

Certified Community Behavioral Health Clinics:  
**Opportunities to Partner with Schools to  
Improve Youth Mental Health**

National Council for Mental Wellbeing

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# Meet the Speakers



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# Learning Objectives

1. Understand the Behavioral Health landscape and growing scale of the Certified Community Behavioral Health Clinic (CCBHC) model of comprehensive, integrated and accessible care.
2. Recognize the key principles of Integrated Care and how it can impact the behavioral health needs of children and youth in schools.
3. Understand the importance, and potential, of partnerships between schools and community behavioral health organizations, including CCBHCs.



# The Behavioral Health Landscape

- In the U.S. there are **350 individuals for every one** mental health provider.
- Nationally, **1 in 10 youth** who are covered under private insurance do not have coverage for mental or emotional difficulties – totaling over 1.2 million youth.
- **60% of youth** with major depression do not receive mental health treatment
- **43% of US adults** who say they needed substance use or mental health care in the past 12 months did not receive that care

## Behavioral Health Workforce

Access to Care

**90%**



**87%**

are concerned about the ability of those not currently receiving care to gain access to care

worry that shortages in the mental health and substance use treatment workforce will negatively impact society as a whole

Mental Health America, [State of Mental Health Report](#), 2023.

The Harris Poll, [Mental Health: A comprehensive look at Harris Poll research](#), 2023.



TheNationalCouncil.org

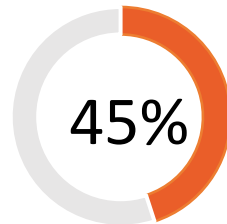
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# Sounding the Alarm on Youth Mental Health

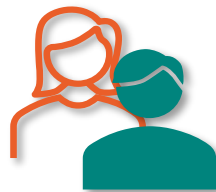
In 2021:

- **more than 4 in 10 students** felt persistently sad or hopeless and nearly one-third experienced poor mental health.
- **more than 1 in 5 students** seriously considered attempting suicide and 1 in 10 attempted suicide.

These feelings were found to be more common among LGBTQ+ students, female students, and students across racial and ethnic groups.



of LGBTQ+ students in 2021 seriously considered attempting suicide—far more than heterosexual students.



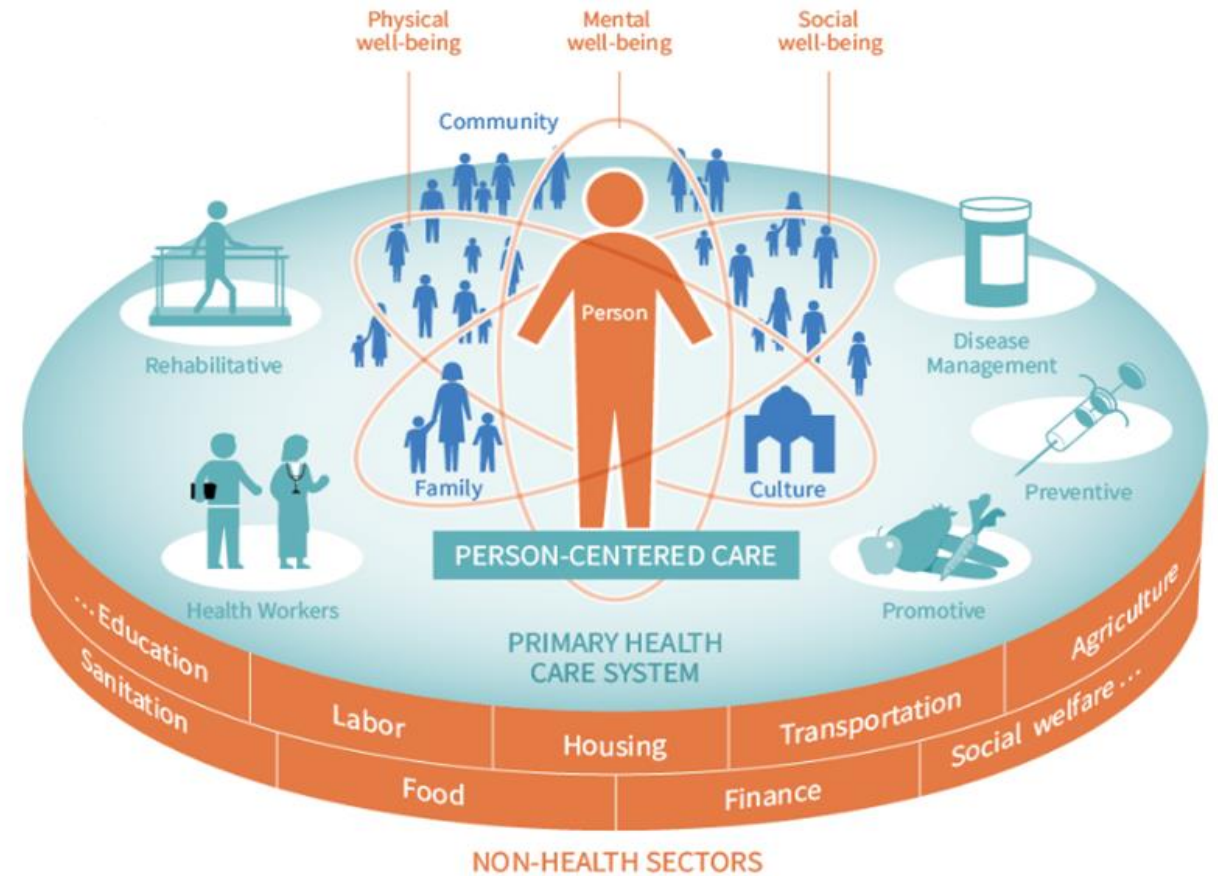
Black and African American students were more likely to attempt suicide than students of other races and ethnicities.

[CDC Youth Risk Behavior Survey, 2011-2021.](#)

# What is Integrated Care?

The provision and coordination of appropriately matched interventions for both physical health and behavioral health conditions, along with attention to the social determinants of health, in the setting in which the person is most naturally engaged, meaning where a person is seen most frequently or prefers to be the practice responsible for integrating their care.

All people served receive a comprehensive array of integrated services and interventions including primary and secondary prevention for their needs.



The National Council for Mental Wellbeing, [Comprehensive Health Integration Framework](#), 2021.



# Principles of Integrated Care

- 1 People-centered Interdisciplinary Teams
- 2 Comprehensive and Coordinated Continuum of Services
- 3 Defined Population and Outcomes
- 4 Systematically Measurement Informed
- 5 Evidence Based Interventions
- 6 Engagement with Broader Community
- 7 Accountable and Aligned Funding

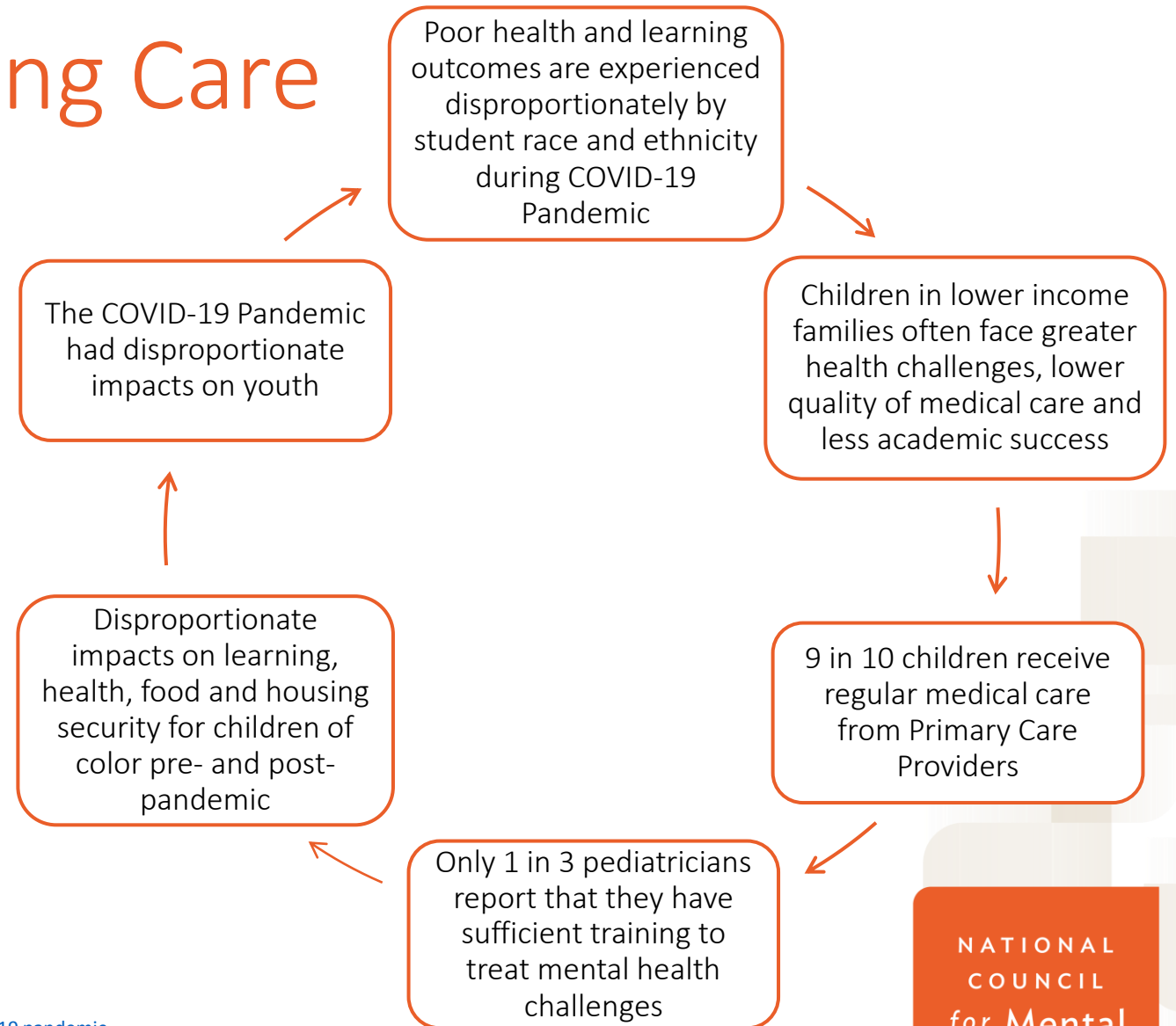


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# Rationale for Integrating Care

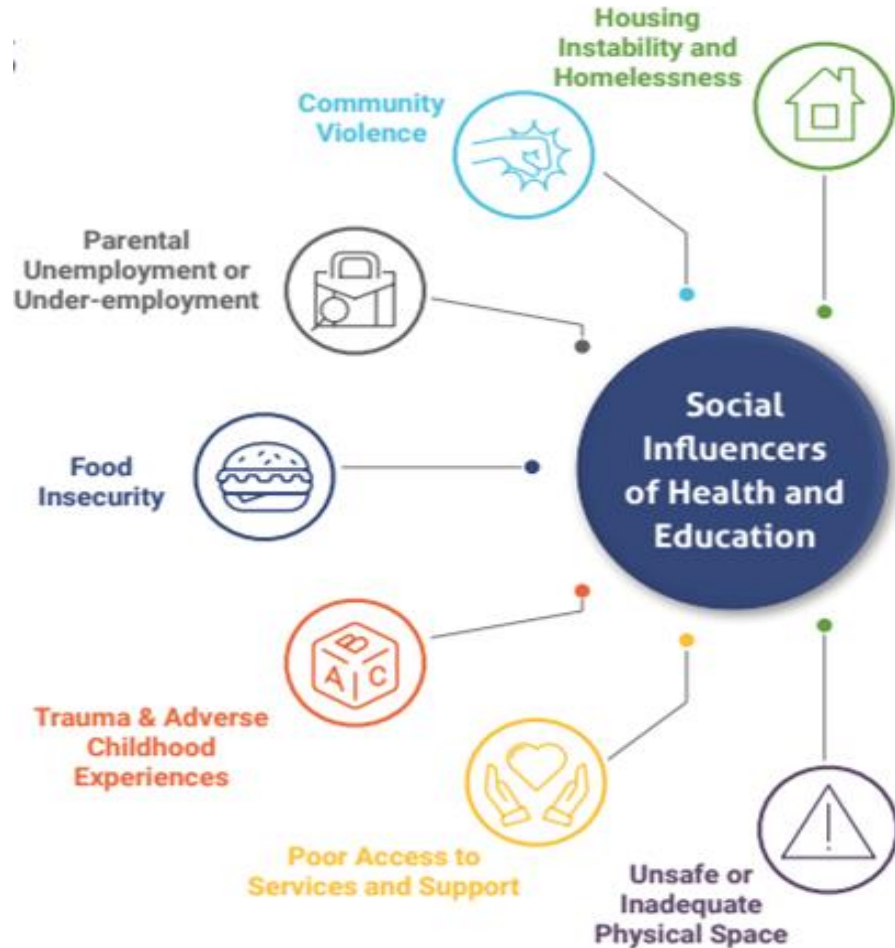
Integrated Care helps eliminate barriers to access and ensure that patients receive whole person care through shared responsibility and coordination across services providers



Michigan State University, 2021. [Racial/ethnic difference is education disruptions during the COVID-19 pandemic.](#)



# Social Influencers of Health and Education

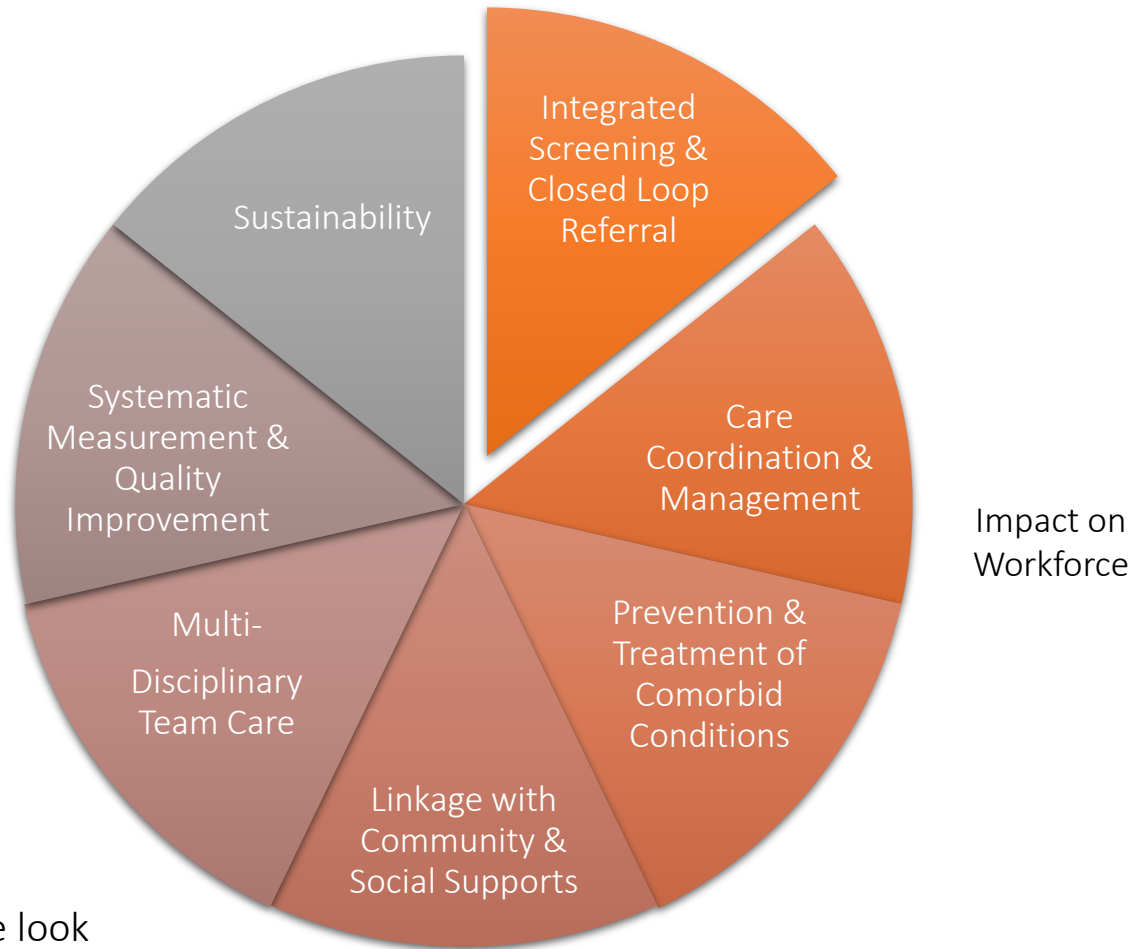


Social Influencers of health such as poverty, **unequal access to health care**, lack of education, stigma, and racism are underlying, **contributing factors of health inequities**.

For youth, these outcomes are often experienced **disproportionately by race and ethnicity** and contribute to health inequities, learning disruptions, and opportunity gaps.

National Center for School Mental Health, [Understanding Social Influencers of Health and Education, 2020](#).

# Integrated Care in Practice



What might Integrated Care look like?

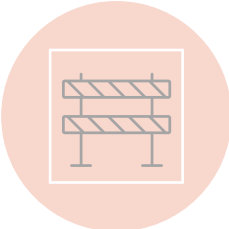
## Evidence supported impacts of team-based care:

- Increased access to care and reduced complications
- Improved safety and better communication
- Decreased burnout, turnover and tension and conflict among care providers
- Increased team productivity and satisfaction

# Barriers to advancing Integrated Care



Workforce



Systemic  
Healthcare Barriers



Social  
Determinants



Stigma and  
Mistrust



Funding Sources



Infrastructure



Model Limitations

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# Spotlight on CCBHC: An ideal Model

The **Certified Community Behavioral Health Clinic (CCBHC)** is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care
- Culturally and Linguistically responsive services and competent care

**97%**

of CCBHCs indicated that they offered services **outside** of the clinic

# CCBHC Funding Opportunities

## CCBHC Options via Medicaid

### Medicaid Waiver (e.g., 1115)

Enables states to experiment with delivery system reforms

Requires budget neutrality

Must be renewed every 5 years

State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)

With CMS approval, offers opportunity to continue or establish PPS

### State Plan Amendment

Enables states to permanently amend Medicaid plans to include CCBHC as a provider type, with scope of services, criteria and requirements, etc.

Does not require budget neutrality

With CMS approval, can continue PPS

Cannot waive “state-wideness,” may have to certify additional CCBHCs (future CCBHCs may be phased in)

### CCBHC Demonstration

Enables states to experiment with delivery system reforms

Does not require budget neutrality and provides an enhanced FMAP for states

For only 10 states every 2 years in 2024

State may limit the number of clinics selected to receive the PPS rate

State must be sure to follow all CCBHC criteria with ability to build onto them

## CCBHC Grants

### CCBHC Grants (SAMHSA funds)

\$4 million available for a 4-year period; Previously for a 2-year term

Grants are given directly to clinics with self-attestation that they meet CCBHC criteria.

Clinics provide all CCBHC services and activities of a CCBHC as required by SAMHSA, including basic reporting requirements.

Grant funds supplement but do not supplant other coverage sources

400+ CCBHC grantees  
500+ in total to date

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# CCBHC Partnership Opportunities

Two types of partnerships with CCBHCs:

**1. Care Coordination Relationships:** It is critical that integrated care services are coordinated across the spectrum of safety-net services, including in-patient care, primary care, social supports, schools, etc.

**2. Formal Relationships with Designated Collaborating Organizations:** Collaborating Organization may furnish services accessible to your patient population

Partnerships provide a full array of unique skills and access to health and mental health supports directly where youth and families are, in schools and communities, which furthers accessible and equitable care.

Community partnerships are integral to the vision of holistic, person-centered care embodied by the CCBHC demonstration.





# Coming July 2023

## Partnering with Schools to Improve Youth Mental Health



A Resource for Community  
Mental Health and Substance  
Use Treatment Organizations



**CENTER OF EXCELLENCE** for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing



**SCHOOL-BASED  
HEALTH ALLIANCE**

The National Voice for School-Based Health Care

*Disclaimer: This report was supported by the National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions and funded by a grant award from the Substance Abuse and Mental Health Services Administration and managed by the National Council for Mental Wellbeing. The views, opinions and content expressed in this presentation do not necessarily reflect the views, opinions or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.*

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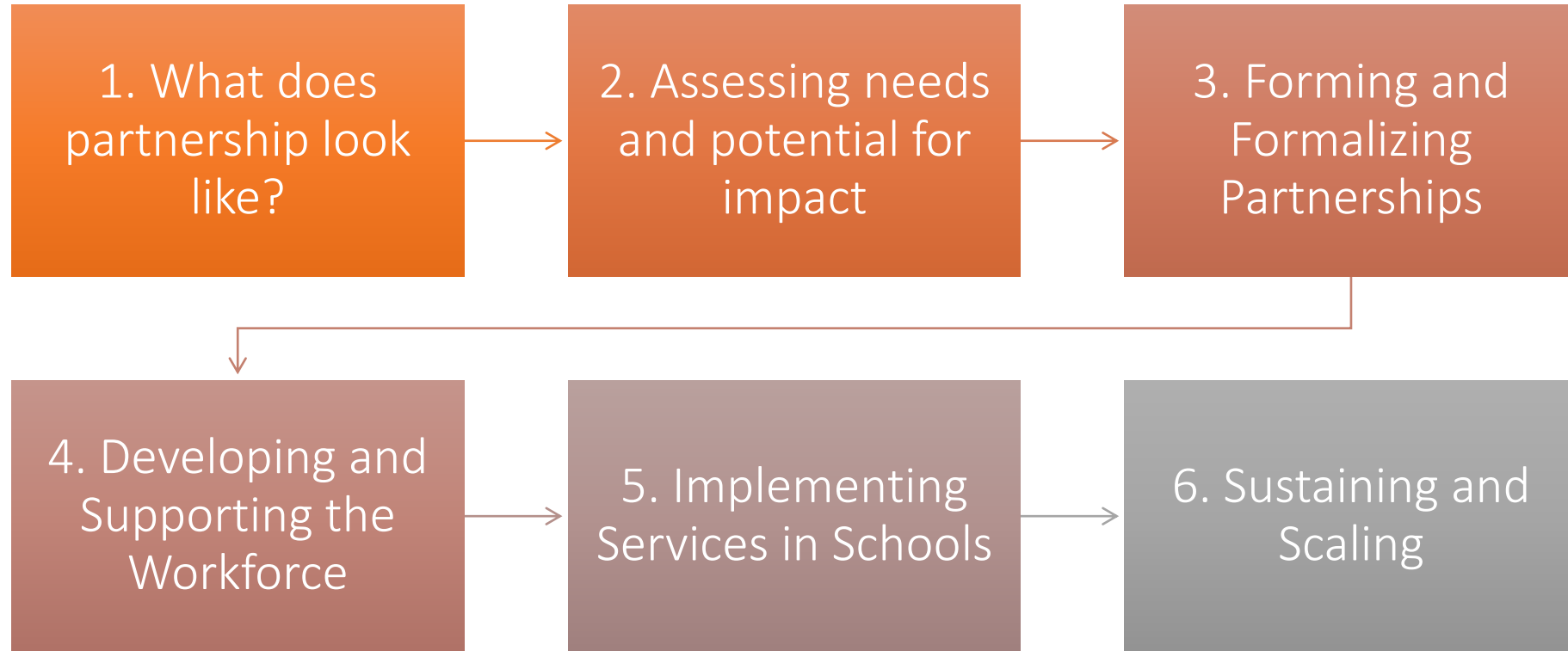


# Key Informant Acknowledgements

Site	Location
Burrell Behavioral Health	Missouri & Arkansas
Chestnut Health Systems	Illinois
Community Counseling Solutions*	Oregon
Community Mental Health Center*	Indiana
Easterseals Michigan	Michigan
Endeavor Health	New York
Helio Health	New York
Integral Care	Texas
Saginaw County CMH Authority	Michigan
Seasons Center for Behavioral Health	Iowa
St. Clair County Community MHA	Michigan
The Guidance Center	Pennsylvania



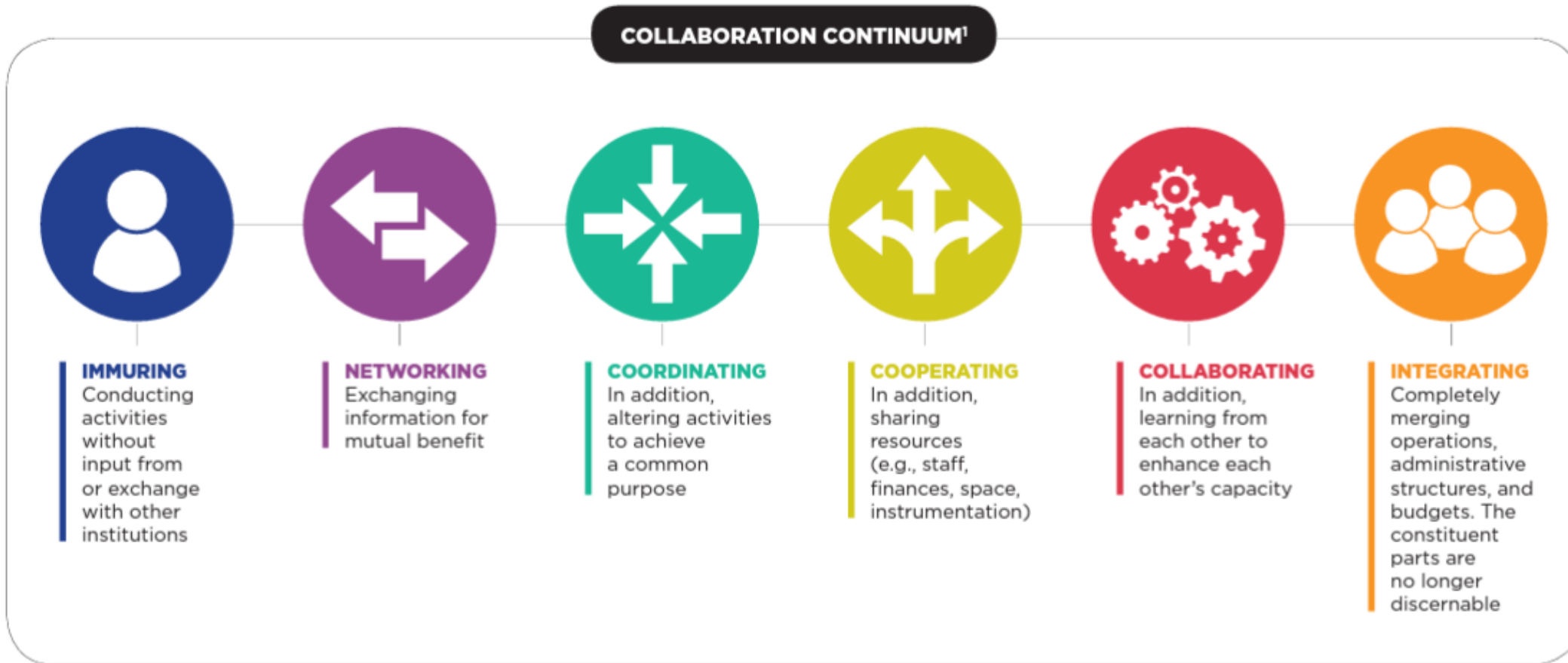
# Key Considerations



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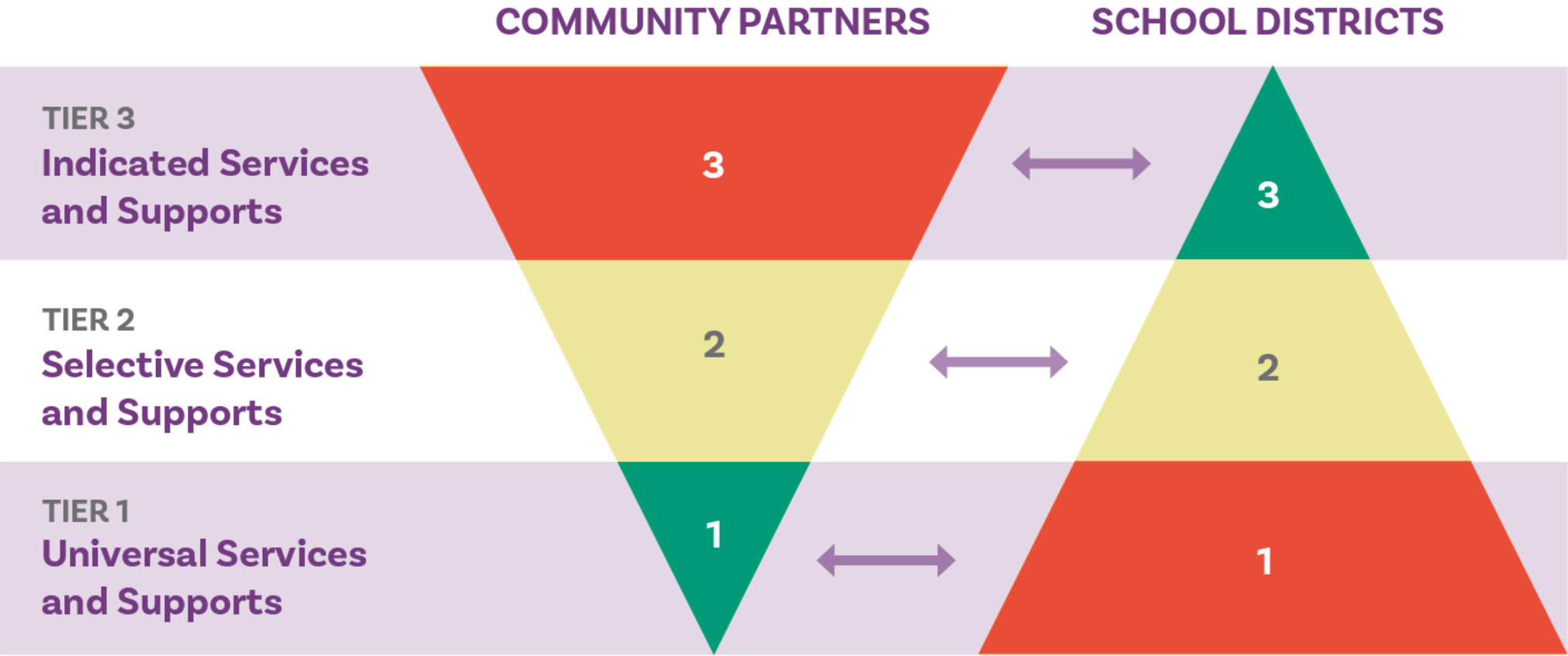


# What does partnership look like?



Mashek, D. (2015). *Capacities and Institutional Supported Needed along the Collaboration Continuum*. A presentation to the Academic Deans Committee of The Claremont Colleges, Claremont, CA. <https://www.teaglefoundation.org/Teagle/media/GlobalMediaLibrary/documents/resources/CollaborationContinuum.pdf?ext=.pdf>

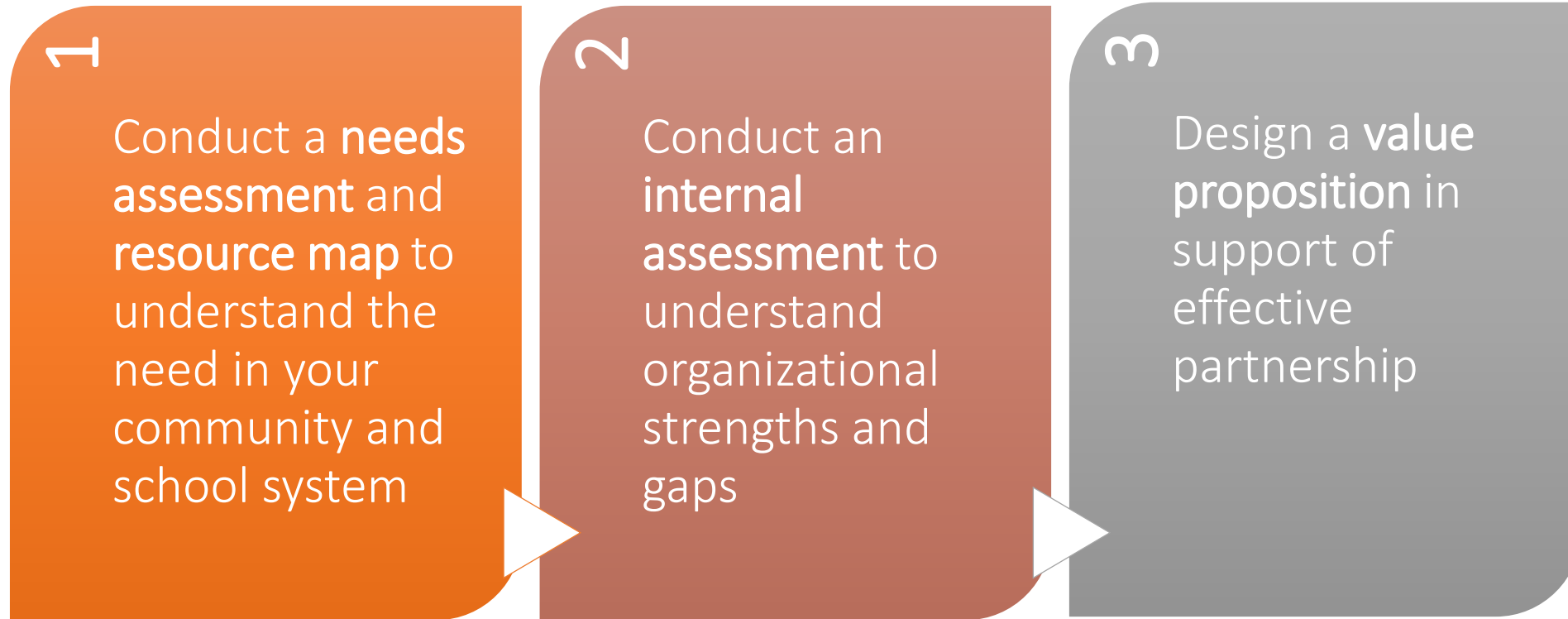
# Complimentary Collaboration



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.



# Assessing Needs and Potential for Impact



"School-based health care services from our vantage point were about investing in school-age kids to screen and assess for socio-emotional challenges and provide early intervention access vs. meeting them in acute crisis later at our local emergency department or a juvenile court hearing."  
*Saginaw County Community Mental Health Authority, Michigan*

# Forming and Formalizing Partnerships

## Outreach and Shared Vision

- Gather information; explore mutual benefit with long-term potential

## Formalizing Expectations

- Take time to define and formalize with contract, memorandum of understanding or designated collaborating organization agreement

## Champions and Buy-In

- Champions support relationships, information sharing, value statement, and reassurance

## Gathering Data for Buy-In and Continuous Feedback

- Evaluate current trends and urgent needs via state or local surveys; build in evaluative measurements and formal touchpoints to regularly assess progress and outcomes

## Service Delivery Methods

- Culturally appropriate and stakeholder informed

“The Michigan Profile for Healthy Youth survey helps us, and school districts, identify needs within their student bodies. 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.”  
*Easterseals Michigan*





# Developing and Supporting the Workforce

## Recruitment and Retention

Financial incentives

Tuition reimbursement

Clinical supervision

Professional growth

Internships

Mentoring

National Health Service Corps

Team-based collaboration

Flexible scheduling

Telehealth

“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 other providers and school staff.”

*Integral Care, Texas*

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# Developing and Supporting the Workforce

## Joint Training and Continuous Education

Seek out, build, and deliver school-based, setting specific trainings, clinical supervision and team-building activities on: culture & environment, priorities, common language, roles, developmentally age-appropriate evidence-based or evidence-informed interventions

### Resources

[Trauma-informed, Resilience-oriented Schools toolkit](#) (National Center for School Safety and the National Council for Mental Wellbeing)

[Practices to Increase Healing and Trauma-informed Services](#) (School Based Health Alliance)

Consider [Youth](#) and [teen Mental Health First Aid](#) (National Council for Mental Wellbeing)

[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.

“One thing that really sets our program apart is we have a department that focuses on professional development and consultation. 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.”

*Burrell Behavioral Health,  
Missouri, and Arkansas*

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# Implementing Services In Schools

- Unique to the setting, needs and resources
- Iterative learning process – trial, error, and lessons on the ground

## Strategies for Success

### Messaging and Promotion

to promote school-based health care services to the school community

### Continuous Planning and Quality Improvement

including regular convening of community partner, school and stakeholders

### Engaging Youth Voice

via e.g., advisory council

“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.” *Community Counseling Solutions, Oregon*

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.



# Sustaining and Scaling

- Payment options: 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 community organizations and schools
- Productivity numbers are different across settings; Understand critical non-billable services (school meetings, building relationships)

## Strategies for Success

### Ongoing Collaboration

- Multidisciplinary Student Support Teams identify, prevent, and address issues for individuals or groups of students

### Financial Planning for Partnership

- Budget and business plan
- Combine funding streams
- Contracting as best practice

### CCBHC Mechanisms

- Increased Medicaid reimbursement rates
- Core requirements enable comprehensive service array and support formal partnerships

“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.” *Seasons Center for Behavioral Health, Iowa*



# Challenges & Opportunities



## WORKFORCE SHORTAGES

"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." *Community Mental Health Center, Indiana*



## PRIVACY AND CONFIDENTIALITY

"HIPAA and confidentiality requirements are quite different for medical providers than they are for schools... that was one of the bigger challenges moving into this..." *St. Clair County Community Mental Health, Michigan*



## COMPLEX SYSTEMS

"We partnered with the schools... signed MOUs... hired staff and then we hit this wall with the state approval. We are ready, schools are ready, but we are still waiting for the state." *Helio Health, New York*

The Jessie Trice Community Health System, Inc. (JTCHS) is a Florida 501(c)3, not-for-profit, 1<sup>st</sup> Federally Qualified Health Center in the state and 5<sup>th</sup> in the nation, which has been serving Miami-Dade County since 1967.

A community mainstay, JTCHS owns and/or operates fifty-three (53) facilities, which includes eleven (11) Comprehensive Primary Care centers, a *40-bed women's substance use residential* facility, forty (40) school-based locations and one (1) university center. JTCHS' multicultural, multilingual, and multidisciplinary staff serves a diverse population of over 45,686 patients who make more than 154,000 visits annually.



**Timothy Tyler, EdD**  
Director of Outpatient  
Behavioral Health  
Services

# Questions & Discussion

Thank you!



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# Continuing Education

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers

**Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.**

A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.

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