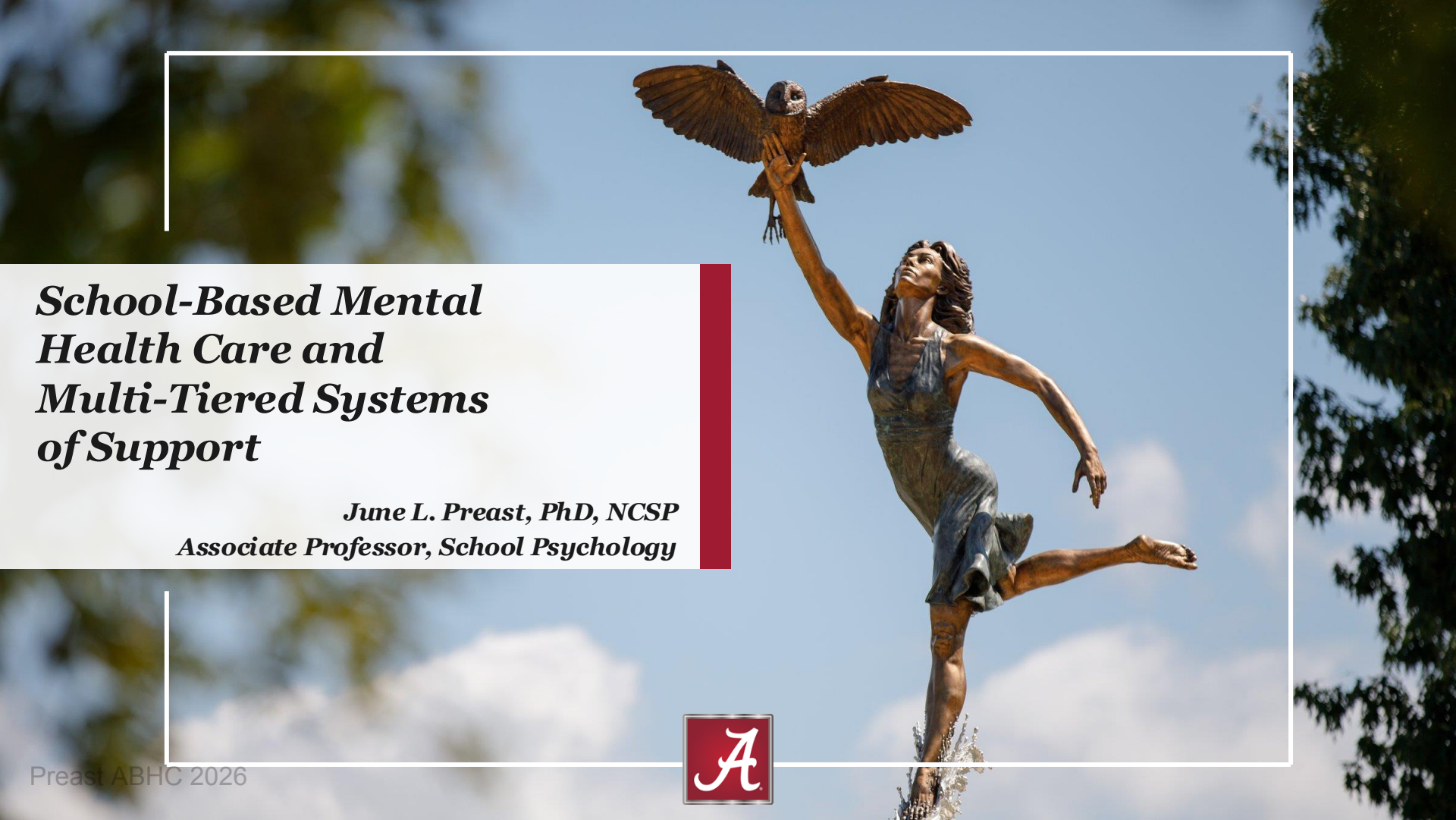


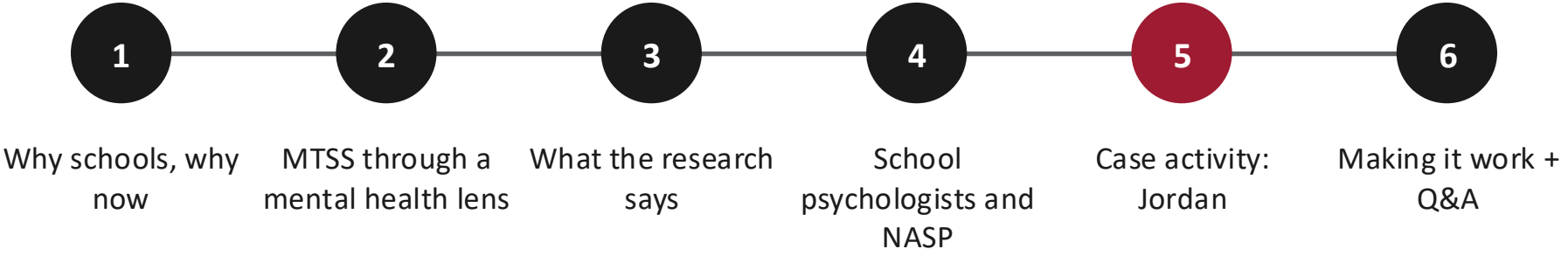
School-Based Mental Health Care and Multi-Tiered Systems of Support

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By the end of today, you can

1. Describe the three tiers of multi-tiered systems of support and where school-based mental health services fit in each tier
2. Summarize key research on school-based mental health services and tiered prevention
3. Explain the role of school psychologists and other school-based personnel within MTSS and school-based mental health service delivery
4. Identify strategies for supporting K-12 students with their school lives

Today's agenda



Part 5 (in crimson) is a small-group activity with the people seated near you.

Why schools, why now?

Part 1

Quick poll

How many of your current youth clients were referred by a school?

How often do you talk with a client's school team?
Never · Rarely · Monthly · Weekly

Four in ten teens are struggling

39.7%
persistent sadness or hopelessness

28.5%
poor mental health most of the time

20.4%
seriously considered suicide

9.5%
attempted suicide

U.S. high school students, past year. CDC Youth Risk Behavior Survey 2023 (n = 20,103), MMWR Suppl 2024;73(4).

Alabama's access gap

58%

of Alabama youth with a depressive episode in the past year received no mental health services

- Alabama ranked last of 50 states for youth mental health access in a 2025 analysis of federal data
- 122 Alabama school systems partner with 19 CMHCs through the School-Based Mental Health Collaboration
- Every school system must employ a mental health services coordinator (Act 2022-442)

VocoVision analysis reported by WTVY, Oct 2025; Alabama Department of Mental Health; ALSDE AL-MTSS.

Schools are where kids get care

~2 in 3

of adolescents who get help for depression get it only at school

- Nearly 60% of the 3.8 million U.S. adolescents with a major depressive episode received no treatment
- Students are more likely to seek counseling when services are available in schools
- In rural areas, schools may provide the only mental health services in the community

NASP (2021), Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists, citing SAMHSA (2019).

MTSS through a Mental Health lens

Part 2

MTSS is a public health model

Everyone gets prevention, some get more, a few get the most, and data decide who moves between tiers.

1. Universal screening
2. Continuum of evidence-based interventions
3. Data-based decisions and progress monitoring
4. A problem-solving team
5. Family engagement

MTSS integrates RTI (academics) and PBIS (behavior); mental health belongs inside it, not beside it.

Mental health is a fit, not just a diagnosis

"Mental health is the quality of fit between person and environment that promotes an individual's adaptive development and functioning in society as well as a personal sense of well-being."

So what: help the student and change the conditions around them: classroom, discipline, relationships.

A continuum

We all move between wellness and illness each day, as our skills meet the demands around us.

Plainer language

"Social, emotional, and behavioral well-being" helps educators see they are part of the solution.

Every adult has a role

Teachers shape well-being through expectations, relationships, and academic success.

Herman, Reinke, Thompson, Hawley, & Stormont, 2021, School Psychology Review, 50(1).

In Alabama, it's AL-MTSS

AL-MTSS

Alabama Multi-Tier System of Supports, the State Department of Education's prevention-based framework

1. Covers academic, behavioral, and foundational wellness needs, including mental health
2. Problem Solving Teams (PSTs) use Response to Instruction and Positive Behavior Supports models
3. Data guide decisions at state, district, and school levels
4. AL-MTSS implementation coaches support districts and schools

Alabama State Department of Education, AL-MTSS (alabamaachieves.org/al-mtss).

Support scales with need

Tier 3 · Intensive
A few students (~5%) · Individual therapy, FBA, wraparound, crisis

CMHC role: Individual and family therapy, psychiatry, crisis care, coordination with the school team

Tier 2 · Targeted
Some students (~15%) · Small-group CBT skills, Check-In/Check-Out

CMHC role: Co-lead skills groups, consult on progress monitoring, brief interventions

Tier 1 · Universal
All students (~80%) · SEL, PBIS, universal screening, climate

CMHC role: Join the MTSS team, train staff in mental health literacy, screening follow-up

Percentages are approximate planning figures from the public health prevention model.

The reframe for CMHC staff

Most CMHC work today

- Tier 3 referrals
- Separate from school teams
- Little shared data

What the research favors

- Contributions at all three tiers
- A seat on the school's MTSS team
- Shared indicators and referral pathways

MTSS must include students with disabilities

~14%

of K-12 public school students have a disability, yet they are rarely included in school mental health research

Higher risk: More co-occurring mental health conditions with learning disabilities, ADHD, autism, intellectual disability, and EBD

Screen everyone: Teacher referral misses internalizing concerns; use universal screening with accommodations such as read-aloud or extra time

Adapt the tiers: Special educators help adapt Tier 2 and Tier 3 interventions and share student strengths

Share Tier 3: Coordinate intensive care with families and community providers, for example through wraparound

Sinclair et al., 2025, School Mental Health, 17, 1113-1128.

Speaking the school's language

AL-MTSS

Alabama Multi-Tier System of Supports

PBIS

Positive Behavioral Interventions and Supports

IEP

Individualized Education Program (special education)

504 plan

Accommodations for a disability under Section 504

FBA / BIP

Functional behavior assessment / behavior plan

PST

Problem Solving Team: reviews data and assigns supports

FERPA

Federal law governing student education records

HIPAA

Federal law governing health information

What the Research says

Part 3

Being on the team changes who delivers care

~ half

of interventions delivered by CMHC clinicians in ISF schools

~ 3%

in schools where clinicians were only co-located

Interconnected Systems Framework (ISF) RCT
24 schools, two southeastern states, three arms: ISF, PBIS only, co-located PBIS + school mental health

ISF schools also had fewer office referrals and suspensions, including for African American students.

So what: being in the building is not enough. Being on the MTSS team is what matters.

Splett, Weist et al., 2022, Journal of School Psychology, 94, 49-65.

School-based services work

$g = 0.39$

small-to-medium effect across 43 controlled trials, 49,491 children ages 5-10

- Targeted and selective services showed larger effects than universal ones
- Behavior-focused services were especially effective
- Brief, frequent interventions worked well

So what: Tier 2 and 3 work in schools is effective.

Sanchez et al., 2018, JAACAP, 57(3), 153-165.

Tier 1 systems reduce later need

37

elementary schools in a randomized trial of schoolwide PBIS (12,344 students)

- Fewer behavior problems, office referrals, and suspensions
- Better concentration, emotion regulation, and prosocial behavior
- Effects tracked over 4-5 school years

So what: strong Tier 1 means fewer students ever need Tier 3 referral.

Bradshaw et al., 2010, J. Positive Behavior Interventions; Bradshaw et al., 2012, Pediatrics.

Prevention supports learning too

+11

percentile-point gain in academic achievement across 213 universal SEL programs

- 270,034 K-12 students
- Better social-emotional skills, attitudes, and behavior
- School staff delivered programs successfully

So what: mental health work serves the school's academic mission. Lead with this when talking to principals.

Durlak et al., 2011, Child Development, 82(1), 405-432.

What School Psychology Review adds

$4,500 / $860

PBIS saved about $4,500 per elementary student and $860 per secondary student in Maryland

Bradshaw et al., 2021

Fidelity counts

Higher fidelity to a comprehensive prevention and intervention model was linked to better social, emotional, and behavioral outcomes

Reinke et al., 2021

Access pays off

More access to community-center case management and mental health services: better attendance, fewer disciplinary actions, better academics

Thompson et al., 2021

Better climate

A statewide Georgia school-based mental health program was linked to improved school climate and lower discipline over time

DiGirolamo et al., 2021

Psychiatry in school

School-based psychiatric care: symptoms decreased, treatment adherence, and high parent and staff satisfaction after 2 years

Cho, Marriott, et al., 2021

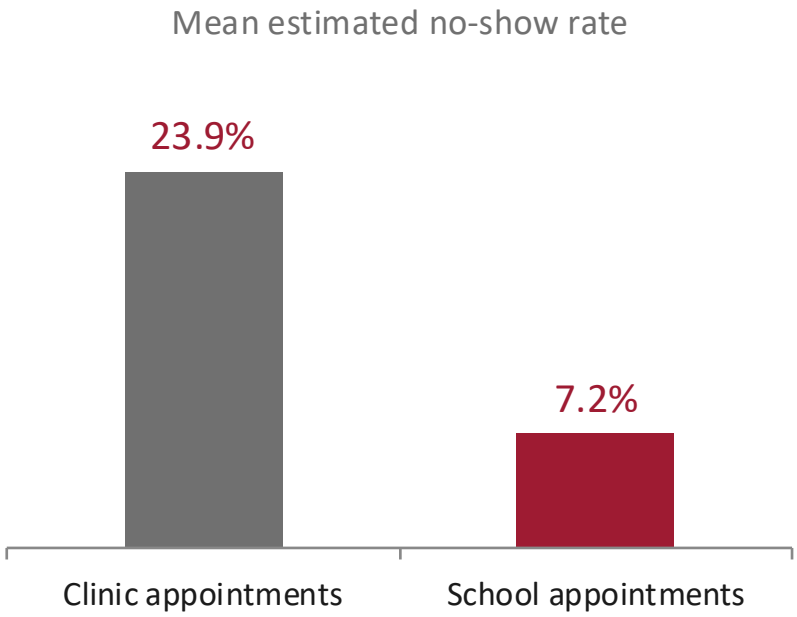
Tier 3 works

Mental health mentoring at a K-12 disciplinary alternative school: fewer disciplinary actions, better functioning and grades

Henry et al., 2021

NASP (2021), Promoting student mental health at school: Research featured in School Psychology Review, volume 50.

Georgia clinics: fewer no-shows at school



86.8% said school-based services help reduce treatment gaps and improve provider-teacher communication

89.5% said they improve overall quality of care

Top challenges: parent attendance (89.5%), caregiver communication (81.6%), timely parental consent (68.4%), and scheduling (63.2%)

Cummings et al., 2022, School Mental Health, 14(4), 1086-1097. Survey of 38 Georgia clinic administrators with school partnerships, 2018.

School psychologists, NASP, and the CMHC partnership

Part 4

Who's in the building

School psychologist

Assessment, consultation, counseling, MTSS data, crisis response; trained in learning and mental health

School counselor

Academic, career, and social-emotional development; brief counseling

School social worker

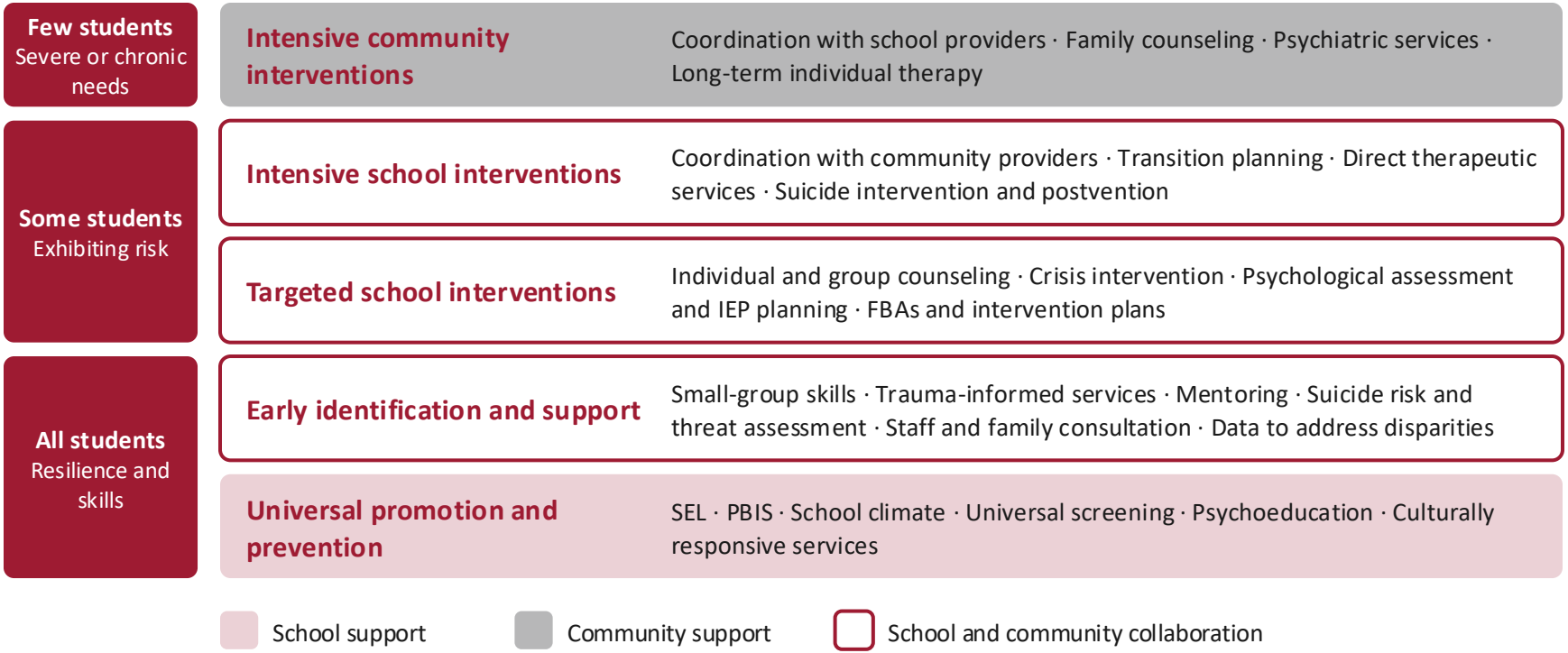
Links family, school, and community; attendance, basic needs, case management

School nurse

Physical health and medications; somatic complaints are often an early signal

Roles summarized from the jointly endorsed NASP, ASCA, and SSWAA resource on school-employed mental health professionals.

School psychologists span the continuum



Adapted from NASP, School Psychologists Support Students' Mental and Behavioral Health Across the Continuum of School-Based Services.

Alabama's building blocks

SBMH Collaboration

Since 2010, ADMH and ALSDE link CMHCs to school systems. 122 school systems and 19 CMHCs take part, with master's-level CMHC therapists on site.

Mental health services coordinator

Act 2022-442 requires one in every school system. Coordinators link students and families to school and community resources; they are not therapists.

Crisis system of care

988 is answered by four Alabama call centers. Six state-funded crisis centers each have a mobile crisis team.

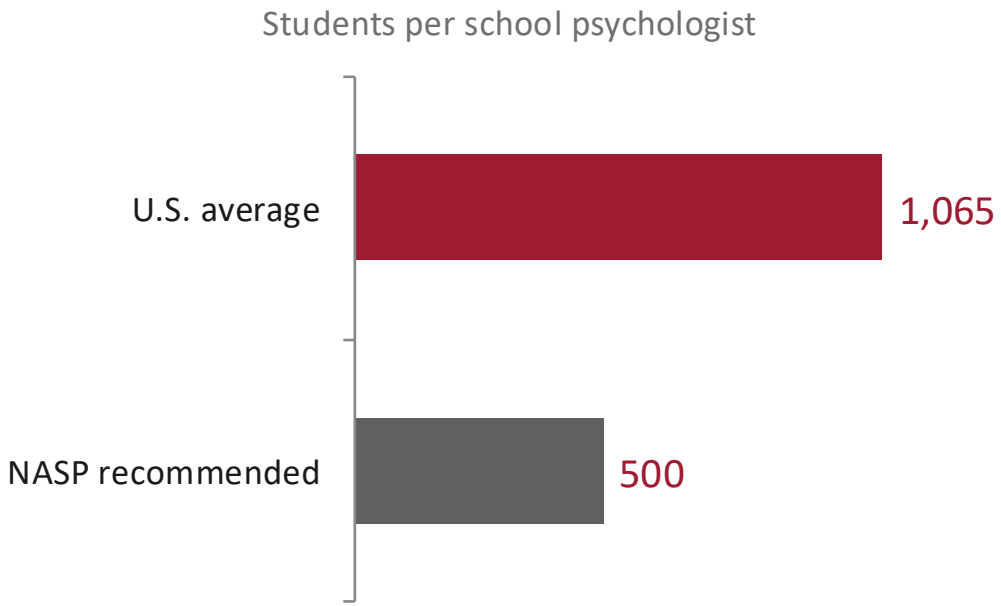
Alabama Department of Mental Health (SBMH); ALSDE AL-MTSS.

NASP Practice Model: 10 domains

1 Data-Based Decision Making	**2** Consultation and Collaboration	**3** Academic Interventions and Instructional Supports	**4** Mental and Behavioral Health Services and Interventions	**5** School-Wide Practices to Promote Learning
6 Services to Promote Safe and Supportive Schools	**7** Family, School, and Community Collaboration	**8** Equitable Practices for Diverse Student Populations	**9** Research and Evidence-Based Practice	**10** Legal, Ethical, and Professional Practice

NASP (2020), Model for Comprehensive and Integrated School Psychological Services. Highlighted: domains most relevant to CMHC partners.

The staffing gap



Alabama

1 : 15,292
School Psychologists

1 : 2,672
School Psychometrists

31% **Districts without Psychologists OR Psychometrists**

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Principles of partnership

1

Coordinated by school-employed staff

School psychologists, counselors, or social workers coordinate the partnership

2

Defined by clear MOUs

Written agreements set roles, referrals, space, and data sharing

3

Each group's contribution valued

Community providers add supplementary and intensive services beyond school capacity

"Schools are not merely private clinics with white boards."

Being trained to work within the school culture is essential to being effective.
~NASP

Result: fewer gaps, less redundancy and conflict, and less stress on families

NASP (2021), Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists.

Turn and talk

Think of one school you work with.
Who is your contact there, and do you know their role?

Where does Jordan fit?

Part 5 · Case activity

Meet Jordan

Jordan is a 7th grader at an Alabama middle school, flagged "at risk" on the fall universal screener. Jordan's family has a history with your CMHC, but no current services.

What the school is seeing

- Attendance dropping
- Two office referrals this month
- Teacher reports withdrawal

Case activity: questions

Jordan, a 7th grader at an Alabama middle school, was flagged "at risk" on the fall universal screener. Attendance is dropping, there were two office referrals this month, and a teacher reports withdrawal. Jordan's family has a history with your CMHC, but no current services.

1. **Tier 1:** What supports should already be in place for Jordan?
2. **Tier 2:** What intervention fits, who delivers it, and how is progress measured?
3. **Tier 3:** What would trigger Tier 3, and what does the CMHC contribute?
4. **Consent:** Jordan is under 16. What does Alabama law require before ongoing services?

Making it work

Part 6

What makes collaboration work

What helps

- Respectful relationships and frequent, open communication
- Clear roles and responsibilities, set early
- Wellbeing teams, regular meetings, and a coordinator role
- Formal referral processes and joint agreements
- Orienting community clinicians to school culture
- Administrator support and joint training

What gets in the way

- Territorialism: the divide between education and mental health (most discussed)
- Lack of time (most cited resource barrier)
- Clinicians part time or spread across schools; turnover
- Agency billing and productivity requirements
- Unclear roles; confidentiality and information needs

Bateson et al., 2026, Journal of Interprofessional Care, 40, 551-564. Scoping review of 56 sources (35 from the U.S.), 2010-2022.

Lessons for lasting change

1 Rethink the clinician's role

Clinicians trained as the primary provider may need to act as connectors and systems change agents. Flexibility, tolerance for ambiguity, and openness to learning mattered most.

2 Bring teachers in

Teachers see mental health as part of their role but feel left out once a concern is identified. Share data and involve them in support plans.

3 Plan to sustain, not just launch

Expect principal and superintendent turnover: build leadership teams, write manuals, orient new leaders, and keep data to show results.

4 Address culture and equity

Disaggregate data by group, adapt interventions to local culture, and ask families what works. Rural families preferred a city office for privacy.

Herman et al., 2021, Lessons learned and next steps, School Psychology Review, 50(1).

Barriers and strategies

Barrier	Strategy
Consent (Acts 2022-442, 2025-455)	Annual parent notice; written parental permission for students under 16; separate mental health records
Confidentiality (FERPA, HIPAA)	SBMH agreement (MOA) plus a release naming the school gatekeeper
Funding	CMHCs bill their own services; school Medicaid billing in Alabama centers on therapies and administrative claiming
Family engagement	Plan for caregiver attendance and communication; offer family-centered supports (Cummings et al., 2022)
Schedules and space	Same day and room each week; plan around the school calendar
Different data systems	Agree on 2-3 shared indicators: attendance, referrals, screener scores
No seat at the table	Ask the mental health services coordinator about joining the PST

Supporting students' school lives

1 Ask about school

Make attendance, grades, peers, and teachers a routine part of every session with a school-age client.

2 Set school-linked goals

Tie treatment goals to school functioning: getting to class, completing work, fewer office referrals.

3 Connect to supports

With permission, share recommendations the PST can use, and link to 504 plans or IEPs when a disability affects learning.

4 Plan transitions

Coordinate school re-entry after a crisis, hospitalization, or absence, and prepare for moves between grades and schools.

5 Partner with families

Help caregivers talk with the school and understand the team's options, including consent under Alabama law.

6 Close the loop

Agree with the school on who follows up, and check shared indicators such as attendance and referrals.

Alabama tools to start with

ADMH SBMH Collaboration

Partner requirements, contacts, and how to join

mh.alabama.gov/school-based-mental-health/

AL-MTSS resources

PST Manual, family guide, and implementation coaches

alabamaachieves.org/al-mtss/

SHAPE System

Free school mental health quality assessment from the National Center for School Mental Health

theshapesystem.com

Your 30-day commitment

In the next 30 days, I will...

Example: "Meet the mental health services coordinator in one school system I serve."

Same kids, shared map

Questions?

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