MTSS) approach to deliver educational or behavioral interventions of varying intensities. Across all three tiers, prevention is a key principle.

2- Assessing needs and potential for impact.

Identifying needs and service delivery gaps is an important step in maintaining an effective outcomes-focused partnership. Performing a needs assessment and resource mapping can inform action planning and resource allocation. Understanding organizational strengths and gaps is crucial to substantiate a value proposition to potential or current partners. Consider staff and stakeholders who should be engaged in this information-gathering process. Build a comprehensive description of what benefits your organization brings to a potential partnership, including opportunities to support school resource challenges, attain shared goals and connect to a valuable community network.

3- Forming and establishing partnerships.

Crucial elements of a trusting, mutually beneficial and sustainable partnership include excellent communication, education and advocacy via data exploration and clarity of roles and expectations. Questions to consider when assessing partner fit may explore shared goals, reputation, agency culture, willingness to develop trust and potential for long-term collaboration. Outreach to schools should take place with an open mind with emphasis on the potential partner's immediate and long-term needs. Identifying common goals and mutual benefit provides an opportunity to think about the bigger picture.

Contracts or memoranda of understanding should formalize agreements on roles and responsibilities, communication, school priorities, available resources, implementation systems, financial obligations, applicable privacy laws, state regulations, mandatory reporting requirements, enrollment/consent processes and any legal considerations for both parties.

School-employed champions can help to cultivate relationships by helping the school understand how providing school-based mental health services is a mutual benefit. Garnering buy-in from champions and stakeholders can be attained by sharing messages about education outcomes and incorporating local education and health data to demonstrate the value of the partnership. Data should also be used at formal evaluation points to regularly assess progress and outcomes. Align service delivery methods to local data, school-derived information and stakeholder perspective to ensure they are appropriate and meet the students, educators and families where they are.

4- Developing and supporting the workforce.

Recruitment and retention. In the midst of a nationwide behavioral health workforce shortage, it is imperative to hire staff whose experience, motivation and interest suggest a strong fit. Consider recruitment and retention benefits including financial bonuses, tuition reimbursement and internship, growth and mentoring opportunities. Reduce burnout by adhering to workforce best practices or team-based care strategies.

Joint training and continuous education. Support school-based staff with training on organizational culture, partnership priorities, collaborative expectations and boundaries and clinical training for developmentally appropriate evidence-based practices. Consider offering Youth and/or teen Mental Health First Aid (MHFA) or trainings offered by national bodies such as the School-Based Health Alliance and the National Center for School Mental Health. School-based and school-employed staff and administrators alike should develop an understanding of and skills in implementing a trauma-informed, resilience-oriented approach throughout the school community.

5- Implementing services in schools.

Service implementation in the school requires ongoing diligence and structured collaboration between health providers and school personnel. Implementation should be guided by needs assessment and resource mapping data, decisions on service array and partnership expectations. Implementation will be unique to each partnership context and is an iterative learning process with trial, error and lessons on the ground. Having trust, cooperation and flexibility among partners is imperative to drive through challenges and enhance solutions.

Promote awareness of service availability throughout the school and community with educational brochures, resources and web-based content. Prioritize continuous planning and quality improvement, convening regularly to address improvement opportunities illuminated by self-assessments and plan-do-study-act (PDSA) cycles. This can be used to test a change in systems by planning a process, trying it, observing the results and acting on what is learned.

Engaging the youth voice in each stage of the planning and implementation process can help reduce stigma and create close relationships with the students and families receiving health services, while also gathering meaningful feedback from students to ensure services are meeting their individual needs.

6- Sustaining and scaling.

Ongoing collaboration. It is important to ensure that school-based health care staff have the time to maintain and build the school partnership by connecting regularly with school staff, gaining the trust of students and communicating with parents/guardians. Student support teams comprised of staff from across all areas are an effective means to collectively identify, prevent and resolve issues arising for students. Mental health and substance use care organizations can assess students' needs and connect them to primary care services within the SBHC, if available, or in the community as part of an integrated care model aimed at promoting comprehensive preventive wellness.

Financial planning for partnership. Providing school-based health care via mental health and substance use services must be financially feasible and sustainable for all partners. Some payment options include billing for services and patient revenue from

Medicaid or other third-party insurances, federal, state or local grants or other funding or direct contracts between the community mental health and substance use care organizations and schools. It is important to consider different schedules, productivity expectations and allocation to nonbillable activities across settings. A business plan as well as ensuring diverse funding sources may be helpful. When funding is provided between partners, consider contracting to formalize mechanisms and expectations, create accountability and assure equity in care.

CCBHC mechanisms. It is important to evaluate the options available for becoming a CCBHC to optimize the benefits of the model. There are currently three pathways to CCBHC implementation. These pathways are not mutually exclusive, and some clinics may receive support or certification for their CCBHC program through: 1) CCBHC Medicaid demonstration program, 2) SAMHSA CCBHC-E grant program and 3) independent state adoption and implementation. Implementation of the CCBHC model allows clinics to build a transformative care model that promotes timely access to quality, integrated mental health, substance use and primary care screening and monitoring and supports innovative partnerships such as school-based health services.

Section III: Challenges and Opportunities for Growth

Workforce shortages. Key informant interviews and a growing subset of data indicate critical workforce shortages as the primary challenge to mental health and substance use care nationwide. Despite an increase in demand for providers in the health care system and in educational environments, funding has not kept pace to support the need. It is imperative to explore legislation to expand funding opportunities and adequate reimbursement rates.

Privacy and confidentiality. Partnerships between community mental health and substance use care organizations may experience perceived obstacles related to legality, consent and privacy. Partnerships should clarify, define, develop and agree on the most appropriate protocols to address confidentiality and privacy, communicating clearly among all staff involved.

Complex systems. Both health care and education in the U.S. are large, complex systems. Despite too-frequent obligations to navigate bureaucratic roadblocks, difficult partnerships and outdated systems, it continues to offer purpose and direction of this worthy pursuit in the interest of providing the best care for young people.

Conclusion

Community mental health and substance use care organizations, including CCBHCs, are incredibly well positioned to create dramatic improvements in the mental wellbeing of young people in the U.S. by collaborating with schools and school systems to provide school-based health care.

Section I: Partnering for Youth Mental Wellbeing in Schools

Young People in America are Suffering from Mental Health Challenges

Mental health care for students in kindergarten through 12th grade is at the forefront of health care concerns nationwide. In 2021, several pediatric health organizations declared a national emergency for children's mental health and the U.S. Surgeon General released an advisory on mental health among youth.[1] Before the COVID-19 global pandemic, research revealed that **high school students** experienced a **40% rise in persistent feelings of sadness or hopelessness** between 2009 and 2019.[2] Data from 2021 showed that the pandemic exacerbated youth mental health challenges with **more than one third (37%)** of high school students reporting that they experienced **poor mental health** during the pandemic and **nearly half (44%)** saying they experienced **persistent sadness or hopelessness** over one pandemic year.[3] In 2021, 22% of students seriously considered suicide, with worrying data indicating higher risk for female youth (approximately double that of males for ideation and attempts) and a **significant rise in suicide rates** (37% between 2018 and 2021) among Black youth ages 10 to 24. During these critical school years, youth who are Black, Indigenous and people of color are more likely to be directed to the **juvenile justice system** than specialty care services for mental health and substance use challenges. Youth of color are also three times more likely to be suspended in kindergarten through 12th grade often because of **unaddressed and unsupported mental health or substance use challenges**.[4] Providing access to quality, appropriate mental health care **for all young people** is more crucial than ever.

Recognizing the Value of School-based Health Care Services and Collaboration to Support Youth Mental Wellbeing

Research demonstrates that young people are more likely to access mental health services in schools than anywhere else, and youth with strong school connections display better mental health as well as social and academic outcomes overall.[5] Furthermore, there are effective and underutilized evidence-based solutions to support youth mental health and wellbeing. However, years of insufficient staffing, high student needs across the spectrum of social influencers of health and education and more recent pandemic fatigue have overwhelmed public schools. Educators and school staff are burned out, and have limited capacity to provide additional support.[6]

When community mental health care organizations partner with schools, everyone benefits. Students receive fast, effective, fair and destigmatized mental health support in school, where they are every day. This helps normalize accessing mental health and substance use care and promotes positive health care engagement and preventive care while decreasing the use of emergency services.[7] By partnering with schools, community mental health and substance use care organizations can improve their reach and access to care for student clients by locating services in schools to provide more consistent and effective care. Removing impediments to access to needed care and focusing on preventive care can avoid significant individual and familial distress, treatment costs and overwhelming the behavioral health system over the lifespan.[8,9,10]

By partnering with mental health and substance use care organizations, schools gain direct access to (onsite or remote) clinical expertise, efficient consultation for school wellness staff (e.g., school-employed counselors and social workers) and connections to a network of higher levels of integrated care services. While schools typically are closed on evenings, weekends, holidays and throughout summer, community mental health organizations often offer extended hours, providing a full range of outpatient services as well as 24/7, 365-day, after-hours crisis support and treatment referrals. School staff or on-site providers may also connect students to additional services provided off site by community mental health organizations, such as day treatment, group therapy, mental wellness camps and other critical comprehensive services.

Partnerships like these show impressive gains in youth wellness and success, from improved attendance to school performance and graduation rates for all students, especially among our most vulnerable populations — communities with a variety of ancestries, families with low incomes and rural communities.

Describing Key Players in School-based Mental Health

The guide begins with key organizations and structures behind school-based health care and community mental health and substance use care services. Having a shared understanding of these entities sets the stage for a deeper look at how they can come together to support youth mental health by providing school-based health care services.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

A CCBHC is a specially designated clinic that provides a comprehensive range of mental health and substance use care services. The CCBHC model alleviates decades-old challenges that have led to a crisis in providing access to mental health and substance use care. CCBHCs ensure access to integrated, evidence-based substance use care and mental health services, including 24/7 crisis response and pharmacotherapy. They also meet stringent criteria regarding the timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems. Finally, the CCBHC funding mechanisms can support the costs of expanding services to fully meet the need for care in their communities.

CCBHCs are available to any individual in need of care, including but not limited to people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use challenges and complex health profiles. CCBHCs will provide care regardless of ability to pay and will care for those who are underserved, have low incomes, are insured, uninsured or receive Medicaid and those who are active-duty military or veterans. CCBHCs must employ providers with expertise in youth care, including addressing trauma and serious emotional disturbance, and coordinate with child-serving entities, including schools, child welfare agencies, juvenile and criminal justice, Indian Health Services, etc. In fact, 84% of CCBHCs already provide direct services in schools or plan to in the future.

"Nine years after doing demonstration projects and startup grants, Sen. Roy Blunt and I were successful in the recently passed legislation to fund — nationwide now — the opportunity to have quality, Certified Community Behavioral Health Clinics permanently funded through Medicaid as part of the health care system. So, if your state has not yet become a part of the CCBHC movement, they need to apply through SAMHSA.

"This is important because I know that your organization, the School-Based Health Alliance, is working with the National Council for Mental Wellbeing on expanding primary care services related to this, [and] there's a comprehensive set of quality standards that you must meet to get this ongoing funding, and what you do is a very important role for that.

*"In Michigan, for example, St. Clair County Community Mental Health used its CCBHC grant to open school-based health centers in partnership with the St. Clair County Health Department [***see Appendix G***]. That's just one example. This new funding, which is very significant for mental health and addiction services, is going to lead, I think, to many more terrific partnerships and ultimately better care for young people."*

*— **Sen. Debbie Stabenow**, speaking at the National School-Based Health Care Conference, June 2022*

SCHOOL-BASED HEALTH CARE AND SCHOOL-BASED HEALTH CENTERS

School-based health care is a powerful tool for achieving fair access to health care among children and adolescents, particularly those who unjustly experience disparities in outcomes because of their skin color, ancestry, family income or where they live. Providing care at school reduces barriers and improves access for our most vulnerable youth.

In school-based health care, community-based health care organizations known as "sponsor organizations" partner with schools to deliver a wide range of preventive services and health care interventions in person and via telehealth. Services include but are not limited to medical care, mental health, oral health and vision care. This care provided by sponsor organizations supports and enhances, but does not replace, the existing health services offered by schools, such as school nursing, school counseling, school social work, physical therapy, occupational therapy and speech therapy.

School-based health centers offer the most comprehensive type of school-based health care, providing access to primary care and often mental health and substance use care services, oral health and vision care at school, where children spend most of their time. SBHCs are an evidence-based model that improves educational and health outcomes.

"School-based health centers are a logical response to the challenges that underserved youth face in health care access and use. The centers represent a shared commitment by a community's schools and health care organizations to address health care access and use among the nation's ... communities and aim to support children's and adolescents' health, wellbeing and academic success. The centers help youth and their families overcome access barriers — including transportation, time, costs and lack of continuity of care — that may prevent them from receiving needed health care services. Schools provide a space for the centers to operate and local health care organizations bring an array of services delivered by a multidisciplinary team: Primary care and often mental health care, social services, oral health care, reproductive health, nutrition education, vision services and health promotion." [11]

TOGETHER, A RANGE OF COLLABORATIVE STYLES SUPPORT A SHARED VISION OF IMPROVED HEALTH ACCESS AND OUTCOMES.

Over half of SBHC sponsor organizations are Federally Qualified Health Centers (FQHCs). Other sponsors include hospital systems, health departments, local nonprofits and, increasingly, CCBHCs or other community mental health and substance use care organizations.

In some cases, CCBHCs and other community mental health and substance use care organizations offer school-based mental health services only. In other cases, they partner with different community organizations providing medical, oral or vision care to establish an SBHC to offer fully integrated care in the school setting. In this scenario, CCBHCs and other community mental health and substance use care organizations serve as a partner organization delivering mental health care via a memorandum of understanding with the SBHC medical sponsoring organization.

In more unique cases, the CCBHC or other community mental health and substance use care organization itself serves as the SBHC sponsoring organization, expanding its scope beyond mental health and substance use care to hire their own staff or contract with the appropriate providers. This enables them to offer medical, dental and/or vision care in addition to mental health and substance use care establishing an SBHC and delivering comprehensive, integrated school-based health care.

Section II: The Path to Partnership

Six Key Considerations for Mental Health and Substance use care Organizations Partnering with Schools to Improve Youth Mental Health

These six key considerations describe the potential and practical means to achieve effective, impactful partnerships between community mental health and substance use care organizations and schools, with the key purpose of creating and sustaining accessible, equitable and lifesaving mental health and related services for youth.

1. WHAT DOES PARTNERSHIP LOOK LIKE?

School-based health care partnerships between schools and community-based settings exist along a continuum of collaboration, where relationship complexity varies according to setting, need and capacity. As interinstitutional collaboration deepens (moving from left to right in Figure 1), increased time, trust and turf-sharing leads toward heightened collective achievement.[12]

FIGURE 1: **COLLABORATION CONTINUUM**

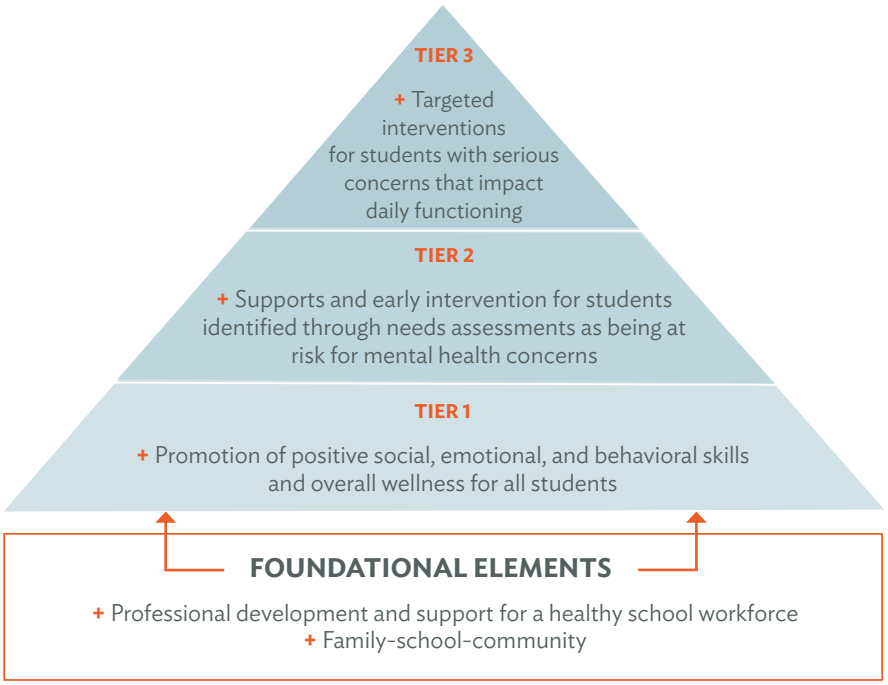
Partnering entities will require dedicated capacity for communication and planning and formalized supports that enable administrative and operational functionality for programs. This section offers recommendations for action and further resources that may be useful across the collaboration continuum.

Complementary collaboration

Academic, social, emotional and mental health and substance use needs are interconnected; the systems that serve and support them should work together to address comprehensive wellness. A collaborative approach requires complex intertwined processes (e.g., funding, data collection and utilization), yet reaps rewards with shared resources. Effective coordination between these partners can enhance the available support to students, families and the workforce.

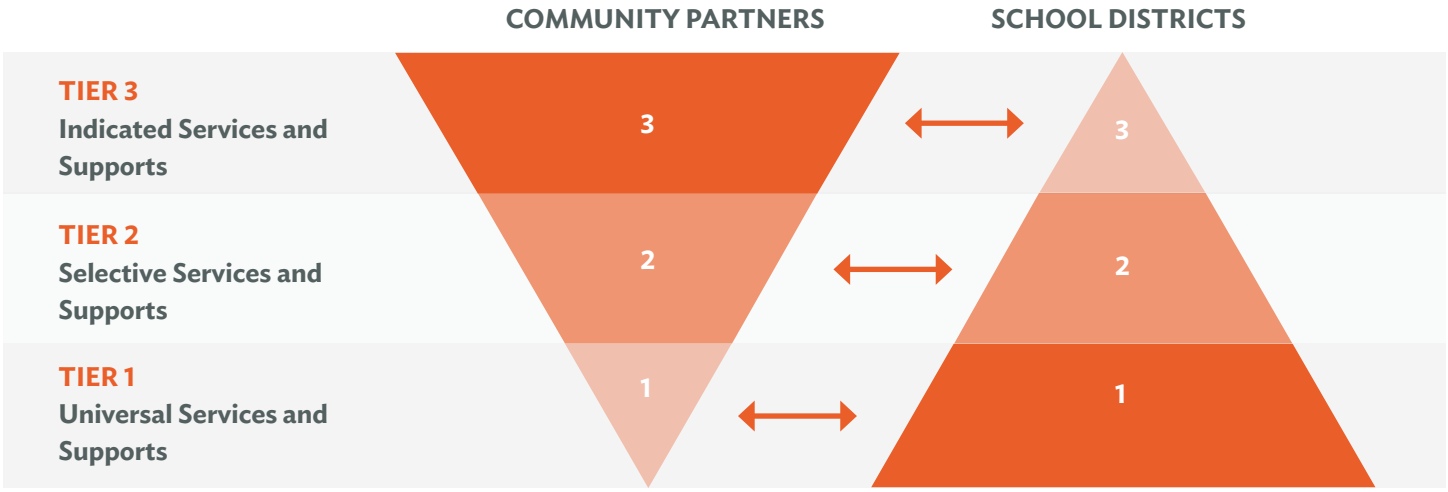
Many schools use a multi-tiered system of support (MTSS) (Figure 2) approach to deliver educational or mental health and substance use interventions of varying intensities. Across all three tiers, prevention is a key principle with Tier 1 (universal) focusing on promoting mental health and preventing occurrences of problems across the student body, Tier 2 (selective) focusing on preventing risk factors or early-onset problems from progressing and Tier 3 (indicated) focusing on individual student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning. Conceptually, schools and community partners can be complementary in combination within the MTSS approach.

FIGURE 2: **MULTI-TIERED SYSTEM OF SUPPORT**



Successful and sustainable partnerships for student mental wellbeing facilitate effective use of the complementary roles and resources of community partners and schools, the balance of which is depicted in Figure 3.[13] The framework illustrates how traditional school-based health services are addressed on site, tending more heavily toward Tiers 1 and 2, and how CCBHCs and other community-based organizations can partner with schools to provide mental health services across all three tiers. For example, while CCBHCs and other community mental health organizations typically provide Tier 3 services particularly in the early phases of providing services in schools, an understanding of the MTSS system may help to highlight how they may be able to offer additional supportive services in the other two tiers.

FIGURE 3. **COMPLEMENTARY ROLES AND RESOURCES OF SCHOOLS AND COMMUNITY PARTNERS IN COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS**



Adapted from: *Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. National Center for School Mental Health. University of Maryland School of Medicine.*

2. ASSESSING NEEDS AND POTENTIAL FOR IMPACT

Whether starting a new partnership with a school or expanding upon existing partnerships, a variety of considerations and assessments can help identify needs and opportunities within the partnership and the community served. Are community schools overwhelmed and under resourced? What resources are available and how are they being used; are more acute and crisis level mental health services used by youth? Identifying the needs and service delivery gaps for youth mental wellbeing is an important step in identifying an appropriate and aligned school partner and in maintaining an effective outcomes-focused partnership.

Conduct a needs assessment and resource map: Understanding the need in your community and school system

A *needs assessment* uses data and diverse perspectives to identify strengths, address gaps, inform action planning and allocate resources appropriately. This practice offers insight prior to and throughout planning. *Resource mapping* (also referred to as asset mapping or an environmental scan) aims to identify, visually represent and share information about internal and external supports and services; it is used to inform effective use of resources.

In addition to exploring available quantitative data (youth mental wellbeing, educational outcomes, sociodemographic variables, etc.) and geographic data (available resources), consider conducting stakeholder focus groups to illuminate perspectives of school administrators and staff, students and families. Gleaning direct qualitative data will enrich your understanding of community needs and potential partner goals and enhance your own value proposition for partnership.

RESOURCES:

The School-Based Health Alliance Children's Health and Education Mapping Tool allows users to search, map, filter and download data on child health, education and socioeconomic status at the county level compared with national averages. This data can inform users on where to target new services, support effective collaboration, advocacy and more.

The School Health Assessment and Performance Evaluation (SHAPE) System supports mental health in schools and districts by helping users map and assess existing services, providing planning supports, tools, dashboards and more.

The School Mental Health Quality Guide: Needs Assessment and Resource Mapping outlines best practices, action steps, examples from the field and relevant resources.

Conduct an informal internal assessment: Understanding your strengths and gaps

A realistic awareness of organizational strengths and gaps is crucial to identify how partnership can collectively address community barriers in access to quality care (identified via needs assessment and resource mapping) and substantiate a value proposition to potential or current partners. Concurrently with identifying value, it is important to develop an understanding of organizational limits – functionally and financially – when working with schools and districts.

When assessing internal capacity for service provision and partnership, consider who should be engaged in the query; leadership, clinical and nonclinical staff, peers, clients, current partners and others may warrant a seat at the table. Consider questions that will glean robust insights, such as:

- What barriers exist to supporting student mental health, and how would a partnership(s) help to address those barriers?
- What services not provided by your organization would enhance the impact of a partnership with a school(s)? What community agencies provide these services? (Examples may include social services such as housing or economic literacy, linguistic assistance, mobile service units or prosocial recreational organizations.)
- What other insights can be gleaned from past or current collaborative experiences?
- Does your organization, in general, have the staffing capacity to take this on successfully in terms of both clinical and operational positions?

Design your value proposition based on assessment findings

Bringing together an understanding of community and school needs and organizational strengths and gaps, build a comprehensive description of the benefits your organization brings to a potential partnership.

- **Why would a school want to partner with your organization? In what ways does/can your organization address barriers to student mental health and substance use care highlighted by the needs assessment?**

  - CCBHCs may highlight appropriate service criteria, including but not limited to:
    - Context-aware screening, assessment, diagnosis, referral and care for mental health and substance use challenges.
    - Developmentally appropriate, youth-guided and family/caregiver-driven use of evidence-based practices.
    - Crisis intervention including mobile intervention teams.
    - Evidence-based pharmacological treatment for patients of all ages.
    - Peer and family supports.
    - Linkages to partnering agencies for comprehensive family/caregiver, school, medical, mental health, substance use, psychosocial and environmental issues.

- **Identify opportunities to ease school workforce shortages and service provision barriers. Examples from key informants include:**

  - Alleviating school/district nursing and counseling staff shortages.
  - Acting as an extension of the counseling office for youth in need of more intensive care.
  - Providing billable and/or funded mental health services in schools that may not have financial support for such programs.
  - Extending mental health staff training, such as crisis response, to school counselors.
  - Increased access to mental health tools and resources for school staff via the partnered community-based agency.
  - Extending mental health supports for teaching staff.

- **What realistic short- or long-term goals might be achievable?**
- **Consider authority or influence in the community or affiliation with other groups that may be of interest to a school partner.**

Offer the advantages of partnership in terms of the school perspective – seek to be of service rather than focusing on internal organizational goals. Clearly articulate unique attributes of the community mental health organization that can help attain school and shared goals in service of youth mental wellbeing. Also, it may be helpful to leverage the network of available community supports to create opportunities to enhance mental wellbeing for students year round. Seasons' Camp Autumn offers a great example of this as well as the *Integral Summer Program included in* ***Appendix H***.

Voices from the Field

School-based health care services from our vantage point were about investing in school-age kids to screen and assess for socioemotional challenges and provide early intervention access versus meeting them in acute crisis later at our local emergency department or a juvenile court hearing."

— **Sandra Lindsey**
Saginaw County Community Mental Health Authority
Michigan

Our partnership started when I went to a conference in Chicago, and their public schools were so overwhelmed with kids who had mental health issues, and there were no resources, no supports or services and the school system was just absolutely overwhelmed. So, I heard those stories, and at the same time, Chestnut was struggling with rates of no-shows because kids are in school and that's where they should be all day long. So, my staff had no clients, schools and students had no resources and I saw a solution that worked better for everyone by partnering with schools."

— **Jamie Perry**
Chestnut Health Systems
Illinois and Missouri

We saw two things when we started: The no-show rate for kids and families was higher than what we wanted. And we also wanted to do some unique things to target earlier age groups and provide early intervention to prevent long-term issues. So, we started talking to school partners to see what we could do."

— **Juliana Harper**
Easterseals
Michigan

3. FORMING AND FORMALIZING PARTNERSHIPS

Forming a trusting, mutually beneficial and sustainable partnership is key to the success of school-based mental health care and substance use care. It is essential to "meet them where they are" in terms of schools' needs and willingness to engage in new programs and services while pursuing a trusting relationship. (See Selecting a High-value Partner, **Appendix C**.)

Key informant interviews highlighted some crucial elements for establishing a strong school-based health care partnership:

Relationship of basic trust between partners requires openness and excellent communication to engender a sense of mutual support.

Ongoing education and advocacy with transparent use of data to explore and discuss issues.

Shared understanding of potential "bumps in the road" and management of internal and external challenges.

Clarity of roles and expectations, including primary contact and communication flow, the level of engagement of each partner in determining and selecting provider staff and boundaries upheld by each partner.

Questions to consider when assessing partner fit:

- Does the potential partner offer stability and positive community reputation?
- Which schools, administrators, staff and/or offices have missions, goals and objectives that align with your organization?
- What are the values and cultures of those groups?
- What are the experiences with youth mental health and substance use care supports and/or community partnerships?
- Are these groups willing to develop mutual trust with you?
- Would a newly formed partnership consider starting with a jumping-off point: A pilot project?
- Does this partnership offer the potential to become more significant over time? If so, it may warrant prioritization over other options.

Outreach and shared vision

Several key informant interviewees noted the value in starting partnership conversations with schools informally to gather information needed to understand partnership feasibility and opportunities. When conducting outreach to schools for initial conversations, identify their immediate and long-term needs. Enter discussions with an open mind, exploring their needs first and revealing anything helpful to their interests via a transparent use of data. Emphasize a focus on equitable and evidence-based care and the potential for reducing nonacademic barriers to learning.

These initial discussions can help identify common interests and exploration of mutual benefit rather than pushing a specific position. This provides an opportunity to think beyond a specific project or challenge and to think about the bigger picture with a potential long-term partner.

Consider the following questions when beginning outreach and information gathering with schools:

- Are there specific needs the school would like to address, such as student depression, anxiety and/or suicide prevention?
  - » Are there broader needs impacting students and families, such as food or housing insecurity, which could also be addressed?

- What support is needed for school wellness staff such as counselors and social workers to implement a successful partnership?
  - How can school-based mental health care providers team up with school-employed wellness staff to provide a more thorough, improved level of care for students in the school setting?
- What populations, ages and communities (e.g., families of color and rural families) are most in need within our community?
- How does the school currently incorporate fair practices and leverage an understanding of nonbiological factors affecting health to build an environment of health for all students, regardless of skin color, sex or background?
- What data-driven outcomes (e.g., attendance, course progression, graduation rates, reduced disciplinary actions and wellness of school staff.) could be improved by advancing partnership with schools?

Formalizing expectations

Once a partnership begins moving forward, it is important to develop a shared understanding of roles and responsibilities, communication channels and expectations, school needs and priorities, resources/services available, structure/systems for implementation of mental health services, financial obligations, applicable privacy laws (HIPAA, FERPA, 42CFR), state regulations, mandatory reporting requirements, clear processes developed by the partnering organizations for obtaining enrollment/consent documents and any legal considerations for both parties. A contract, memorandum of understanding or designated collaborating organization agreements are useful tools for capturing these relationships. Take time to define specific goals and outcomes together with a plan for continued progress measurement and evaluation. One school district in rural Missouri requested that their contract with Chestnut Health Systems require the school-based mental health care providers at each school to attend at least one extracurricular activity per month, such as a sports game, formalizing the process of including them on the "school team."

The value of champions and achieving buy-in

It can be extremely helpful to identify a school-employed "champion" who understands the value of the partnership and can advocate for mental health services in their school. This champion might be a district superintendent or administrator, school principal, school counselor or social worker, teacher, other school staff person or school board member – anyone who can help initiate a strong partnership. This champion can help cultivate relationships by helping the school understand the mutual benefit of providing mental health services in schools. Champions also hold valuable information regarding school priorities and needs. It is important for the champion to be engaged regularly with their school system to stay abreast of their school's culture and provide information to the school staff. They can also help ensure the school understands that school-based mental health care providers offer additional expertise and support and DO NOT replace anyone currently working within the school; they add capacity and value to the school environment.

RESOURCE:

The Tip Sheet for Decision Makers from the Family-Run Executive Director Leadership Association provides information and suggestions for improving comprehensive school mental health systems, which may be helpful to share with school partners and health providers when initiating a partnership with schools.

Gathering data for buy-in and continuous feedback

Organizations consulted for this resource suggest garnering buy-in from champions and stakeholders by sharing information about education outcomes and incorporating local education and health data to demonstrate the value of the partnership. An effective strategy for garnering buy-in is to evaluate current trends and urgent needs via state or local surveys. Examples include the Michigan Profile for Healthy Youth (MiPHY), national surveys like the Youth Risk Behavior Surveillance System (YRBSS) or interactive tools like the Children's Health and Education Mapping Tool and the National Center for Education Statistics.

Use data from community needs assessments, resource maps, tailored school/community surveys and additional information provided by your school partner to support programming and ensure the partnership meets their specific needs. Further, ensure that evaluative measurements and formal touchpoints are built in to regularly assess progress and outcomes.

Service delivery methods

Once data and information are gathered across the partnership, use them to align context-aware services that support the needs of the community and schools and meet the students, educators and families where they are. Consult these stakeholder groups on their needs, review the data and jointly decide what services fit their population. Consider asking the following questions:

- What are the major concerns/needs?
- What are assets/strengths to build upon?
- What is the funding source?
- What is the vision/goal/intended outcome?

***EXAMPLE:* Chestnut's Flyer of Services, Appendix E**

***EXAMPLE*: Burrell Menu of Services for School Staff Professional Development, Appendix F**

HELPFUL TOOLS AS YOU ADVANCE YOUR PARTNERSHIP:

Numerous relevant tools, examples, guides and helpful resources can be found in the SBHA Blueprint, which comprises information from diverse settings nationwide.

SBHA'S PARTNERSHIP RESOURCES:

- Hallways to Health
- Advancing Health Center & School Partnerships to Improve COVID-19 Vaccination Administration for Children and Adolescents
- **Selecting a High-value Partner, Appendix C**

PLANNING AND ASSESSMENT TOOLS:

- The School Health Assessment and Performance Evaluation (SHAPE) System
- Oregon SBHC Planning Manual: Community Readiness Strategies Checklist
- **Seasons Center Community Survey on Mental Health Acceptability, Appendix D**

Voices from the Field

I think each community must look at where their best point of entry is. If they have no relationship with the school at all, then probably start with the superintendent's office, but if you have a good relationship with a teacher who might advocate for you, then start with that point of entry."

— **Tracy Mock**
Community Mental Health Center
Indiana

I started with schools that offered free and reduced lunch or had high numbers of Medicaid-eligible youth, so higher poverty schools, which unfortunately usually have higher needs. I started out talking with a behavior disorder school in our district that was above 90% free and reduced lunch. I talked with the principal first about the need and asked if they were struggling with mental health in their schools and it just took off like wildfire. At the time, I had one full-time staff member that my company gave me to dedicate to schools. My plan was to embed that staff in the behavior disorder school which covered K-12, two school buildings. Within two months, she had 50 referrals and the school only had 78 students. That principal started talking to other people and another district quickly came on board after that, and another and so on. So, we started in 2014 with one full-time staff, and fast forward to now [2021], I have 48 full-time staff providing school-based mental health services."

— **Jamie Perry**
Chestnut Health Systems
Illinois and Missouri

We originally started with one school, which took quite a bit of time to kind of ramp up and be able to provide services. Then we had another district reach out to us about providing services in their high school. Then the county created an initiative to offer school-based mental health services to all the schools in the county and schools can elect in. When the county created that initiative, they contacted our agency along with three other agencies in the community to buy in and be a part of it. So, from there, we opened conversations with schools and have now moved into six districts in less than a year."

— **Mary DiGiovanna**
Helio Health
New York

The Michigan Profile for Healthy Youth survey helps us and school districts identify needs within their student bodies. It also helps us determine trends within our county so we can make sure we can address them. We can identify needs, create care pathways, develop referral/resources to support our staff and the individuals/families as well as send staff for evidence-based training to help support treatment. And it was results from the MiPHY data that began our journey into co-locations through the Oakland Schools Project Aware grant."

— **Jennifer Thayer**
Easterseals
Michigan

4. DEVELOPING AND SUPPORTING THE WORKFORCE

When selecting appropriate staff, consider their experience, motivation and interest in working in schools as well as their comprehensive background check in accordance with federal and state laws. If they have worked in schools before or have extensive experience and knowledge of developmentally appropriate and evidence-based interventions for youth, they may be a strong fit for a school setting. In addition, it may be helpful to discuss a candidate's flexibility with them or their ability to adapt to work in a school environment if they have no prior experience. When candidates need support to gain the skills to work in schools, ensure there is available specific training for new hires to develop the skills needed.

Visit the National Council's Workforce Development page for additional information and guidance or to access training opportunities and materials related to innovations, leadership, clinical and nonclinical skills development and promoting social justice in the workforce.

Recruitment and Retention

Recruiting and retaining a robust mental health and substance use care workforce is essential to providing quality school-based health care and developing strong partnerships with schools. Consistency in personnel can be an asset for schools and students that benefit from developing a relationship with the same person routinely. Unfortunately, there are nationwide behavioral health workforce shortages, and some turnover is expected even without the pressures of shortages or the COVID-19 pandemic.[14,15,16] It is important for community mental health organizations to creatively support and retain their staff to ensure the consistent quality of their services remains high within schools.

Offer incentives to recruit and retain staff

- Consider offering various benefits to recruit and retain school-based health care providers. Key informant interviewees shared several examples of benefits they use within their recruitment and retention efforts: Financial incentives such as increased pay and/or hiring and retention bonuses.
- Tuition reimbursement or funds for furthering education/professional development.
- Free onsite clinical supervision for licensure.
- Providing a model and means for professional growth.
- Internship opportunities for current organization staff or high school/college students who may be pursuing employment after earning their degree.
- Mentoring opportunities, supporting new staff with successful onboarding and initial training and providing leadership opportunities for high-performing, experienced staff.
- If the community mental health organization is in a Health Professional Shortage Area (HPSA), explore opportunities to become a National Health Service Corps site, allowing the mental health organization to support providers in obtaining scholarships and student loan forgiveness.

When possible, employ workforce best practices or team-based care strategies to support job satisfaction, limit burnout and ensure new staff are utilized effectively without being overburdened. Key informant interviewees shared several examples of strategies they use to support onboarding and new school-based health care staff:

- Promote the team-based and collaborative aspects of providing services in the school setting, allowing providers to support individual mental health needs in confidentiality while also working as part of a school team providing the full spectrum of supports to students.
- Offer flexible scheduling, such as four 10-hour shifts with one day off per week or summers off (when there is capacity at the community mental health clinic to provide services during school breaks and continue to offer coverage for schools).

- If available, leverage the mental health crisis team at the organization or another within the community, to alleviate the need for school-based staff to serve in the evening or weekend call rotation to provide crisis services for the community.
- Integrating telehealth mental health services with in-person services may also help with workforce shortages. This allows providers to be at another community mental health location or school site yet deliver care to students in school.

Joint Training and Continuous Education

When hiring or assigning mental health care providers for school settings, it is important to support providers by delivering school-based, setting-specific training. This could include training on the school environment, related priorities (chronic absenteeism, graduation rates, etc.), how this partnership helps address these priorities, unique nuances to scheduling sessions (timing and duration) around academic priorities, common language or terms used in schools and typical staff positions and staffing needs.

It is important to ensure providers have appropriate training and understanding of both the importance of collaboration with the school and how to establish and maintain clear expectations and boundaries. Examples of this collaboration might be helping greet families at a back-to-school night to support school staff or engaging directly with families to promote services. Setting expectations and boundaries could include following established procedures on how to accept referrals and student information from school staff while obtaining appropriate releases of information and maintaining student confidentiality. This knowledge serves to guide the provider in decision making, as well as help them educate and collaborate with school partners, parents and students on service options and limitations.

Staff should have access to appropriate training for the age group of students and the settings where they will work. Seek out and disseminate existing developmentally appropriate evidence-based or evidence-informed interventions for children and adolescents. Consider developing in-house training, group clinical supervision and team-building activities specifically tailored to school-based health care providers and their professional development.

Develop staff skills in creating a trauma-informed, resilience-oriented school environment

Community mental health organizations can be a valuable partner to schools in creating an emotionally safe and supportive trauma-informed environment for students and staff alike. Trauma occurs as a result of violence, abuse, neglect, loss, disaster, war and other harmful experiences,[17] including loss of loved ones due to the COVID-19 pandemic, for example. Traumatic events are widespread, with disproportionate effects on people of color, those interacting with public institutions and service systems (e.g., criminal justice, child welfare) and other insufficiently supported groups. While trauma significantly increases the risk of mental disorders and substance use challenges, access to appropriate supports and intervention can help mitigate impacts for affected individuals.

More than two-thirds of children reported at least one traumatic event by age 16; adverse childhood experiences (ACEs) are a sociological measure of childhood experiences that can cause trauma. In addition to higher mental and physical health risks, toxic stress resulting from ACEs and trauma can disrupt a learning brain. Community mental health providers working in schools can assist administrators and educators in making decisions about effective ways to address trauma in their classroom and throughout the school.

The Trauma-informed, Resilience-oriented Schools toolkit from the National Center for School Safety and the National Council for Mental Wellbeing establishes a common vocabulary related to trauma and resilience, their impact on life, learning and other important concepts and offers strategies to begin to embed a trauma-informed, resilience-oriented approach throughout the school community before a crisis happens. It outlines supporting tools, videos, professional development slide decks and concise instruction to explain the concepts of trauma and toxic stress; individual and schoolwide strategies for addressing trauma and fostering resilience for students, staff and families; and a framework to assess the impact of these adaptations throughout the school community.[18]

SBHCs can access resources and lessons on Practices to Increase Healing and Trauma-informed Services, a comprehensive SBHA toolkit that offers a framework and focus areas that span screening, clinical practices and interventions, school interventions, family support, staff wellness and staff development. This toolkit encourages a sustained culture shift to support students with trauma exposure.

Providers working in schools can increase reach and effectiveness by supporting school staff and students in gaining knowledge about common mental health issues. Youth Mental Health First Aid teaches adults who regularly interact with young people how to help an adolescent (ages 12 to 18) who is experiencing a mental health or substance abuse challenge or is in crisis. It is appropriate for teachers, school staff, health and human services workers and other caring adults. Reaching further into the student body, teen Mental Health First Aid teaches teens in grades 10 to 12, or ages 15 to 18, how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers. Extending educational opportunities to school staff and students increases mental health literacy and decreases associated stigma.

It is vital to deliver educational opportunities for new and current school-based health care providers to grow and improve their education and skills. While there are no nationally recognized comprehensive training programs specifically for providers focused on working in school settings, many sites develop their own in-house training programs to support the professional development of their staff working in schools. Additionally, organizations such as the SBHA, the MHTTC School Mental Health Initiative and the National Center for School Mental Health offer regular trainings to support school-based health care provider professional growth.

Voices from the Field

"It's not just recruitment and retention; there are other functional objectives like creating an internal mentoring program for new employees. We're not only trying to support and keep the people we have but get new, quality providers and at the same time, working to make the new employee experience so positive that people aren't going to want to leave."

— **Lisa Helms**
Community Counseling Solutions
Oregon

"You can usually tell in an interview whether they're going to be a good school-based therapist or not and if they're up for the kind of 'schedule Tetris' that you have to do every day to see kids in the schools, or what it takes to be integrated into the campus or build relationships with the other providers and school staff."

— **Keisha Martinez**
Integral Care
Texas

"One thing that really sets our program apart is we have a department that focuses on professional development and consultation. We have a director for school-based professional learning that focuses on pushing out what we have called 'tier one professional intervention.' There are tons of trainings throughout the course of the year on trauma-informed care and suicide prevention; we have a whole menu that we put out."

— **Amy Hill**
Burrell Behavioral Health
Missouri and Arkansas

5. IMPLEMENTING SERVICES IN SCHOOLS

Successful implementation of school-based mental health services promotes an environment of health and wellbeing within the school and across the entire community. Implementation goes beyond simple co-location or formalizing service delivery through a contract or memorandum of understanding – it requires working intentionally to create a mutually collaborative and beneficial partnership that provides equitable and comprehensive services to all clients. School-based mental health care providers work to become a part of the "school team," reducing stigma, improving health inequities, building trust and promoting accessibility to students by seeming like just another school staff person. To be successful, service implementation in the school does not occur with one meeting or agreement but requires ongoing diligence and structured collaboration between health providers and school personnel.

Implementation should be guided by needs assessment and resource mapping data, decisions on service array and partnership expectations described in prior key considerations. Further, despite best planning, implementation is an iterative learning process with trial, error and lessons on the ground. Having trust, cooperation and flexibility among partners is imperative to drive through challenges and enhance solutions.

The partnership bridges that are built between community-based and school-based services are unique to the context, needs, resources and players involved in planning and implementation. Effective implementation strategies are numerous; they are key to identifying the appropriate strategies for the partnership at hand and the best means to apply them in context. What staffing models, referral channels and data collection workflows will best serve the partnership? Helpful resources abound to assist in answering these key questions and highlight questions previously unknown. Review of those suggested in this resource is strongly encouraged.

RESOURCES TO SUPPORT IMPLEMENTATION

California Student Mental Health Implementation Guide

Integration Rubric

Supporting Mental Health In Schools (American Academy of Pediatrics, 2021)

Implementing a Comprehensive School Mental Health Program [Comprehensive School Mental Health Programs, Module 3.] (National Resource Center for Mental Health Promotion & Youth Violence Prevention)

In a successful school-based health care program, school and community mental health partners engage in mutually supportive strategies to advance students' health and learning. When health care providers and school staff jointly develop a mission and vision for their partnership, this yields an increased awareness and buy-in of the school community for the school-based health care services or SBHC. This level of collaboration supports student health and academic achievement by addressing mutually significant outcomes, such as increasing attendance, lowering dropout rates and advocating for the needs of children, youth and their families who are marginalized or have low incomes.

Messaging and Promotion

When beginning to implement mental health and/or substance use care within schools, it will be helpful to develop communication and outreach materials that promote school-based health care services to the school community. Create educational brochures, resources and web-based content that describe the organization and the role of the school-based mental health care provider and the services, both in the school and the community-based mental health organization. Share these resources widely in the school and community and collaborate with the school to disseminate these resources and messages through their communication channels.

Examples of Communication Resources:

Saginaw County Community Mental Health Authority School Based Mental Health Services Webpage and Brochure

St. Clair Student Wellness Center, **Appendix G**

Continuous planning and quality improvement

Many schools can benefit from an initial self-assessment to determine program strengths and assess current levels of implementation (see Appendix J for an example). The self-assessment might highlight areas that need to be addressed immediately and provide a more in-depth look at program gaps. Once identified, a targeted strategy might be implementing a plan-do-study-act (PDSA) cycle (see Appendix K for an example), a way to test a change in systems by planning a process, trying it, observing the results and acting on what is learned.

To support high-quality services and collaboration, it is essential for the community partner, school and stakeholders to convene regularly to discuss and address quality improvement opportunities by using quality improvement methods. These methods could include:

- Creating short planning cycles (ideally three to four months) to jointly establish short-term objectives.
- Outlining the roles and responsibilities of each team member.
- Creating a written plan.
- Selecting a leader who can help champion planning and accountability by following specified timeline goals.

RESOURCE:

The School Health Assessment and Performance Evaluation (SHAPE) System supports mental health in schools and districts by helping users map and assess existing services, providing planning supports, tools, dashboards and more.

Engaging youth voice

Some organizations have partnered closely with young people to start a youth advisory council or other youth-led initiatives to promote youth voice and choice as well as health and wellness in the school setting while also investing students and their peers in the program. This can help reduce stigma and create close relationships with the students and families receiving health services, while also gathering meaningful feedback from students to ensure services are meeting their individual needs.

CONNECTED: A Guide to Youth-Adult Partnership offers guidance and resources for meaningful collaboration to support youth-focused mental wellbeing program development.

Voices from the Field

"When I attended the open house at the elementary school for my kids, there was the school-based mental health clinician, not a school employee mind you, but there at the open house at 5 p.m. serving food to families, just like all the school staff. I've also seen her do things like run the score clock at elementary school volleyball games. Just pitching in and building relationships, being a part of the school team and being someone the kids know and trust. It's a success when the average person doesn't necessarily know that the clinician isn't a school employee."

— **Lisa Helms**
Community Counseling Solutions
Oregon

"Children are not just mentally ill August through May; we know mental illness is obviously a year-round thing. By having providers in schools during the school year who are employed by and connected to our main clinic, we can offer support year round, as well as crisis resources after school hours, on weekends and holidays. The key to success is making sure we always have coverage because we must make sure that we are available to consistently meet the needs of our clients."

— **Amy Hill**
Burrell Behavioral Health
Missouri and Arkansas

"It isn't always about a therapist being available at 3 p.m. on a school day; it's about what is happening on Saturday at 9 p.m. and who can help then."

— **Kristie Wolbert**
Saginaw County Community Health Authority
Michigan

"In addition to our school-based and outpatient services, we have a therapeutic camp, Camp Autumn, which we staff with a therapist all summer. Usually, two or three of my school therapists will go and work out at camp one to two days a week. We have an outdoor music center and an art center, and all winter we do respite events out there with ice skating and fishing tournaments, and in the summer they have kayaks, canoes and paddleboats. We also hire lifeguards and do a lot of internships out there in the summer for bachelor's level interns. We do group therapy and group skill development in the summer. Anyone with a mental health diagnosis that would benefit is welcome to attend."

— **Michelle Theesfeld**
Seasons Center for Behavioral Heath
Iowa

6. SUSTAINING AND SCALING

Ongoing Collaboration

When school-based health care providers have a school email, a mailbox in the staff room, invitations to school events, active utilization and are considered "just another school staff person," it often exemplifies a successful partnership. Even with successful partnerships, it is important to ensure that school-based health care staff have the time to maintain and build the school partnership by connecting regularly with school staff, gaining the trust of students and communicating with parents/guardians. These nonbillable activities are important to reduce mental health stigma, improve quality of care, ensure strong partnerships and drive service utilization.

To sustain ongoing collaboration and transparency, it is important to share regular updates and reports with the school and other partners. Many health care provider organizations find it helpful to provide annual reports highlighting key data points to demonstrate their services' value to the schools in which they work. (See Integral DVISD Annual Report 2020-2021, **Appendix I** for examples.)

As part of a healthy collaborative culture, it is important that staff are granted time, space and process for connecting on challenges and solutions. Formalized student support teams (also known as student assistance teams, student success, wellness teams and more) can encourage such collaboration among educators, administrators and other school and community staff, enabling them to meet regularly to address concerns about individuals or groups of students. Such teams are designed to support students by identifying and preventing issues before they occur and delivering interventions and/or resources when issues do arise.

Ideas for continuing successful collaboration:

- Regular check-in meetings
- Open communication
- Adjustments based on changing needs
- Alignment with priorities of school staff
- Joint training and onboarding
- Sharing data regarding the value of the services provided

If a school wellness or student support team does not exist within the school, consider creating one through the partnership. This support team might include a school staff member from all areas of the school to ensure the group includes the whole spectrum of wellness — school nurse, school counselor, school social worker, SBHC staff, school nutrition staff member, homeless liaison, principal and any other community providers working in schools. Identifying a lead or champion of this group can create a forum that fosters communication and collaboration on an ongoing basis.

While working toward an integrated physical health, mental health and substance use care model, reflect on how the community mental health and substance use care organization provides high-quality preventative care aimed at reducing nonacademic barriers to learning. One way to do this is by participating in the National SBHC Quality Counts Initiative. Mental health and substance use care organizations can assess and connect students to primary care to ensure an annual child wellness visit occurs. This annual visit is considered the cornerstone of pediatric primary care. Ensuring completion of an annual child wellness visit provides comprehensive, evidence-based preventive care and allows providers to identify health risks affecting physical and mental health early and provide appropriate interventions. For more information on integration, explore these resources from the California School-Based Health Alliance.

Voices from the Field

"I think that establishing a good working connection with other agencies and schools is not always something that is valued in this field. It is always in the best interest of our youth if we, as providers, really establish and honor those relationships in a positive manner."

— **Briana Jones**
The Guidance Center
Pennsylvania

"We approach schools with the question: 'How can we be a team, and how can we help and support you?' We let them know that we don't need the school to fill our staff caseloads, but we want to provide a service that helps students and teachers and school counselors. The mental health needs of today are beyond what any teacher is trained to handle. Let us do our job to make your job easier."

— **Michelle Theesfeld**
Seasons Center for Behavioral Health
Iowa

"Once I saw the film Paper Tigers, I knew we needed to get everyone supporting our students trained in trauma-informed care. Not just our behavioral health staff but school staff as well. I didn't just want this knowledge to sit with our staff, I wanted to embed it in the school for everyone. I wanted the teachers, the bus drivers, the parents and the instructional aides up to the superintendent to understand what the hope or intent was, how we can help our students better."

— **Jamie Perry**
Chestnut Health Systems
Illinois and Missouri

Financial Planning for Partnership

Providing school-based mental health and substance use care must be financially feasible and sustainable for all partners. Some payment options for providing school-based health care services include billing for services and patient revenue from Medicaid or other third-party insurances; federal, state or local grants or other funding; or direct contracts between the community mental health and substance use care organizations and schools. With each of these payment options, it is important that community mental health and substance use care organizations understand and appreciate the unique role, demands and schedule of school-based health care providers and support the unique requirements and needs (e.g., scheduling, staffing) that may look different than a typical outpatient clinic. In addition to funding direct services, it is important to consider and understand the different schedules and workloads necessary for school-based health care providers' success in the school setting. Productivity numbers for school-based health care providers may look different from providers working in the community clinic. Key informant interviewees suggest that community mental health and substance use care organizations allocate time for school-based health care staff to provide nonbillable services. Examples of critical nonbillable outreach services include participating in student success or school wellness teams; sitting in on individualized education plan meetings as needed; presenting on mental health issues or services at a staff or school meeting; and taking time to build relationships with students, families and school staff. These activities, while not billable themselves, can pay innumerable dividends in student and school staff trust and willingness to engage in health services, increasing billable service hours and ensuring long-term sustainability.

CCBHCs participating in the CCBHC Medicaid Demonstration Program or Independent State Adoption (State Plan Amendment) receive Medicaid payment through a daily or monthly clinic-specific prospective payment system (PPS) rate, and clinics are reimbursed based on the expected demonstration cost of services. This methodology provides financial support not just for traditional service delivery, but also for innovative activities such as partnerships with school-based health services. Although CCBHC-E grantees do not receive a prospective payment, understanding the PPS structure and requirements can help clinics consider costing efforts to undertake during grant funding to better understand your costs and prepare for sustaining the model including critical partnerships.

RESOURCES: FINANCIAL PLANNING FOR PARTNERSHIP

Restart & Recovery: Leveraging Federal COVID Relief Funding and Medicaid to Support Student & Staff Wellbeing & Connection

Delivering Services in School Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming - The Centers for Medicare and Medicaid Services (CMS), 2023

Understanding CCBHC Funding Streams - National Council for Mental Wellbeing

Review the SBHA Quality Counts: Sustainable Business Practices Toolkit and Blueprint for more funding and sustainability ideas and case examples.

Strategies for success

Plan. When planning for a partnership, it will be helpful to create a clear budget that includes revenue and cost accounting. First, consider the resources that the community mental health and substance use care organization may have to provide appropriate and consistent services in the schools. It may be helpful to develop a more comprehensive business plan for the program model that includes a roadmap outlining financial considerations and next steps to start up and sustain the services.

Combine funding streams. Ensure you are able to offer services regardless of students' ability to pay. Many communities' mental health and substance use care organizations choose to reduce stigma and barriers by serving everyone regardless of insurance status or ability to pay by combining several funding streams, such as billing insurance for services, developing a contract with the school and/or leveraging grant funding. This may mean that providers bill insurance for the services they provide to eligible clients, but also provide services to any student in the school, funded under a separate contract or by grant funding. As a core component of the model, CCBHCs are required to serve anyone who requests care for mental health or substance use services, regardless of their ability to pay, place of residence or age -- including developmentally appropriate care for children and youth.

Consider contracting as a best practice. School districts may have funding set aside or may collaborate with health provider organizations to pursue funding for school-based mental health care services. For example, there may be federal, state or local funding opportunities that target child/adolescent and school mental health or education funding to institute school wellness programs. A contract between schools and community mental health organizations goes beyond a memorandum of understanding to formally describe partnership funding mechanisms and other expectations. For example, it may include direct funding to the organization to cover students whose services are nonbillable, provide training to school staff, finance provider time to sit on student assistance teams and other nonbillable activities. The contract between the school and the provider organization can help create buy-in from the school and accountability across partners. It also helps create a fair system when it ensures all students receive services regardless of their ability to pay, their type of insurance or lack of insurance.

Voices from the Field

> Originally there was a state waiver program, and it was a means for Texas to expand different services using Medicaid waiver funds. And so, because of that, we had the funding to provide school-based mental health, so it was free to the school districts, and it really gave us an opportunity to prove our value. At that stage, with districts not having to put any money forward, it was a little bit of a challenge. Some of the districts did not want mental health services on their campus at the time. I think there was a fear that maybe it would increase referrals to special education, or they felt that it would just maybe bring too much to the campus. But we found some champions — some principals — who said, 'Okay, I'll do it. I'll try one therapist.' And then, after the first couple of years, all the other schools in the districts started asking for a school-based therapist. So then, each of our districts put forth their own money to fund additional positions and we co-funded positions, meaning we can create revenue through a fee for service, and then the remaining part of the school-based therapist's salary was covered by the school district (we determined that based on what we had been billing the last couple of years). And so, in all our districts, we were able to expand the number of therapists we had in the schools using co-funded positions."
>
> — **Stacy Spencer**
> Integral Care
> *Texas*

> The majority of our schools are fully funded by the New York State Office of Mental Health and the Erie County Department of Mental Health. Fully funded school-based programs allow for the staff to become an integrated part of the school community. We have two schools with clinic licenses, and we must bill for the services provided in them. The counselors who have to bill for services have a different relationship with their schools."
>
> — **Dawn Skowronski**
> Endeavor Health
> *New York*

CCBHC Mechanisms

Consider options for becoming a CCBHC to access the many benefits and increased Medicaid reimbursement rates that the CCBHC model — when adopted by states as part of Medicaid — can offer. CCBHCs provide a comprehensive range of mental health and substance use care services and serve anyone who walks through the door, regardless of their diagnosis and insurance status. CCBHCs have the infrastructure and funding to establish innovative partnerships with other community providers like SBHCs to ensure comprehensive and integrated services. They have established core requirements that enable them to provide a comprehensive array of services, either directly through their clinic or through a designated partner organization tightly integrated with the CCBHC. As of mid-2023, 10 states have established CCBHCs in Medicaid through the federal CCBHC demonstration, a Medicaid State Plan Amendment or other mechanism. Under the Bipartisan Safer Communities Act of 2022, participation in the demonstration will be available to all states within the next 10 years, with 15 states currently actively engaged in CCBHC implementation planning. Community mental health and substance use care organizations can find out their state's current implementation status and connect with state officials to explore opportunities to become a CCBHC. Additionally, since 2018, Congress has provided funding for SAMHSA grants supporting CCBHC startup and expansion. Interested organizations can monitor SAMHSA's grants website for the latest grant opportunity announcements.

- Take Action to Expand and Sustain CCBHCs
- Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants
- SAMHSA Grants Dashboard

Voices from the Field

"We were able to start the school wellness centers through funding from our Certified Community Behavioral Health Clinic expansion grants from SAMHSA. We're considering them pilots, collecting data and reporting on how things are going, figuring out what's working and what's not, to make them effective long term."

— **Karen Zultak**
St. Clair County Community Mental Health
Michigan

Section III: Challenges and Opportunities for Growth

Workforce Shortages

Each organization interviewed for this resource identified mental health and substance use care workforce shortages as its primary challenge. Community mental health organizations are struggling to fill positions in both community and school settings. Even if funding exists, finding qualified staff to fill positions, particularly in rural areas, is extremely difficult.[19,20]

This trend continues nationwide, as demonstrated by a growing subset of data. In a recent survey of member organizations conducted by the National Council and the Harris Poll in 2023, 83% of behavioral health workers and 75% of the general public worry that workforce shortages in mental health and substance use care will negatively impact society as a whole. Waitlists are longer than ever for 58% of providers, and more than nine in 10 mental health and substance use care workers (93%) said they have experienced burnout, with a majority suffering from moderate or severe levels of burnout (62%). Almost half (48%) have considered other employment options because of workforce shortages. In conjunction with this, Morning Consult, a survey research company, found in 2021 that approximately one in five health care workers have quit their jobs since the pandemic started. Furthermore, of the remaining health care workers, 31% have considered leaving their work and the field.[21]

Many organizations use innovative solutions to train, recruit and retain quality staff, such as those discussed in Section 4: Developing the Workforce. One interviewee described how they evaluated roles, workloads and qualifications and used staff with various levels of qualifications to provide services in school.

> Finding therapists in a rural area can be difficult, so by putting school-based facilitators in each of those locations, we could reduce staffing issues. The school-based facilitators could work on skills training, anger management, coping skills, social skills and a lot of different things that would help the kids to be successful during the school day and build their capacities to prevent them from struggling so much due to mental health challenges."
>
> — **Tracy Mock**
> Community Mental Health Center
> *Indiana*

With the increase in demand for providers in the health care system and in educational environments, mental health and substance use care service providers must be fairly compensated for their work. Funding through Medicaid and non-Medicaid funded programs has not kept pace, creating a financing shortfall and hindering employers from investing in the wage and benefit increases necessary to retain their existing staff. While organizations can explore creative strategies to offer other incentives (such as childcare or relocation costs) to workers, an imperative aspect is exploring legislation to expand funding opportunities and adequate reimbursement rates.[22]

Privacy and Confidentiality

When community mental health and substance use care organizations consider working in schools, some barriers exist, including those related to legality, consent and privacy. However, these challenges do not need to halt the partnership before it starts. Once the school and health provider organization clarify, define, develop and agree on the most appropriate protocols to address confidentiality and privacy, they must clearly communicate this with all staff involved in the partnership. It is essential to develop clear protocols, seek continuing education and hire and train school-based mental health care staff as strong partners in the school while carefully following all consent and privacy laws.

RESOURCES:

Information Sharing and Confidentiality Protection in School-Based Health Centers A Resource Guide to HIPAA and FERPA — School-Based Health Alliance

HIPAA and confidentiality requirements are quite different for medical providers than they are for schools. Wellness center providers would often see a student and then have a teacher or administrator come in and ask for an update. We have different privacy requirements, so that was one of the bigger challenges moving into this, making sure everyone understands why we must have consent to release information and talk to a teacher or school administrator."

— **Karen Zultak**
St. Clair County Community Mental Health
Michigan

Complex Systems

Both health care and education in the U.S. are large, complex systems. Many people devote their lives to working for one of these systems, and the idea of working at the intersection of the two can seem daunting. However, it is a worthy pursuit because it's what's best for young people. Despite too-frequent obligations to navigate bureaucratic roadblocks, difficult partnerships and outdated systems, it continues to offer purpose and direction in the interest of providing the best care for young people.

A big part of the roadblocks that we have had to navigate is state approval. So, we partnered with the schools, we signed our MOUs [memorandums of understanding], we said this is what we are going to do, we hired staff and then we hit this wall with the state approval and we can't provide any services until we have that operating certificate to say what we're doing in this room. We are ready, schools are ready, but we are still waiting for the state."

— **Mary DiGiovanna**
Helio Health
New York

Conclusion

Community mental health and substance use care organizations, including CCBHCs, are incredibly well positioned to create dramatic improvements in the mental wellbeing of young people in the U.S. by collaborating with schools and school systems to provide school-based health care services. Whether it is through a comprehensive school-based mental health care program or a fully integrated SBHC, community mental health and substance use care organizations around the country are seeing the value in working with schools to promote health and wellness for students.

To learn more about the School-Based Health Alliance and National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions' partnership to provide quality mental health and integrated health care services to young people in schools, contact the School-Based Health Alliance at info@sbh4all.org. To learn more about training and technical assistance offerings related to integrated care, contact the Center of Excellence for Integrated Health Solutions at integration@thenationalcouncil.org.

If your organization is interested in more support to develop school-based health programs or SBHCs, the School-Based Health Alliance offers a robust array of consulting and training options for planning, implementation, operation, evaluation and quality improvement.

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Appendices

APPENDIX A: CONTRIBUTING ORGANIZATION SPOTLIGHTS

Burrell Behavioral Health offers a wide range of services intended to create individualized care plans and collaborates with families, schools and health care systems across 26 counties in Missouri and Arkansas. Eighteen of these counties are in Missouri (seven Southwestern, 10 Central and one Eastern) and eight are found in Northwestern Arkansas. Burrell operates in over 70 districts with over 5,000 students ages K-12 receiving its services. The process for partnership started in August 2018 with changes in Medicaid billing, as before this, schools were limited in their ability to provide services. They often had to pay for it out of their own budget. Burrell leadership staff from Indiana and Arkansas teamed up to build a mental health program and address recurring difficulties for the students. At the time, schools were desperate for help as the ratio was one school counselor to 5,000 students. Burrell Behavioral Health's newest initiative is around staff development, working to create a new comprehensive learning system to promote practice improvement and provide better, more functional services to students.

Community Mental Health Center, Inc. (CMHC), founded in 1967, provides comprehensive mental health and addiction services, primary care and school-based health care. Located in Southeastern Indiana, CMHC offers services to individuals and families across Dearborn, Franklin, Ohio, Ripley and Switzerland counties. Around 15 years ago, there were established therapy contacts throughout schools in Southeastern Indiana; however, this was unable to be sustained due to funding difficulties. Schools indicated they wanted a designated person to provide mental health services, especially for those in grades 5-12. Batesville Schools was the first to step forward and indicate a need, so Community Mental Health Center distributed staff to provide their services. As many schools are located within rural areas, children needed a localized place to address challenges and be offered the support to be successful during the day, which is where the partnership process was expedited. Currently, CMHC focuses on reducing absences, keeping kids in school and working on the community's wellness.

Community Counseling Solutions offers a wide array of behavioral health, primary care and developmental disability services to five counties in Eastern Oregon, including Grant, Wheeler, Gilliam, Morrow and Umatilla. These services include individual, family and group therapy, gambling counseling, alcohol and drug treatment, 24/7 crisis intervention services, psychiatric consultation and medication management in addition to cooperation with various other organizations including residential and acute psychiatric services and school programs. They also operate the Grant County Health Department, which houses a rural health clinic that allows for provision of primary care service to the local community and is recognized as a patient-centered primary care home. Their school-based mental health services started around 2002, as community partners in Wheeler County recognized the need for primary care and mental health services in their school and established an SBHC at the K-12 Mitchell School in the rural Ochoco Mountains. From this first success, Community Counseling Solutions' school-based services have grown exponentially, extending into all five of the counties it serves and reaching students in 18 schools via both school-based mental health programs and fully integrated SBHCs, including operating the Grant Union School-Based Health Center, and partnering with other community organizations to provide behavioral health services for the Ione K-12 Community SBHC and the Mitchell K-12 SBHC.

Chestnut Health Systems offers a comprehensive scope of health care and human services across a mixture of urban and rural counties in Illinois and Missouri. From primary care treatment and preventative services to substance use care and prevention (including residential treatment facilities) to mental health treatment and housing for persons with mental illness to applied behavioral research, training and publications, Chestnut continuously works to achieve its mission to make a difference and improve quality of life through excellence in service. Chestnut provides school-based mental health services in 17 school districts in Illinois and six in Missouri, and has a variety of programs dedicated to children and youth, from infancy to age 21. Before their school partnerships started, public schools in the area were overwhelmed with kids who had unaddressed mental health needs. Likewise, Chestnut struggled with their "no-show" rate for child/adolescent behavioral health appointments, so they worked with higher poverty schools to assess their needs. Talking about the needs with each school principal spread like "wildfire" as increased places indicated an interest in services. To maintain the relationships with each district, Chestnut currently supports quarterly staff meetings that foster collaboration with parents, students and school districts to confirm they are all on the same page when providing care.

Endeavor Health Services is a private, nonprofit organization that provides a wide array of behavioral health services. Endeavor has served Western New York since 1972. School-based services provide the integration of behavioral health services and support into educational processes for identifying at-risk children, as well as into the processes for planning and delivering services to the population. Endeavor works with seven schools in the Buffalo Public School district and one college. The school-based health care staff works with the school support teams to identify the services that would best meet the needs of the referred student. The staff has regular contact with the student's entire family and involves them in the ongoing treatment of the student. In addition to having individual counseling caseloads, the staff work closely with the school faculty to provide services and supports to the school community.

Easterseals Michigan (ESM) is a leading provider of behavioral health services with a long history of supporting vulnerable children and families in Michigan for over 100 years. Its co-located mental health services in schools began in 2015. The organization was part of the collaborative community approach to support the SAMHSA initiative of Project Aware in Oakland County. As a result of needs assessments, a district was identified as having a high number of suicide attempts and suicide deaths. Thus began its co-located model for school districts. Since 2015, ESM has partnered with 10 school districts in Oakland and Genesee County including Berkley, Clarkston, Fenton, Grand Blanc, Holly, Oxford, Southfield, Novi, Walled Lake and Waterford. The organization has provided comprehensive services over the continuum of care for mild to moderate to most severe. In Oakland County, ESM can serve the whole continuum of care as a community mental health provider. If students need more intensive services, ESM can provide them through community mental health or as a designated CCBHC. ESM has served over 400 students in its co-located behavioral health programs and over 1,600 in its more intensive services through community mental health. As a premier provider in schools, ESM is sought to provide evidence-based services in each tier, professional development in the areas of mental health and trauma as well as consultation services for school staff members. ESM's approach has been tailored to each district for supporting staff needs through consultation, on-demand crisis services including mental health screening and crisis response and professional development based on the district's needs.

Helio Health is dedicated to transforming the lives of those struggling with substance abuse and living with mental health disorders. Officially established in 2017, Helio Health spreads its services across 18 schools within the more rural areas of New York, specifically in the Syracuse area. The school-based partnership was initiated when Helio Health was contracted for one local high school. As of March 2021, a county initiative gauged interest and financial support from the surrounding school districts. Though its main demographic focuses on high school students, Helio Health also offers support for younger students. To account for the influx of need for its services, the Helio team created a "communication pipeline" to work with a district and account for individual needs. While it is a new organization, it has started to increase the tracking of data trends and caseloads to measure outcomes and manage any developing burnout. Helio Health continues to expand its services as more schools and counties indicate an interest.

Integral Care supports adults and children by providing services that allow them to rebuild and maintain their mental and physical health. Located in Austin, Texas, Integral's services span over 40 different school campuses, including 15 in Pflugerville, one in EAP, nine in Manor, 13 in Del Valle and two others in alternative schools. Integral Care has provided its services since 1967 and was the first community center to provide high-quality community-based behavioral health in Central Texas. The initial partnership began through the 1115 Waiver Program with the People's Community Clinic in Manor. While they initially experienced some pushback, a tragedy caused an influx of their services to be requested. The team negotiated with the different schools to establish a process to provide services to kids in need. Currently, there is a massive demand for all services, requiring an increase in staffing and flexibility.

The Guidance Center in Northwest Pennsylvania offers a wide variety of community-based services, including mental health, intellectual disabilities, education and prevention services. It extends these services across 14 schools throughout Cameron, Elk, Potter and Warren counties with crisis services offered to those in McKean County and in-person assistance for those on the New York border. The original school-based clinical director was involved in the inception of the initial partnership when the counties identified districts in need of support regarding areas such as mental health and drugs and alcohol. To establish these relationships, The Guidance Center utilizes student assistance program (SAP) teams. These teams consist of varying staff, such as social workers, teachers, guidance counselors, administrators and someone acting as a liaison. In the future, The Guidance Center hopes to establish focus rooms and other resources which will utilize their SAP screens to make better referrals and more meaningful follow-ups for families.

St. Clair County Community Mental Health (SCCCMH) provides services and support to adults and children living with mental illness or SUDs. Its services are offered in elementary, junior high and high schools in three school districts across Michigan, including Marysville, Capac and Yale. School Wellness Center services are provided through an innovative partnership between SCCCMH (counseling) and the St. Clair County Health Department (nursing). The partnership with schools originated with initial contacts and relationship building between SCCCMH, the St. Clair County Health Department and the superintendents within the school districts. Those positive relationships allowed SCCCMH to get "their foot in the door" and begin collaborating with schools to provide on-site services. In addition, the partnership with the St. Clair County Health Department brings in their primary care expertise, as they have run a freestanding center for teens to interact with social workers and public health practitioners for over 30 years. This freestanding Teen Health Center continues to provide services for students in the Port Huron school district. Increased schools have experienced a "shift in atmosphere," and support for the types of services offered has grown exponentially within the recent grant-funded programs. SCCCMH hopes to eventually establish the ability to provide services to teachers and administration and expand its outreach throughout each district in the county.

Seasons Center for Behavioral Health is a comprehensive behavioral health center that offers a broad range of psychiatric and behavioral health services in rural Iowa. Specifically, Seasons extends its services for grades K–12 in seven districts across 10 schools. Some additional services that Seasons offers include psychiatry, wrap-around services, trauma-specific sites, acceptance, commitment therapy, role-playing game therapy and outpatient therapy. Once school-based services were initiated, word of mouth quickly spread and demand steadily increased. As mental health accessibility is becoming a priority for schools, Seasons uses this as an opportunity to expand upon services and develop more school relationships within the community. To address the needs of each diverse school district, Seasons utilizes a "menu" system where schools can customize their services based on need. As they expand, Seasons is looking to further adapt their services through sensory rooms, creating supportive environments for children to regulate their emotions in schools.

Saginaw County Community Mental Health Authority (SCCMHA) supports those living with mental illness, youth with serious emotional disturbance, persons with intellectual and developmental disabilities, people suffering from chemical dependency and their families. SCCMHA is a behavioral health network of agencies that extends its services to 12 elementary schools across the county in a mixture of urban and rural districts. To initiate a partnership with the local districts, SCCMHA's clinical leadership started meetings with superintendents at their monthly meetings hosted by the Saginaw Intermediate School District to explore the benefit of embedding mental health consultants inside elementary schools. Initially, the focus was on elementary schools in the City of Saginaw, as there were already existing structures for behavioral health support within city high schools. The service then expanded to suburban and more rural districts as word spread about the benefit of the service to students and teachers. The staff embedded in elementary schools are contracted network agency staff members. They also act as liaisons for students/families who are referred to their outpatient clinics when presenting concerns suggesting the need for more intensive interventions, psychiatric services and access to the specialty benefit managed by SCCMHA including mobile response and stabilization services after hours and on weekends. To maintain communication, the Saginaw team started working on community connections by holding monthly, school-based meetings with representatives from the schools, human service groups and sometimes officials from the juvenile justice system and foster care systems. Saginaw continues to work to improve the information and messaging to both school personnel and families and to streamline the referral process to psychiatry and other support services like seasonal respite camps, community health workers and community living supports.

APPENDIX B: PRAISE FOR PARTNERSHIP: REFLECTIONS FROM SCHOOLS

Our students and families face many challenges. Seasons has added a great tool in our toolbox to build supports for students and families. Having those supports be available in the school setting has served students and families well. Many times, it is the difference between a student receiving the support services or not receiving the support services they need."

— **Anonymous survey feedback from superintendent of schools**

Clarkston Community Schools is proud of its groundbreaking collaboration with Easterseals Michigan (ESM) to promote the wellbeing of children and families within our school district. Our community benefits enormously from qualified, licensed ESM therapists working on site in cooperation with the school social worker, teachers and parents. We are grateful for this collaboration and look forward to building upon our partnership as we continue providing support to our students, staff and community."

— **Staci Puzio, Director of Equity, Wellbeing and Community Partnerships, Clarkston Community Schools**

Community Counseling Solutions' school-based mental health counseling is an asset to the schools, students, clients and community it serves. Working in the school requires a high level of problem-solving skills, and school-based clinicians have the skills to think creatively about problems and work with teachers to come up with well-thought-out solutions."

— **Anonymous survey feedback from school administrator and teacher**

Working with Easterseals to add clinical and therapeutic support to directly benefit our students is an essential step in not only our healing journey, but to meet the mental health and wellness needs of our students in general. They have been as supportive as possible during difficult times."

— **Anita R. Qonja-Collins, Assistant Superintendent of Elementary Instruction, Oxford Community Schools**

I am so thankful for Integral Care on our campus. We just need probably 10 more of you to meet our students' needs."

— **Anonymous end-of-year survey feedback from school administrator**

Our school-based therapist from SCCMHA is an invaluable part of our school family. Our students had a huge need for our therapist before the pandemic and now the need is even greater. Our kids often need an outlet or escape from the classroom, someone to talk with in a safe space, and she is another person besides the teacher for the students to have a close trusting relationship with. I cannot stress enough how important this role is at a school. Every school should have one."

— **Christine Spendlove, first grade teacher, Herig Elementary, Saginaw, Michigan**

I have noticed that these students are doing a much better job of recognizing their feelings and are starting to learn how to calm themselves down (students in Youth Social Workers groups). They are also becoming more aware of how their actions affect other children."

— **Anonymous survey feedback from teacher**

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The National Voice for School-Based Health Care

School-Based Health Center Sponsors

Selecting a High-Value Partner

What does a Sponsor do?

To ensure students receive high quality health care services, school-based health centers (SBHCs) partner with other agencies to sponsor their clinical and managerial operations. The level of support and individual/shared responsibilities of operating the SBHCs are typically defined in a written memorandum of understanding (MOU) between the SBHC or school district and its sponsoring agency. Sponsors provide support functions such as human resources, purchasing, training and leadership development. SBHCs may have more than one sponsoring partner.

- **Serve as the lead organization**
- **Provide health information technology infrastructure**
- **Employ SBHC staff**
- **Provide medical equipment & supplies**
- **Bill health insurers and collect patient revenue**
- **Drive quality improvement**

Critical Contributions

Partnering with the right sponsor can make or break an SBHC program's success. There are key critical sponsor attributes SBHCs must consider when searching for a high-value partner, including:

LEADERSHIP SUPPORT – Identifying champions for school-based health care at the highest levels of the sponsor organization who will help assure that resources flow to the SBHC program.

MISSION & VISION – Direct alignment between the sponsor and SBHC's mission and vision is vital to ensuring continued investment in school-based health care. Does the sponsor's mission and vision focus on children and adolescents, prevention or integrated models of care?

LOCATION – A potential sponsoring partner has more interest in sponsoring an SBHC program that is located in its service area.

REPUTATION – Sponsoring partners that are well respected within the community are more likely to draw support from the school and community, as well as positively influence the perception of service quality. Conversely, poorly regarded sponsors can negatively affect SBHC partnerships and utilization.

Most Common SBHC Sponsor Types

COMMUNITY HEALTH CENTERS

The nation's federally-qualified health centers (FQHCs) - also known as community health centers - are natural partners in school-based health care.

- The SBHC principles of ensuring health care access to underserved children and adolescents directly align with the FQHC mission of ensuring access to underserved populations.
- SBHCs understand the needs of underserved populations.

Because FQHCs are federally funded, FQHC-sponsored SBHCs have access to federal grants, enhanced reimbursement rates, and other federal safety-net protections.

MORRIS HEIGHTS HEALTH CENTER

Location: Bronx, NY

Sponsor since: 1982

Number of SBHCs: 14

Students served: 15,389

Services offered: primary care, behavioral health and health education

For more information: www.mhhc.org

HOSPITALS AND COMMUNITY HEALTH SYSTEMS

Hospitals and community health systems are often motivated to sponsor SBHCs as part of satisfying their federal non-profit requirements (often referred to as community benefit). To comply with these requirements, non-profit hospitals must invest a portion of their profits back into the community they serve.

Hospitals view SBHCs as critical partners in:

- Reducing unnecessary child emergency department visits – especially those related to untreated asthma.
- Community outreach and marketing to build brand recognition among families and school faculty.

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

Location: Baton Rouge, LA

Sponsor since: 2012

Number of SBHCs: 8

Students served: 6,350

Services offered: primary care, behavioral health, dental and vision care

For more information:

www.schoolhealthathcs.org

Most Common SBHC Sponsor Types

LOCAL HEALTH DEPARTMENTS [1]

The mission and vision of local or state public health departments across the nation is to improve population health and address the social determinants of health - systemic factors that impact a person's well-being such as housing, education and economic stability. Because SBHCs are located within the intersection of education and health, they are seen as valuable partners in addressing the social determinants of health for children and adolescents.

Public health departments view SBHCs as key partners in serving vulnerable populations by:

- Ensuring child and adolescent immunization compliance.
- Providing sexually transmitted disease testing and treatment services.
- Increasing health education outreach and prevention.

SEATTLE & KING COUNTY

Location: Seattle, WA

Sponsor since: 1989

Number of SBHCs: 32

Students served: 8,000

Services offered: primary care, behavioral health and health education

For more information:

www.seattleschoolbasedhealthcenters.org

ACADEMIC MEDICAL CENTERS [2]

In addition to providing care, academic medical centers have a unique focus on innovation and developing the research base for evidence-based health care. They are often strongly embedded in the community and serve as safety net providers, making them uniquely positioned to serve children and adolescents in school.

University medical systems view SBHCs as critical partners in:

- Achieving better health outcomes by providing comprehensive primary care services and continuity of care.
- Care coordination across primary care and specialty providers.
- Serving as professional training sites for students of nursing, medicine and dentistry.

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Students served: 6,350

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For more information:

www.schoolhealthathcs.org

Most Common SBHC Sponsor Types

BEHAVIORAL HEALTH ORGANIZATIONS

As health care payers and providers are being held increasingly accountable for ensuring patient-centered care, there is a growing movement to integrate behavioral health services within a primary care setting.

Behavioral health organizations view SBHCs as critical venues for integrating and offering behavioral health and primary care services to children and adolescents.

RIVER VALLEY COUNSELING CENTER

Location: Holyoke, MA

Sponsor since: 1985

Number of SBHCs: 3

Students served: 2,500

Services offered: primary care, behavioral health, dental screenings and health education

For more information: www.rvcc-inc.org

PHYSICIAN GROUP PRACTICES

Physician group practices view SBHCs as ideal models for delivering health care services to children and adolescents who otherwise may not have access to a primary health care home.

Private pediatric physician groups located in communities where there are only 1-2 private practices view working in SBHCs as an ideal strategy to reach and serve the adolescent population.

GOLDSBORO PEDIATRICS

Location: Goldsboro, NC

SBHC sponsor since: 1997

Number of SBHCs: 6

Students served: 3,700

Services offered: primary care, behavioral health, nutritional counseling, and health education

For more information: www.goldsboropediatrics.com

[1,2] Public Health departments and government-run university systems meeting federal requirements may receive FQHC status and therefore have access to federal grants, enhanced reimbursement rates, and other federal safety-net protections.

APPENDIX D: SEASONS CENTER COMMUNITY SURVEY ON MENTAL HEALTH ACCEPTABILITY

11. Please rate your comfort level for each of the following (for you or your child). Circle the response that best characterizes you feel about the scenarios below, where: 1 = Not comfortable at all, 2 = Not so comfortable, 3 = Somewhat comfortable, 4 = Quite comfortable, and 5 = Extremely comfortable

	Not comfortable at all	Not so comfortable	Somewhat comfortable	Quite comfortable	Extremely comfortable
Calling an anonymous crisis line	1	2	3	4	5
Calling a crisis line staffed by someone from a local community	1	2	3	4	5
Seeing a mental health professional in a school setting	1	2	3	4	5
Seeing a mental health professional in your community	1	2	3	4	5
Seeing a mental health professional outside of your community	1	2	3	4	5
Receiving mental health services via telehealth (a video or phone call)	1	2	3	4	5

12. Please rate your comfort level for each of the following. Circle the response that bestcharacterizes you feel about the scenarios below, where: 1 = Not comfortable at all, 2 = Not so comfortable, 3 =Somewhat comfortable, 4 = Quite comfortable, and 5 = Extremely comfortable

	Not comfortable at all	Not so comfortable	Somewhat comfortable	Quite comfortable	Extremely comfortable
Talking with your friend(s) or family about their mental health struggles	1	2	3	4	5
Talking with your friend(s) or family about your mental health struggles	1	2	3	4	5
Talking with your child about their mental health struggles	1	2	3	4	5
Talking with another support system (like a faith leader) about your mental health struggles	1	2	3	4	5

APPENDIX D: CONTINUED

13. If you needed to seek out behavioral health services for yourself or your child, how likely is it that you would seek help from each of the following? Circle the response that bestcharacterizes you feel about the scenarios below, where: 1 = Not at all likely, 2 = Not so likely, 3 =Somewhat likely, 4 = Very Likely, and 5 = Extremely Likely

	Not likely at all	Not so likely	Somewhat likely	Very Likely	Extremely Likely
Mental health therapy with a therapist/counselor	1	2	3	4	5
Services in a school-based setting	1	2	3	4	5
Substance use disorder counseling	1	2	3	4	5
Psychiatric medications from your primary care provider	1	2	3	4	5
Psychiatric medications from a behavioral health provider (i.e., psychiatrist, psychiatric nurse practitioner)	1	2	3	4	5
Services offered in your home	1	2	3	4	5

FAMILY HEALTH

Chestnut Family Health Center offers integrated primary and behavioral health care for adults and children in Metro East Illinois and McLean County. We believe in preventive medicine and encourage annual physical exams, gynecological care, immunization updates, and cancer screenings. Lab and pharmacy are located within Family Health Center locations for your convenience.

This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n). This health center receives HHS funding and has Federal PHS deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

RESEARCH

Lighthouse Institute provides research, training, and publishing that help practitioners to improve quality of care. The Lighthouse staff conducts applied research, program evaluation, training, and consultation. Featured programs include the Global Appraisal of Individual Needs (GAIN), Adolescent Community Reinforcement Approach (A-CRA), Community Reinforcement Approach (CRA), and Assertive Continuing Care (ACC).

PAYMENT AND INSURANCE

Chestnut provides quality services while maintaining affordable fees.

We will help you determine fees, check your insurance benefits, and apply for any available payment assistance. We offer a sliding fee scale. Chestnut accepts private insurance, Illinois and Missouri Medicaid/Medicare, and cash, check, or credit card.

To get started, please call
888.924.3786 in central Illinois;
618.877.4420 in St. Louis Metro East, Illinois;
800.446.0972 in Hillsboro, Missouri.

CHS-1412_2022-11-22

LOCATIONS

12 N. 64th St.
Belleville, IL 62223

1003 Martin Luther King Jr. Dr.
Bloomington, IL 61701

702 W. Chestnut St.
Bloomington, IL 61701

50 Northgate Industrial Dr.
Granite City, IL 62040

10640 Business Highway 21
Hillsboro, MO 63050

2148 Vadalabene Dr.
Maryville, IL 62062

Chestnut Health Systems™ is a private, not-for-profit 501(c)(3) charitable organization governed by a volunteer Board of Directors.

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HEALTH SYSTEMS

MAKING A DIFFERENCE

Improving quality of life through excellence in service.

ADDICTION TREATMENT*

Chestnut offers a variety of services for adolescents and adults. Because they often go hand-in-hand, we help individuals work on both addiction issues and any mental health concerns at the same time.

Assessment
An assessment takes into account all aspects of a person's life to ensure individual needs are addressed. We use the assessment to create a unique treatment plan for each person.

Medically Monitored Detox
Clients experiencing withdrawal from alcohol or other mood altering drugs who meet our admission criteria can safely detoxify at our crisis residential unit. Admission is voluntary. Care is medically supervised around the clock.

Outpatient Treatment
Clients can work on their recovery at home in a supportive living environment while receiving counseling at Chestnut up to several times a week. Patients are encouraged to attend groups like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Celebrate Recovery.

Residential Treatment
Clients who need a structured and supportive environment to maintain recovery may enter residential treatment. Clients participate in individual, group, and family counseling and learn life skills such as decision making, stress management, assertiveness, coping, and relapse prevention. Care is supervised 24 hours a day with access to a psychiatrist, medical care, catered meals, and recreation.

**Services vary by location*

Medication-Assisted Recovery (MAR)
MAR combines medication, counseling, and community support to help people overcome dependence on opiates like heroin and prescription painkillers. Prescribed medications help individuals to manage physical symptoms and reduce cravings so they can focus on recovery and behavior changes.

NARCAN® is an FDA-approved prescription medicine that blocks the effects of opioids and reverses an overdose. A person does not have to be a medical professional to administer it. To learn more about NARCAN training and how you can get free NARCAN, please call 618.512.1781.

Prevention Education
Prevention programs provide community education and training on teen substance use. Whether you are a student, parent, educator, health professional, civic leader, businessperson, or concerned citizen, you can play a role in prevention.

MENTAL HEALTH*

If problems in life are piling up, relationships are strained, feelings of sadness and hopelessness are affecting your work, or your life is feeling out of control, there is help available at Chestnut. Our professional staff is ready to listen, help you consider your options, and work on resolving problems.

Crisis Stabilization
Chestnut provides short-term 24-hour supervised care for persons aged 18 years and older experiencing an acute psychiatric crisis who do not require hospitalization.

Individual and Family Counseling
Our trained Masters level and licensed clinicians are available to assess your needs and provide counseling services for all ages. Individual or family needs determine the type and intensity of services.

Children and Youth Services
Chestnut services are designed for effective, short-term interventions with a variety of difficulties experienced by young people.

Our treatment staff is experienced in helping families and children cope with issues like depression, grief, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), behavioral problems, family conflict, blended family issues, and serious trauma.

We also offer school-based services in a number of Illinois and Missouri counties. Services include prevention education in the classroom and one-on-one counseling during school hours.

Housing
Chestnut provides several types of housing for persons living with substance use disorder and/or serious mental illness. Our direct service providers help residents gain skills so they can transition to permanent housing and achieve greater self-determination.

Professional Development Menu

Core Trainings

Bullying Prevention
Cultivating Inclusion
Fostering Community
Grief & Loss
Healthy Relationships
Preventing Youth Suicide
Social Media
Substance Use
Trauma-Informed Discipline
Trauma 101
Wellness

Supplemental Trainings

Active Listening
ADHD
De-Escalation Strategies
Diagnoses
Non-Suicidal Self-Injury
Restorative Practices
School Violence
Self-Care Strategies
Sensory Strategies
Supporting Youth Wellness

Student Sessions

Bullying Prevention
Grief & Loss
Social Media
Substance Use
Suicide Prevention

Additional Resources

Intro to Burrell Services
myStrength App
PersonBrain Model™
PREPaRE
Resilience Film
Sources of Strength

For scheduling and pricing, please email
YSTraining@BurrellCenter.com

burrellcenter.com

APPENDIX G: ST. CLAIR STUDENT WELLNESS CENTER

Yale Public Schools STUDENT WELLNESS CENTER

Beginning in November 2020, all students enrolled in Yale Public Schools will have access to medical, behavioral health and other support services through the Student Wellness Center, with no out of pocket costs to families. This school-based health center is a collaborative project of St. Clair County Health Department, St. Clair County Community Mental Health (SCCCMH) and Yale Public Schools; and is staffed by a registered nurse and a licensed professional counselor. This program is funded by SCCCMH through a grant award from SAMHSA.

WHAT IS A SCHOOL-BASED HEALTH CENTER?

A school-based health center brings qualified providers to the school environment so that students can avoid health-related school absences, receive support they need to succeed both in school and at home, improved access to health care, improve student health and wellness and improve academic performance.

BENEFITS OF SCHOOL-BASED HEALTH CENTERS

- Decrease in student absence for physical or behavioral health reasons
- Increased access to health care for children and adolescents
- Teaches responsibility and self-management of health needs
  - Helps reduce barriers such as high co-pays, deductibles, and lack of transportation
  - Supports busy parents by allowing students to access care in the school environment

MEDICAL SERVICES

Provided by St. Clair County Health Department

- First Aid for minor injury
- Immunizations
- Preventative care
- Co-management of chronic illness
- Telehealth visits with St. Clair County Health Department's Nurse Practitioner at Teen Health
- Weight management and nutrition strategies
- Lead Screenings (age 5 and under)
- On-site COVID testing
- Medicaid outreach and enrollment
- Health education

BEHAVIORAL HEALTH SERVICES

Provided by St. Clair County Community Mental Health

- Provided with parental consent, or for up to 12 sessions for youth age 14+ without parent consent
- Mental health and substance use screening and assessment
- Individual, group, and family counseling
- Referral to CMH services when appropriate and assistance with intake process
- Mental health education; teaching self care, coping skills, stress management and more

St. Clair County Community Mental Health
Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies

ST. CLAIR COUNTY HEALTH DEPARTMENT
Our Community. Our Environment.

QUESTIONS? Call 810-387-3231
Janice Charzynski, Counselor: Ext. 4427
Kassandre Alexander, Nurse: Ext. 4428

PREVENTION ACTIVITIES

To help build a culture of whole-health wellness in the school community, you may see staff from the Student Wellness Center supporting students and teachers in the classroom by providing programming that focuses on:

- Prevention of substance use, including drugs, alcohol, and tobacco/vaping
- Building good social/emotional skills, self-esteem and healthy relationships
- Education about mental health, including depression, suicide, anxiety and coping with stress.
- Health, wellness and nutrition

FREQUENTLY ASKED QUESTIONS

Does the Student Wellness Center take the place of my child's primary care provider?

No, the Student Wellness Center does not replace the care a child receives from their primary care provider. Staff can work in collaboration with providers when appropriate and make referrals if a family is in need of finding a primary care practice in the area.

Does the Student Wellness Center eliminate the need for school counselors or social workers?

No, staff from the Student Wellness Center complement services already being provided by placing additional resources in the school and working collaboratively with staff, administrators and teachers. The intention of the Student Wellness Center is support students experiencing mild to moderate or situational, medical or mental health symptoms.

Does my child need parental consent to utilize the Student Wellness Center?

Students can talk with either provider about an urgent, situational need and crisis care will be provided in the event of an emergency. For medical services, students will need to have the consent of parent/guardian for treatment. The only exceptions, according to Michigan law, are emergencies that threaten life or limb, substance use services, HIV counseling and testing, sexually transmitted infection screening and pregnancy screening. The Michigan Mental Health Code states that minors age 14 years and older can receive counseling services for a specified amount of time without parental consent. ***Parents are a child's most important ally; every effort will be taken to inform and gain parental consent when appropriate.***

HOW TO ACCESS SERVICES

Students are able to schedule appointments or walk-in to the both the nurse and the social worker at the Student Wellness Center. Urgent needs will be addressed as soon as possible, and staff will communicate with the student's teacher if they are being seen during class time. After the initial need is met, follow-up appointments can be made to ensure that student's issue is resolved. The goal is to keep students healthy and well to they can be successful in their school environment.

- **Medical services** are available Mondays from 10:00 am to 6:30 pm and Tuesday through Friday 8:00 am to 4:30 pm.
- **Counseling services** are available Monday through Friday during the school day.
- Additional times may be available outside of these hours by appointment.
- Nurse phone line: (810) 387-3231 ext. 4428
- Counselor phone line: (810) 387-3231 ext. 4427

MEET THE STAFF

Janice Charzynski

Kassandre Alexander

Janice Charzynski, MA, LPC, CAADC is a licensed counselor who works out of the Child and Family Services division at St. Clair County Community Mental Health. She has been working with children, adolescents and parents for 20 years.

Kassandre Alexander RN, BSN has worked exclusively in adolescent health and wellness at The St. Clair County Health Department's Child and Adolescent Health Center; Teen Health for the past five years. In this time Kassandre has been instrumental in developing and presenting new evidenced based educational programs for youth in addition to assuring excellent clinical care.

This program is funded in part by a grant award from SAMHSA, the Substance Abuse and Mental Heath Services Administration.

APPENDIX H: INTEGRAL CARE SUMMER 2021

Summer 2021 School Based Services

This summer Integrated Care in Schools provided services to elementary, middle and high school aged students in Del Valle, Manor and Pflugerville.

We ran 20 groups of youth from 1st grade to 12th grade. Groups were both virtual and in person depending on caregiver's preference. Ninety-six students were served. Most of our groups were Social Skills groups as many parents indicated their children were feeling socially isolated due to Covid and they wanted their kids to have fun and practice socializing again. Most groups were once per week for about 6 weeks and lasted anywhere between 2-4 hours each week.

Some parents preferred virtual groups for their youth due to Covid. For virtual groups, therapists dropped off art projects and they completed projects together via Teams. For in person groups, youth worked together on their school campus doing skills training and activities with one another. Some groups had a field trip component where they practiced their skills in the community. Field trips included bowling, mini golf, Barton Springs, Thinkery, Krause Springs, Arcade, San Marcos Glass Bottom Boat, Children's Alliance Garden, UT Campus, and hiking in the Greenbelt.

One student shared in a thank you note to her therapist: "Thank you for improving my mental health and you also helped all of us and not just me because without you my summer would be so boring but with you every Tuesday and Wednesday is was super fun!"

A parent shared in an email to one of our summer group therapists "When I look at how my Girls have opened up more and are coming out of their comfort zones I have you to thank for that. I loved your approach from day 1 with my family, you have encouraged, uplifted, loved on, had alot of patience with us."

Stories from the Summer

In our fourth group, we had students engaged in a self-esteem activity. We had one student who has been making progress on her goal of "make new friends." She reported, she learned about herself in group session via telemedicine, "You do not have to be shy to turn on your camera". She was able to increase positive interactions among others in group. Her mother also expressed that she noticed her daughter "enjoyed and looked forward" to her summer group sessions. Mother also expressed summer group sessions aid her to "get out from her confront zone" in meeting new people from her age group.

In our middle school girls group, we had the opportunity to go to an arcade for a field trip. Everyone in the group was interacting with each other and seemed to be having fun except one of the 7th graders who was isolating herself, not engaging with group members and appeared as if she wasn't sure what to do at the arcade. Eventually, we ordered food and sat together outside and this particular student began to engage in group conversation. She became observably more relaxed and seemed to be enjoying herself. She was joking and coming out of her shell more than she had all summer in group. During her next individual session, this student processed her experience being in an unfamiliar environment on the field trip and explained that she was feeling anxious and began to feel "numb" at the arcade which she expressed is a way she often deals with her anxiety. The student did an amazing job in session of using the field trip as a learning experience and exploring what triggered the anxiety as well as how she was eventually able to overcome it and begin to participate when the group ate lunch together. The field trip was an great chance to practice what we had been working on in group and then process the experience. During our next group meeting, this student shared the most she had ever shared in group and was able to identify internal and external warning signs of anxiety as well as reported practicing mindfulness (a topic we were working on in group) in order to decrease her feelings of numbness over the past week. It was awesome to see the benefit of getting out of the school and taking the group on a field trip that pushed them out of their comfort zone and allowed a safe opportunity to put what we were learning into practice!

APPENDIX I: INTEGRAL DEL VALLE INDEPENDENT SCHOOL DISTRICT ANNUAL REPORT 2020-2021

2020-2021 Integral Care School Based Services in Del Valle ISD Annual Report

Integral Care Introduction

In 1963, President Kennedy signed the Community Mental Health Act. The Act helped establish community mental health centers throughout the country – bringing care for people living with mental illness out of institutions and back into the community. Integral Care, formerly the Austin-Travis County Mental Health Mental and Retardation Center, was established in 1967 and has worked for five decades to make that bold vision a reality in Travis County. In 2020, Integral Care served approximately 29,039 individuals living with mental illness, substance use disorders and intellectual and developmental disabilities.

In order to fulfill our mission as the Local Mental Health Authority, our strategic plan centers on three primary goals: achieving operational excellence, providing innovative services to improve health, and leading our community in efforts to address the needs and improve the health and well-being of those we serve. Our partnership with school districts is key in ensuring the young people of Travis County have access to high quality, affordable mental health services.

Integral Care's School Based Services

Integral Care's relationship with DVSID was formalized in 2014 when Integrated Care in Schools was launched using 1115 Medicaid Waiver Funding. This program involved a partnership with the Children's Wellness Clinic and Del Valle ISD. Integral Care hired four licensed therapists to support Del Valle ISD. In 2017, Del Valle ISD and Integral Care co-funded four additional therapist position. In 2018, Integral Care was able to add a Crisis and Prevention therapist at no cost to Del Valle ISD through the use of House Bill 13 (HB13) funds. In 2019, Del Valle ISD and Integral Care co-funded six additional positions so that every school could have their own therapist. Also in 2019, Integral Care was able to add a peer support specialist at no cost to Del Valle ISD through a collaboration with Via Hope. In late 2019 Del Valle ISD secured the Victims of Crime Act (VOCA) grant and finalized a contract with Integral Care in March 2020. This VOCA grant allowed Integral Care to deliver counseling services to children and adults who have experienced a

crime. In total, Integral Care had 18 therapists providing services within Del Valle schools in 2019-2021. All services are available during the school year, during school holidays and throughout the summer.

Integral Care's approach for school based services is to establish strong, tailored, collaborative partnerships with each school district to bolster each District's continuum of interventions along the multi-tiered system of supports that the District offers to students.

Why School Based Services?

One in five adolescents have a serious mental health condition and half of all mental illness is evident by the age of 14. The most common condition among adolescents is depression, experienced by 1 in 8 youth. Yet, only a quarter of adolescents receive the necessary mental health services due to a series of barriers, including stigma and lack of access to services. The consequences for lack of treatment could include dropping out of school, the development of more severe issues, self-medicating through substance use, and/or suicide attempts or completions.

Campus based counseling represents a best-practice opportunity to proactively identify and engage youth and families in services. The location of services and personnel on the campus reduces the stigma associated with receiving services, as counselors are seen as an integral part of the school. Easy access reduces absenteeism from school and alleviates the burden on parents who may have limited transportations options or lack the luxury to leave work to take their child to counseling. The collaborative relationships and integrated approach to mental health and education supports families to receive services in an already trusted environment.

Service Array

Counseling Services

All Integral Care therapists have a Master's Degree in psychology or social work and are either fully licensed clinical mental health providers or are clinicians working towards licensure. School Based therapists are all trained in evidence-based assessment tools and clinical models of treatment.

Integralcare.org

Students in need of services are identified by school personnel and referred to Integral Care counselors who contact the parents or guardians to initiate services. The proactive nature of this approach reduces barriers to care, as typically it is the responsibility of parents to initiate services at mental health clinics. Once referred and scheduled for an intake, youth receive a comprehensive assessment from an Integral Care licensed clinician utilizing evidence based assessment tools. The assessment includes:

- Overall life functioning utilizing a multi-system instrument called the Child and Adolescent Needs and Strengths (CANS), which measures overall life functioning, screens for mental health diagnostics, safety, family functioning, overall health, school functioning and peer relationships. The CANS also measures child strengths and caregiver needs and strengths.
- Risk of self-harm via the Columbia Suicide Severity Rating Scale (C-SSRS)
- Depression using the Patient Health Questionnaire for Adolescents (PHQ-A)
- Substance Use using the CRAFFT Screening
- Psychosis Risk Screening with the Prodromal Questionnaire (PB-Q)

As part of the assessment process, a person centered treatment plan is developed with youth and family with specific life, health and treatment goals. In accordance to the treatment plan, youth and families then receive the evidence-based therapy that corresponds to treatment plan goals. Evidence-based therapy models that our therapists are trained in include, but are not limited to:

- Cognitive Behavioral Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Seeking Safety
- Preparing Adolescents for young Adulthood (PAYA)
- Aggression Replacement Training (ART)
- Skills Streaming
- Motivational Interviewing
- Nurturing Parenting Program

Success Story:

"I've been working with a client since September of last year. This client has mental health and intellectual/developmental concerns. Telemedicine has been very challenging to get him engaged.

Integralcare.org

He usually hides under his blanket or plays his video games. His mother joins us on the video calls and he sometimes speaks through her or only answers yes/no questions. Monday was the first home visit I made and he was able to see how his family and emotional support dog welcomed me in. He slowly engaged with me and taught how to play Mancala. He made eye contact, spoke when telling me how to play, and smiled and laughed when I said something funny. I will be returning to make home visits and hopefully he will return to campus knowing he has an ally on campus."

"I have been meeting with a high school student since October 2020 that was referred for anxiety/depression related symptoms that were worsened by the pandemic and feeling isolated with online learning. This week in session we were talking about progress and reflecting on the student taking on a leadership role in their extracurricular activities. This is what the student said when talking about their progress and feeling prepared to return to in-person learning:

"If last year me saw this year me, they would turn around and run away. I feel like I've grown so much since then. I'm more confident. There's no way I would have accepted this leadership role.... I've been broadening my horizons."

Crisis Prevention and Triage

Integral Care has a specific school based crisis therapist assigned to the Del Valle School District. The Crisis Prevention and Triage therapist is trained by our Mobile Crisis Outreach Team (MCOT) and completes crisis assessments under supervision prior to completing crisis assessments on their own. The Crisis Prevention and Triage therapist utilizes the Columbia Suicide Severity Rating Scale (CSSR-S) and Stanley and Brown Safety Planning Intervention. In addition to responding to crisis, this therapist works to prevent crisis by providing trainings to teachers on mental health topics, including ADHD in the Classroom, and Trauma in the Classroom.

Success Story:

"I presented to complete crisis assessment with student reporting suicidal ideation, intent, and plan to end their life. They had been experiencing overwhelming emotions from the previous night,

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which triggered suicidal ideation and the desire to end their life. They reported experiencing increased sadness, anxiety, and feelings of loneliness. They appeared guarded and reserved towards expressing themselves until they were able to connect with me through their interest in drawing. They used drawing as a way to express themselves, their feelings and thoughts, along with their experience of suicidal ideation. They were able to process through last night's event and were receptive towards safety planning. Their guardian took part in safety planning and showed support during their time of crisis. I discussed emotional regulation with the family and reviewed their safety plan. By the end of the assessment, the student was able to deescalate, felt safe with their safety plan, and reported feeling less lonely able to verbalize their feelings and thoughts with their family. The family was receptive towards on-going care and the benefits of therapy. They were able to return home, complete an intake with Integral Care, and connected with their school based counselor for ongoing therapy."

Peer Support

In 2019, Integral Care partnered with Via Hope who secured funding for near-aged peer support specialist for high school students. The peer support specialist is a near-aged youth has lived experience with mental health concerns and has overcome obstacles related to their mental health. Integral Care hired an alumni of Del Valle High School to serve as the peer support specialist. The Peer Support program at Del Valle High School offers students an opportunity to seek help who otherwise may not have sought support. The high school has a robust multi-tiered systems of support which includes social emotional learning, individual therapy, suicide prevention training and crisis response. However, with over 3000 students in the school, some students may need brief, one time support that does not rise to the attention of school counselors or administration. The peer support program offers students a different avenue to get support- from a peer as opposed to a mental health professional.

Success Story:

"I started working with a Del Valle High School student in March of 2021. She expressed to me that she had low esteem and spurts of depressive episodes that stemmed from a stalker situation she encountered. We began to work on self-affirmations as well as self-care exercises. She decided to

go to senior prom and graduated with a high GPA. During our time together we also put together her resume as well as a cover letter. Ultimately, she will be applying for a Peer position at Integral Care as she has decided to major in Social Work and is starting college at ACC this coming Fall semester. She was a pleasure to work with and I know she will be a great asset to the Peer community sharing her experience, strength and hope with her future clients."

"I started having sessions with a Del Valle High School student in January of 2021. In the initial sessions, she was really shy and would point her camera down or wouldn't look at the camera when she was talking to me. After few sessions of getting to know her, I recognized her love of arts and drawing. I explored how she learned to draw and asked her to show me the projects she was working on. We talked about the things she liked drawing and created books together during session. She started to show up to session on time and talk to me while looking at the camera! She was then able to share her about what was going on in her life. Towards the end of our time together, we had good relationship and I was able to help support her by providing support on ways to work through her depressive episodes."

Summer Programming

Integral Care provides extensive summer programming for Del Valle ISD students. Each summer, Integral Care raises funds specifically to enhance summer programming. This past summer, students had the opportunity to participate in either individual counseling and/or group counseling. The group counseling modality was particularly helpful as some students faced social isolation during the pandemic. They were able to connect with peers in a facilitated manner to discuss feelings and gain coping skills. The grant provided us an opportunity to create outings where coping, anger-management, communication and social skills were practiced in vivo, all while students had a good time and reflected on the importance of taking care of their well-being.

Success Stories

In our fourth group, we had students engaged in a self-esteem activity. We had one student who has been making progress on her goal of "make new friends." She reported, she learned about herself in group session via telemedicine, "You do not have to be shy to turn on your camera". She

was able to increase positive interactions among others in group. Her mother also expressed that she noticed her daughter "enjoyed and looked forward" to her summer group sessions. Mother also expressed summer group sessions aid her to "get out from her confront zone" in meeting new people from her age group.

In our middle school girls group, we had the opportunity to go to an arcade for a field trip. Everyone in the group was interacting with each other and seemed to be having fun except one of the 7th graders who was isolating herself, not engaging with group members and appeared as if she wasn't sure what to do at the arcade. Eventually, we ordered food and sat together outside and this particular student began to engage in group conversation. She became observably more relaxed and seemed to be enjoying herself. She was joking and coming out of her shell more than she had all summer in group. During her next individual session, this student processed her experience being in an unfamiliar environment on the field trip and explained that she was feeling anxious and began to feel "numb" at the arcade which she expressed is a way she often deals with her anxiety. The student did an amazing job in session of using the field trip as a learning experience and exploring what triggered the anxiety as well as how she was eventually able to overcome it and begin to participate when the group ate lunch together. The field trip was a great chance to practice what we had been working on in group and then process the experience. During our next group meeting, this student shared the most she had ever shared in group and was able to identify internal and external warning signs of anxiety as well as reported practicing mindfulness (a topic we were working on in group) in order to decrease her feelings of numbness over the past week. It was awesome to see the benefit of getting out of the school and taking the group on a field trip that pushed them out of their comfort zone and allowed a safe opportunity to put what we were learning into practice!

Suicide Prevention

In 2019, Integral Care secured a grant from the Moody Foundation to implement the American Foundation for Suicide Prevention's curriculum, "More Than Sad". Throughout the 2019-2020 school year, the crisis therapist was able to provide suicide prevention training to staff, students, and parents. In 2021, Integral Care provided packets to 1018 teachers. Packets included English and Spanish brochures identifying signs of depression and how to get help, magnets with the helpline, a flyer with information on how to contact

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their school based therapist and a small snack.

Suicide Post-Vention

Integral Care is available to provide support to schools in the event of a tragedy, such as a suicide.

Victim of Crime Program

In March 2020, Integral Care finalized a contract with Del Valle ISD to provide counseling and case management to students, family members and school personnel who have been a victim of crime.

System of Care

Integral Care offers youth and families an integrated and robust system of care that can be accessed either through the school based therapists or separately. Such services include

- Mobile Crisis Outreach Team crisis response
- Psychiatric Emergency Services urgent care
- Mental Health First Aid training for ISD staff
- RA1SE, a specialized program that helps people ages 15-30 who have experienced their first episode of psychosis
- Psychiatric care which include psychiatric diagnostic evaluations, ongoing psychiatric care and psychiatric consultations to primary care and education staff
- YES Waiver and Intensive Case Management, a wraparound support for youth experiencing significant functioning challenges
- Safe Landing program that provides home and community-based intensive clinical support for foster youth with complex behavioral health needs

Data for 2019-2020 Academic Year

Outcome Data Highlights

- **435 unduplicated students served in counseling services** between 8/1/20-7/31/21
- According to a validated depression measure, the PHQ-A, of the 52 students who reported moderate to severe depression, **73% reported lower levels of depression.**

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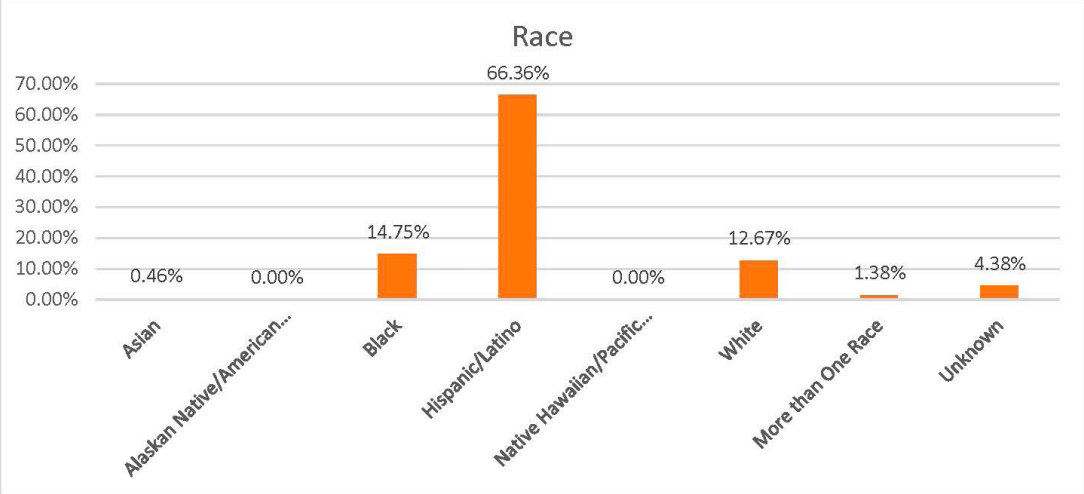
- According to a validated, state-approved assessment tool, CANS (Child Adolescent Needs and Strengths), **75.41% of students who demonstrated moderate to severe problematic school behavior reported improvements** and **84.62% of students who demonstrated moderate to severe problematic school attendance reported improvement**.
- **149 individuals** were seen through our VOCA program. 86 were students and 62 were adults.
- **17 students** were seen by the peer support specialist
- **1018 Teachers** received suicide prevention packets with information about warning signs, help numbers and ways to access support.

Demographic Information



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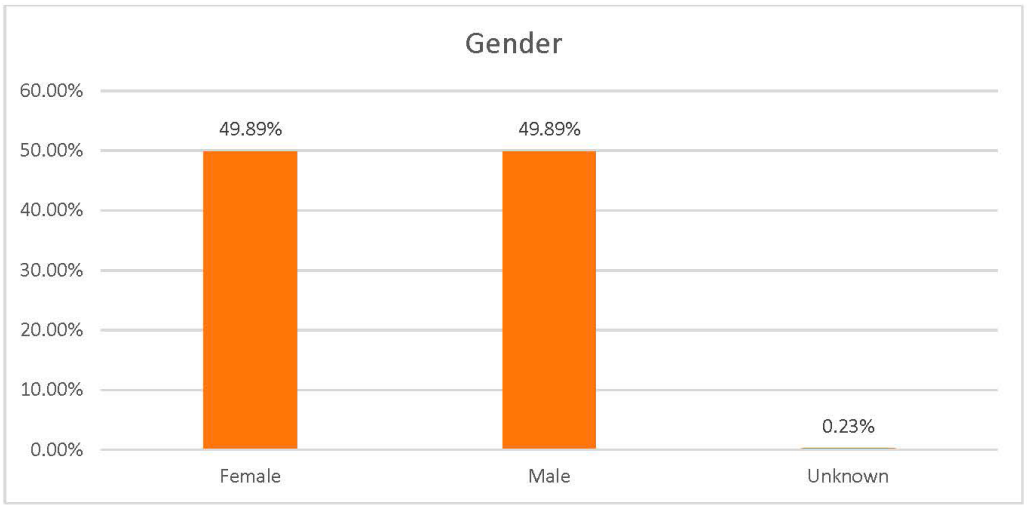

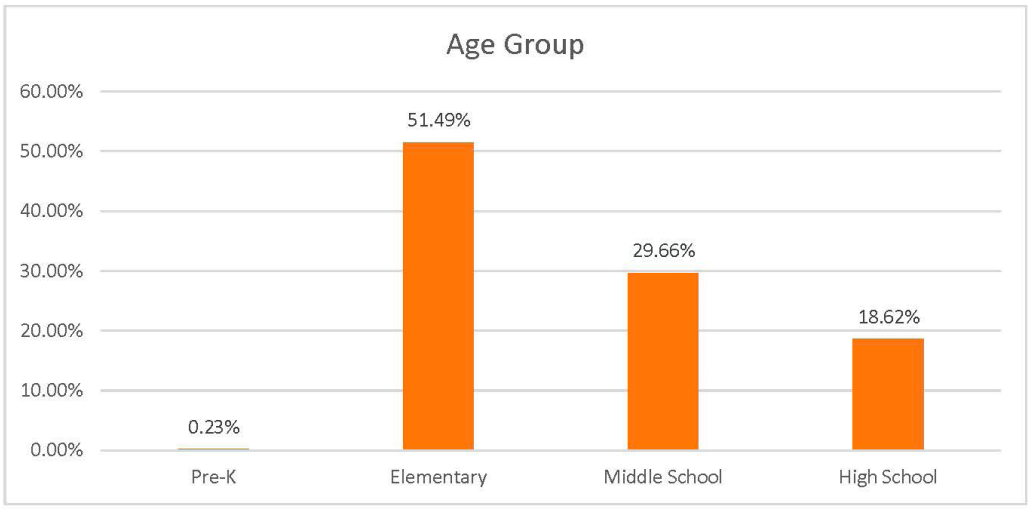

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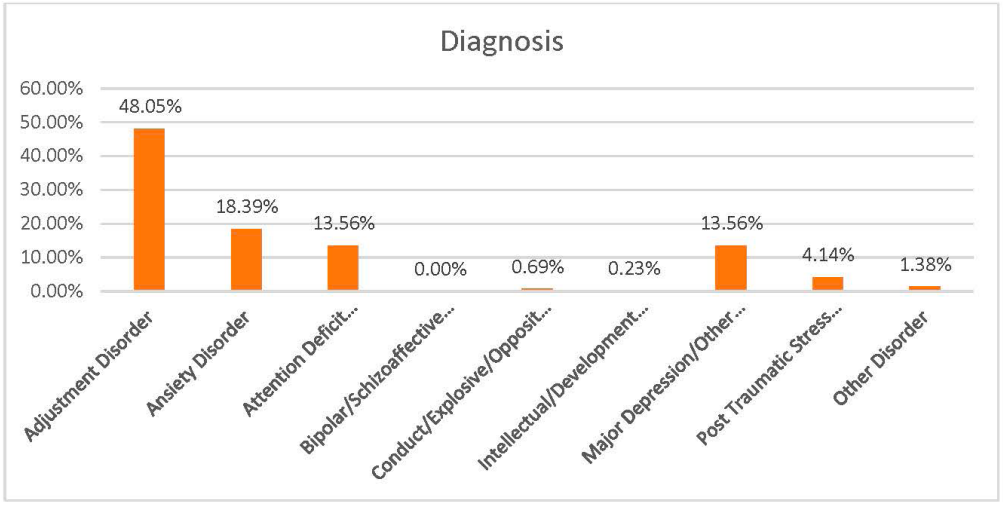

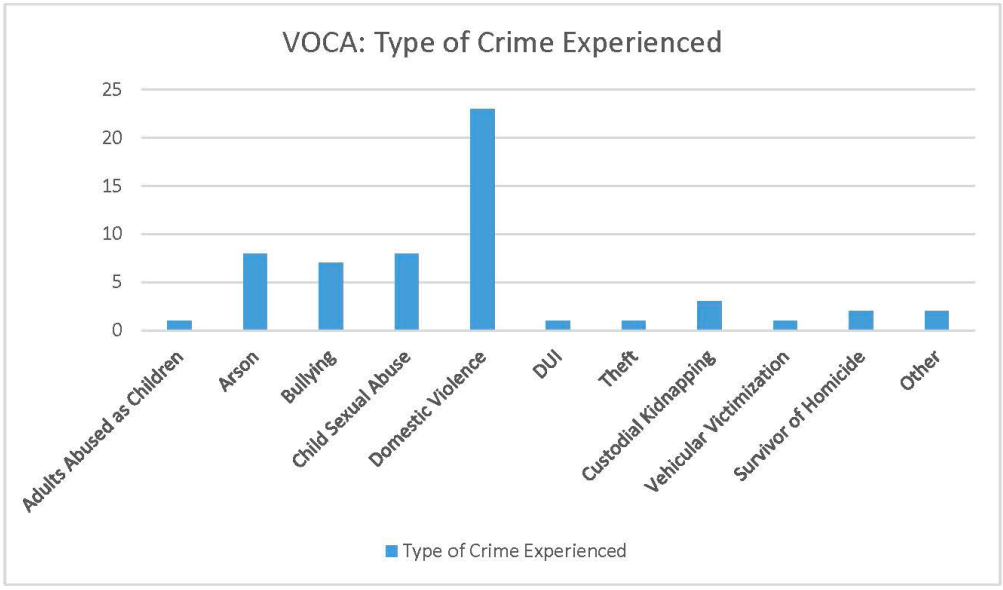

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Diagnostic Category

Below is a list of the primary diagnoses of the 435 students seen by our school based therapists.

Diagnosis	Count	Percentage
Adjustment Disorder	209	48.05%
Anxiety Disorder	80	18.39%
Attention Deficit Disorder/ADHD	59	13.56%
Bipolar/Schizoaffective Disorder	0	0.00%
Conduct/Explosive/Oppositional/Disruptive Behavior	3	0.69%
Intellectual/Development Disorder	1	0.23%
Major Depression/Other Depressive Disorder	59	13.56%
Post-Traumatic Stress Disorder	18	4.14%
Other Disorder	6	1.38%
Total	435	100.00%

District Feedback

In order to continue improving our school-based counseling services, we administer an anonymous end-of-year survey to all DVISD school counselors about our services. The 2020-2021 survey indicated a score of 4.7 out of 5 that "Having an Integral Care therapist on my campus makes my job easier" and a score of 4.8/5 that counselors are confident that the counseling they receive helps the students' functioning. Some of the specific feedback that we received included the following.

> *I am so very grateful for the support Integral Care provides for our families and students. Having IC therapists on campus has been the most helpful tool in establishing a comprehensive counseling program and alleviating barriers for our families to receive mental health support. The IC staff is professional, helpful, and always goes above and beyond to serve our families. Thank you!*

> *Mauricio has been an asset to Smith.*

> *It seems like this year we have had available spots for our students in need since our district is doing Tele-Health. We are currently able to spread our HS students to therapist around the district. This has been such a huge help! I'm concerned that once our students are back on campus tele-*

health will not be available and we will not have as many available spots for students that need services. I'm anticipating that we will have more students that will be in need of services after returning from remote instruction.

I am thankful for our integral care therapist and the support they provide for our students! It has been a pleasure working with Amelia the past few years and know that her support and work with our students has impacted many of my students.

Family Feedback

We also administer quarterly VOCA surveys and an annual traditional school based services survey to caregivers and clients. This survey was done anonymously through a link

Very grateful of Ms Kristin she is amazing and caring. She works with us very well and we love that about her.

Gracias Por Los Traductores, Que Me Ayudan Para Poder Comunicarme, Con La Terapista Del Mi Hija, Y Mil Disculpas Por a penas, Haber Contestado, Muchos Gracias Por Toda Su Ayuda

These services have helped me cope through a really rough time in my life. Thank you for being available.

I have found Integral Care and VOCA counselors to be very patient, understanding, and helpful. Wonderful job hiring just the right people.

I think I finally found someone that I connect with and who is interested in helping me find solutions. I'm not just another patient or another source of income.

It has been very helpful for my niece to be in services. She looks forward to her sessions

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How Well is Your School Health Program Integrated into the School Community?

Date _____ **SBHC** _____ **Name**_____ **Position**_____

Integration Principles *School and Health Partners…*	Strength	OK for Now	Could be Better	Urgent Gap	Not Sure	Implication(s) for Action
1. Implement mutually supportive *policies* that support student health and academic achievement.						
2. Implement *school wide strategies and frameworks* that support health and academics and help at-risk students.						
3. Implement *collaborative leadership systems and structures* to plan programs and direct resources to at-risk students and their families.						
4. Implement integrated school-health *programs and services* that support school goals and target student populations of concern.						
5. Utilize *education and health data* to drive continuous quality improvement that informs policy and program development.						
6. Engage in *joint resource development* (e.g., fundraising, business partnerships, professional development) to support priority programs and services.						

Developed by Oakland Unified School District, the California School-Based Health Alliance, Alameda County Health Care Services Agency, and the School-Based Health Alliance, 2012. Updated 1/16/14.

APPENDIX K: PDSA WORK SHEET

Process for Improving Integration: *Plan-Do-Study-Act* Planning Worksheet	**School/SBHC Name: _____** **PDSA Cycle _____ Date _____**

OVERALL PLAN:

_____

Objective for *this cycle*:

_____

Questions you may consider to help you achieve this objective:

_____

Theory of change (Brainstorm - by doing "X" will we achieve our objective?):

_____

Plan for change:

What specifically will be done?	By whom?	When?
1.		
2.		
3.		
4.		

_____

How will we demonstrate the effectiveness of our actions:

DO: Carry out the plan for change. Collect information and/or data. Describe observations, problems encountered, and special circumstances.

STUDY: Analyze effectiveness of plan and summarize what was learned.

ACT: **Plan for the next cycle.** How shall we modify our existing plan, or shall we start a new one?

Adapted by the California School Health Centers Association, from PDSA resources shared by the National Assembly on School-Based Health Care, 2012.