



Pivot to Prevention

A CYC Toolbox for School-based Mental Health

In high-poverty communities of color, opportunities for children, youth, and families to easily access consistent, relevant, high quality, and evidence-based clinical supports are scarce. By leveraging available resources, making smart Investments, and working in coordination with community partners, schools and districts are uniquely positioned to deliver comprehensive supports to children, youth, and families. As behavioral health disparities widen, the time is now to expand and integrate clinical and evidence-based supports into our public school systems.

CYC - a nimble intermediary focused on improving outcomes for children, youth, and their communities - invites you to use our toolbox to help your district improve health equity in your schools.



Why Schools?

Schools are uniquely situated to address risk factors in youth such as a poor mental health and implement preventative interventions. Many districts have adopted some form of a tiered framework for intervention, most commonly, Multi-Tiered Systems of Supports (MTSS) or Positive Behavior Intervention and Support (PBIS). It's generally less costly to provide school-wide programs, which often means the more expensive but desperately needed clinical individual supports are unfunded or underfunded. Leveraging Medicaid is one strategy that can be particularly effective in securing resources for these school-based clinical interventions.

How It Works

The Pivot to Prevention program places Medicaid reimbursed clinicians from partner agencies into high-poverty schools at a minimal cost to the district. CYC first piloted the program in partnership with the school district of Providence, Rhode Island. The collaboration served close to a thousand students and leveraged nearly half a million dollars. As a result, administrators of participating schools reported less stigma around accessing behavioral health services and notable improvements in behavioral referrals. As part of CYC's larger mission, we developed and cataloged the tools, processes, and practices that made this project successful.

Join Us

In partnership with the Evidence-Based Practice Group of the Annie E. Casey Foundation, CYC will support three districts nationally, and at no cost to the district, to adopt these tools, processes, and practices and build out their own school-based clinical supports. CYC invites interested districts and schools to join us as learning partners to test and refine the tools and strategies for increasing access to quality and appropriate clinical supports. The project will determine how CYC-developed tools and processes can benefit schools and districts beyond Providence with an aim to increase use of this approach across the country.

What We Look For

In selecting a district for our next partnership, we ask:

- What is the district track record implementing Multi-Tiered System of Supports or a similar framework?
- What is the district's (or partner organization's) capacity to project manage in collaboration with CYC?
- What is the relationship between the district and psychologist/social workers' union?
- Is there a willing high school with a committed school leader and/or an existing strong referral team?
- Are there clinical partners that might be willing to deploy Medicaid-reimbursable clinicians? CYC can assist in identifying potential partners.

FOR MORE INFORMATION

Please email CYC's Deputy Director Matthew Billings at matthew_billings@cycprovidence.org

Partner Commitments

We've minimized the demands of this program on the partner district to just a few key areas:

SCHOOL DISTRICT TEAM

Participating districts will need to identify one leadership-level point of contact, one project manager, and at least one school administrator (from the pilot school) to engage in monthly coaching calls over the first six months of engagement. The project management function can be undertaken by internal staff or can be entrusted to a partner organization at a minimal cost (CYC can provide cost modeling). Project manager duties include:

- Engaging clinical partner(s) and managing relationships with clinical partners with the capacity to provide fee-for-service clinicians
- Working with the clinical partner and high school to adopt the roadmap and tools from the CYC
- Ensuring communication and transparency with the school on the status of referrals and the project progress

PILOT SCHOOL

CYC recommends starting with a single school, preferably a high school to:

- Participate in a self-assessment of resources, capacities and existing tiered framework
- Identify the best individuals to take on various roles, particularly for a referral team (if such a team doesn't exist)
- Utilize CYC tools and processes to identify students who would be a good fit for counseling and conduct outreach to students
- Ensure that the clinician has a suitable space to meet with students that is free of interruptions

CYC SUPPORT

CYC's team, consisting of the Director, Deputy Director, and Project Managers, will:

- Provide technical assistance and coaching to assess current resources and capacity, build strong systems and recommend additional evidence-based strategies to populate a multi-tiered system of supports
- Provide individualized monthly coaching calls to each participating district team

Considering Engaging with Pivot to Prevention?

These questions can help guide your district's internal discussions as you consider becoming part of the project and will form the springboard for our follow up call.

DISCUSSION QUESTIONS

- Does your district currently invest in social and emotional supports and behavioral health services?
- Does your district currently have a tiered framework for academic supports such as Response to Intervention?
- What is your district history of implementing Multi-Tiered System of Supports or a similar framework?
- Does your district have school-based psychologists and/or social workers?
- What is the relationship between the district and psychologist/social workers' union?
- What is the percentage of Medicaid-eligible students in your system K-12?
- Is your district currently billing Medicaid for clinical supports in schools (beyond special education).
- Are there clinical partners that might be willing to deploy Medicaid-reimbursable clinicians in schools? CYC can assist in identifying potential partners.
- What is the district's (or partner organization's) capacity to project manage in collaboration with CYC? Is there an established point person at the district for this project?
- Is there a willing high school/group of schools with a committed school leader and/or an existing strong referral team?
- What is the percentage of undocumented (and uninsured) students?
- Does the district store any insurance information on students?

Overview of Toolbox Contents

TOOLS FOR SCHOOL SYSTEMS

S1 Financing Clinical Services

How many more students could you support by leveraging Medicaid dollars? Develop a picture of how this project could unlock resources for your students.

S2 System Assessment Guide

Is your district ready to implement school-based mental health? This checklist will guide you through assessing elements already in place and what you still need.

S3 Current Resources Evaluation

Use this tool to identify the gaps in mental health services at the schoolhouse level to ensure every student is being supported.

S4 Making the Clinical Match

How do you find an external clinical partner, assess their ability to partner and leverage Medicaid? Use this tool to find out.

S5 Roles and Responsibilities

Make sure everyone is on the same page with their role in the project—this document outlines best practice roles for schools, partners and intermediaries.

S6 Roadmap of Supports

Easily explain what the process looks like for an individual student. This infographic illustrates the case of a student who needs school-based mental health supports.

S7 Frequently Asked Questions

Get your teachers and staff on board with this FAQ sheet designed to answer their most common questions and concerns.

S8 Referral Form

An adaptable resource for schools and clinical partners to use at the point of referral.

TOOLS FOR SUPPORT TEAMS

T1 Referral Team Training

Dive into the nuts and bolts of an effective school-based referral team with the right people and the right approach to match students to the supports they need.

T2 Sample Meeting Agenda

This sample agenda will help your referral team conceptualize how to structure an effective and efficient meeting guided by student data.

T3 Case Management Student Record

Make sure no student falls through the cracks. Your referring teams can use this adaptable template to monitor the progress of individual students.

T4 Referral Tracking Template

This adaptable tracking template will ensure that schools and partners stay on the same page from the point of referral to delivery of services.

T5 Script for Family Outreach

Family buy-in is essential. Ensure that your schools are introducing mental health services in a way that encourages caretakers to opt in to services for their child.

INFORMATION FOR FAMILIES

F1 FAQs for Families

This family-facing flier will help you explain school-based mental health services to caretakers and address some of their common questions.

F2 Clinician Bio Sheets

Put a face to your mental health provider to make families feel more comfortable. This template will allow you to “introduce” the clinician to families.