



InsureKidsNow.gov



**Medicaid and CHIP Behavioral
Health Services:
Impact of School-Based Mental Health Care**

Webinar:
May 8, 2024
3:00 p.m. EST

Agenda

- **Medicaid/CHIP School-Based Behavioral Health: Delivering Behavioral Health Services in School-Based Settings**
 - Kate Ginnis, MSW, MPH, Senior Policy Advisor on Children’s Health, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services
- **National Landscape of Comprehensive School Mental Health**
 - Sharon Hoover, PhD, Co-Director, National Center for School Mental Health, University of Maryland
- **School Mental Health in Practice**
 - Britt Patterson, PhD, Assistant Professor, University of Maryland, National Center for School Mental Health
- **Connecting Kids to Coverage National Campaign Resources**
 - Helen Gaynor, MPH, Outreach Contractor, Connecting Kids to Coverage National Campaign, Porter Novelli Public Services, Inc.
- **Questions and Answers**

Medicaid/CHIP School-Based Behavioral Health: Delivering Behavioral Health Services in School-Based Settings



Kate Ginnis, MSW, MPH

Senior Policy Advisor on Children's Health

Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services



Expanding School-Based Services (SBS) is a Biden-Harris administration priority

It is a top priority to strengthen and expand access to Medicaid and the Children's Health Insurance Program (CHIP).

- Schools are important providers of Medicaid direct medical services for children
- Medicaid and CHIP cover more than half of all children in the United States
- SBS can include all services covered under EPSDT, including physical and behavioral health care
- Schools can face a high administrative burden when seeking reimbursement for SBS
- It is CMS's goal to help states ease the administrative burden on schools, to promote the delivery of SBS

SBS Releases Timeline

June 2022: Bipartisan Safer Communities Act (BSCA) passes. Requires CMS to:

1. Update claiming guide
2. Launch technical assistance center (TAC)
3. Release \$50 million in grants

August 2022: CMS released CMS Informational Bulletin (CIB): School-based health services under Medicaid, including CHIP

May 2023: CMS released the Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming Guide

- Provides series of new flexibilities
- Updates the Medicaid School-Based Administrative Claiming Guide 2003 & Medicaid and Schools Technical Assistance Guide 1997

SBS Releases Timeline (continued)

June 2023: Technical Assistance Center launched and provides regular and ongoing TA

1. Support State Medicaid agencies, LEAs, & school-based entities seeking to expand their capacity for providing Medicaid SBS
2. Reduce administrative burden
3. Support such entities in obtaining payment for providing Medicaid SBS
4. Ensure ongoing coordination and collaboration between ED and CMS regarding Medicaid SBS
5. Provide guidance regarding utilization of various funding sources

Q1 2024: CMS Notice of Funding Opportunity released for \$50 million in discretionary grant funding for grants to 20 states in support of implementing, enhancing, or expanding the provision of medical assistance through school-based entities under Medicaid or CHIP

Late Q2/Early Q3 2024: CMS to award grants and TA center will support grantees ongoing

How Medicaid Can Support SBS

As a reminder and noted above, Medicaid SBS can promote health, educational equity, and increase school attendance in a series of ways, including by:

Administrative Claiming:

1. Enrollment – students & their family members
2. Performing Medicaid administrative activities to improve student wellness and promote a healthy learning environment

Direct Medical Claiming:

1. Providing more health services in schools a (any covered service under EPSDT), including behavioral health services
2. Increasing access to health services to support at-risk Medicaid eligible students
3. Providing Primary/Preventive services that reduce ER visits

CMS Behavioral Health Strategy

- Multi-faceted approach to increase access to equitable and high-quality behavioral health services and improve outcomes for people covered by Medicare, Medicaid, CHIP, and private health insurance
- The strategy transforms and addresses the mental health challenges that have been exacerbated by the COVID-19 public health emergency with a focus on youth mental health and crisis intervention and suicide prevention



Mental Health in Children and Teens

- In 2019, as many as [1 in 5 U.S. children between the ages of 12 and 17](#) had experienced depression
- The majority of mental health disorders [arise in childhood](#), adolescence, or early adulthood and may disrupt how children learn, behave, and handle their emotions
- Early detection of mental health and substance use issues may reduce or eliminate the effects of a condition if detected and treated early
- Data from the CDC shows that youth mental health problems have [increased significantly](#) over the past decade, yet access to mental health services have declined sharply among children and teens age 18 and under.

Mental Health in Children and Teens

- There is evidence that the COVID-19 pandemic exacerbated underlying mental health and substance use disorder symptoms for children and teens, with higher prevalence for some youth
 - More than 1 in 4 girls reported they seriously considered attempting suicide in 2021 and more than 1 in 10 girls reported they attempted suicide
 - Almost half of LGBTQ+ students seriously considered attempting suicide, nearly 1 in 4 attempted suicide, and nearly 3 in 4 reported persistent feelings of sadness or hopelessness.
 - Native youth suicide rate is 2.5 times higher than the overall national average, making these rates the highest across all ethnic and racial group
 - Black youth experienced more than a 30% increase in suicidality between 2018-2021

Accessing Mental Health Services through Medicaid and CHIP



- In addition to routine health care visits and emergency services, Medicaid and CHIP also include coverage for mental and behavioral health services to prevent, diagnose, and treat a broad range of mental health symptoms and disorders
- Services includes in-person counseling, teletherapy, case management services, and both inpatient and outpatient substance use treatment
- Families can access mental and behavioral health services for their children through many different settings

Accessing Mental Health Services through Medicaid and CHIP in Schools

- **School-based providers are an essential provider** of services for children, including mental health screening, diagnosis, and treatment, physical and occupational therapy, and services for children with speech, hearing and language disorders.
- Medicaid and CHIP reimbursement helps pay for services provided in schools to children on IEPs through IDEA and can also pay for services provided in a general education setting if it is included in the Medicaid and CHIP state plans
- CMS issued the [Comprehensive Guide to Medicaid Services and Administrative Claiming](#) on May 18, 2023
 - The guide outlines flexibilities states can adopt to make it easier for schools to get paid for critical health services delivered to children enrolled in Medicaid and CHIP
 - States can allow school-based providers who are not otherwise Medicaid billable providers to claim for SBS
- It is CMS's goal to **help states ease the administrative burden on schools and** to promote the delivery of SBS, including in rural, small, or under-resourced communities, where access to mental health care may be particularly problematic

Accessing Mental Health Services through Medicaid and CHIP in Schools

- The school setting provides a unique opportunity to ensure children and teens have access to mental health and substance use disorder (SUD) treatments and can [bridge the equity gaps](#) among students in low-income and rural communities
- A majority of children and teens who receive mental health services access those services at school, often through school-based centers
- Early access to appropriate mental health and SUD services conducted by comprehensive school-based mental health and substance use treatment systems has been [associated](#) with:
 - Enhanced academic performance,
 - Fewer disciplinary encounters, and
 - Elevated rates of graduation
- With health coverage through Medicaid and CHIP, children and teens are better prepared to engage in and out of the classroom. [Find coverage today!](#)

Medicaid School-Based Services Resource Spotlight

SBS Policy Guidance

- **2010** - Increased Federal Matching Funds for Translation and Interpretation Services under Medicaid and CHIP - [Administrative Claiming State Health Official letter](#)
- **2014** - Medicaid services provided without charge in schools - [“Free Care” SMDL 14-006](#)
- **August 2022** - [CMCS Informational Bulletin on SBS](#)
- **May 2023** – [Medicaid and School Based Services web landing page](#) (includes New 2023 Guidance Documents & CMS Informational Bulletin)

SBS Resources

- [School-Based Services TA Center](#)
- [Federal Cost Principles](#)
- [Medicaid & Telehealth Toolkit](#)
- [IDEA](#): basis for IEP/IFSP
- **Email for Technical Assistance:** SchoolBasedServices@cms.hhs.gov


National Landscape of Comprehensive School Mental Health



Sharon Hoover, PhD, Professor

National Center for School Mental Health (NCSMH), Co-Director
National Center for Safe Supportive Schools (NCS3), Director





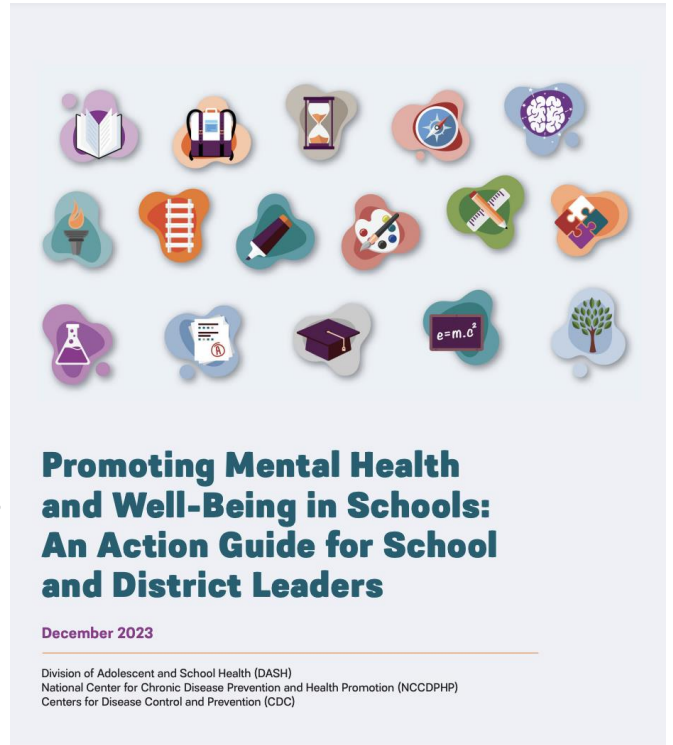
*“Young people are experiencing a level of distress that calls on us to act with urgency and compassion. With the right programs and services in place, **schools have the unique ability to help our youth flourish.**”*

~Kathleen Ethier, Ph.D.

CDC Division of Adolescent and School Health Director

6 strategies for promoting mental health in schools:

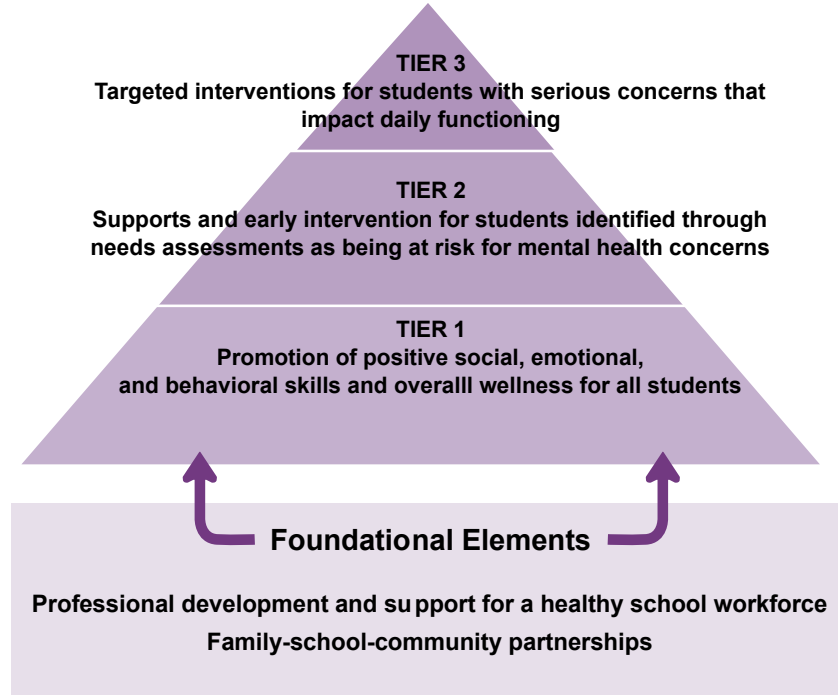
1. Increase Students' Mental Health Literacy
2. Promote Mindfulness
3. Promote Social, Emotional, and Behavioral Learning
4. Enhance Connectedness Among Students, Staff, and Families
5. Provide Psychosocial Skills Training and Cognitive Behavioral Interventions
6. **Support Staff Well-Being**

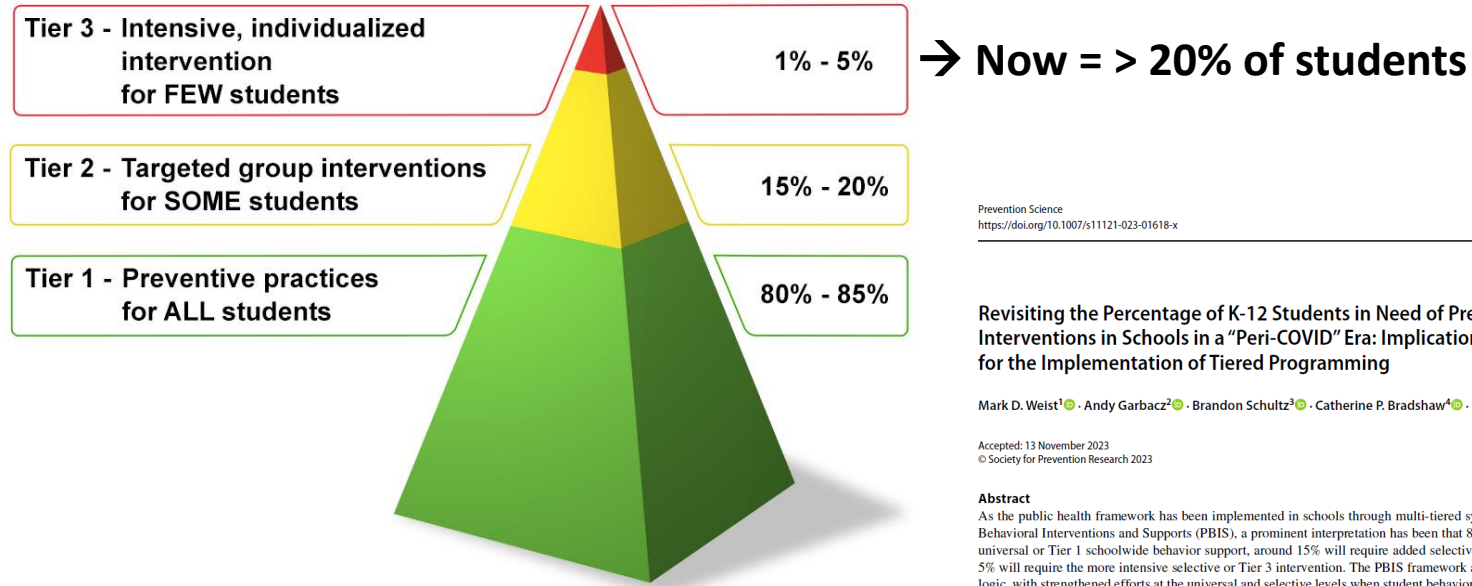




Multi-Tiered System of Supports (MTSS)

Figure 5: Multi-Tiered System of Support





“As such, we contend the prior guideline (i.e., 80% / 15% / 5% projections) for tiered prevention needs revisiting.”

Prevention Science
<https://doi.org/10.1007/s11121-023-01618-x>



Revisiting the Percentage of K-12 Students in Need of Preventive Interventions in Schools in a “Peri-COVID” Era: Implications for the Implementation of Tiered Programming

Mark D. Weist¹ · Andy Garbacz² · Brandon Schultz² · Catherine P. Bradshaw⁴ · Kathleen Lynne Lane⁵

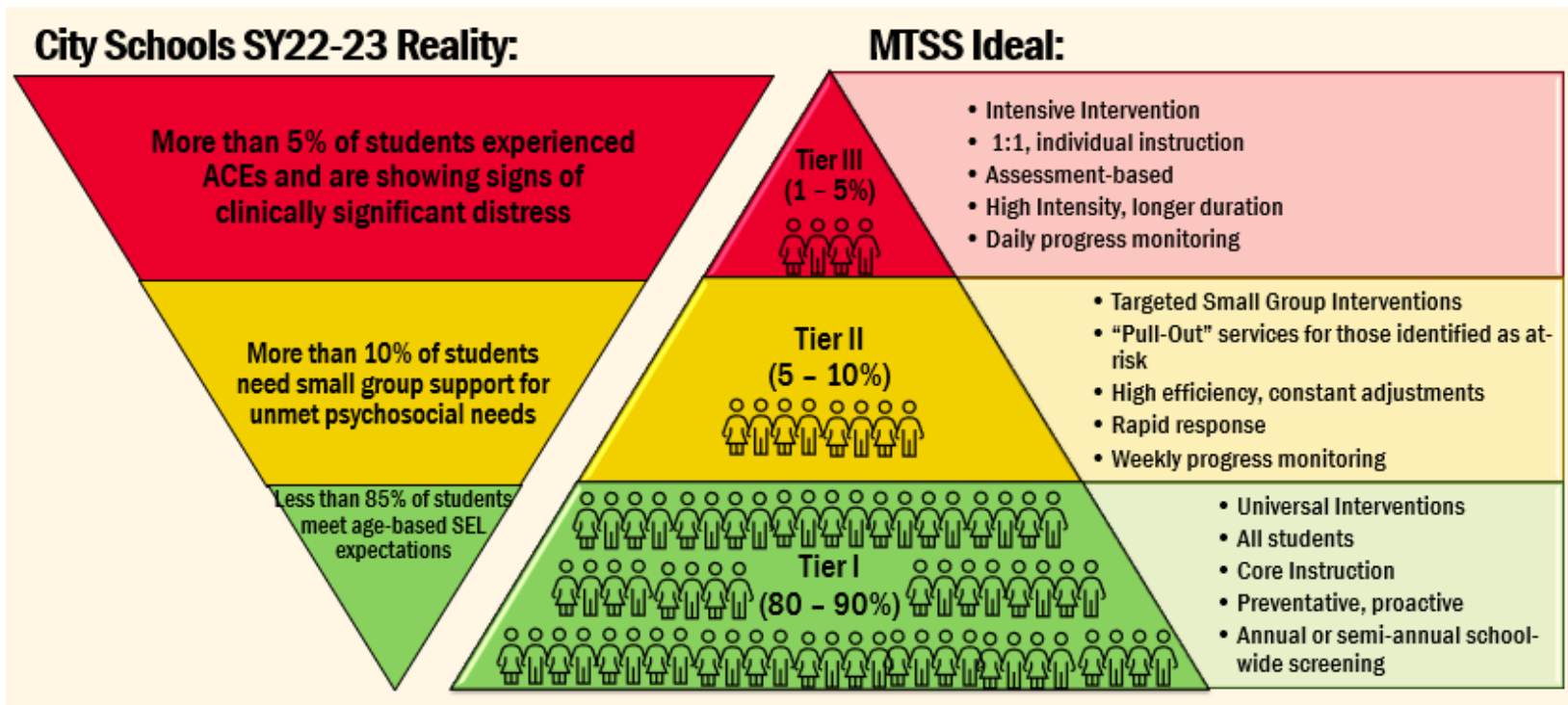
Accepted: 13 November 2023
© Society for Prevention Research 2023

Abstract

As the public health framework has been implemented in schools through multi-tiered systems of support, as in Positive Behavioral Interventions and Supports (PBIS), a prominent interpretation has been that 80% of students will benefit from universal or Tier 1 schoolwide behavior support, around 15% will require added selective or Tier 2 targeted support, and 5% will require the more intensive selective or Tier 3 intervention. The PBIS framework also emphasizes the use of tiered logic, with strengthened efforts at the universal and selective levels when student behavioral or mental health needs exceed expected levels. The prediction that 5% of students will require indicated support was based mostly on students at risk for discipline encounters (i.e., office discipline referral data) and, more recently, systematic screening data, but this percentage remains an interpretation of the public health framework. Further, epidemiologic data over the past decade show that rates of childhood mental health disorders have risen and are even higher now as schools struggle to recover from the COVID-19 pandemic—much higher than 15% and 5% for selective and indicated levels. Thus, we believe it is time to revisit projections of the number of students in need of Tier 2 and Tier 3 support. In this position paper, we review the evidence for escalating youth mental health needs and discuss the implications for the tiered prevention framework in schools. We describe strategies to expand the availability of preventive intervention supports beyond Tier 1 efforts and conclude with recommendations for practice, policy, and research in this peri-COVID recovery era.

Keywords Children and youth · Mental health challenges · School-based prevention · Tiered logic · Universal · Selective · Indicated programming · Pandemic recovery · PBIS

Baltimore City Landscape





Implications for Tier 1

Prevention Science
<https://doi.org/10.1007/s11121-023-01618-x>



Revisiting the Percentage of K-12 Students in Need of Preventive Interventions in Schools in a “Peri-COVID” Era: Implications for the Implementation of Tiered Programming

Mark D. Weist¹ · Andy Garbacz² · Brandon Schultz³ · Catherine P. Bradshaw⁴ · Kathleen Lynne Lane⁵

Accepted: 13 November 2023
© Society for Prevention Research 2023

Abstract

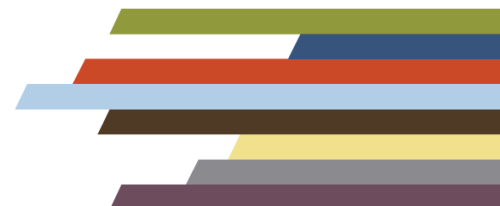
As the public health framework has been implemented in schools through multi-tiered systems of support, as in Positive Behavioral Interventions and Supports (PBIS), a prominent interpretation has been that 80% of students will benefit from universal or Tier 1 schoolwide behavior support, around 15% will require added selective or Tier 2 targeted support, and 5% will require the more intensive selective or Tier 3 intervention. The PBIS framework also emphasizes the use of tiered logic, with strengthened efforts at the universal and selective levels when student behavioral or mental health needs exceed expected levels. The prediction that 5% of students will require indicated support was based mostly on students at risk for discipline encounters (i.e., office discipline referral data) and, more recently, systematic screening data, but this percentage remains an interpretation of the public health framework. Further, epidemiologic data over the past decade show that rates of childhood mental health disorders have risen and are even higher now as schools struggle to recover from the COVID-19 pandemic—much higher than 15% and 5% for selective and indicated levels. Thus, we believe it is time to revisit projections of the number of students in need of Tier 2 and Tier 3 support. In this position paper, we review the evidence for escalating youth mental health needs and discuss the implications for the tiered prevention framework in schools. We describe strategies to expand the availability of preventive intervention supports beyond Tier 1 efforts and conclude with recommendations for practice, policy, and research in this peri-COVID recovery era.

Keywords Children and youth · Mental health challenges · School-based prevention · Tiered logic · Universal · Selective · Indicated programming · Pandemic recovery · PBIS

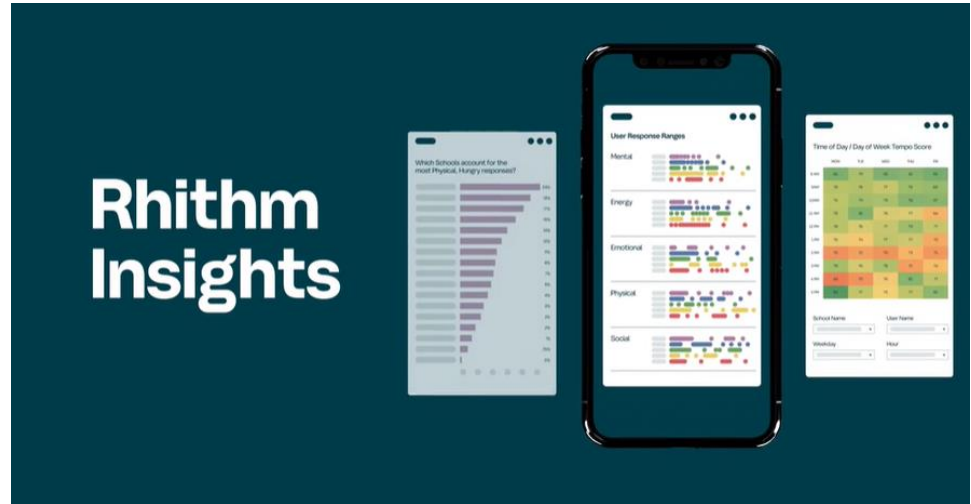
“We acknowledge that there is likely a strong need for **increased universal supports** to address the widespread trauma and risk associated with the pandemic specifically, as well as escalating mental health concerns faced by youth more generally in recent years.”

Tier 1 Services and Supports

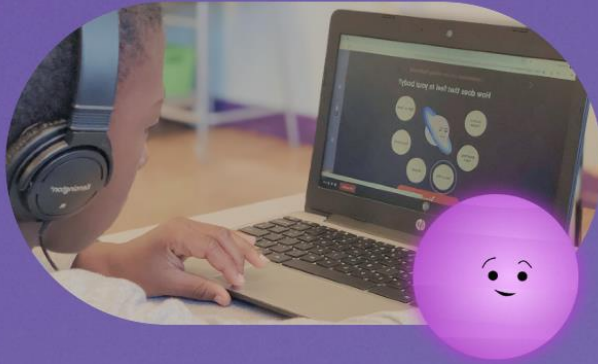
- School Climate
- Well-Being Check-Ins
- Teacher and School Staff Well-being
- Positive Behaviors and Relationships
- Positive Discipline Practices
- Mental Health Literacy
- Social Emotional Learning



Well-Being Check-Ins



How it works



CHECK-INS

Students complete a fun, quick, developmentally appropriate check-in



UNDERSTANDING

School staff get real-time insights into their students' wellbeing



INTERVENTIONS

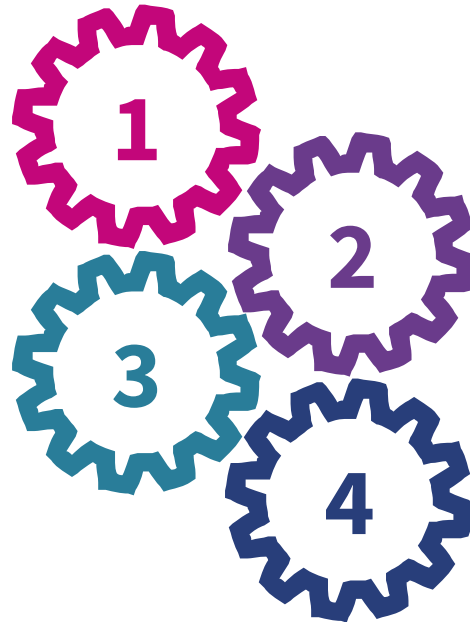
Students can connect with an adult or choose from a curated library of self-guided activities. [Explore the library.](#)



Mental Health Literacy: The 4 Components

Decrease stigma

Understand how to
obtain and maintain
good mental health



Understand and identify
mental illnesses and
their treatments

Enhance help-seeking
efficacy



School-Based Mental Health Essentials Programs

Educators
(Professional
Development)

**Student
Curriculum**
(7th - 10th Grade)

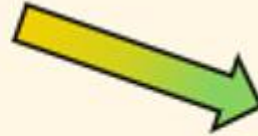
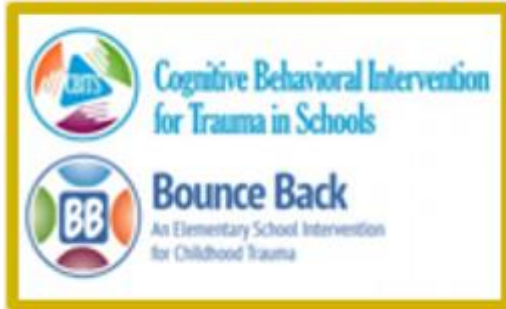
**Beyond High
School**
(11th & 12th Grade)

**Athletic
Coaches**

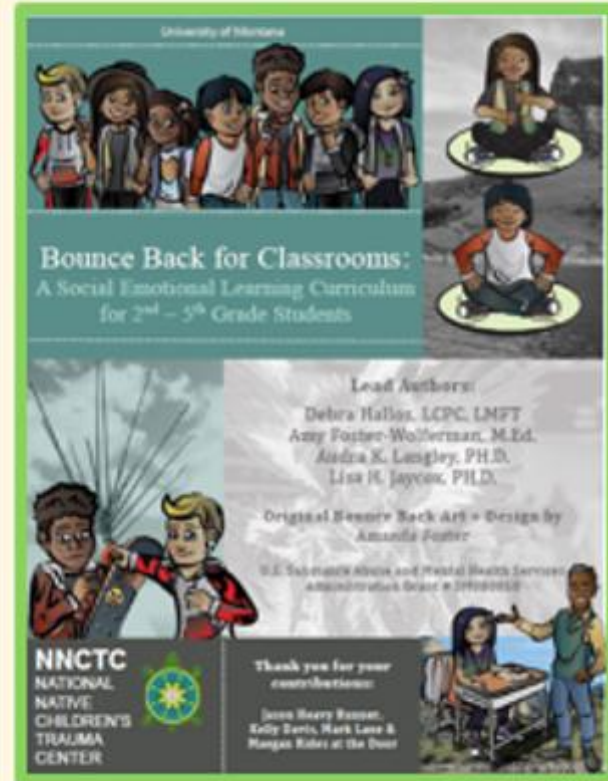
**Parents &
Caregivers**

Why Bounce Back for Classrooms?

Tier II Interventions



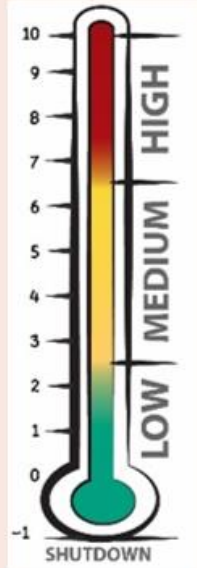
Tier I Interventions



Tier III Interventions



Identifying and Regulating Feelings



- Feelings identification in self and others
 - Discriminate between and understanding cues
 - Books, Charades, Grab Bag
 - OK to feel
- Measuring intensity levels of feelings and energy
- Identifying feelings in the body
- Self-regulation strategies
 - Measure energy before and after
 - Belly breathing
 - Progressive muscle relaxation
 - Body scan

Implications for Tier 2

Prevention Science
<https://doi.org/10.1007/s11121-023-01618-x>



Revisiting the Percentage of K-12 Students in Need of Preventive Interventions in Schools in a “Peri-COVID” Era: Implications for the Implementation of Tiered Programming

Mark D. Weist¹ · Andy Garbacz² · Brandon Schultz³ · Catherine P. Bradshaw⁴ · Kathleen Lynne Lane⁵

Accepted: 13 November 2023
© Society for Prevention Research 2023

Abstract

As the public health framework has been implemented in schools through multi-tiered systems of support, as in Positive Behavioral Interventions and Supports (PBIS), a prominent interpretation has been that 80% of students will benefit from universal or Tier 1 schoolwide behavior support, around 15% will require added selective or Tier 2 targeted support, and 5% will require the more intensive selective or Tier 3 intervention. The PBIS framework also emphasizes the use of tiered logic, with strengthened efforts at the universal and selective levels when student behavioral or mental health needs exceed expected levels. The prediction that 5% of students will require indicated support was based mostly on students at risk for discipline encounters (i.e., office discipline referral data) and, more recently, systematic screening data, but this percentage remains an interpretation of the public health framework. Further, epidemiologic data over the past decade show that rates of childhood mental health disorders have risen and are even higher now as schools struggle to recover from the COVID-19 pandemic—much higher than 15% and 5% for selective and indicated levels. Thus, we believe it is time to revisit projections of the number of students in need of Tier 2 and Tier 3 support. In this position paper, we review the evidence for escalating youth mental health needs and discuss the implications for the tiered prevention framework in schools. We describe strategies to expand the availability of preventive intervention supports beyond Tier 1 efforts and conclude with recommendations for practice, policy, and research in this peri-COVID recovery era.

Keywords Children and youth · Mental health challenges · School-based prevention · Tiered logic · Universal · Selective · Indicated programming · Pandemic recovery · PBIS

“Tier 2 programming is often the **most poorly organized** in schools related to less available guidance on this programming and the more **common emphases of schools on Tiers 1 and 3** (Bruhn & McDaniel, 2020), which undercuts the public health logic of PBIS (Walker et al., 1996).”

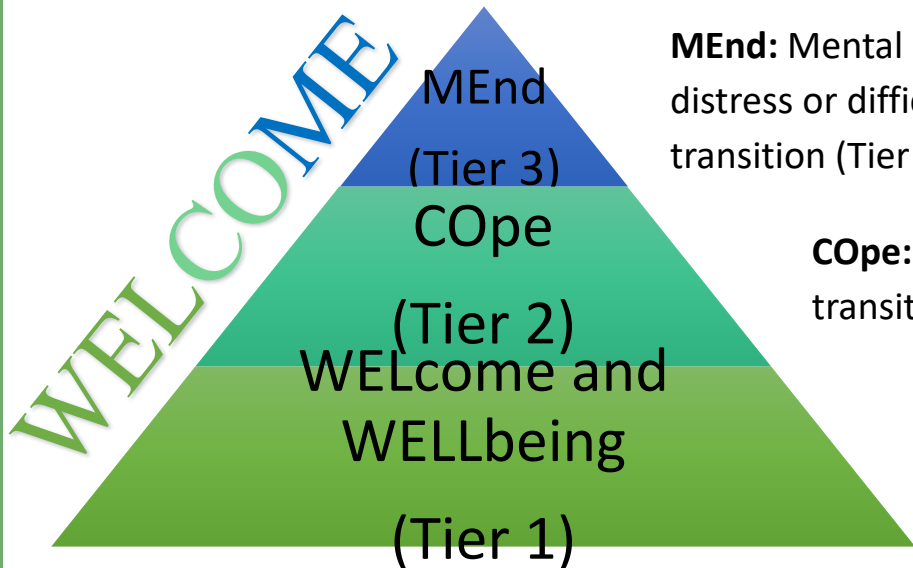
Brief Intervention for School Clinicians (BRISC)

School-Based Usual Care	BRISC
Intervention is often crisis-driven (Langley et al., 2010)	Structured / systematic identification of treatment targets
Often focused on providing nondirective emotional support (Lyon et al., 2011b)	Focused on skill building / problem solving
Interventions do not systematically use research evidence (Evans & Weist, 2004; Rones & Hoagwood, 2000)	All intervention elements are evidence-based
Standardized assessments are used infrequently (Weist, 1998; Lyon et al., 2011a)	Utilizes standardized assessment tools for progress monitoring





MTSS for Newcomer Students



MEnd: Mental health interventions for students experiencing distress or difficulties related to the newcomer experience and transition (Tier 3).

COpe: Coping and resilience skills to support students as they transition to a new school and community (Tier 2).

WELcome and WELLbeing: School staff and student peer strategies for welcoming all newcomer students (Tier 1).



What is STRONG?

Supporting Transition Resilience of Newcomer Groups

www.strongforschools.com

- Tier 2 evidence-informed, school-based intervention for newcomer (immigrant/refugee) students, K-12th grades
- Aims to build resilience and address psychological distress associated with newcomer experience
- Culturally contextualized lens

Implications for Tier 3

Prevention Science
<https://doi.org/10.1007/s11121-023-01618-x>



Revisiting the Percentage of K-12 Students in Need of Preventive Interventions in Schools in a “Peri-COVID” Era: Implications for the Implementation of Tiered Programming

Mark D. Weist¹ · Andy Garbacz² · Brandon Schultz³ · Catherine P. Bradshaw⁴ · Kathleen Lynne Lane⁵

Accepted: 13 November 2023
© Society for Prevention Research 2023

Abstract

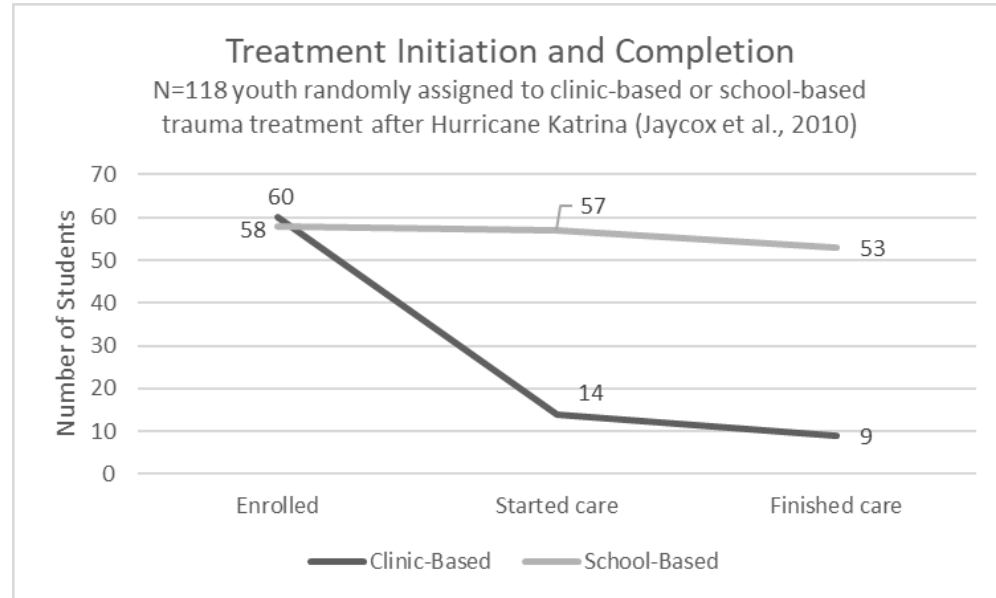
As the public health framework has been implemented in schools through multi-tiered systems of support, as in Positive Behavioral Interventions and Supports (PBIS), a prominent interpretation has been that 80% of students will benefit from universal or Tier 1 schoolwide behavior support, around 15% will require added selective or Tier 2 targeted support, and 5% will require the more intensive selective or Tier 3 intervention. The PBIS framework also emphasizes the use of tiered logic, with strengthened efforts at the universal and selective levels when student behavioral or mental health needs exceed expected levels. The prediction that 5% of students will require indicated support was based mostly on students at risk for discipline encounters (i.e., office discipline referral data) and, more recently, systematic screening data, but this percentage remains an interpretation of the public health framework. Further, epidemiologic data over the past decade show that rates of childhood mental health disorders have risen and are even higher now as schools struggle to recover from the COVID-19 pandemic—much higher than 15% and 5% for selective and indicated levels. Thus, we believe it is time to revisit projections of the number of students in need of Tier 2 and Tier 3 support. In this position paper, we review the evidence for escalating youth mental health needs and discuss the implications for the tiered prevention framework in schools. We describe strategies to expand the availability of preventive intervention supports beyond Tier 1 efforts and conclude with recommendations for practice, policy, and research in this peri-COVID recovery era.

Keywords Children and youth · Mental health challenges · School-based prevention · Tiered logic · Universal · Selective · Indicated programming · Pandemic recovery · PBIS

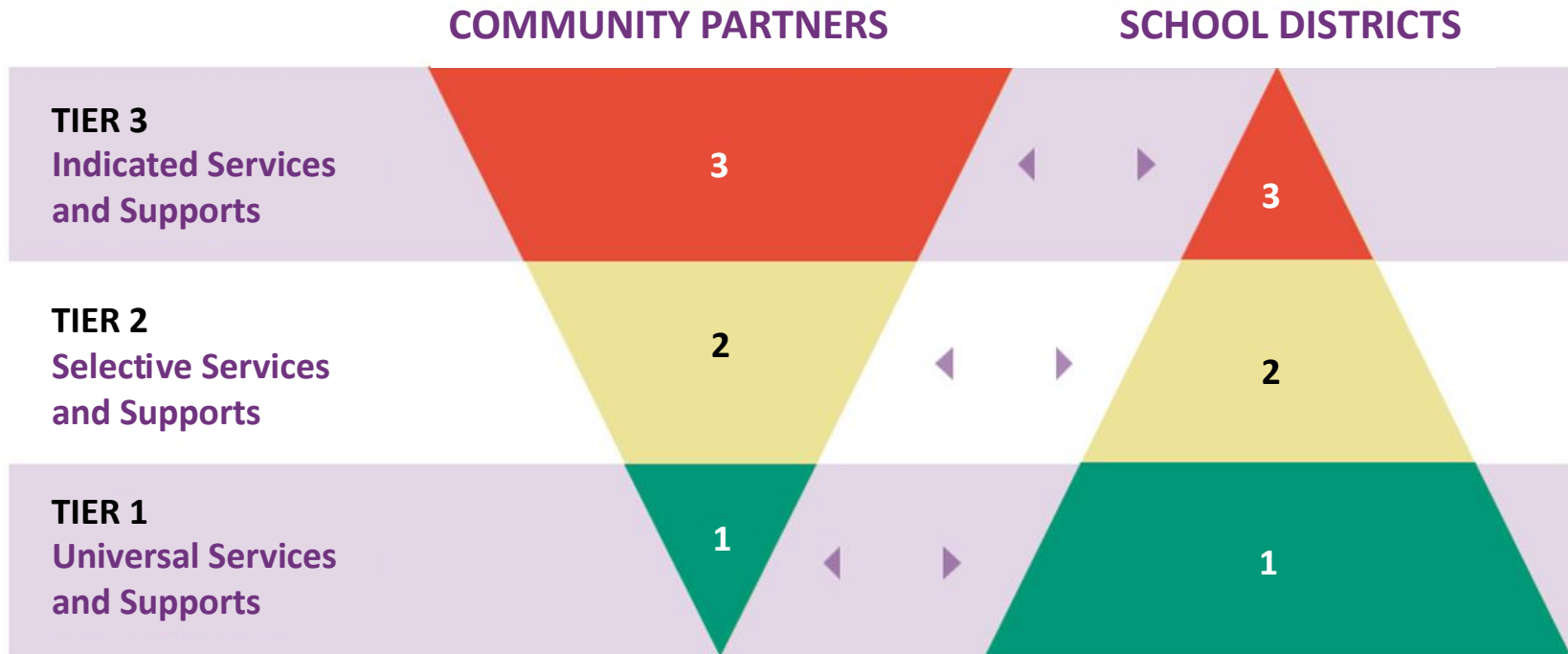
“It is also true that the **percentage of students requiring indicated Tier 3 intervention has increased**, meaning educational systems need to expand—at least temporarily—to address the community’s immediate needs.”

Why Mental Health Treatment in Schools?

- Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010).
- Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018).
- Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018).



School-Community Partnerships to Support Students Across a Multi-Tiered System of Support



Effective School-Community Partnerships to Support School Mental Health



Effective School-Community Partnerships to Support School Mental Health

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), in partnership with community health and mental health professionals. States, districts, and schools often grapple with how to strategically staff a full continuum of mental health supports and services, sometimes exclusively relying on either schools or community partners. This strategy fails to leverage the strengths and resources of each system (education and health/behavioral health) and may lead to siloed and fragmented supports. This document provides an overview of the key elements of school-community partnerships and specific action steps for states, districts, and communities to foster effective collaboration between schools and community health and behavioral health partners.

When it comes to school-employed and community partners supporting school mental health:
It is not either/or, it is both/and!

Background

The mental and behavioral health of students is a necessary focus of education. Approximately 75 to 80 percent of children and youth in need of mental health services do not receive them.¹ Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.² Further, youth are six times more likely to complete evidence-based treatment when offered in schools than in community settings.³ As such, schools are often considered the natural and best setting for comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities.^{4,5}

School mental health supports and services must be a critical component of any educational system on par with high quality academic instruction.

Benefits of Comprehensive School Mental Health Services

Comprehensive school mental health promotes well-being and social emotional health for all students and staff, while also supporting those with mental health challenges. As our nation continues to advance equity in access to resources and opportunity, school mental health services can be a key factor in reducing disparities in academic achievement, physical and mental health, and access to quality care. Comprehensive school mental health services can reduce health disparities, especially for low income and minoritized youth.

Access to school-based mental health services improves:

- Physical and psychological safety
- Academic performance
- Social-emotional competence

Access to school-based mental health services reduces negative outcomes such as:

- Disciplinary referrals
- Dropout
- Substance abuse
- Involvement in the criminal justice system

¹ U.S. Department of Health and Human Services, 2001.
² Farmer, Burns, Philip, Kessler, & Costello, 2003; Kessler & Ustun, 2000
³ Anglin et al., 2010
⁴ Anglin, 2003
⁵ NASP, 2015

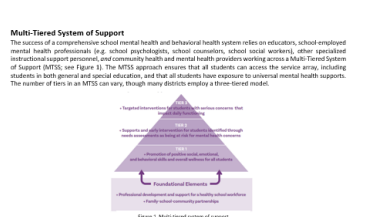


Figure 1. Multi-tiered system of support

School-Employed Mental Health Professionals and Community Partners Support Students Across a Multi-Tiered System of Support

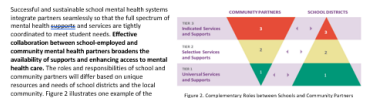


Figure 2. Complementary Roles between Schools and Community Partners

The allocation of roles and responsibilities for school- and community-employed personnel across a multi-tiered system of support is generally as follows:

- The 1 implemented primarily by school-employed mental health professionals, and other relevant specialized instructional support personnel (e.g. school nurses) with support from community professionals
- The 2 implemented by both school-employed mental health professionals, other relevant specialized instructional support personnel and community professionals
- The 3 implemented primarily by community professionals with support from school-employed mental health professionals and other relevant specialized instructional support personnel

Element II: Clear Roles and Responsibilities

Partnerships between school and community providers are facilitated by clear delineation of roles and responsibilities. School staff and community partners should learn and understand their roles and responsibilities to help us effectively collaborate to support students they each serve. School-employed professionals should help community providers understand the systems of the school and legal obligations that affect their community-based care. Similarly, community employed staff should offer education and guidance to school-employed staff if they have areas of unique expertise and knowledge related to mental health and the broader mental health care system.

School-employed mental health providers and community partners must connect to regular communication with one another to ensure all students can access to the supports they need. Effective partnerships may require a "testing" of how school-employed mental health professionals are used to show for more comprehensive service delivery.

If students are supported by both school-employed and a community-employed provider, a communication and data sharing plan must be developed so that all parties share the same knowledge and information about the students they are serving.

Action Step 1: Develop a Memorandum of Understanding
Use a memorandum of understanding (MOU) or other agreements to detail the terms of the partnership. Key features of an MOU might include:

- Delineation of roles and responsibilities of the school and community-employed professionals (e.g., prevention, provision, and intervention services; data collection and reporting; confidentiality agreements and information sharing protocols; attendance at team meetings, trainings, and professional development)
- Office of fiscal and resource agreement, including details of payment exchange processes.
- Plan for duration and termination, including a timeline for the governing and procedures for requesting termination by either party.

Reminder:
The Memorandum of Understanding template includes the key features and potential language to use in an agreement between school and community mental health partners.

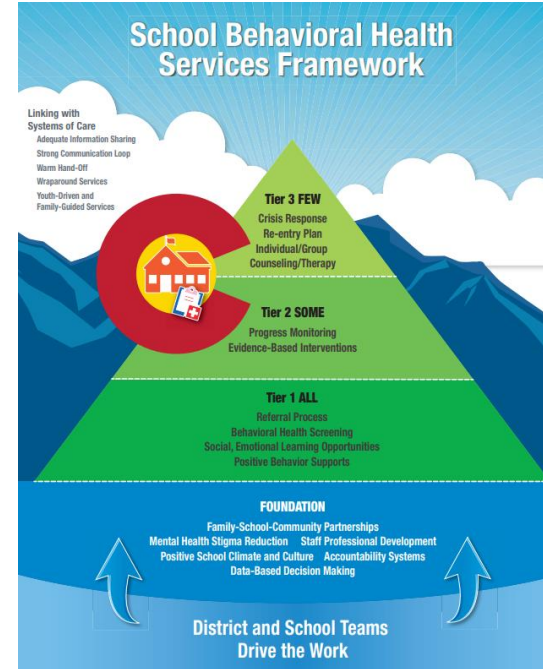
Action Step 2: Develop shared language and accountability systems
For school community mental health partnerships to be successful, all providers must work together to develop shared language and accountability systems that are grounded in a mutual set of goals. School- and community-employed partners can look to the health care management plan to identify common goals for collaboration. Partners can also consider the shared team governing structure systems (e.g. Family Educational Rights and Privacy Act) and health systems (e.g. Health Insurance Portability and Accountability Act) and ensure that any elements of understanding and other information sharing agreements align with legal requirements.

Reminder:
This joint guidance document from the Department of Education and the Department of Health and Human Services explains the relationship between the Family Educational Rights and Privacy Act (FERPA), state and implementing regulations and the Health Insurance Portability and Accountability Act (HIPAA) privacy rule.

Figure 3. Anatomy of a Memorandum of Understanding



State Comprehensive School Mental Health System Frameworks





Maryland Statewide Coordinated Community Support Partnerships

15 Priority Evidence-based Practices

Unified Protocols for Transdiagnostic Treatment of
Emotional Disorders in Children and Adolescents
(UP-C/UP-A)

Modular Approach to Therapy for Children with Anxiety,
Depression, Trauma, or Conduct Problems (MATCH-ADTC)

Safety Planning Intervention (Stanley and Brown)

Counseling on Access to Lethal Means (CALM)

Adolescent Community Reinforcement Approach (ACRA)

Cognitive Behavioral Intervention for Trauma in Schools
(CBITS)/Bounce Back

The Student Check-Up (Motivational Interviewing)

Therapeutic Mentoring

SBIRT – Screening, Brief Intervention, and Referral to Treatment

Youth Aware of Mental Health (YAM)

Botvin Life Skills

Chicago Parent Program

Strengthening Families Program

Circle of Security





Comprehensive School Mental Health System Quality Assessment and Improvement

School Health Assessment and Performance Evaluation (SHAPE) System www.theSHAPEsystem.com

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



SHAPE users map their school mental health services and supports



ASSESS system quality using national performance standards



Receive custom reports and strategic planning guidance and resources



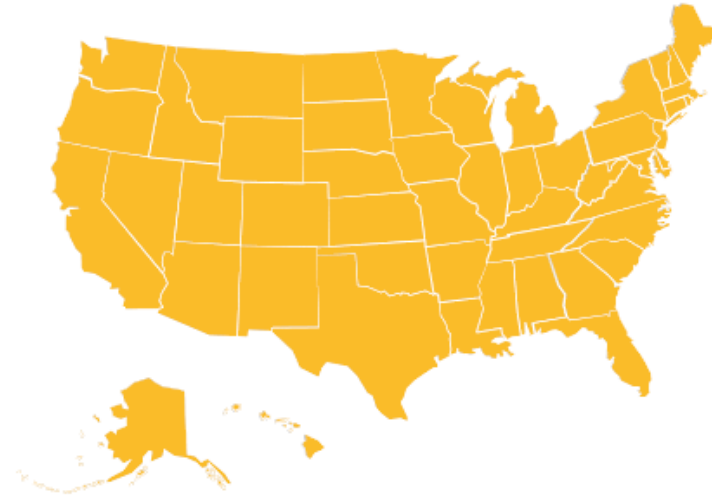
Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources



Use State and district dashboards to collaborate with schools in your region



ALL 50 STATES AND OVER 15,000 SCHOOLS ARE ENGAGED IN SHAPE



Funded in part by the
Health Resources and
Services Administration

www.schoolmentalhealth.org
www.theshapesystem.com



Facebook.com/
CenterforSchoolMentalHealth



@NCSMHtweets



Hopeful Futures Campaign

The Hopeful Futures Campaign is a coalition of diverse partners who are committed to **bringing comprehensive school mental health systems to every school in the country** so that every child can thrive.

inseparable



The Jed Foundation



NATIONAL CENTER FOR SCHOOL MENTAL HEALTH



MomsRising
TOGETHER



THE KENNEDY FORUM



National Alliance on Mental Illness

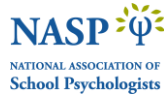
HEALTHY SCHOOLS CAMPAIGN



everychild.onevoice.®



Mental Health America



NATIONAL ASSOCIATION OF School Psychologists



THE GOOD LIFE MOVEMENT

YourMomCares
#ymc



mindful PHILANTHROPY

HOPE LAB



active minds



let's talk mental health



THE TREVOR PROJECT



stronger than stigma



Partnership to End Addiction



rare impact
by Rare Beauty



for every child



CLASP
The Center for Law and Social Policy





America's Youth Mental Health Report Card

Delaware

BY THE NUMBERS

141,000	9,000	6,000	1 : 825	1 : 2,547	1 : 382
Total # of Students (2021 Enrollment)	Students with Major Depressive Disorder (MDD) (2021)	Students with Anxiety Disorder (AD) (2021)	Ratio of School Mental Health Professionals to Students (2021)	Ratio of School Counselors to Students (2021)	Ratio of School Psychologists to Students (2021)

There is a national emergency in children's mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidal thoughts. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The **Hopeful Futures Campaign**, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental healthcare. The campaign's school mental health report cards highlight accomplishments and provide important action steps to help address the children's mental health crisis in every state.

AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

School Mental Health Professionals	School-Family-Community Partnerships	Teacher and Staff Training	Funding Supports
Well-Being Checks	Healthy School Climate	Skills for Life Success	Mental Health Education

- In 2022, the Hopeful Futures Campaign published the first-ever state-specific report cards to examine state policies for school mental health
- Mental health metrics, current policies, policy opportunities, comparisons, policy pacesetters
- Eight policy categories:
 - School Mental Health Professionals
 - School-Family-Community Partnerships
 - Teacher and Staff Training
 - Funding Supports
 - Well-Being Checks
 - Healthy School Climate
 - Skills for Life Success
 - Mental Health Education



Youth Mental Health Policy Campaigns

22 wins in the last 2 years



hopeful
futures 
campaign

2023 School Mental Health

STATE
LEGISLATIVE
GUIDE

powered by
inseparable

Contents

Introduction.....	5
1 School Mental Health Services	6
Policy Recommendations:	
• Improve the ratios of school counselors, school social workers, and school psychologists.....	7
• Expand the school mental health workforce pipeline.....	12
• Implement school telemental health programs.....	18
• Facilitate school-linked mental health services.....	21
2 Financing	25
Policy Recommendation:	
• Extend Medicaid to cover school-based mental health services.....	26
3 Prevention and Early Intervention	30
Policy Recommendations:	
• Promote skills for life success.....	31
• Increase suicide prevention awareness and training.....	33
• Require mental health education.....	36
• Permit excused absences for mental health.....	38
• Provide annual mental health screenings.....	41
• Provide access to mental health services without a formal diagnosis.....	44
Appendix A: Comprehensive School Mental Health Systems	45
Appendix B: Parents and Students Support for School-Based Mental Health Services	46
Notes	48

School Mental Health in Practice



Brittany Patterson, PhD

Assistant Professor

University of Maryland

National Center for School Mental Health (NCSMH)





What does it look like in practice?

A School Mental Health Program (SMHP) example



School Mental Health Program (SMHP)

Executive Director: Nancy Lever, Ph.D.

Program Director: Jennifer Cox, LCSW-C

Associate Director: Nikita Parson, LCSW-C

Assistant Director: Rikki Spiegler, LCSW-C

Senior Advisor: Sharon Hoover, Ph.D.

- Established 1989 in 4 schools
 - Currently in 22 schools
- Elementary through high school
- Mental health promotion, prevention, intervention
- Primarily serving students in general education
- Many individual, family, and community strengths to build on, caring and committed school team, shared value of promoting student success
- School population is predominantly students who identify as Black/African American
- Title 1 schools, High rates of trauma exposure in the community
- Licensed social workers, psychologists, counselors, psychiatrists, and graduate trainees





SMHP Staffing and Deliverables

Staffing

- 21 Licensed Social Work/Counseling/Doctoral Psychology
- 15 graduate trainees (social work, psychology, psychiatry, counseling)
- Current funding is from the Public Mental Health System (OMHC fee-for-service reimbursement) and a small amount of funding for contracted deliverables (BHA/City Schools)



Building Relationships

- Being present in school environment
- Conversations with teachers/students/staff
- Asset mapping and needs assessment
- Identifying school- and community-based resources
- Informal assessment of needs
- Classroom observations
- Participating in school activities (e.g. back-to-school night, sports events)





Tier 1: Universal Activities

- **School-wide**

- Participation in school teams:
 - School Wellness Teams (SWT)
 - Multi-tiered Systems of Support (MTSS)
 - Student Support Team (SST)
 - PTAs

- **Assessment/Screening**

- SMHQA
- Behavioral Health Screening

- **Classroom-based**

- Classroom presentations (introduction to the SMHP)
- Classroom programming
 - Good Behavior Game
 - Second Step
 - The Guide - MHL

- **Support for Educators**

- Teacher consultation
- Professional Development
- Well-being for educators



Tier 2: Selected Activities

- **Prevention groups**

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Dialectical Behavioral Therapy – Adolescents (DBT-A)
- BRISC
- Bounce Back
- Coping Cat
- Social skills groups

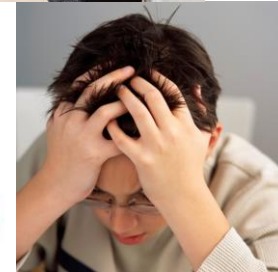
- **Delivered during:**

- Lunch periods
- Resource periods
- Other times identified in collaboration with teachers



Common Presenting Tier III Concerns

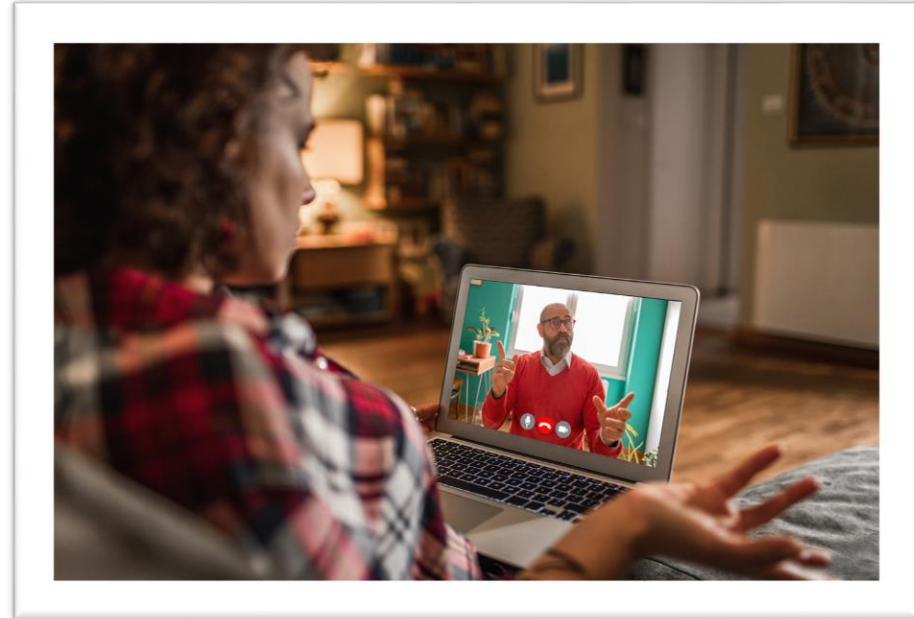
- Family and community violence
- Academic and/or attendance problems
- Substance use and abuse
- Bereavement and loss
- Abuse and neglect
- Depression
- Anxiety
- Trauma
- ADHD
- Disruptive Behaviors
- Exposure to substance use & dealing
- Homelessness
- Family mental illness
- Bullying and the bullied
- School refusal





Tier 3: Indicated

- Diagnostic evaluations
 - UCLA
 - Vanderbilt
 - Other strengths/NA screeners
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Grief and Trauma in Schools (GTI)
- MATCH-ADTC



- On January 18, 2020 Counselor Smith arrives to Cheese Pizza Elem/Middle at 7:45am and starts the first 5 minutes of the day by checking in with 4 th grade math teacher, Mr. Jacobs. From 7:45 -7:50, Mr. Jacobs confirms that the classroom presentation is still on for 8:30. From 7:50 -8:00, Mr. Jacobs talks to Counselor Smith about Zach Morris and the difficulty he is having in the classroom. Counselor Smith discusses Mr. Jacob's concerns and gives him a referral form to fill out.
- Counselor Smith then spends the next half hour (8:00 -8:30) checking e-mail and preparing for the classroom presentation. Counselor Smith presents to Mr. Jacob's classroom on Friendly Behaviors from 8:30 -9:15. There are 25 students and 2 non-students present (this includes the teacher and Counselor Smith). On the way back to the of fice, Counselor Smith sees an unfamiliar student and introduces self and the SMHP program as they walk down the hallway from 9:15 -9:20. Counselor Smith finds out this student is in the 5th grade and her name is Lakiea Bradshaw.
- Counselor Smith just returns to the office when the Principal calls to share that Jaylin Summers is very upset over the death of his cousin this past weekend. This conversation takes place from 9:20 -9:25. Counselor Smith meets with Jaylin for 1 hour (9:25-10:25) whom returns to class feeling better. Counselor Smith contacts his Mother to inform her that Counselor Smith met with Jaylin today and about SMHP services. They talk from 10:25 -10:45 and set up an intake appointment for the following week.
- Counselor Smith returns to the office and prepares for the Anger Coping group from 10:45 -11:00. Counselor Smith leads Anger Coping from 11:00 -12:00 with Jimmy John, Ronald McDonald, and Roy Rogers, the first two are patients who seen Counselor Smith individually as well. After group, Counselor Smith eats lunch, checks e-mail, and does paperwork from 12:00 -12:30. Then, SMHP patient, Malik Johnson and his parents arrive at 12:30 for a family session that lasts for 30 minutes. At 1:00, Counselor Smith meets with Malik Johnson for a 45 minute individual session. After returning Malik to class, Counselor Smith goes to Mrs. Hall's classroom to observe her student, Sandra Jackson from 1:45 -2:15. Counselor Smith then attends the Student Support Team Meeting for Sandra. The SST meeting is held from 2:15 -3:00.
- From 3:00-3:30, Counselor Smith completes paperwork and prepares the copies she needs for the teacher in -service this afternoon. At 3:30 Counselor Smith presents "De-escalating Techniques" to teachers until 4:00. The 10 teachers present seemed to really enjoy the presentation. Afterwards, Counselor Smith heads back to her office to check e-mail, complete paperwork, and process the extremely productive day! Counselor Smith leaves at 4:30.



Trauma-Informed Multi-Tiered System of Supports for School Mental Health

Examples of mental health-related interventions, supports, and activities

MATCH-ADTC:

Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems

Coping Cat:

Cognitive-behavioral treatment for children with anxiety

Dialectical Behavioral Therapy:

Type of cognitive behavioral therapy for people who feel emotions very intensely

Social Skills Group

RULER:

Social and emotional learning approach

PBIS:

Positive Behavioral Interventions and Supports

BHS:

Behavioral Health Screening

Mental Health First Aid,
Restorative Practices

Examples of trauma-focused interventions, supports, and activities:

TF-CBT:

Trauma-Focused Cognitive Behavioral Therapy

CBITS:

Cognitive Behavioral Intervention for Trauma in Schools

Bounce Back:

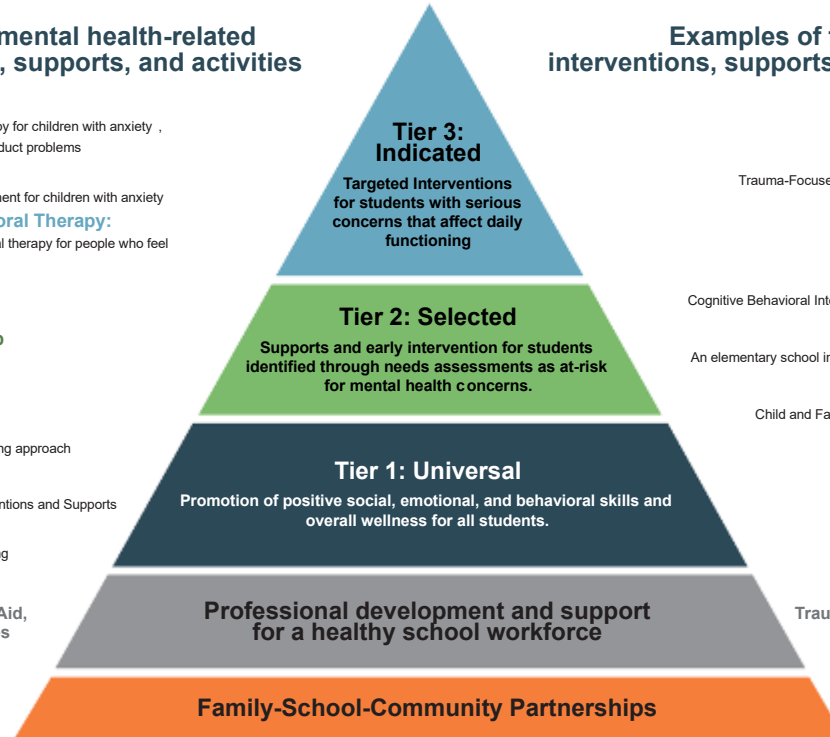
An elementary school intervention for childhood trauma

CFTSI:

Child and Family Trauma Stress Intervention

Trauma Screening

Trauma informed classroom
management strategies





UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Importance of Family Engagement



Why Engage Families?



Professionals come and go in a child's life.

Families are the only true constant.

Family engagement helps to establish sustainable practices and provides a sense of stability for the child.



Traditional Barriers to Family Engagement



Concrete obstacles:

- Time
- Transportation
- Child care
- Competing Priorities

Attitudes towards mental health & stigma

Previous negative experiences with mental health institutions (McKay)



What is Family Engagement?

Family engagement is a **collaborative and strengths-based process** through which professionals, families, and children build positive and goal-oriented relationships.

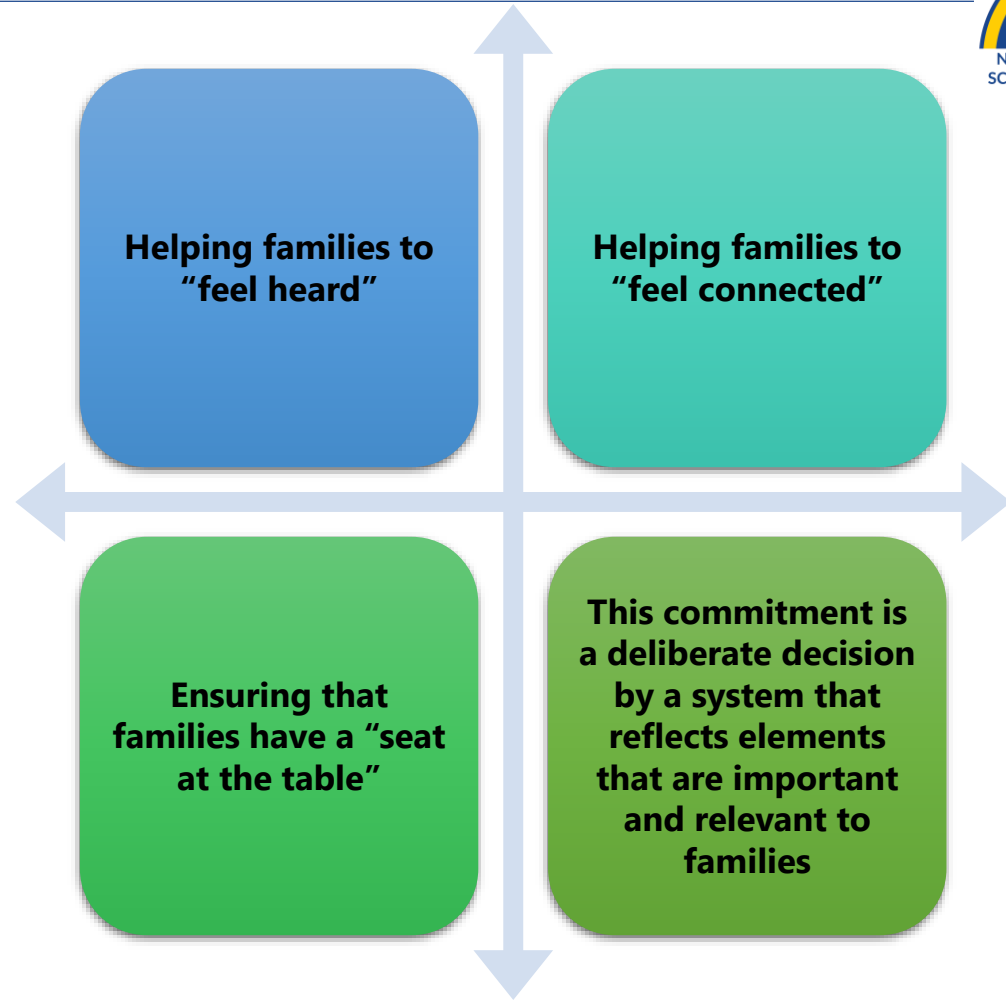
It is a **shared responsibility** of families and staff at all levels that requires mutual respect for the roles and strengths each has to offer.

Lynda Gargan, Ph.D.





**This
commitment
isn't about
getting family
"buy in", it's
about...**





Engaging Families in SMH

Promote and market	Promote and market services – ensure community awareness of resources
Address	Address immediate, practical needs of families (NCTSN)
Identify and integrate	Identify and integrate family strengths into treatment process (e.g., CFI)
Provide	Provide education about services and treatment/address stigma
Implement	Implement family-centered interventions (conjoint/family components)
Increase	Increase accessibility (In-person, virtual, and hybrid tx)



Reflection Opportunity

What barriers to family engagement are you experiencing? What strategies may help to overcome them?

Connecting Kids to Coverage National Campaign



Helen Gaynor, MPH

Outreach Contractor, Connecting Kids to
Coverage National Campaign

Porter Novelli Public Services, Inc.

**PORTER
NOVELLI** 
PUBLIC SERVICES

Connecting Kids to Coverage National Campaign: Initiatives

The Connecting Kids to Coverage National Campaign reaches out to families with children and teens eligible for Medicaid and the Children's Health Insurance Program (CHIP) to encourage enrollment and to raise awareness about the health coverage and specific benefits available under these programs.

The Campaign conducts annual initiatives tied to priority topics and key times of year:

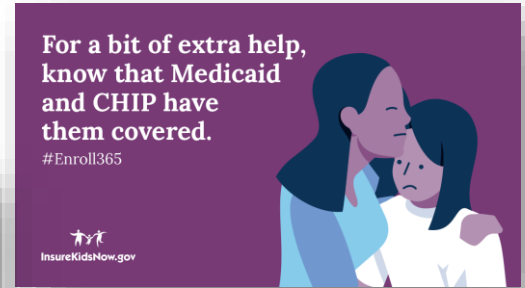
- Oral Health
- Mental Health
- Vaccinations
- Missed Care
- Peace of Mind
- Youth Sports
- Year-Round Enrollment
- Back-to-School
- Rural Communities
- Multicultural Outreach

Initiatives: Mental Health

Mental health issues among children continue to increase. With coverage through Medicaid and CHIP, kids up to age 19 can access mental and behavioral health services to help prevent, diagnose, and treat a broad range of mental and behavioral health issues.

Resources

- Digital videos
- Social media graphics and copy
- eSignatures
- Text messages
- Newsletter templates
- **Poster in 24 languages**



Medicaid and CHIP Continuous Enrollment Unwinding

In March 2020, CMS waived certain Medicaid and CHIP requirements and conditions. The easing of these rules helped prevent people with Medicaid and CHIP from losing their health coverage during the pandemic.


- States restarted eligibility reviews on April 1, 2023.
- **The Connecting Kids to Coverage National Campaign encourages beneficiaries to:**
 - **Update their address, email, and phone number with their state Medicaid offices**
 - **Check their mail for a letter regarding their Medicaid or CHIP renewal**
 - **Complete their renewal form and return it right away**
- Resources and additional information are available at [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding), including a [Communications Toolkit](#) and [graphics](#) in 7 languages, including [English](#) and [Spanish](#). Partners can find:
 - Social media copy and graphics
 - Drop-in articles and key messaging
 - The [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) page to help families connect with their state Medicaid office.

InsureKidsNow.gov

The website for Campaign information and resources

Resources

An official website of the United States government [Here's how you know](#)

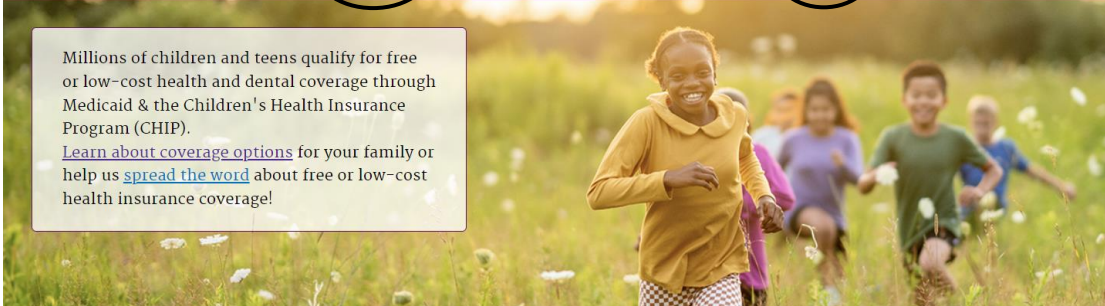
 **InsureKidsNow.gov**

Enter keyword | [Get Email Updates](#) | [En Español](#)

1-877-KIDS-NOW (1-877-543-7669)

[Find Coverage for Your Family](#) | [Campaign Information](#) | [Outreach Tool Library](#) | [Webinars & Videos](#) | [Campaign Notes eNewsletter](#) | [Initiatives](#)

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children's Health Insurance Program (CHIP).
[Learn about coverage options](#) for your family or help us [spread the word](#) about free or low-cost health insurance coverage!



Outreach Tool Library

Find all Campaign Materials in the Outreach Tool Library:

- Ready-to-print posters
- Palmcards
- Social media posts
- Text messages
- Videos
- PSAs
- Template newsletters



Customizable Resources

Many Campaign resources can be customized to include information specific to your community:

- Visit the Outreach Tool Library at www.InsureKidsNow.gov/outreach-tool-library/index.html to review the Customization Guide
- Email CMS Division of Multimedia Services (DMS) with customization requests and your organization's information: MultimediaServices@CMS.hhs.gov
 - Grantees must include their project officers on the email

Think Teeth
Every Step of The Way

Give your baby healthy teeth from the start. It's easy!

- Gently brush baby's teeth twice a day. Use a tiny amount of fluoride toothpaste.
- Take your baby to the dentist by her first birthday. Continue regular check-ups as recommended.
- Tooth decay is caused by bacteria. Your baby can "catch" the bacteria from you.
 - Keep your mouth healthy.
 - Don't share cups or spoons.
- Put only water, milk, or formula in bottles or sippy cups.
- Don't put your baby to bed with a bottle or sippy cup.
- Limit sweet snacks and sugary drinks, including juice.

Medicaid and the Children's Health Insurance Program (CHIP) cover children's dental care, such as teeth cleanings, check-ups, x-rays, fluoride, dental sealants, and fillings. Your child could be eligible!

To enroll your child, call 1-877-KIDS-NOW (543-7669) or visit InsureKidsNow.gov. Already covered? Use the Parent Locator on InsureKidsNow.gov to find a dentist near you and call to schedule a dentist appointment today.

LOG O1 LOG O2

InsureKidsNow.gov

CMS Form 11666 March 2015

Paid for by the U.S. Department of Health & Human Services

Your program name(s)

Your website and/or phone number

Up to two logos

Keep in Touch

Interested in learning more about the Campaign and its resources?

- Email us: ConnectingKids@cms.hhs.gov
- Follow us on X/Twitter: [@IKNgov](https://twitter.com/IKNgov)
- eNewsletter sign up: [“Campaign Notes”](#)



Questions?