



Fostering School-Based Behavioral Health Services

Innovative and Promising Models, Policies and Practices From Across the Nation

September 2023

Table of Contents

About Us	3
Introduction	3
Models of SBBH Services	4
Intermediary Model With Supportive State Infrastructure.....	4
Local Government.....	5
School-Based Health Center: Health Care	5
School-Based Health Center: Federally Qualified Health Center	6
Innovative and Promising Areas	7
Foundational Infrastructure.....	7
Promising Policies	8
Promising Programs	10
Promising Tools.....	13
Conclusion	13

Authors

- **Daniella Gratale**, MA, AVP, Federal Affairs
- **Joshua Ogburn**, MPH, MPP, Population and Whole Child Health Program Advisor
- **Laura Hogan**, Consultant
- **Kiera Peoples**, Program and Policy Analyst I
- **Christine Comizio**, Former Intern

We would like to thank the following experts for reviewing sections of the two companion briefs:

- **Madeline Curtis**, JD, Director, Federal Advocacy, American Academy of Pediatrics
- **Jessie Mandle**, MPH, National Program Director, Healthy Schools Campaign
- **Sasha Pudelski**, Advocacy Director, The School Superintendents Association
- **Vikki Wachino**, MPP, Principal, Viaduct Consulting, LLC

Nemours Children's thanks the over 150 participants and some 40 interviewees who helped inform the content of this brief. Additionally, we would like to thank the following individuals who informed the examples and best practices described in this brief.

- **Alex Briscoe**, MA, Principal, California Children's Trust
- **Jerri Clark**, School Health Services Director, Arkansas Department of Education
- **Shella Dennery**, PhD, LICSW, Director, Boston Children's Hospital Neighborhood Partnerships Program, Boston Children's Hospital
- **Denise Hughes**, MS, Program Manager, School Initiatives, Nemours Children's Health
- **Scott Hutchins**, MA, School Behavioral Health Unit Supervisor, Michigan Department of Education
- **McKayla LaBorde**, MS, MA, Executive Director of Student Services, Nebraska Educational Service Unit #3
- **Brooke Luebke**, MS, LMFT, Mental and Behavioral Health Manager, Children's Wisconsin
- **Emily S. Moser**, MPA, MAT, Director of YouthLine Programs, Lines for Life
- **Julie Neururer**, MSW, LICSW, Interagency Services Specialist, Minnesota Department of Education
- **Marisa Parrella**, LICSW, LCSW-C, (Former) Director of School-Based Mental Health Clinical Fellowship, Mary's Center
- **Danika Perry**, PsyD, Pediatric Psychologist, Colonial School District-Wellness Program Behavioral Health Team Lead, Nemours Children's Health
- **Jennifer Pollock**, MS, School Mental Health Program Coordinator, Nebraska Educational Service Unit #3
- **Kelly Rogers**, MPH, Manager, Community Health, Nemours Children's Health
- **Marcella Rodriguez**, MS, LPCC, NCC, PPSC, Coordinator of School-Based Mental Health and Wellness, Sacramento County Office of Education
- **Melissa Schoemmell**, MPH, Consultant, John Snow Research and Training Institute
- **Luanne Southern**, MSW, Director, Texas Child Mental Health Care Consortium
- **Lisa Spector**, MD, FAAP, Chief of Developmental and Behavioral Pediatrics, Nemours Children's Health
- **Vicki Waytowich**, EdD, Executive Director, Partnership for Child Health
- **Christopher Williams**, EdLD, MSW, Director of School-Based Mental Health and Wellness, Sacramento County Office of Education

About Us

Nemours Children’s Health is one of the nation’s largest multistate pediatric health systems, which includes two free-standing children’s hospitals and a network of more than 75 primary and specialty care practices. Nemours Children’s seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe and high-quality care, while also caring for the health of the whole child beyond medicine. We also power KidsHealth.org from Nemours KidsHealth — a pioneer and leader in pediatric health content trusted by millions worldwide for more than 25 years.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy and prevention programs to the children, families and communities it serves. For more information, visit [Nemours.org](https://www.nemours.org).



Introduction

This brief is a companion to *“Fostering School-Based Health Services: Key Recommendations for Policymakers and Philanthropy.”* It provides additional detail on innovative models, existing policies, programs and tools. More than 40 interviews, a virtual convening, and prior work on youth behavioral health informed the core content of this brief.

Federal agencies, philanthropy, and the Technical Assistance Center (TAC) created through the Bipartisan Safer Communities Act (“BSCA”, P.L. 117-159) could highlight these examples for key stakeholders such as State Medicaid Agencies (SMAs) and their directors/designees, State Education Agencies, Local Education Agencies (LEAs) and School-Based Entities.



Models of School-Based Behavioral Health Services

Across the nation, states and other jurisdictions have created various models of delivering and paying for School-Based Behavioral Health Services (SBBH) services. Medicaid billing can be a critical piece of developing a financially sustainable SBBH program given the number of children served by Medicaid. Medicaid can fund SBBH programs in a variety of ways, as described in the [companion brief](#). For example, children who are eligible for special education under the Individuals with Disabilities Education Act (IDEA) may be able to receive Medicaid funding for SBBH services. Additionally, states that have adopted post-free care rule policies may be able to use Medicaid to fund SBBH services for children who are not eligible for IDEA. Finally, Medicaid can also be used to fund SBBH services through school-based health centers. Medicaid will generally pay for covered health and behavioral health services in schools if they are medically necessary, covered by the state Medicaid plan, delivered by a Medicaid-enrolled provider, and comply with local, state and federal laws and regulations.

This section describes four models highlighted at the convening, though other models (such as community or district-led approaches) also exist. The models presented in this paper are not mutually exclusive and are informed by their respective state and local contexts and assets — factors that should be considered when identifying or adapting a SBBH model to meet local needs. The TAC could elevate these and other models to its key stakeholders through webinars, peer learning collaboratives and other dissemination methods.

Intermediary Model With Supportive State Infrastructure

An intermediary billing model involves the engagement of a third-party entity, often referred to as an intermediary, to facilitate the process of Medicaid billing within school settings. The intermediary acts as a bridge between the school, health care providers, and SMAs, while assuming the responsibility of coordinating and managing the billing process on behalf of schools. The intermediary enhances schools' capacity to successfully navigate Medicaid billing complexities and ensure appropriately billed and reimbursed services for students. The model also enables individual schools to concentrate on delivering physical and behavioral health services while delegating the administrative aspects of Medicaid billing and compliance to the centralized intermediary.

Example: Michigan

In Michigan, the state government established more than 50 Intermediate School Districts (ISDs) that serve as regional hubs of school districts. ISDs foster collaboration, efficiency, and resource-sharing for school districts within their jurisdictions by delivering specialized services and support. They manage crucial aspects of the Medicaid billing process for physical and behavioral health services in schools. ISDs coordinate with health care providers, process claims for reimbursement, and ensure adherence to federal and state regulations. They offer training and guidance, helping school districts comply with appropriate billing procedures and documentation requirements. ISDs also maintain close communication with the Michigan Department of Education, Michigan Department of Health and Human Services, and other state government agencies to stay updated on federal and state policy shifts and program requirements.

Local Government

Local governments can play a significant role in facilitating Medicaid billing for SBBH services by serving as a coordinator between schools and health care providers. They can establish a streamlined system to manage Medicaid billing documentation, ensuring all necessary information is collected and recorded in a timely, accurate and centralized manner. They can also provide training and support to school staff to understand the nuances of Medicaid billing procedures, helping better identify billable services. Local governments can also leverage their relationships with SMAs to discuss policy changes that increase accessibility and funding for SBBH services. This can lead to a more efficient, cost-effective delivery of services to students relative to relying on each school to navigate systems individually.

Example: Sacramento County Office of Education

The Sacramento County Office of Education (SCOE) is scaling a model of mental health and wellness services across 13 school districts by leveraging the strengths and resources of education and health systems and transforming schools into [Centers of Wellness](#). The comprehensive school-based mental health program addresses school-wide prevention approaches, diagnosis and treatment through approaches for each tier of the Multi-Tiered System of Supports.

The county hires clinicians as SCOE employees through a contract with the county Federally-Qualified Health Centers (FQHC) that extends its systems and reimbursement to schools as satellite centers. Clinicians embedded in each school provide direct clinical mental health services to students and act as navigators and managers for student-led programs and school-wide initiatives.

Beginning with a pilot of 10 schools, SCOE will expand its sustainable model to 80 schools in 2024. Financing includes enhanced Medicaid reimbursement billed through the FQHC and managed centrally by SCOE as well as start-up support through state resources from the [Mental Health Services Act](#) and [Student Behavioral Health Initiative Program](#). SCOE aims to achieve improvements in academic achievement as well as student mental health.

School-Based Health Center: Health Care

When a health care provider operates SBBH services, it can provide significant benefits, particularly regarding Medicaid billing, with which it has experience and expertise. By managing the billing process, the health care entity alleviates the administrative burden on school staff. It also reduces the risk of billing errors, ensuring compliance with Medicaid regulations and maximizing reimbursement. The health care entity's expertise in managing Medicaid billing can help schools navigate changes in policies or procedures. In addition, families may already receive services outside of the school from the same entity, which can enhance care coordination.

Example: Nemours Children's Health

In Delaware, Nemours Children's operates nine school-based health centers in partnerships with elementary schools in the Colonial and Seaford School Districts. The health centers provide a variety of services, including referrals to external providers. Physical health services include well child visits, management of acute and chronic conditions, various screenings, health education, immunizations, and diagnosis and treatment of minor illnesses and injuries. Behavioral health services include individual, family and group therapy, behavioral health education, and consultation with school personnel. Nemours Children's staff in the health centers include nurse practitioners and licensed behavioral health providers. Students receive services at the health centers regardless of their family's ability to pay. As an integrated pediatric health system, Nemours Children's is well-versed in navigating insurance regulations and billing insurance providers, including Medicaid, for services rendered.

School-Based Health Center: Federally Qualified Health Centers

Strengthening SBBH services can promote early detection and intervention of behavioral health issues. FQHCs are community-based health care organizations that receive federal funding and meet specific requirements to deliver comprehensive primary care services, including behavioral health, to underserved populations. FQHCs can establish partnerships with schools to provide on-site behavioral health services, such as counseling, therapy and psychiatric consultations.

FQHCs bill Medicaid under a unique option called the *Prospective Payment System (PPS)*. FQHC PPS is an all-inclusive payment for each Medicaid visit regardless of the visit type. In addition, PPS rates are enhanced rates, paying more than traditional fee-for-service Medicaid, which contributes to the financial sustainability of health centers. The FQHC billing process follows standard Medicaid claiming submission guidelines for reimbursement.

Example: Mary's Center

Mary's Center *School-Based Mental Health Program* provides behavioral health support for children and families in 28 schools across Washington, D.C. The program's service model includes prevention, early intervention, treatment and social service integration. Therapists, many of whom are bilingual, provide culturally appropriate care for the student population, which is majority Hispanic. As an FQHC, Mary's Center bills Medicaid and other insurance providers for behavioral health services provided to students in schools. It receives the PPS rate for Medicaid eligible students, which improves the overall financial sustainability of the model.

Mary's Center was a leader in advocating for expanding its program model so all D.C. Public Schools could have a Community-Based Organizational (CBO) partner to provide ancillary school mental health services on site in schools. The School-Based Behavioral Health Expansion Program, funded by the Department of Behavioral Health, now in its sixth year, provides funds for each CBO to deliver nonbillable services in schools such as prevention and early intervention as well as the collaboration it requires to become fully integrated into a school setting. These two funding streams — reimbursements and grant funds on a per school basis from the Department of Behavioral Health — represent a blended-funding model. D.C. is now re-examining reimbursement rates and grant amounts to ensure the program is adequately funded and sustainable.



Innovative and Promising Areas

In addition to highlighting the models described above, the TAC can identify and provide a compendium of promising policies, programs and tools from across the nation. The *companion* to this brief identified core content areas that would provide a solid starting point for this work. They include financial sustainability, care integration, workforce shortages, prevention and equity, and leveraging technology.

Below are highlights related to the core content areas that Nemours Children's identified during the interviews and convening conducted to inform this paper. As noted in the *companion brief*, the TAC could conduct a Request for Information, listening session, or another type of iterative process to help inform a comprehensive inventory of innovative, promising and best practices, policies and tools that it continually updates.

Foundational Infrastructure

To support sustainable approaches to school-based health, states should set up core staffing and infrastructure to set their overarching program up for success. A few state structures that could be strong examples for other states include the following:

- **States can invest in core SBBH infrastructure.** Achieving financially sustainable approaches to providing a comprehensive set of SBBH services is challenging and complex. Having appropriate staff support, a designated lead, infrastructure and systems in Medicaid agencies, State Education Agencies, and other state-level Medicaid consultants with deep expertise in Medicaid systems and financing to help develop and execute strategic approaches is needed.
 - In Michigan, lawmakers amended the State School Aid Act in Fiscal Year 2018-2019 to invest \$30 million in school-based health services, and this funding more than doubled in Fiscal Year 2022-2023. These ongoing investments helped catalyze and then sustain the ISD system described above, as well as state-level Medicaid consultants. These consultants are an important core infrastructure investment that help set the overarching strategy in the state for providing sustainable SBBH services.
 - Arkansas funds positions to provide support and technical assistance across the state using the administrative percentage kept from operating the *Arkansas Medicaid Administrative Claiming program*. The school district receives reimbursement through Medicaid Administrative Claiming for activities supporting the Arkansas Medicaid program. State-level regional advisors collaborate as a team with Arkansas Department of Human Services officials, school representatives, and school-based Medicaid billing clerks to provide technical assistance to rural districts and provide support for their SBBH programs. These state-level regional advisors serve within the Arkansas Department of Education, School Health Services team, and are located in the state to serve the district within their region. Each advisor works closely with other school health staff including the State School Nurse Consultant to support and improve school nursing services, the School-Based Mental Health Coordinator to improve access to sustainable school-based mental health services, and the Medicaid administrative claiming specialist to ensure maximization of Medicaid administrative claiming within each region. These regional staff members provide certification training for public school staff related to school-based personal care services, as well as training for Medicaid claiming processes and documentation.
- **States can provide support for state-wide technical assistance centers to facilitate the delivery of behavioral health services.** These centers can be instrumental in assisting stakeholders with building comprehensive SBBH systems.
 - The New Hampshire Office of Medicaid, with funding from the New Hampshire Charitable Foundation, collaborated with JSI Research and Training Institute, Inc. to develop a training and technical assistance center for school districts to support the utilization of the NH Medicaid to Schools Program. The NH Medicaid to Schools Training and TA Center is responsive to questions from the field, providing regular consultation, updates and stakeholder engagement. In collaboration with state leadership, the technical assistance center assists in determining the need for and the provision of training and resources.
 - In Massachusetts, the Boston Children's Hospital Neighborhood Partnerships program provides a range of SBBH to schools in Boston Public Schools. The program also operates The Clough Foundation Training and Access Project, which provides high-quality professional development and consultation to schools. It seeks to equip schools with effective systems, protocols and procedures to sustainably meet the social, emotional and behavioral health needs of students.

- **State education and Medicaid agencies can closely collaborate on SBBH.** While the terminology and programmatic approaches between education agencies and Medicaid agencies may differ, both often serve the same individuals and share many goals.
 - In Arkansas, the Department of Education and the State Medicaid office meet monthly to ensure they remove barriers to connecting children and youth to care. A state school nurse consultant, mental health coordinator and Medicaid billing team collaborate to address challenges. The Arkansas State Medicaid office provides support for the Arkansas Department of Education to serve as the first point of certification for school districts to enroll as providers of certain services, such as school-based mental health services and school-based personal care services.

Promising Policies

While the [companion brief](#) includes various recommendations and references the [new guidance](#) CMS released to make it easier for schools to receive payment for Medicaid-covered services, this section lays out a series of promising policies SBBH stakeholders have already implemented, including legislation, state plan amendments and waiver authorities. The TAC can play an important role in identifying and sharing specific examples of existing or innovative policies that other states can take up and sustain. Below are a few examples of existing state-level policies other states could consider adopting.

- **SMA can provide Medicaid reimbursement for nontraditional providers that support behavioral health approaches with a strong focus on prevention.** The critical behavioral health workforce shortage across the nation, combined with the benefits of promoting a diverse workforce that looks like the community it serves, create a compelling case for expanding and diversifying the SBBH workforce.
 - Through legislation, state plan amendments and waiver authorities, California is addressing workforce shortages through Medicaid reimbursement for nontraditional behavioral health providers, including Community Health Workers, Wellness Coaches, Doulas and Peer Support Specialists.
 - The [new guidance](#) allows states to include a wider range of school-based providers in their state plans so they are eligible for reimbursement. Previously, some providers, such as school psychologists, were delivering services in schools, but they were not qualified as Medicaid providers under the Medicaid state plan and were therefore ineligible for reimbursement. This new flexibility will allow LEAs to employ and receive reimbursement for the type of personnel necessary and appropriate for their school health programs.
- **SMA can reimburse providers who practice in schools at a level that is on par with or higher than providers who perform the same services in other settings.** Adequate reimbursement is a critical piece of sustaining a SBBH program. Yet, in many states, reimbursement for SBBH services falls below the levels provided in other settings.
 - Arkansas has addressed this by putting in place a universal fee schedule for school districts that recognizes school-based providers at the same reimbursement rate as other providers for providing the same service. The Arkansas State Medicaid office requires school districts to complete the school-based mental health certification process through the Arkansas Department of Education (ADE) prior to seeking Medicaid provider enrollment status for behavioral health services. This allows for the ADE to provide direct training, technical assistance and support from the point of implementing the school-based service.
 - California is implementing a school-linked statewide fee schedule in 2024 to reimburse outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school site. The statewide all-payer fee schedule for school-linked services will provide a specific scope of benefits and rate requirements for commercial health plans and the Medi-Cal delivery systems, which will be required to reimburse providers at the established rates for providing services to students.
 - The [new guidance](#) mentions SMA can pay higher fee schedule rates for services offered in schools, as long as the agency demonstrates the rate is economic and efficient according to relevant federal laws. This practice will remove historical burdens that inhibited school health programs from receiving appropriate reimbursement given the unique context of providing services in schools.

- **States can provide reimbursement for comprehensive services.** States can provide Medicaid reimbursement for a broader set of behavioral health services in schools by redefining these services as covered health services under their Medicaid State Plan. They can also work with schools to structure their services in a way that meets key Medicaid requirements.
 - Children’s Wisconsin provides direct, billable services, such as parent-teacher meetings and individual, family and group therapy. Wisconsin Medicaid allows for Medicaid reimbursement for mental health consultations by mental health providers, meaning there is reimbursement for time therapists spend coordinating student treatment strategies and goals with teachers, staff and parents. Children’s Wisconsin bills the SMA directly and is not utilizing the LEA Medicaid billing.
 - The [new guidance](#) provides the option for LEAs to use new flexible interim rate methodologies to streamline the billing process. These include roster billing, cost-based monthly interim rate or per child/per month rates, average cost per service monthly interim rates, and bundled interim payments. While LEAs still need to reconcile payments and follow relevant regulations, these flexible approaches can facilitate and reduce the burden of more comprehensive service models.
- **States can support a pipeline of behavioral health providers.** In some states, mental health therapists cannot independently practice and bill for services until they have completed post-graduate training. This training is supervised and often unpaid, creating barriers to new providers entering the workforce.
 - California has addressed this barrier in [legislation](#) to allow Medicaid reimbursement for covered mental health services provided by an associate clinical social worker or an associate marriage and family therapist employed by an FQHC or a rural health clinic.



Promising Programs

States and communities have used a variety of funding sources to develop innovative programs that serve the unique needs of children in school-based settings. The TAC can spotlight these programs to enhance their reach. As noted in the [companion brief](#), the TAC could partner with other federal agencies and philanthropy to help its key stakeholders not only implement effective programs but also to spread, scale and sustain them through a combination of Medicaid funds and other funding sources. The Centers for Medicare and Medicaid Services, in collaboration with the Department of Education, the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, could consider providing additional guidance and a compendia of examples regarding how states can leverage and braid Medicaid dollars with other funds. A particular area of need is guidance on how to braid Medicaid and education funds to promote prevention in school-based settings, including through services delivered school-wide or through group interventions, or approaches to support and train staff, teachers and parents.

- **Schools can promote peer support models.** Schools can equip students with skills to provide confidential emotional support to their peers. These programs should also have professional support available as needed. Peer support models can promote early intervention, reduce stigma, and foster a more supportive school culture. States can utilize a variety of funding sources for peer support programs.
 - The [YouthLine](#) program, in Portland, Ore., is an innovative peer support program recently featured on [PBS NewsHour](#). The program is a free, 24-hour teen-to-teen crisis support and help line. Lines for Life, the nonprofit that operates the program, also provides a national helpline to provide crisis support and referrals over call, text and chat. Adults and trained professionals are available to assist, as needed.
- **States can invest in telehealth models to address youth behavioral health in schools.** Telehealth models can bolster behavioral health services by widening access, especially in rural or underserved areas.
 - Texas passed legislation in 2019 to create the [Texas Child Mental Health Care Consortium](#), which oversees the [Texas Child Health Access Through Telemedicine](#) (TCHATT). TCHATT provides telemedicine to school districts to help assess mental health needs of students, provide short-term treatment, and improve access to services through regional hubs supported by 12 Texas medical schools. As of April 2023, more than three million students across 612 school districts in Texas have access to the program.
- **Schools and providers can partner to implement programs that promote prevention and advance equity.** Such partnerships can leverage a well-implemented Multi-Tiered System of Support (MTSS), including Tier 1 prevention-focused programs. Doing so allows schools to foster health equity, reduce disparities, and facilitate access to supports and services for all students. These efforts also generate opportunities to positively influence students' social, emotional, behavioral and academic outcomes, fostering a more positive environment overall in schools.
 - In Omaha, Neb., Educational Service Unit #3 (ESU-3) assists 18 rural school districts with taking an active role in Tier 1 prevention strategies and Tier 2 supports within the Multi-Tiered System of Support. ESU-3-employed therapists lead key activities such as universal screening, coaching of classroom teachers, training of trainers, and engaging in strategies to support positive student behavior. Therapists also provide consultation, collaboration, and short-term therapeutic support, such as facilitating student transitions to or from residential treatment or hospitalization. Even though some services are nonbillable, the model illuminates the comprehensive role of therapists and underscores their contribution to student behavioral health and well-being. It also demonstrates how they empower teachers with skills to cultivate a positive learning environment, thereby enhancing the overall educational experience.
 - In Florida, Nemours Children's collaborates with the Orange County School District to implement child and youth behavioral health prevention programs. These include a peer-led suicide prevention program, Sources of Strength, in high schools with plans for expansion into middle and elementary schools. Nemours Children's has also implemented the Zones of Regulation curriculum in elementary schools to teach children effective emotional identification and self-regulation skills. These programs promote resiliency and move away from zero tolerance and other punitive approaches to behavioral challenges.

- **Schools can focus on cultivating resiliency among students and adopt trauma-informed practices.** This will promote a supportive learning environment that acknowledges the impact of traumatic experiences, fosters emotional growth, and helps students better cope with adversity.
 - *Partnership for Child Health*, located in Jacksonville, Fla., develops and implements training, direct services, and programs to create systems of care for children, youth and their families across Northeast Florida. The work of the Partnership has resulted in the implementation and/or expansion of many programs and services that address gaps in health resources for children, youth and their families. In collaboration with child health providers and stakeholders in the Northeast Florida community, the Partnership effectively responds to opportunities to help facilitate program development and manage ongoing activities aligned with its mission of advancing the health and well-being of children, youth and their families. For more than 30 years, the Partnership has touched the lives of Jacksonville's underserved communities by providing integrated services to those with complex medical, mental health, behavioral, developmental needs, and other challenging health conditions. These services include trauma trainings for families and professionals (including Trust-Based Relational Intervention (TBRI)), collaborative care training for pediatricians, care management, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Mental Health First Aid (MHFA), diversion programming, gang intervention, Preventing Long-Term Anger and Aggression in Youth (PLAAY) groups and resilience interventions for children, youth and their families exposed to violence.
- **Communities should collaborate with cross-sector partners to braid funds to support prevention.** This approach utilizes diverse funding sources to strengthen programs and prevention initiatives. This strategy maximizes resources and fosters a cooperative approach in addressing various health and social issues, enhancing the reach and impact of prevention programs.
 - To enhance SBBH services, the District of Columbia set aside over \$30 million over a three-to-four-year period to match other community-based organizations with public schools to provide health services in a fee-for-service model. Mary's Center and other stakeholders effectively utilized these dollars to fund services not covered under Medicaid.
 - The Boston Children's Hospital Neighborhood Partnership Program has a blended funding model. It utilizes hospital support, contracts with Boston Public Schools, and philanthropy dollars to provide health services without billing for them.
- **Schools and providers can partner to implement programs that invest in families, strengthening the bond between child, parent and teacher.** Such approaches can enhance adult (parent and teacher) understanding of the why behind child behaviors, and in turn allow adults to effectively guide and teach children to promote desired behaviors.
 - Boston Children's Hospital Neighborhood Partnership Program provided 11 on-site consultation and learning collaborative trainings for teachers in 25 different public schools. They converted the trainings into an online course with seven workshops on various topics including, crisis management in school, understanding trauma in the classroom, and effective teams in schools. They also created a documentary and webinar for parents on anxiety and resiliency.
 - Nemours Children's operates a training program for parents of children with attention deficit hyperactivity disorder (ADHD), the most common mental, emotional and behavioral health disorder in children, which is often associated with anxiety, substance use and depression. To build capacity to address mental, emotional and behavioral health issues in their future practice, pediatric residents implement the program at Nemours Children's Hospital, Florida in the Orlando area. The program provides parents with a deeper understanding of the symptoms of ADHD and coaching in skills to effectively manage children's behaviors at home and school. This simultaneously promotes greater connectedness between the child and adults (parents and teacher) in their life and reducing the stigma associated with the disorder. While parents are in training, children build their self-regulation skills through the "Zones of Regulation" program. Various funding sources have supported this work, including the Florida Department of Health Pediatric Mental Health Collaborative and the American Academy of Pediatrics.

- **SBBH programs can partner with philanthropy to develop programs and approaches to finance SBBH services.** Philanthropic organizations could fund innovative approaches that meet local needs but may not meet the requirements for Medicaid. In addition, they can provide funding to build the systems necessary to effectively bill Medicaid.
 - In Minnesota, the state provides grants to support school-linked behavioral health services at more than 1,000 schools across the state. The program connects students with behavioral health services and co-locates services in schools regardless of a student’s ability to pay. Providers from community mental health agencies facilitate assessment, treatment, care coordination, teacher consultation and school-wide training. According to the state, the program enhances identification of behavioral health issues while improving clinical and functional outcomes. It also expands access for those who are uninsured or under-insured along with those who have never received services.
 - Several philanthropic organizations in North and South Carolina have invested in SBBH over the past several years. The [*State Employees’ Credit Union Foundation*](#) and [*Boeing Co.*](#) have each provided grants to support telehealth and other programs in schools. The [*BlueCross BlueShield of South Carolina Foundation*](#) funded several approaches to address SBBH workforce shortages. In addition, the Duke Endowment has funded several organizations, including [*Novant Health*](#), to expand telepsychiatry services to schools in North Carolina. These examples demonstrate the significant value philanthropy can have in supporting SBBH programs.



Promising Tools

Communities, health systems and other stakeholders have developed memoranda of understanding, toolkits and templates to address challenging issues. The TAC can serve as a clearinghouse for tools to support school-based health services in general, including SBBH. Below are a few examples.

- [*Advancing Comprehensive School Mental Health Systems: Guidance from the Field Resource List*](#) | National Center for School Mental Health
- [*Centering Schools Toolkit*](#) | California Children's Trust
- [*Improving Access to Care*](#) | Centers for Disease Control and Prevention
- [*Medicaid School-Based Behavioral Health Services and Billing Toolkit*](#) | Washington State Health Care Authority
- [*Online Training Series for Educators on Social, Emotional & Behavioral Health Nationwide*](#) | Boston Children's Hospital Neighborhood Partnerships
- [*Recorded Training Series for School-Based Behavioral Health Providers on Social, Emotional & Behavioral Health*](#) | Boston Children's Hospital Neighborhood Partnerships
- [*Sample Authorization Form to Share Educational Records and Health Information*](#) | Nemours Children's Health
- [*Tapping into Federal COVID-19 Relief Funding & Medicaid to Support Schools and the Wellbeing of Students*](#) | Heathy Students Promising Futures
- [*Teen Mental Health First Aid Modules*](#) | Mental Health First Aid USA
- [*Well-Being Information and Strategies for Educators*](#) | Classroom WISE

Conclusion

Over the past few years, our nation has developed greater awareness of child and youth behavioral health issues and stakeholders are taking action. The U.S. Surgeon General issued advisories on a [*youth mental health crisis*](#), [*issues of loneliness and isolation*](#), and the [*impact of social media*](#) on youth mental health. Leading pediatric groups declared a [*mental health emergency*](#), and new [*published data*](#) continues to sound the alarm. Congress took positive bipartisan action through the BSCA. The BSCA's TAC, guidance and grants have the potential to have a lasting impact on the policies, programs and practices that states, communities, state education agencies, LEAs and health care providers pursue.

Through robust engagement to continually identify and lift new models, policies and practices, the TAC can serve as an important part of a comprehensive strategy to help spread effective approaches. Through sustained partnerships with other federal agencies, the Center for Medicaid and CHIP Services and philanthropy, the TAC can also lift models, policies, programs and resources to help states innovate and move the nation from a model of treating acute behavioral health issues to promoting health, prevention and resilience among our nation's children and youth. If policymakers form a true culture of partnership with experts and leaders across the nation, we can chart a new course for the next generation.