

Guidelines and Considerations for PMHCA School Expansion

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THE SCHOOL-BASED HEALTH ALLIANCE

Since 1995, the School-Based Health Alliance, a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, SBHA is recognized as a leader in the field and a source of information on best practices by philanthropic, federal, state, and local partners and policymakers.

CONTRIBUTING AUTHORS

Jill Bohnenkamp, Ph.D.

Associate Professor of Psychiatry, National Center for School Mental Health, University of Maryland School of Medicine

Kathryn Trainor, Ph.D.

Lead Clinical Research Specialist, National Center for School Mental Health, University of Maryland School of Medicine

Laura Hurwitz, LCSW

PMHCA Project Lead/Consultant, School-Based Health Alliance

ACKNOWLEDGEMENTS

Katy Stinchfield, MS, LPC

Consultant, School-Based Health Alliance

Micayla Rivin, BA

Program Associate, School-Based Health Alliance

Victoria C. Scott, Ph.D., MBA

Associate Professor, UNC Charlotte, Department of Psychology

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01

Introduction

Amid the current children’s mental health crisis and the shortage of accessible mental health providers, particularly child psychiatrists, **Pediatric Mental Health Care Access (PMHCA)** programs expand the children’s mental health workforce and increase access to mental health care through screening, assessment, diagnosis, and treatment for children with mental health needs.

Given that students increasingly receive a range of mental health services and supports in schools, PMHCA programs have begun to

explore schools as places where they can expand services to increase access to high-quality, evidence-based mental health services. This document provides an overview of the current school mental health landscape, highlighting opportunities for collaboration between PMHCA programs and schools, and offers guidelines and considerations for expansion into school setting.



02 Current Landscape of Mental Health Services in Schools

02









Current Landscape of Mental Health Services in Schools

The demand to address youth mental health needs continues to increase as new evidence demonstrates that more students are experiencing poor mental health, sadness, hopelessness, and other concerns.¹ In response, school systems across the United States are increasingly focused on building school mental health systems that provide a full array of strategies. These include mental health promotion, prevention, and intervention that contribute to a positive school climate and the social, emotional, and behavioral needs of all students and staff to ensure well-being.

“Schools are a natural setting for collaboration across partners to promote student well-being and to support early identification and intervention for students with mental health concerns.”²

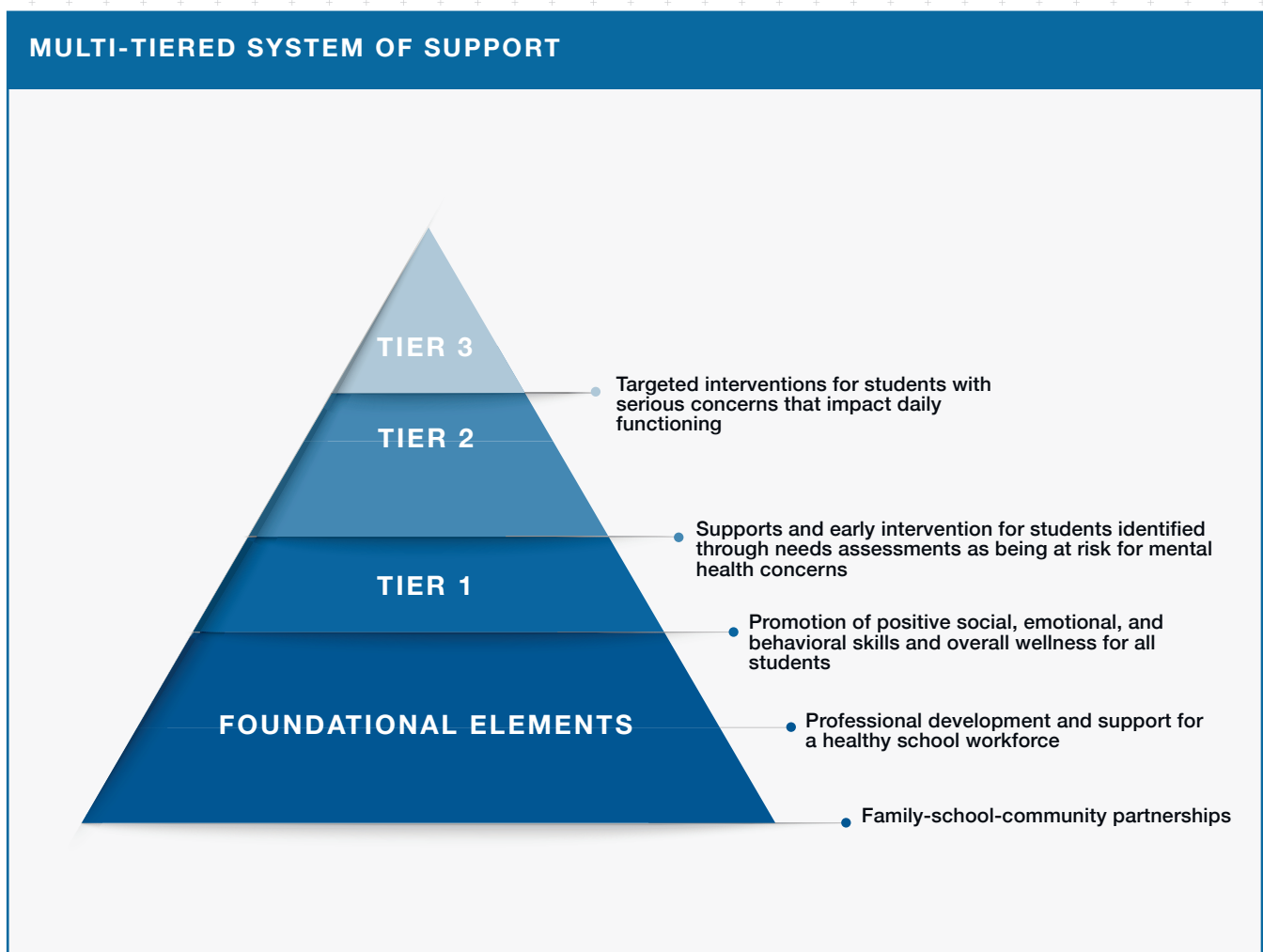
Most public schools in the United States offer mental health services to students, although utilization remains unclear. In the 2021-2022 school year, 96% of public schools reported offering at least one type of mental health service to their students.³

Given the diversity of school settings, there is no “one size fits all” approach to providing mental health services in schools. However, many schools and districts organize mental health in schools using components such as the “core features” of a **Comprehensive School Mental Health System** (see image). As PMHCA programs consider expansion into schools, they will want to consider which component(s) they are best equipped to support.

CORE FEATURES OF A COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEM			
 <p>Well-Trained Educators and Specialized Instructional Support Personnel</p>	 <p>Needs Assessment and Resource Mapping</p>	 <p>Mental Health Screening</p>	 <p>Data</p>
 <p>Family-School-Community Collaboration and Teaming</p>	 <p>Multi-Tiered System of Support</p>	 <p>Evidence-Based and Emerging Best Practices</p>	 <p>Funding</p>

Comprehensive school mental health systems rely on strong teams of district and school professionals, including administrators, educators, and specialized instructional support personnel (e.g., school psychologists, social workers, counselors, nurses) who work in strategic collaboration with students, families, and community health and mental health partners.

Using a **Multi-Tiered System of Support (MTSS)** (see image) to address student mental health concerns, schools can address varying levels of need by implementing interventions and policies that promote mental health, prevent problem behaviors, and address environmental factors that put students at risk for various mental health problems, while also offering early identification and treatment for students with mental health needs.



The following resources provide more background on school mental health best practices and current services in the United States.

- [Advancing Comprehensive School Mental Health Systems: Guidance from the Field](#)
- [The Landscape of School-Based Mental Health Services](#)



03

Opportunities for PMHCA Programs to Partner with Schools and Districts

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Opportunities for PMHCA Programs to Partner with Schools and Districts

Expanding Systems of Care

Schools present an opportunity to expand systems of care by serving as an access bridge between families and a range of services, such as primary or specialty care, community mental health care, and other social services. Given the increased frequency in which teachers and other school staff identify student mental health needs, schools are poised – and face an increasing need – to develop streamlined referral processes across systems so that children can access needed services sooner. By partnering with

schools and districts, PMHCA programs can help remove barriers to care by connecting schools to primary care providers with a direct line to mental health services.

At locations where primary care services already exist, such as at School-Based Health Centers (SBHCs), schools can move toward an even more direct and integrated system of care (see definition at right and on following pages).

SCHOOL-BASED HEALTH CENTERS (SBHCS) ...

... provide primary, behavioral, oral, and vision care where youth spend most of their time – at school. SBHCs' proximity to students and ability to provide mental health care in a safe, confidential, and de-stigmatized environment increases access to care. Three in four SBHCs are staffed by both a primary care provider and a behavioral health professional, thus easing the transition to care through a "warm handoff" to a mental health provider.⁴ By using an integrated primary care-mental health model, SBHC providers can offer a full continuum of services that includes screening, assessment, treatment, and/or linkages to appropriate services.



Supporting Screening of Students with Mental Health Needs

To address emerging mental health concerns, screening in schools is increasingly being used to detect the onset of challenges early before they escalate, as well as to identify students with more immediate needs for mental health support. PMHCA programs can support screening processes by:

- ▶ **Training** staff on common mental health concerns and symptoms.
- ▶ **Consulting** with staff on screening protocols.
- ▶ **Recommending** the most updated, culturally relevant, and validated tools.
- ▶ **Providing** expert consultation on interpretations made from screening tools.
- ▶ **Providing** guidance on systematic processes and data-informed decision-making when assigning students to interventions.

WHAT IS SCHOOL MENTAL HEALTH SCREENING?

School mental health screening is defined as the use of a systematic tool or process to identify the strengths and needs of students.

UNIVERSAL SCREENING involves screening an entire population, such as a school's student body, or a smaller subset of a population, such as a specific grade level. While universal screening uses established tools, it is not designed, nor should it be used, to be a diagnostic assessment.

CLINICAL SCREENING involves the use of validated tools to screen youth at risk for or already displaying mental health concerns. These tools may screen students for specific mental health concerns and may be used during a referral process or as a follow-up to universal mental health screening.

FOR FURTHER GUIDANCE on school mental health screening, see the [School Mental Health Screening Quality Guide](#).

Building Capacity of the School Mental Health Workforce

The school mental health workforce consists of a variety of professionals such as psychiatrists, psychologists, counselors, social workers, and nurses who are school-employed or who provide services through contracts and/or partnerships with community agencies and organizations. Despite the number of professionals involved in delivering these services, several workforce-related factors inhibit the ability of schools to effectively provide mental health services to all students in need, including insufficient staff coverage, lack of access to licensed mental health professionals, and insufficient funding.

PMHCA programs can mitigate these workforce challenges in several ways, including:

- ▶ **Training** school mental health providers on new mental health interventions.
- ▶ **Consulting** on severe cases and providing resources for more intensive external services.
- ▶ **Facilitating** referrals to community providers that can provide quality mental health services for more severe mental health needs, therefore reducing the burden on school staff.
- ▶ **Providing** systemwide training to improve adults' ability to identify early signs of mental health needs and connecting students to early intervention before student needs exceed staff capacity.
- ▶ **Consulting** on trauma-informed strategies to build resilience and promote the well-being of staff, factors in staff retention.



Among the 88% of schools that did not strongly believe they could effectively provide mental health services to students in need, the most-reported limitations involved mental health provider shortages – 61% cited insufficient staff coverage, and 57% cited a lack of access to providers.⁵



04

PMHCA Readiness to Collaborate with Districts and Schools

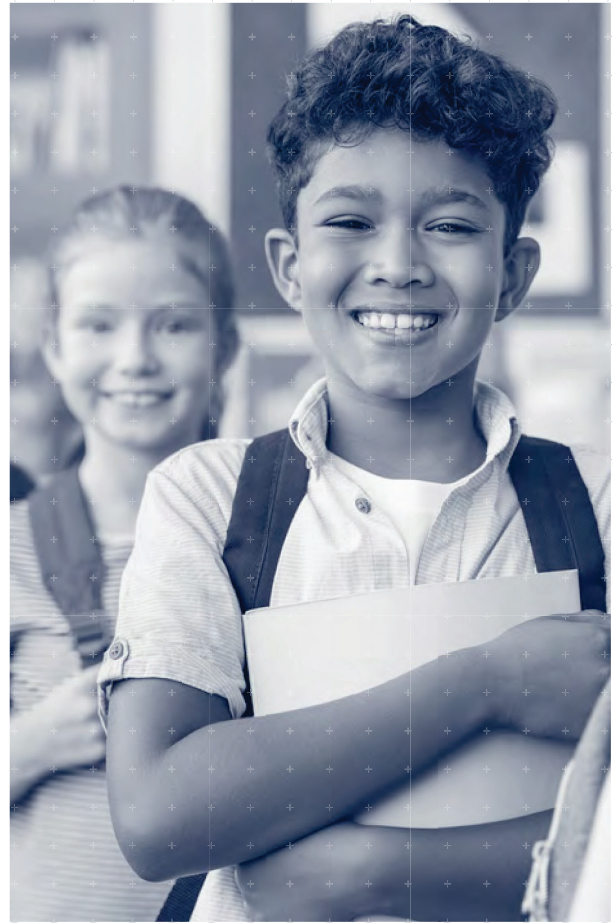
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PMHCA Readiness to Collaborate with Districts and Schools

As PMHCA programs explore expansion into school settings, they should consider their capacity and readiness to expand their work to partner with schools and districts. Factors to consider before planning expansion to schools include:

- ▶ **Alignment** between current goals and scope of services.
- ▶ **Connections** to existing state-level school mental health efforts.
- ▶ **Relationships** with school mental health champions who can serve in an advisory role.
- ▶ **Available funding** to support expansion into schools.
- ▶ **Staff** dedicated to school expansion.
- ▶ **Expertise** of staff related to school settings.
- ▶ **Flexibility** to adapt to unique timelines and needs of schools and districts.

For a list of guidance questions for assessing capacity and readiness, please see [Appendix A](#).





05

Expanding into Schools and Districts: Steps for Getting Started

05

Expanding into Schools and Districts: Steps for Getting Started

After a PMHCA has determined that it is ready to expand to schools, the steps below can ensure that support is meaningful, sustainable, and addresses the current needs of schools and students.

- 1. Co-develop vision and goals for school expansion** Before building a partnership with a school or district, it is important that a PMHCA has a vision of what services it can offer and how this vision fits into its current work related to building workforce capacity to increase access to mental health care. By partnering with school leaders to understand their goals related to student mental health, PMHCA programs will be an effective partner in supporting both student success and student well-being.

CONSIDERATION

PMHCA programs and schools share overlapping but not identical goals regarding providing mental health to students. Schools may support mental wellness and understand that poor mental health is a barrier to learning. However, their primary focus is on education. PMHCA programs can support school system goals by expanding their capacity to address not only student mental health, but also other factors related to the whole child.

- 2. Convene cross-sector state leaders to gain a common understanding of systems, structures, and policies for supporting schools and districts** PMHCA programs may begin their school-based collaboration at the state level by convening relevant state agencies and offices (e.g., departments of education, health, mental health, human services) dedicated to student mental health or related areas such as health and wellness services, school climate, social-emotional learning, special education, and/or student supports.

STATE PMHCA SPOTLIGHT: Michigan Clinical Consultation & Care (MC3)

The MC3 worked closely with the Michigan Department of Education as it launched its school partnership work and leveraged this partnership to test its group consultation model with school mental health professionals... ..After the pilot year, they expanded group consultation to five new ISDs and continued to partner with the Department of Education to better understand the training and education needs of their new audience.

For more information, visit:

Mc3michigan.org

These state departments can play an important role in assisting the PMHCA in navigating the school mental health landscape in their state and introduce PMHCA programs (and their purpose) to school districts that may be prepared for and/or interested in their services (see Michigan Spotlight on page 16).

CONSIDERATION

Schools and districts will have different approaches, staffing models, and resources to address mental health within their setting. PMHCA programs may not have the flexibility to consult to the range of models, frameworks, and stakeholders nor the staff capacity to meet the potential volume of consultation requests from school personnel. PMHCA programs may consider hiring additional staff or partnering with individuals or organizations that may be able to provide school-based expertise.

3. Identify other key stakeholders and collaborators

In addition to state agency partnerships, PMHCA programs may consider partnering with these groups:

- ▶ **Educational and mental health nonprofits** or other organizations that advocate for and advance mental health practices for students. These organizations may have connections to both governmental agencies as well as districts/schools and can help facilitate partnerships.
- ▶ **Institutions of higher education** may also have existing relationships with schools, districts, and programs (e.g., counselor education, school/clinical psychology, social work) as well as staff, services, and resources to support PMHCA partnerships with schools. Academic institutions can also provide access to researchers with a range of subject matter expertise pertaining to program evaluation, program development, implementation science, and evidence-based models for mental health services.

- ▶ **Statewide professional organizations** such as chapters of the National Association of School Psychologists, School Social Work Association of America, American School Counselor Association, and the National Association of School Nurses, can help to build awareness of PMHCA program goals among student-support professionals working in schools. These statewide professional organizations not only have connections to school districts but also can help PMHCA programs understand how services are delivered in certain areas of the state.
- ▶ **Existing providers** PMHCA programs may already have a network with psychiatrists or primary care providers in the area who use their services. Professionals rooted in the community may be able to champion the work of the PMHCA to the school district and may have pre-existing relationships on which PMHCA programs can build.

CONSIDERATION

When initiating conversations with potential partners, make time to educate them about PMHCA programs and ways that they can make unique contributions to districts/schools that differ from a community mental health agency or other organization. For possible talking points, see the **Pediatric Mental Health Care Access Program Fact Sheet**.





4. Assess school needs and mental health system Before starting work with a school or district, a PMHCA should engage stakeholders and collaborators referenced above to understand what mental health structures and supports are already in place. This can be accomplished through informal meetings with potential state partners described above and/or using more structured methods such as key informant interviews, focus groups, or a formal needs assessment.

CONSIDERATION

To get a broad and diverse perspective on the current needs and strengths of the district, consider collaborating with a multi-disciplinary team of educators and providers to develop needs assessment questions and identify a range of key informants (including teachers, family members, and students) to complete the assessment or to be interviewed. **See Appendix B** for a sample school- and district-level needs assessment.

5. Define PMHCA services to expand into schools Once PMHCA programs better understand the mental health delivery system and needs in a school or district, they will need to determine how to integrate, adapt, and/or augment their traditional consultation, training and education, and resources and referral services to fit the established structures and meet the identified needs. As with any program development or expansion, PMHCA programs should follow best practices for planning, implementation, evaluation, quality improvement, and sustainability as they expand to a new audience and setting.

Below are some examples of how PMCHAs may tailor their services for the school setting:

CONSULTATION

PMHCA programs may expand consultation services beyond pediatric providers and include school-based professionals such as school nurses, counselors, social workers, and psychologists. While existing one-on-one tele-consultation methods may be used, schools may consider providing consultation to multi-disciplinary teams of professionals working in a school or district.

In addition to consultation related to clinical decision-making on complex clinical cases, PMHCA programs also may decide to expand consultation to support the creation of a school mental health infrastructure in a specific school or district. Such consultation could include:

- ▶ **Creating** a mental health referral pathway within the school and effective linkages with community partners to provide school-based services.
- ▶ **Developing** a multi-disciplinary teaming structure to review student referrals and assign appropriate interventions.

▶ **Clarifying** roles and responsibilities of school staff and community partners.

▶ **Developing** a system to track and monitor referrals both within and outside of the school.

TRAINING AND EDUCATION

PMHCA programs can provide training to school-based providers and staff – and their community partners – through professional development webinar series, communities of practice, learning collaboratives, and **ECHOs**. Format, audience, and content of training and education can be informed by conducting a needs assessment described above.

Guidance on delivering training to a school-based audience can be found in SBHA's "**Pediatric Mental Health Care Access Playbook for Training & Education to School-Based Audiences.**"

RESOURCES AND REFERRALS

While most public schools offer some form of mental health services to students, 66% of schools – including those who offer on-site mental health services – still refer students out for services, particularly specialty care (e.g., substance use treatment, psychiatry).⁶ Therefore, PMHCA programs should consider schools as they gather and share resources, create databases, make referrals to local mental health services, and connect children and families to services. Special attention should be given to those families and schools in under-resourced areas.

State Spotlight: Missouri Child Access Project (MO-CPAP)

Missouri's PMHCA program, Missouri Child Psychiatry Access Project, has a dedicated team (MO-CPAP Schools) with expertise and experience in school-based services. Having staff specifically trained in school behavioral health needs has allowed their program to expand to offer a full array of service consultation, training and education, and referral resources to schools that include the following:

- MO-CPAP Schools' **tele-consultation services** are used by an array of school staff (e.g., clinicians, teams, outreach coordinators, and administrators).
- **Professional Development** offered to schools consists of both individual and whole-staff professional training opportunities, aligned with a multi-tiered system of supports, and includes accompanying forms, videos, and strategies to support team development. A **resource hub** with educational materials geared toward teachers and administrators includes books, apps, and web links filtered by topic and audience.
- Finally, MO-CPAP offers several **online databases** to assist schools' staff, parents, and youth in finding local mental health resources, including mental health professionals, community mental and behavioral health centers, youth behavioral health liaisons, and support for parents.
- For more on Missouri's Child Access Project, go to: <https://mocpapschools.org/>



06

Conclusions and Future Directions for PMHCA Programs and Key Stakeholders

Despite the growth of school-based mental health services in schools, challenges to meet the needs of students persist, including mental health provider shortages and inadequate funding.⁷ Unmet mental health needs affect not only students' ability to learn but also their overall well-being, thus creating a ripple effect throughout the school community as teachers, administrators, and school staff struggle to fill in the gaps.

Expanding into schools may create unique opportunities for PMHCA programs to continue their mission of increasing access to mental health care for children by supporting school-based delivery systems and streamlining collaborative partnerships between child-serving systems.

To further explore, cultivate, and support successful school partnerships, PMHCA programs and their stakeholders should consider the following opportunities.

PMHCA PROGRAMS CAN ...

- ▶ **PROVIDE RATIONALE** and support for collaborative efforts between PMCHAs and schools with the common goal of addressing the youth mental health crisis and improving youth outcomes.
- ▶ **COLLABORATE** with other PMHCA programs to build public knowledge about best practices.
- ▶ **RECRUIT STAFF** that have expertise in school-based mental health or education.
- ▶ **SHARE INSIGHTS, LESSONS LEARNED, TOOLS, AND RESOURCES** for collaborative work with schools via electronic collaboration platforms (e.g., Basecamp, Google Drive, Dropbox).



NATIONAL ORGANIZATIONS, FEDERAL AND STATE AGENCIES, AND FUNDERS CAN ...

- ▶ **CONVENE VIRTUAL SPACES** for PMHCA programs to come together in a learning community to share the successes and challenges of partnering with schools.
- ▶ **IDENTIFY AND CONNECT** exemplary programs that are already working with schools.
- ▶ **DISSEMINATE BEST PRACTICES AND SHARE DATA** about impact of mental health services in schools (see [School Mental Health Impact Quality Guide](#)).
- ▶ **SHARE AND USE DATA** on readiness and needs to inform future technical assistance activities for PMHCA programs.
- ▶ **CONSIDER** ways that federal funding (e.g., Bipartisan Safer Communities Act) can be streamlined to support collaborative efforts between PMHCA programs and schools.



SCHOOLS AND DISTRICTS CAN ...

- ▶ **SELF-ASSESS** their school mental health resources and gaps in services (**See Appendix B: PMHCA Guidelines for Assessing School Needs and Mental Health System**) and communicate these to PMHCA programs in their state.
- ▶ **CONTACT** their state's PMHCA program to discuss possible collaboration. State-funded programs are listed on the **HRSA PMHCA site**, and current contact information for PMHCA program staff can be found on the **National Network of Child Psychiatry Program website**.
- ▶ **LEARN** about PMHCA programs through the **HRSA website**, where they can find quick facts, resources, awardee videos, and a map of PMHCA programs.

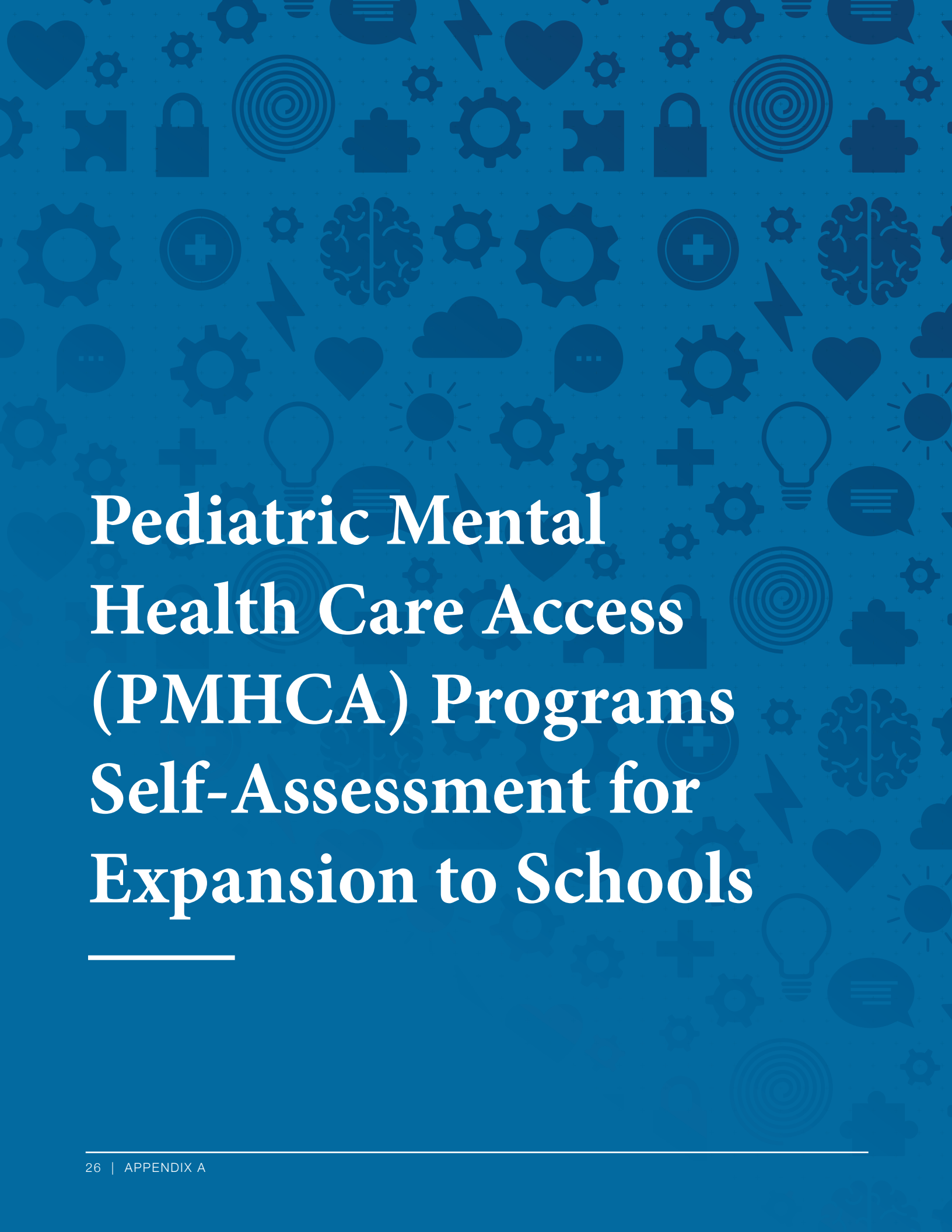
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Appendix A



Pediatric Mental Health Care Access (PMHCA) Programs Self-Assessment for Expansion to Schools

Pediatric Mental Health Care Access (PMHCA) Programs Self-Assessment for Expansion to Schools

Before expanding to schools, PMHCA programs should consider their own capacity for expansion and assess their readiness to build partnerships with schools. The questions below can guide a self-assessment. This assessment is intended to be completed as a PMHCA team or with the input of its members.

PMHCA Program General Capacity to Expand

1. What is the current scope of our work? What is the capacity of our staff to expand our work currently? How can we increase our existing staff capacity to support new audiences?

2. What funding do we have available to support school-based expansion? What additional funds can we explore to support school-based expansion?

3. What capacity does our staff have to expand to schools, meaning what dedicated staff time and expertise do we have to support expansion?

4. With which individuals or organizations with school-based expertise can we partner?

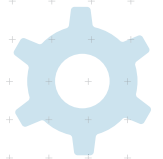
5. How well do we understand the value and benefits of partnering with schools, and how willing is our staff to do this work?

PMHCA Program Specific Capacity to Expand to School-Based Services

- 1.** What is our vision for offering the school/district mental health services (e.g., training school personnel, providing consultation to SBHCs or school nurses, providing resources or facilitating referrals)?
- 2.** How can our PMHCA contribute to schools/districts in ways that may be different from a community mental health agency or other organization?
- 3.** How much do we know about school/district needs, and how can we gain a clear understanding of how we can meet those needs (described in Appendix B)?
- 4.** How prepared is our PMHCA program to build a partnership and collaborate with schools/districts to establish the best plan of action?
- 5.** How much flexibility does our PMHCA program have to work with a school/district timeline and needs?

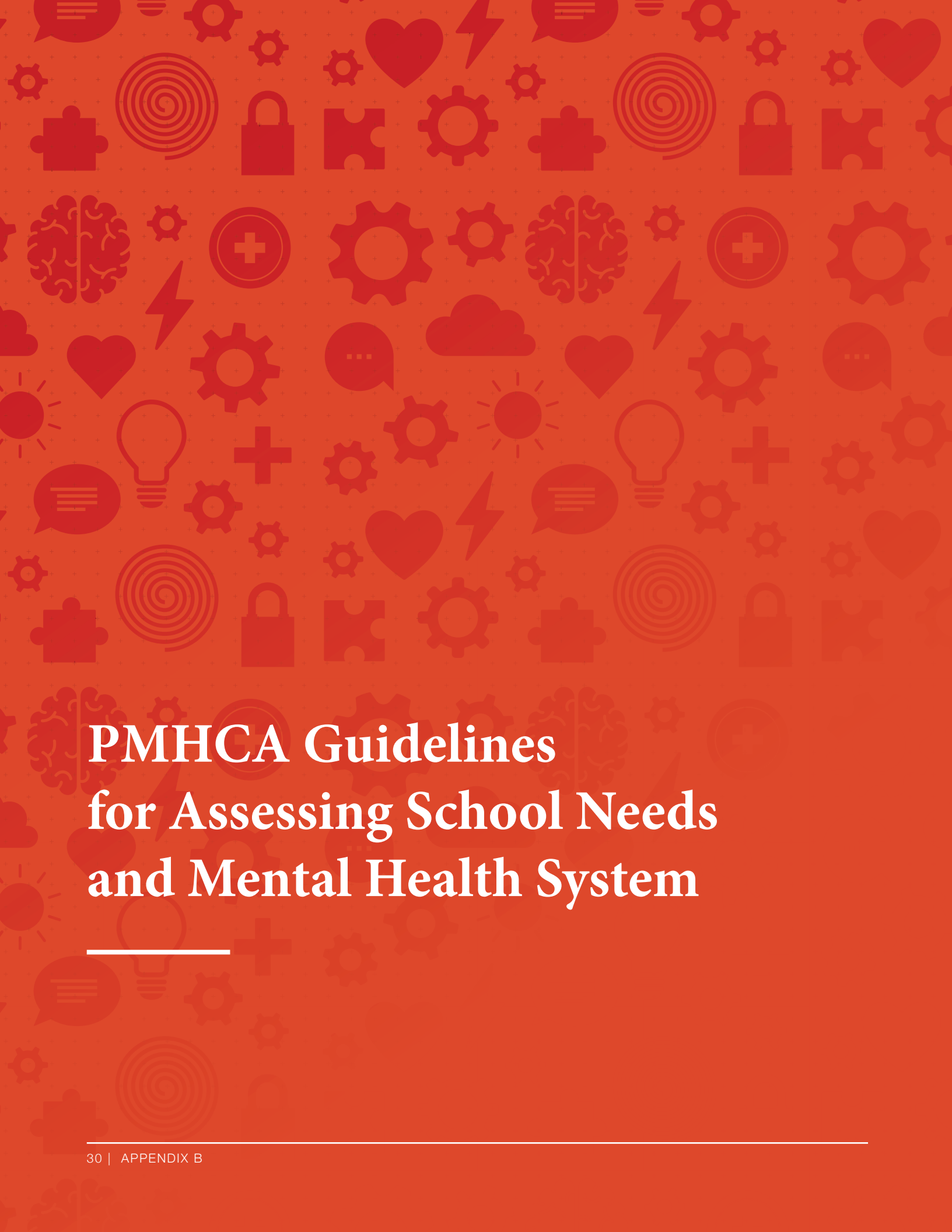


Partnerships for Expansion



- 1.** What connections or partnerships can we leverage to expand our work in schools/districts?
- 2.** How can we engage education leaders as active participants on our PMHCA Advisory Board?
- 3.** How can we network and connect with state chapters of national professional organizations (e.g., American School Counselor Association, National Association of School Nurses Association)?
- 4.** How do we work with schools/districts already participating in other nationally funded school mental health projects?

Appendix B

The background is a solid red color with a repeating pattern of white icons. The icons include gears, hearts, lightning bolts, puzzle pieces, padlocks, speech bubbles, brains, suns, clouds, lightbulbs, and plus signs. The text is centered in the lower half of the page.

PMHCA Guidelines for Assessing School Needs and Mental Health System

PMHCA Guidelines for Assessing School Needs and Mental Health System

PMHCA programs should collaborate with a multidisciplinary team at the district or school to establish the district's current needs and how PMHCA programs may be best equipped to meet those needs. This may include reviewing existing school data with the school (e.g., mental health screening data, office referrals, attendance, and truancy records, nursing or counseling logs, school climate data) and interviewing school team members to better understand the strengths and needs of their school mental health system.

At the culmination of the needs assessment, the PMHCA should reflect on its readiness to “fill the gaps” and complement resources already available to schools and districts.

Below are guiding questions to get to know a school's mental health system and to assess needs:

Partnerships and Teaming

1. Who are the key stakeholders in the school, district, and state, and how open are they to forming partnerships that promote mental health in schools?

- A. HOW** well do key stakeholders understand the benefits of expanding mental health care access in schools, and how willing are they to partner with a PMHCA program?
- B. WHO** are the key leaders in state-level departments (e.g., Maternal and Child Health Bureau, Office of Mental Health, Department of Education) who can guide and connect us to a broader network of schools and SBHCs?
- C. WHO** are the school/district "champions" when it comes to emotional well-being and mental health supports?
- D. WHO** are the individuals who can assist with getting other staff onboard and push forward initiatives (e.g., administrators, team leads)?

2. What teams in the school/district focus on youth's social, emotional, or behavioral well-being?

POSSIBLE teams to consider: MTSS (multi-tiered systems of support), RTI (response to intervention), PBIS (Positive Behavior Intervention Supports), SEL (social and emotional learning), student wellness, etc.

3. What roles do different staff play when supporting youth mental health?

- A. **ASK** about school counselors, school social workers, school nurses, school psychologists, etc.
- B. **ARE** there outside providers (i.e., from a community mental health agency or other organization) who provide mental health support and services in the school/district?
- C. **DOES** the school/district have a school-based health center(s)?
- D. **ARE** there state or district mandates that guide the roles and responsibilities of different staff positions?
- E. **HOW** do mental health staff engage teachers and other staff in supporting youth mental health?

4. What partnerships does the school/district currently have for supporting youth well-being and mental health? What services/supports do those partnerships provide?

5. What is the capacity of the staff (general staff or school mental health staff) to participate/engage with the PMHCA program?

6. What role can the PMHCA program play in providing mental health support and services that are unique to other partners?

Mental Health Services and Supports

1. What current school or districtwide initiatives relate to supporting youth social, emotional, and mental health?

- A. **DO** any current initiatives align with the priorities of the PMHCA program?
- B. **ARE** there any competing priorities that may hinder the PMHCA's program efforts to collaborate with the schools/district?

2. What are the current ways the school supports youth mental health?

A. **ASK MORE QUESTIONS** if the school has some existing supports.

B. **WHAT** Tier 1 (universal promotion and prevention) efforts are in place to support youth well-being? For example:

- Universal SEL Curriculum
- PBIS
- Trauma-Informed Schools

3. Are any specific programs or curricula used at the universal or targeted levels to support youth mental health?

4. How does the school/district support students with more elevated mental health needs (early intervention at the Tier 2 level or targeted treatment at the Tier 3 Level)?

5. How are mental health supports funded at the school/district? What local and state funding sources (e.g., Medicaid reimbursement for students with IEPs, grant funds) are available for mental health services in schools?

STUDENT NEEDS

- ▶ **HOW** are schools documenting the most pressing student needs, and what tools and processes are being used? Are they psychometrically sound and culturally relevant?
- ▶ **WHAT** are common patterns of needs (e.g., emotional/behavioral, medical, basic [e.g., food, housing], social support, financial needs, family functioning)?
- ▶ **HOW** well are current services meeting student needs?
- ▶ **HOW** does data on student behavioral health concerns compare to data collected by your PMHCA program?



Further Guidance

on tools and resources to support school
mental health needs assessments:

Click on the links to learn more.

- [School Health Assessment and Performance Evaluation System](#)
- [Wisconsin School Mental Health Needs Assessment](#)
- [School Mental Health Needs Assessment and Resources Mapping Quality Guide](#)

