



CASE STUDY: SCHOOL-BASED HEALTH CLINICS

Kodiak Island Borough School District (KIBSD) is on a 3,600 square mile island in the Gulf of Alaska. Six of KIBSD's schools are in the City of Kodiak and five are in rural villages accessible only by boat or small plane. The school district office is in Kodiak.

PROGRAM OVERVIEW

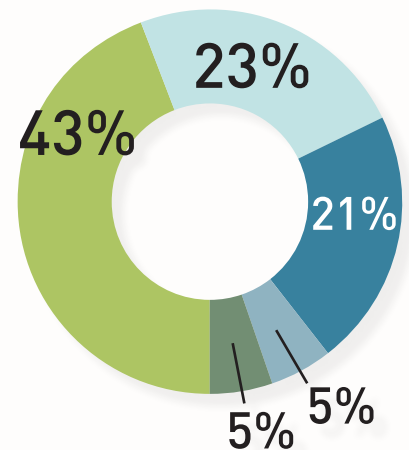
Providence Kodiak Island Counseling Center (Providence) provides clinicians for KIBSD's school-based health clinics. Full-time onsite mental health clinicians serve the school district's city-based middle and high school students and primarily provide more targeted Tier 2 and intensive Tier 3 services, as well as connections and referrals to more intensive community-based care as needed.

Kodiak Island Borough School District

- » 2,275 students
- » 12 schools

Demographics

- » 30% free and reduced lunch
- » 13% students with disabilities



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

STABILIZING THE LOCAL CRISIS RESPONSE NETWORK

KIBSD, Kodiak Island Borough, and Providence have collaborated to provide mental health clinicians in schools for more than 15 years. The program emerged in part around a shared concern from KIBSD and the borough about the level of student crises in their communities and the lack of school counselors on staff to help students. The borough contracted with Providence to provide school-based mental health clinicians and address the need for mental health resources for youth.

ELEMENTS OF A SCHOOL-BASED PROGRAM

KIBSD currently has two full-time Providence mental health clinicians through the Mental Health in Schools Program. School board policy for the [counseling program](#) and [mental health services](#) supports the work by directing the school board to provide a counseling program and by guiding the scope of services. KIBSD uses general funds and an in-kind budget agreement with the borough to fund the Mental Health in Schools Program. The clinicians are onsite at the middle school and high school in the City of Kodiak and supervised by a team lead at the Providence counseling center, who reports up through Providence’s regional behavioral health program. Previously, clinicians provided itinerant support to KIBSD’s village schools. After a decline in enrollment at those school sites, the two city-based clinicians now provide virtual and in-person risk assessments and response for students in crisis at village schools and will refer students to [Kodiak Area Native Association](#) (KANA), the community-based provider.

Clinicians spoke to the importance of the school district and the healthcare system aligning on the vision and purpose for the program. This includes:

- » *Clearly defining student populations for the program’s services*
- » *Interventions within the clinician’s scope of work*
- » *How the school district and healthcare system employer will collectively support the clinicians*

Prioritizing prevention

The clinicians provide services and supports for students with and without an IEP, including:

- » *Individual counseling sessions*
- » *Crisis response and assessment*
- » *Emotional support and regulation skills*

While the clinicians primarily provide more targeted and intensive Tier 2 and Tier 3 interventions, KIBSD is shifting to offer support across the MTSS tiers and integrate more prevention supports from the clinicians. School district leadership describes an intent to equip students early with social emotional skills to improve long-term outcomes and potentially reduce the need for ongoing care throughout their lives. KIBSD also noted that the resources required to meet the level of need for intensive one-on-one services would likely continue to be a challenge due to provider shortages and general challenges around prioritizing. Shifting to offer more of the early prevention supports and services is a potential approach for reducing the emergence of more long-term intensive needs among students.

“I want [the clinicians] on the playground teaching kids how to have social skills. I want them in the middle of everything . . . using what they know about how to help kids be as healthy as they possibly can be.” – KIBSD leadership

Some of this work is underway at KIBSD’s middle school, where the clinician partners with the school counselor to provide more targeted supports. The clinician hosts multiple weekly “Lunch Bunch” social skills groups that bring together small groups of students on specific topic areas or needs.

Trauma-engaged care and family engagement

Over the years of the program, Providence has focused on creating a trauma-engaged approach to the care their clinicians provide and how school staff responds to student classroom behavior. Providence initially led in-service training on trauma-engaged approaches. KIBSD now manages the trauma-engaged trainings.

The clinicians also spoke about their role as providers who are not employed by the school district and the anonymity that affords to the relationship with students and their families. It helps break down some of the cultural and financial barriers families may face seeking care in other settings outside of the school-based clinicians.

“We know these students, and we know their parents, too,” one of the clinicians shared. “We really try to join with the parents and work as a team.” The clinicians also see immense value in getting onsite in the school building with students each day and the trust-building the setting allows for that may be harder to build with an outside provider.

“You just build such strong connections with the kids, knowing their life and their world and their friends that it really helps to lend to a lot of ability to really help them.” – KIBSD Providence clinician

NAVIGATING TWO COMPLEX SYSTEMS

KIBSD and Providence put significant effort and collaboration into managing risk and ensuring the care processes and protocols reflect both organizations’ individual needs. School district leadership plays an active role in this relationship, including coordinating and taking part in bi-monthly meetings to review everything from program protocols and procedures to specific student cases. Regular convenings, cross-training, and maintaining open communication are crucial to the program’s success. Even with these efforts prioritized, it can still be a challenge to find adequate time to coordinate across each aspect of the program.

“So much of it is about aligning two different agencies’ ways of approaching a problem, an education-based way of problem-solving or addressing something versus a mental health side of clinical intervention. It takes a lot of time to marry.” – KIBSD leadership

The clinicians are also a link to outside community providers, both at Providence and KANA. Their relationships with community providers are vital when students need a referral for more intensive care. School district leadership has also observed the complementary relationship between their high school counselors’ academic advising expertise and the clinicians’ mental health knowledge coming together to serve students in unstable situations who can benefit from post-secondary planning and wraparound supports.

“It’s not just about knowing how Providence works. It’s about knowing how our local Kodiak area Native referral system works and who you call over there. If you need something, [the clinicians] are great at connecting to outside resources.” – KIBSD leadership

Alignment within the schools

KIBSD’s middle and high schools also have Care Teams, a group of KIBSD school counselors, administrators, nurses, and clinicians that meet weekly. School psychologists and the school social worker also join as needed. This weekly meeting time brings together the primary student services and care providers to review student cases and ensure the interventions are appropriate to student needs. The clinicians and the school counselors also meet weekly as part of a smaller care team.

Critical trust-building with teachers

While the clinicians are Providence employees, their workspace and day-to-day activities all occur within the school buildings. The onsite relationships between the clinicians and school staff are foundational to the program’s success. Teachers are often the first point of connection for families considering the program for their students. “If a teacher doesn’t believe in the integrity or quality of [the program], it can make or break an entire system,” school district leadership reflected.

When clinicians take an active role in the school community, it helps build relationships within their building. It is also important that the clinicians can access KIBSD’s digital communication channels and tools that are in place for students, staff, and families. Outside of these practical considerations, the clinicians also expressed a passion for serving youth and applying their mental health skillset in a school-based setting.

“It’s really so relationship based in small communities in particular. The school-based Providence mental health clinicians are as successful as they are . . . because they have been around and they have really good relationships within the entire school, which then helps them be stronger when it comes to referrals.” – KIBSD leadership

APPLYING OUTCOMES MEASURES

Data such as the number of referrals, parent and teacher consults, and other program activities are currently collected. KIBSD leadership is partnering with regional leaders at Providence to establish new outcome measures and metrics for the program, including establishing a more extensive data collection system.

For school districts looking to build out their mental health programs, the clinicians recommended starting with existing research and exploring the data on student outcomes and indicators.