

Integrated Mental Health

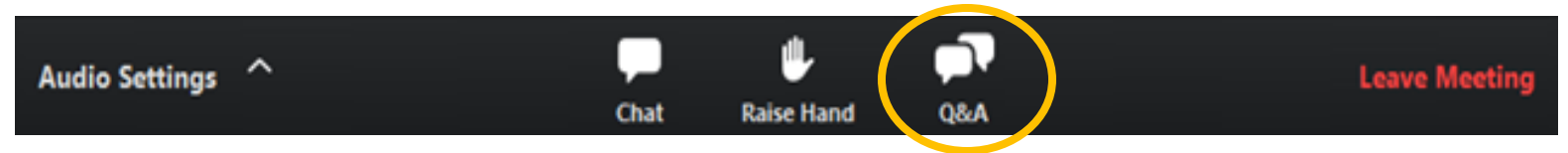
Monday, March 30, 2026

1:00 – 2:00 pm ET

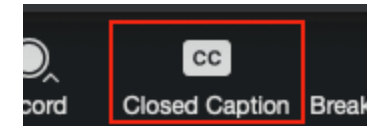
REMINDERS

👉 **All attendees are in listen-only mode.**

👉 **To ask a question during the session, use the “Q&A” icon that appears at the bottom of your Zoom control panel.**



👉 **To turn on closed captioning, click on the “CC” button.**



👉 **Please complete evaluation poll questions at the end of the presentation.**

👉 **The recording, slides, and resources will be shared via email.**

Our Initiatives

For more than 20 years, the School-Based Health Alliance has been at the forefront of efforts to advance child and adolescent health. Our collaboration with national, state, and local partner organizations has yielded a multitude of resources, learning collaboratives, and initiatives that have helped to establish and enhance school-based health care as a critical component of community health.

OUR WORK

We are continually making An impact

Through our initiatives, we have been able to empower school-based health providers with the knowledge, tools, and resources necessary to respond effectively to the unique health needs of children and adolescents. By building their capacity and promoting best practices, we have not only improved the quality of care provided but also helped to establish a strong foundation for future generations.

Our work has had a profound impact on the development of school-based health care and the broader community. By investing in this critical area of healthcare, we have been able to help promote the well-being of children and adolescents and create a healthier, more prosperous future for all.

Learn More About Our
Work at
<https://www.sbh4all.org/>



Learning Objectives

Participants will be able to...

1. Define at least three core components of integrated mental health in school-based settings.
2. Differentiate between co-location and operational integration in school-based settings.
3. Identify at least two structural or workflow decisions their health center could strengthen to improve integration in schools.

Today's Presenters



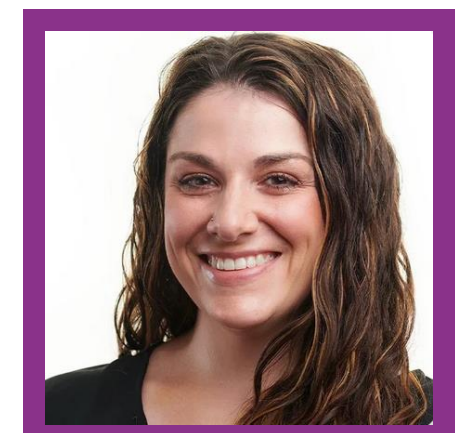
**Addie Van Zwoil,
PhD, LMSW/LCSW**
Vice President
School-Based
Health Alliance



Donnie Greco, BA
Associate
School-Based
Health Alliance



Amy Hill, PhD, LCSW
Executive
Vice President
Centerstone.org



Trisha Waun, LMSW
Clinical Manager,
School-Based Health Centers
Cherry Health

Why Integrated Mental Health in Schools Matters for Health Centers



Youth mental health needs continue to rise across communities



Schools are high-access environments for reaching children and adolescents



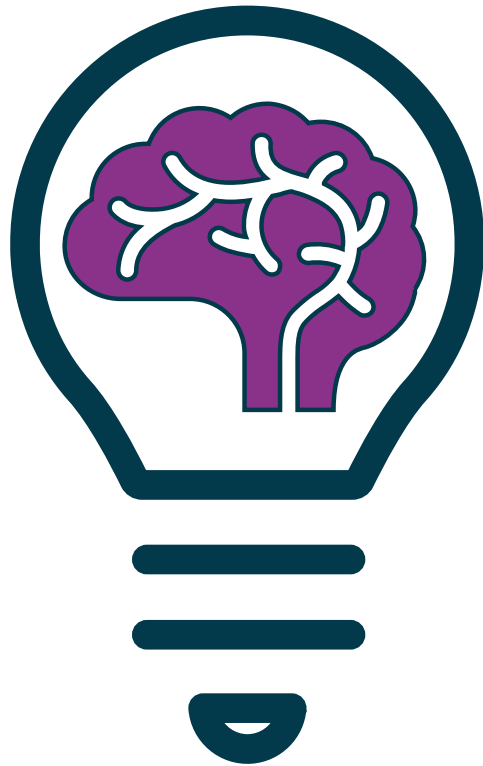
Many health centers are expanding services into school settings



Delivering care in schools requires operational adaptation

Providing services in schools is not simply relocating clinic care; it requires intentional integration.

What Do We Mean by Integrated Mental Health?



Coordinated primary care and behavioral health services

Shared communication between medical and mental health providers

Warm handoffs and clearly defined referral pathways

Shared care planning and follow-up

Ongoing collaboration across disciplines

Co-location does not equal integration!

Moving from Traditional to Integrated Care

Traditional Care

Services operate separately

Limited provider communication

Referrals require patient navigation

Delays in access to care

Fragmented treatment planning



Integrated Care

Co-located or embedded services

Structured team communication

Warm handoffs and shared workflows

Behavioral health addressed during medical visits

Coordinated treatment planning

Why This Matters for Health Center Operations



Improved Communication

Improved Access to Care

Early Identification and Intervention

Holistic Care Approach

Enhanced Academic Performance

School & Community Partnerships



What Makes School-Based Integration Different for Health Centers

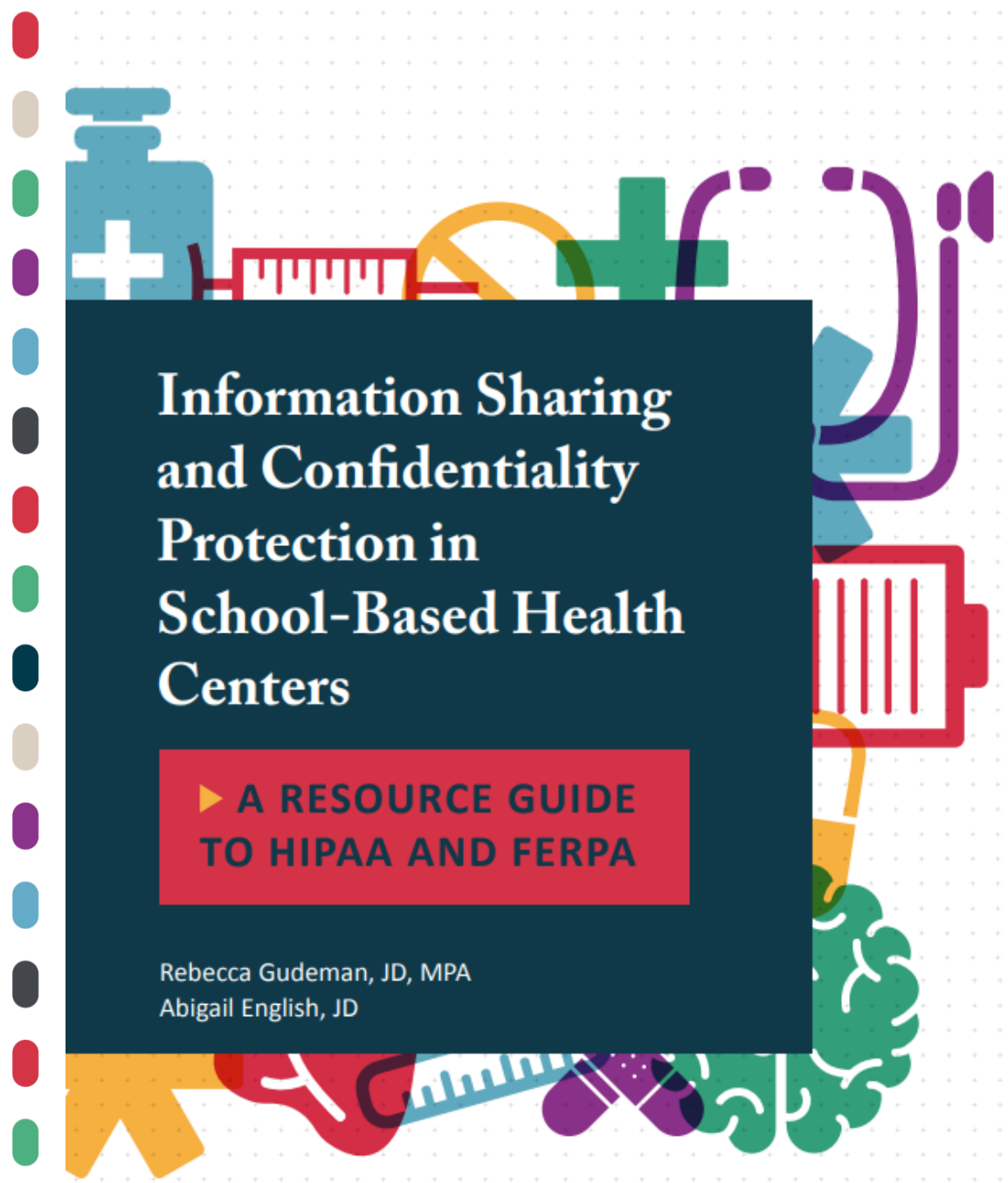
School schedules and academic calendars

FERPA and HIPAA coordination

School crisis protocols and safety teams

Referral pathways from teachers and counselors

Shared space and staffing constraints



Information Sharing and Confidentiality Protection in School-Based Health Centers

▶ A RESOURCE GUIDE
TO HIPAA AND FERPA

Rebecca Gudeman, JD, MPA
Abigail English, JD

[A RESOURCE GUIDE TO HIPAA AND FERPA](#)

Effective Integration Requires Intentional Design



How are referrals initiated and tracked?



Are warm handoffs built into the workflow?



Who supervises behavioral health clinicians?



Are regular case reviews or huddles conducted?



How are crises coordinated with school teams?

Applied Perspectives

- **Today you will hear:**
 - A perspective on school-based mental health services across different school contexts
 - A perspective on integrated mental health within a school-based health center (SBHC) model
- **As you listen, consider:**
 - Where does integration happen naturally?
 - Where does it require deliberate effort?
 - What structures support sustainability?

Centerstone School-Based Mental Health Services

Amy Hill, PhD, LCSW

Delivery of School-Based Mental Health (SBMH) Services

FOR THE CLINICAL PROVIDER

- Integrate services within the unique culture and climate of each school
- Bridge the perspectives of educators and mental health professionals
- Deliver measurable clinical outcomes through clear, goal-driven treatment plans
- Align treatment goals through ongoing collaboration with school staff
- Provide responsive, team-based support during student crises



CENTERSTONE

Delivery of School-Based Mental Health Services

FOR THE MANAGER

- Establish strong partnerships through clear expectations and formalized MOUs
- Develop streamlined internal workflows and user-friendly referral systems
- Provide consistent updates on referral status and service access
- Maintain ongoing, structured collaboration with school teams
- Define and uphold appropriate staffing ratios to ensure service quality
- Ensure high-quality care through robust clinical supervision and oversight



KEY CONSIDERATIONS

- **Design service models that align with the school day (e.g., shorter, more frequent sessions)**
- **Structure caseloads to support both access and financial sustainability**
- **Incorporate group therapy when clinically appropriate to expand impact**
- **Evaluate projected caseload demand before placing full-time providers**



KEY CONSIDERATIONS

- **Implement structured onboarding workflows with consistent partner communication**
- **Diversify funding streams (billing, grants, MOUs) to ensure program stability**
- **Explore alternative payment models, including per-member-per-month (PPM) arrangements**



COMMON CHALLENGES

- Balance differing philosophies while advocating for students
- Adapt creatively to limited space within school settings
- Strengthen parent engagement through coordinated outreach
- Collaborate with school teams on home visits when needed



Certified Community Behavioral Health Clinics (CCBHC)-ALIGNED SBMH MODEL

- Primary focus on addressing students' behavioral health needs
- Clinicians employed and managed by the community behavioral health clinic
- School serves as the primary site of service delivery
- Strong implementation of evidence-based practices
- Emphasis on access, care coordination, and quality measurement



CENTERSTONE

SBHC MODEL

- Primary focus on medical care with integrated behavioral health services
- Sponsored and operated by healthcare systems (health centers, hospitals, health departments, etc.)
- School provides space and partnership support
- Behavioral health staffing may be embedded within the medical model
- Not governed by a single national standard comparable to CCBHC criteria



Cherry Health School-Based Health Centers

Trisha Waun, LMSW, CAADC-Clinical



Comprehensive. Quality. *Healthcare.*

Mental Health Delivery Within Schools

An Integrated Approach

Cherry Health: Who are we and why do we do what we do?

- Trisha Waun, LMSW, CAADC-Clinical Manager over School-Based Health Center Programs
- Largest Health Center in Michigan, serving over 57,000 patients across more than 20 locations in 6 counties
- Maintain 4 School-Based Health Centers that deliver medical, mental health, and dental services
- Maintain 4 E3 (Expanding, Enhancing Emotional Health) School mental health programs that staff 4 full-time therapists and 2 Community Health Workers

Cherry Health: Who are we and why do we do what we do?

- Enjoy working with youth and believe meeting them where they're at in their space leads to better engagement and greater outcomes
- Fulfilling to see students grow and develop over time
- Validating when students refer their friends
- Being a part of a judgment-free zone in a youth-friendly space creates openness and honesty from students
- Autonomy to openly discuss students' greatest needs, fears, and concerns
- Ability to offer a variety of services

School-Based Mental Health Center: Benefits

- School-based health full clinic models allow for greater presence, visibility, and more referrals
- Maintaining an “open door” policy allows students to build trusting relationships with staff and increases engagement in services
- Easy access to school staff and other professionals on a client’s care team for collaboration and whole-person, client-centered service delivery
- Being stationed in the school and maintaining strong relationships with school and clinic staff allows for warm hand-offs and quicker rapport
- Meeting students where they’re at leads to greater engagement or likelihood that they’ll seek services, and they’re more open and honest with therapist
- Fosters students' ability to learn skills necessary to manage their own health and wellness

School-Based Mental Health Center: Benefits Continued

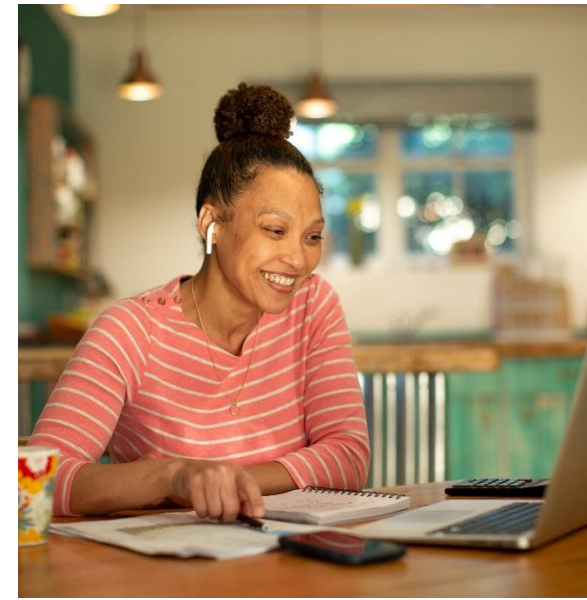
- Easy access to a variety of services
- Reduces barriers and the amount of time students are out of class
- Services are youth-centered-set own goals, no forced participation
- The team genuinely loves working with students and enjoys school engagement
- Often times able to follow students for several years
- Youth-friendly spaces and easy access to care
- Engage youth who may not otherwise have access to services

School-Based Mental Health Care: Challenges

- Teacher and staff buy-in
- Requires engaging multiple populations-students, parents, and school staff
- Sometimes students get too comfortable with the space and make it challenging to see other students
- Testing days and school breaks result in dips in engagement
- Some school staff aren't always respectful of confidentiality or appropriate boundaries
- Underutilization if staff/students/parents are unaware or skeptical of services
- Stigma if peers know you're being seen in the health center or engaging with the therapist

Strategies for reducing barriers and addressing challenges:

- Engagement, engagement, engagement! Building rapport with staff, students, and parents is **KEY**
- Offer virtual sessions and after-school appointments
- Plan ahead and utilize reminders to ensure students remain on top of their care
- Engage parents and involve them in treatment
- Attend school functions and find creative ways to capture the attention of students, parents, and staff
- No cost to students and families
- Become part of the community-attend sporting events, plan activities during student lunch, have conversations in staff lounge or office, attend conferences or other events
- Community Advisory Committee and Youth Advisory Committee



Advice for others interested in the work



- Make sure school staff and health center team are aligned and bought into the mission and programming
- Engagement and rapport building are critical for success
- Consistency and effort matter
- Leadership should understand the need for flexibility and non-traditional schedules
- Team members and leadership should be comfortable maintaining connections with school staff
- Leadership team should be engaged in maintaining school-based specific policies and procedures and support standing up the model

Questions?



Key Takeaways for Health Centers

Integrated mental health is not a location, it is a system of collaboration

- 1. Integration requires intentional operational design.**
- 2. School context changes how care coordination occurs.**
- 3. Strong partnerships with school staff and leaders are essential for providing services in schools and SBHCs.**

We look forward to your feedback.

Please complete our Zoom poll.





2026

National School-Based Health Care Conference

June 23-25, 2026

American University Washington
College of Law



**SCHOOL-BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care



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IS NOW OPEN**

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