



## CASE STUDY: ONSITE COMMUNITY MENTAL HEALTH CLINICIANS

**Matanuska-Susitna Borough School District (MSBSD)** is located in the Matanuska-Susitna Borough and covers significant geography. The school district includes more than 25,000 square miles and serves a diverse student population. The school district office is in Palmer.

### PROGRAM OVERVIEW

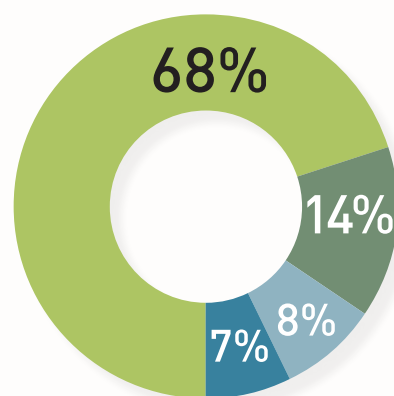
**MSBSD** offers onsite community mental health clinicians in some of its schools through a grant-funded partnership with the [Mat-Su Health Foundation](#) (MSHF), a local philanthropic organization that offers financial and strategic support for health-related problems impacting the citizens of the Mat-Su Borough. Together, MSBSD and MSHF collaborate with contracted clinicians who provide more targeted and intensive mental health services to MSBSD students. Regular convenings and ongoing process improvements among the MSHF, MSBSD, and the clinicians have allowed the program to evolve and sustain.

### Matanuska-Susitna Borough School District

- » 19,443 students
- » 47 schools

### Demographics

- » 42% qualify for free or reduced lunch
- » 14% have a disability



- White,
- Two or more races,
- Hispanic,
- Alaska Native

## THE NEED FOR ONSITE SERVICES

Around 2014, a small group of MSBSD principals individually identified and acted upon a gap in mental health services for their students. Each of these principals had participated in Trauma Sensitive Schools cohorts led by the National Council for Behavioral Health (now the National Council for Mental Wellbeing) and then considered an avenue for bringing needed services to where their students spend their days: at school. At the time, support within the school district was limited. Mental health services were primarily accessed through outside community agencies, which presented barriers to student access, such as:

- » Need for transportation to and from appointments
- » Provider waitlists
- » Perceived stigma of accessing mental health services
- » Student insurance status

Seeking an option beyond referring students to outside services, the principals sought partnerships with community agencies to provide mental health clinicians in their school buildings. The principals each requested individual school site grant funds from MSHF. Around the same time, the MSHF heard and learned about similar trends and identified a systems gap for local behavioral health services through a series of the foundation's [Behavioral Health Environmental Scans](#) and reinforced through feedback at convenings of local behavioral health providers.

## DEVELOPMENT OF THE BEHAVIORAL HEALTH IN SCHOOLS INITIATIVE

Initially, the MSHF provided individual grants to each school site that had requested funding, allowing the schools to bring community mental health clinicians onsite to provide services. By 2018, the MSHF moved to formalize the individual grants under a behavioral health in schools initiative that is part of the foundation's [Healthy Families](#) and [Healthy Minds](#) focus areas. After funding the individual schools, the MSHF shifted its approach and began funding the community mental health agencies directly. As of the 2021-2022 school year, the program serves 13 MSBSD schools with contracted mental health clinicians who are onsite two days per week for 12 hours weekly at the majority of schools.

### Applying the Multi-Tiered System of Supports (MTSS) framework

Throughout the program's history, MSBSD, the MSHF, and the clinicians revisited the MTSS framework to adjust services in response to observed student needs. For example, the MSHF helped to integrate the school-based MTSS framework into terminology and processes that are more traditional for a community-based mental health services model. Initially, the program was designed to serve students in need of targeted Tier 2 interventions. The focus on Tier 2 services was in part to connect with students who may not qualify for an Individualized Education Program (IEP) but could still benefit from services. As the program progressed, the clinicians and school staff pointed to an unmet need for more intensive Tier 3 services and expanded to provide those services. Today, the program is open to all students with an identified need who receive parental consent to participate. Receiving services is contingent upon the clinicians having space in their schedules. When capacity is not available, students are added to a waitlist.

The clinicians estimate that about 75% of their work is individual counseling sessions. As capacity allows and as needs arise, they also provide:

- » Family counseling
- » Small group counseling
- » Crisis assessments

A Core Implementation Team manages the referral process at each school site. The team typically includes school administrators, school counselors, and school nurses. Team structure varies

depending on a school's staffing, such as in some of MSBSD's elementary schools that do not have school counselors on staff. Teachers, families, and students can identify individuals for the program, but the Core Implementation Teams determine which students receive referrals. Typically, the teams prioritize referrals for students who are not already receiving mental health care outside of school.

### Convening and adding capacity through a community partner

The MSHF is very active as a project manager for the program and is responsible for identifying and bringing on community agencies—including filling gaps in the workforce when an agency leaves the program. The MSHF oversees activities such as:

- » Managing grant and contractual agreements with the community provider agencies
- » Identifying and securing community agencies for the clinician workforce
- » Convening the clinicians and MSBSD for regular program meetings

Facilitating the convenings has been important to bridge the gap between community mental health services and education services, which the MSHF notes are very different systems.

### Measuring academic and mental health outcomes

The feedback on the program from school sites is overwhelmingly positive. The MSHF, clinicians, and MSBSD are engaged in various efforts to quantify the success. The MSHF has regularly worked with an external evaluator to review the program, which they note is a critical objective participant in the program that has helped to continuously track the impact. Other data sources include:

- » Reviewing attendance, disciplinary referrals, grades, and state testing scores
- » Surveying parents and students

## THE ROLE OF COMMUNITY CLINICIANS IN SCHOOL ENVIRONMENTS

For clinicians who have been with the program from the start, their longevity and relationship building have been crucial to their success. Those involved with the program spoke to the unique skill set required for a community clinician operating in a school environment versus a clinical setting.

*"It's not just a clock in, clock out job for us." – MSBSD community clinician*

*"We've really invested in the evolution of this." – MSBSD community clinician*

In addition to youth mental health training, multiple individuals involved with the program also described the importance of partnering with clinicians who are passionate about the work.

### Outreach and collaboration with school staff

At the beginning of each school year, staff in-service days include introductions to the clinicians. The initial introduction helps familiarize teachers with the program and establish an awareness of why students receiving services need time away from class to attend their counseling sessions.

One key learning from the staff introductions is to provide a clear definition of the clinicians' roles and scope of services.

For example, when one of MSBSD's schools introduced the clinicians to the school staff, there was a misconception that all mental health issues should be referred to the clinicians. In practice, the clinicians' roles are to complement, not replace, the role of a school counselor by providing more targeted and intensive services and supports. Outreach from the school counselor helped clarify the program's intent. As part of the Core Implementation Teams, school counselors are also positioned alongside administrators to evaluate if a student would benefit from meeting with the clinicians before recommending follow-up services.

*"Every time I see a kid walk out of [the clinician's] room, they have a smile on their face . . . and I have not once . . . had a teacher ever complain that they were pulled out of their class. Not one time."*  
– MSBSD leadership

*"For the staff, it's a breath of fresh air. It's like they can breathe, and they know that those kids are getting taken care of."* – MSBSD leadership

The flow of students between the school counselors and the clinicians has helped increase the capacity for school counselors to focus on delivering the short-term mental health supports that are appropriate within the scope of services as defined by ASCA [Ethical Standards for School Counselors](#) and [National Model for School Counseling Programs](#). An MSBSD counselor involved in the program reflected that it has helped reduce the workload of school counselors.

### **Navigating physical and process logistics**

The clinicians, the MSHF, and the MSBSD partner to adapt and improve processes and logistics as the program evolves. MSBSD is one of the multiple school districts that spoke to the challenges of securing space in school buildings for mental health services. Identifying a private room within the school building is an important first step. A private space also serves the practical purpose of stationing the clinicians in a consistent location where school staff can find students or check in with the clinicians as needed.

Some of the participating school sites have also refined the student intake and family consent process. One school site introduced a shared online document to track students' progress in completing the intake process. The team also transitioned from a large paper intake packet to a digital version. School administrators noted that the digital version significantly reduced the intake process. It also allows school staff to follow up when families do not complete the intake forms and to introduce the program.

*"The paperwork . . . I can't even explain enough about how it has just kind of revolutionized the process of getting a kid in immediately when they need help."*  
– MSBSD administrator



## CAPACITY CONSTRAINTS AND LONG-TERM SUSTAINMENT

When asked about what would make the program ideal, one school district employee noted that every school could use a program like this. The level of student need continues to outpace the availability of services. The agencies and schools involved in MSBSD's program have worked to increase the number of spots available to meet student needs. Making these adjustments to provider capacity requires proactive and transparent communication with the schools and families.

*"If there's a clinician at every school who could be there and could meet that mental health need, I think . . . it would change the community." – MSBSD leadership*

The clinicians also work with families to identify community-based care as needed. This support could include finding alternative services if a school's program is at capacity or referring students to care beyond the clinician's scope, such as assessing students for prescription medication needs.

### Sustaining the program

As the program evolves, the MSHF and MSBSD will continue to review aspects of the program that can be managed internally by the school district. The MSHF is also engaged in a broader exploration of how Medicaid billing can be applied to the program.

While the MSHF is unique to the Mat-Su region, its role is one that a community agency or health system with available funding could play for school districts in other parts of the state. For school districts interested in exploring similar programming, they recommend starting with data on student mental health needs, such as the environmental scans conducted by the MSHF during the program's inception. They also discussed taking an inventory of potential community- and school-based resources and partners. School district leadership is also critical for advocating with the school board and bringing the evidence and vision for implementing mental health services for students. Acceptance and trusts of the clinicians and agencies that have been brokered/assigned to their schools is also essential.

Sustainability resides not just in funding but with a qualified, willing, and available workforce, particularly workforce skilled and passionate to work with children and adolescents and who can be flexible for a non-clinical setting.

