# Assessing the Mental Health Service Landscape in Illinois SBHCs: AMulti-Agency Collaboration

National SBHC Convention
June 2026

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Illinois Department of Public Health IDPH Protecting Health, Improving Lives

EVERTHRIVE ILLINOIS Champions for Health Equity

# Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.

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- The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

# PANELIST INTRODUCTIONS

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- Sally Lemke, School Health Nurse Consultant (Moderator)
- Miranda Scott, School Health Program Administrator (Panelist)
- Olapeju "Pej" Lawal, School Health Nurse Consultant (Panelist)

## UNIVERSITY OF CHICAGO MEDICINE

- Anna Volerman, Associate Professor of Medicine and Pediatrics (Panelist)

## PROJECT PARTNERS

Illinois Department of Public Health

University of Chicago Medicine

EverThrive Illinois (IL School-Based Health Alliance)

School-Based Health Centers

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# EVERTHRIVE ILLINOIS

## OUR MISSIO N

EverThrive Illinois' mission is to achieve reproductive justice in the health care ecosystem through community-driven partnership, policy action, and systems change.

## OUR VIS ION

Ajust and affirming health care ecosystem where individuals, families, and communities can thrive.

## OUR VALUES

- Reproductive Justice
- Anti-Racism
- Centering the Most Impacted
- Bold Action and Transformation

- Kristen Nuyen, Capacity Building Director (Absent Today – On Parental Leave!)

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# ILLINOIS SCHOOL-BASED HEALTH ALLIANCE

## Mission

- The Illinois School-Based Health Alliance works to ensure that children and adolescents are healthy, safe, and ready to learn by advocating for and supporting school-based health centers as school and community assets

## Our Work Includes:

- Providing training and technical assistance to school-based health centers in Illinois
- Advocating on behalf of the SBHC model
- Convening and connecting SBHC staff
- Serve as the State Affiliate to the National School-Based Health Alliance

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# WORKSHOP GOALS

- Describe key aspects of cross-sector partnerships at the state and regional levels that can support the SBHC care model
  - Assess opportunities to build or improve cross-sector partnerships to advance mental health care delivery for youth and adolescents in SBHCs

- Identify current processes and operations for mental health care in school-based health centers in Illinois, including staffing, services, referrals, and evaluation
  - Compare current care delivery to their own health center or state and identify opportunities for further measurement or evaluation locally

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# WORKSHOP AGENDA

- Project Background: Origins of the project & stakeholders involved
- Data Presentation: SBHC Mental Health landscape assessment findings
- Next Phase of the Project: Building on the landscape assessment
- Lessons Learned: Successes, Challenges, & Replication Best Practices
- Q&A Session: Open Q&A period

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# AUDIENCE: WE WANT TO HEAR FROM YOU!

menti.com
1336 5938

## Provide words that describe your current school health center collaborations?

[New presentation - Mentimeter]

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# Project Background

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# BUILDING THE TEAM

UChicago faculty presents at advisory board meeting for a center in the university

Advisory board member introduces UChicago faculty to EverThrive Illinois executive director

Introductory meeting to discuss mission and priorities

Brainstorming of needs, alignment, and potential collaborations between community and academic partners

Discussion with public health department to align with state priorities

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# PROJECT BACKGROUND

## YOUTH ARE FACING A MENTAL HEALTH CRISIS

- Underrepresented and minoritized populations are disproportionately affected
- Mental health services must be equitably accessible to all youth

## SCHOOL-BASED HEALTH CENTERS CAN HELP ADDRESS THE MENTAL HEALTH CRISIS

- Schools and SBHCs are important entry points into mental health care
- Nearly all Illinois SBHCs provide mental health services
- Limited resources and staffing prevent optimal implementation of care

## SCHOOL-BASED HEALTH CENTER FOCUS GROUPS ON MENTAL HEALTH, HOSTED BY THE ISBHA

- Assessed types of services, capacity, resources and training, school relationship, and challenges related to mental health care
- SBHCs expressed a desire to connect with other SBHCs to learn the different models for providing behavioral health services in their SBHCs. Everyone has a different model, and folks were curious about best practices/new ideas
- SBHCs brought up opportunities and challenges when working in collaboration with their school(s)

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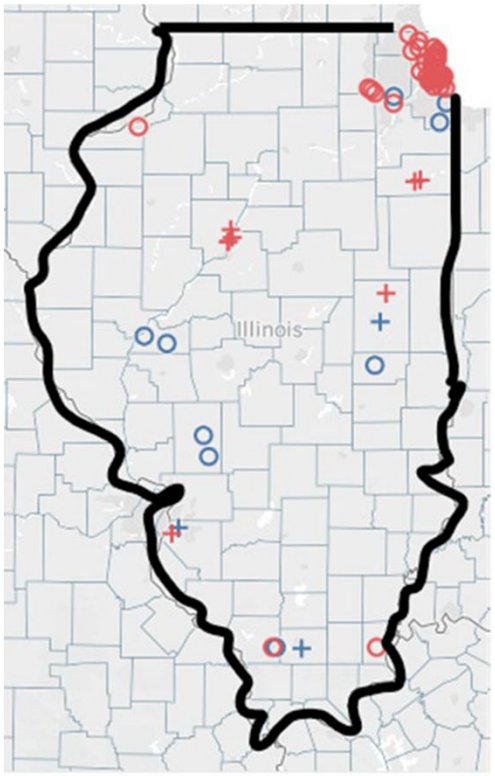
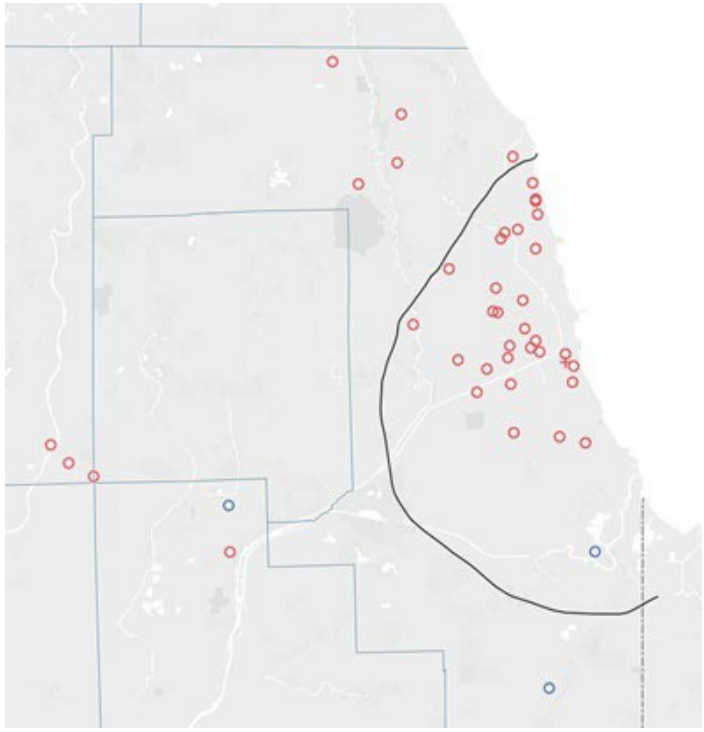
# ILLINOIS SCHOOL-BASED HEALTH CENTERS




Illinois



Chicago & Cook County

# OVERALL PROJECT DESIGN & GOALS

## 1. To identify current mental health care delivery

- Survey (UChicago & ETI)
- Administrative data (IDPH)
- Site visits for process mapping

## 2. To determine factors that impact implementation of evidence-based mental health practices

- Focus groups and interviews with key groups

*For all SBHCs in Illinois; this work took place in 2024

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# SURVEY: AIMS

Assess current mental health care delivery and interventions

Characterize and understand processes related to screening, treatment, and referrals

Evaluate gaps in mental health services and identify potential solutions

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# SURVEY: CONTENT AND LOGISTICS

- Survey was designed collaboratively by UChicago and EverThrive Illinois with input from multiple groups
- Questions included multiple choice, Likert scale, and open-ended responses

A link to the survey was sent by EverThrive IL via email

Participation was voluntary, and all answers were de-identified

Survey took 20-30 minutes to complete

Participants received a $50 Amazon electronic gift card for taking the time to complete the survey

University of Chicago team analyzed the data

Data was only shared in aggregate

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# ADMINISTRATIVE DATA

- Certified School Health Centers submit quarterly reports to IDPH for review
- In 2023, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) administered baseline needs assessment to assess pediatric mental health care capacity.
- Illinois Pediatric Mental Health Care Access Expansion project (PMHCA)

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# ADMINISTRATIVE DATA

Data reports were shared with the University of Chicago team by IDPH under a Data Use Agreement (DUA) and with privacy protections in place

More information about administrative data processes was sent via email by IDPH (how to opt out, etc.) to the SBHCs

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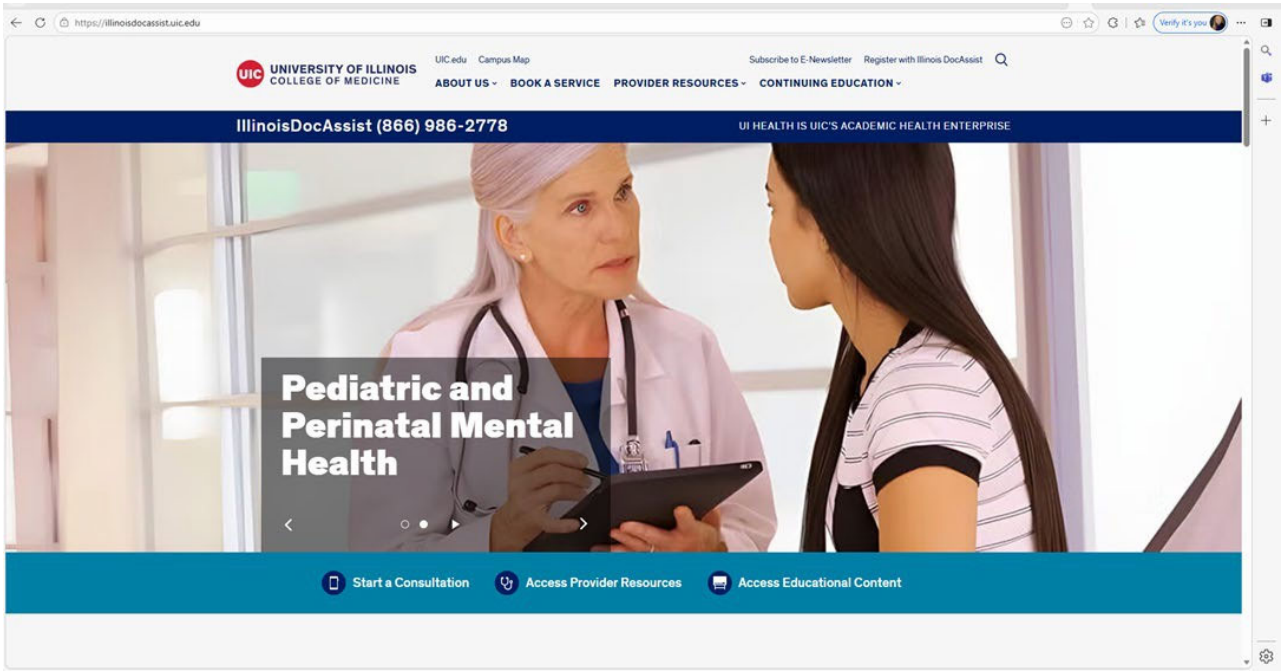
# IL DOCASSIST




- Free statewide psychiatric telephone consultation program.
- The service is provided to any healthcare provider or school clinicians (including school nurses).
- The service is not for parents/guardians or patients.

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# PANELIST/AUDIENCE DISCUSSION: IMPORTANCE FOR VARIOUS STAKEHOLDERS

## QUESTIONS FOR PANELISTS:

- Why are you and/or your agency interested in collaborating on a project focused on adolescent mental health in SBHCs?

## AUDIENCE – POINTS TO PONDER:

- Who in your state/region do you think would be interested in supporting an adolescent mental health project?
  - What would it take to engage those stakeholders?

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# DATA PRESENTATION: ADMINISTRATIVE DATA RESULTS

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# DATA COLLECTION AND ANALYSIS

- Obtained from reports collected by IDPH for all SBHCs
- Included summative data and center-specific reports
  - Populations served
  - Services provided
  - Referrals provided
- Censored counts <10 in dataset for privacy
- Analyzed with descriptive statistics

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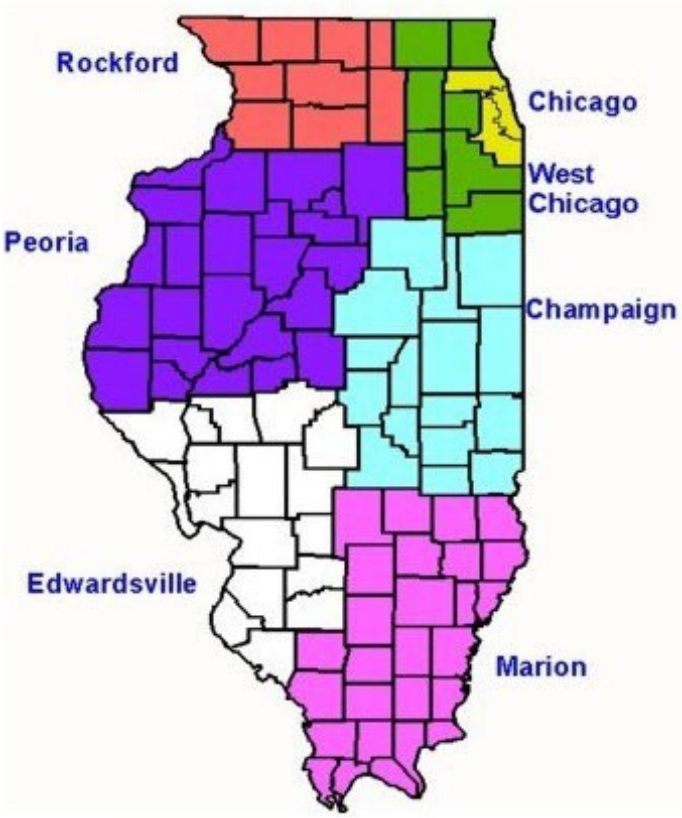
# RESULTS

- Data from FY2023 obtained for 55 SBHCs (83%)
- Location:
  - 65% in Chicago region
  - 11% in Peoria region
  - 7.3% in Edwardsville region
  - 5.5% in West Chicago region
  - 3.6% in Champaign, Marion, and Rockford regions (each)

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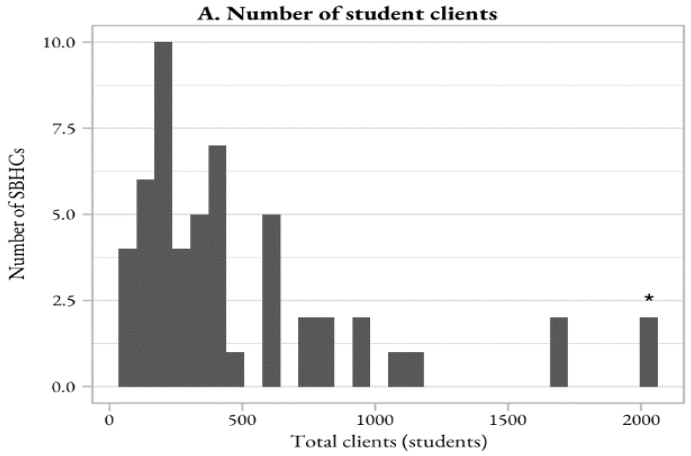
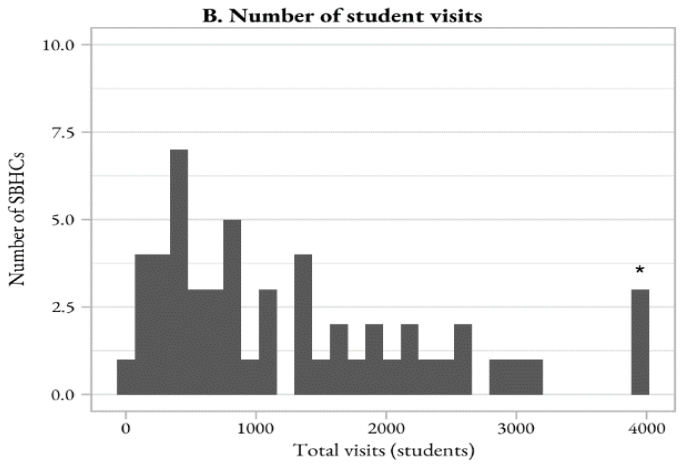
## Figure: Reach of Illinois SBHCs overall and mental health, based on student clients and student visits, FY2023

**Overall utilization of SBHCs**

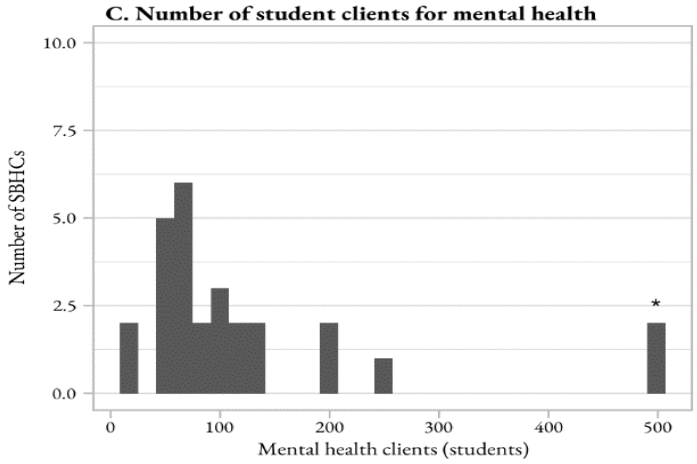



Median of 355 total student clients/year (IQR 193-633)

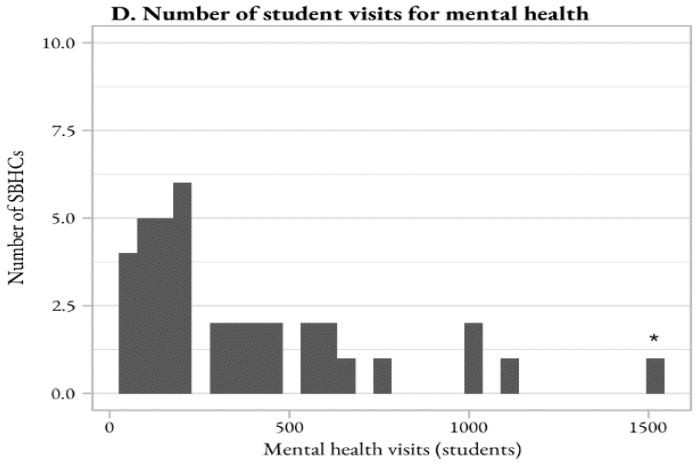



Median of 935 student visits/year (IQR 397-1946)

**Mental health utilization of SBHCs**




Median of 64 student clients/year (IQR 38-104)




Median of 206 student visits/year (IQR 133-533)

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# DATA PRESENTATION: SURVEY RESULTS

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# METHODS AND ANALYSIS

- Designed collaboratively by UChicago & EverThrive Illinois with input from multiple groups.
- Questions included multiple choice, Likert scale, and open-ended responses.
- Distributed to the SBHC administrator for them, or the best-suited mental health provider, to complete the survey
- Analysis included descriptive statistics and thematic coding


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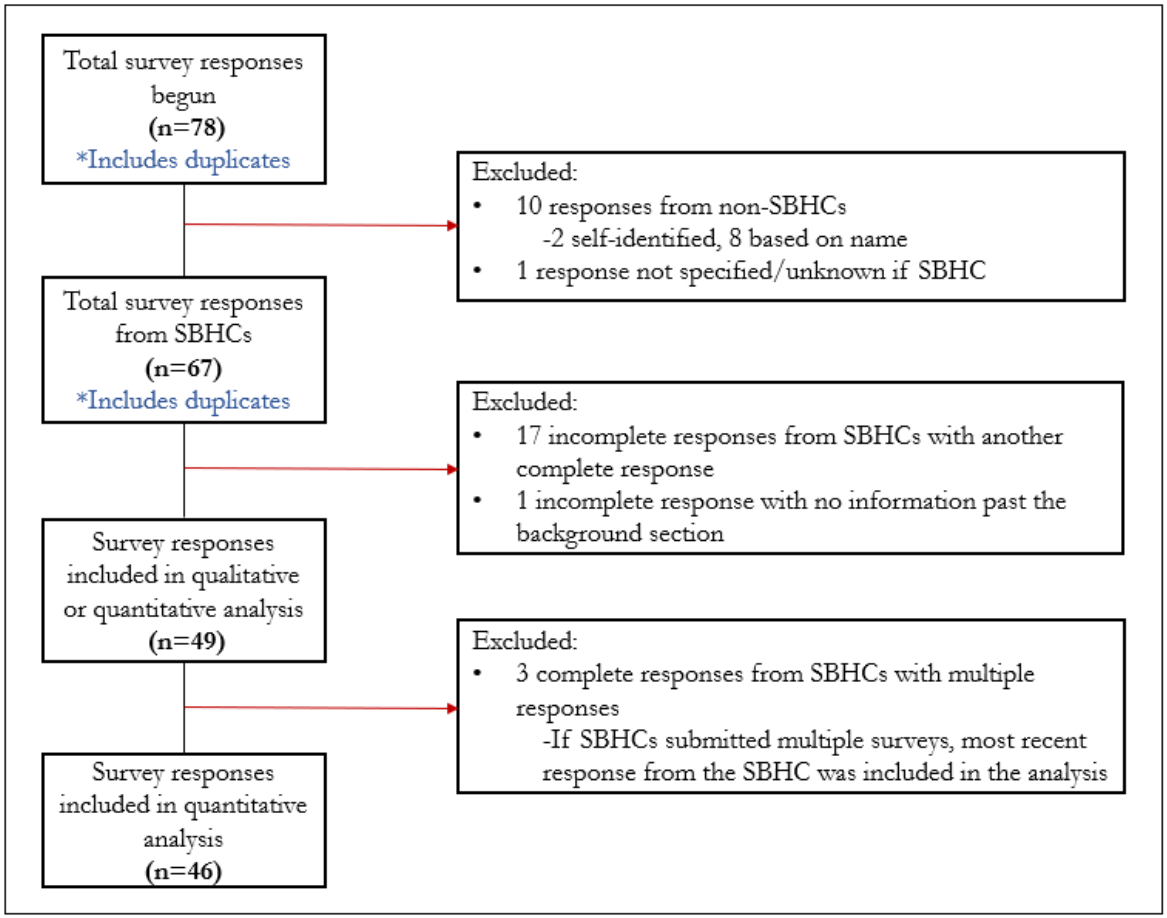
# Figure: Flow diagram of survey responses and inclusion in analysis

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# SURVEY RESPONDENTS

## ROLES

- 52% Clinical
- 48% Administrative

## LOCATION

- 63% Chicago Cook County
- 15% Rural
- 13% Urban (non-Chicago)
- 8.7% Collar

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# LOCATION, CLIENTS, AND AVAILABILITY

78% located within school

17% located in separate facility near school

All SBHCs served students in affiliated school

43% also served students' families
61% served students in the affiliated school district
41% served staff in the affiliated school
39% served youth in the community not affiliated with school/district
39% served adults in local community

96% accepted drop-ins or walk-in appointments

93% had summer availability

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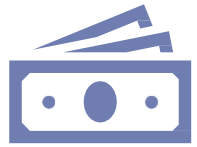
# FUNDING

| SBHC funded by: | N(%) |
|---|---|
| Any grant source (federal, state, local, foundation) | 43 (93%) |
| Any insurance source (public or private) | 27 (59%) |
| Service fees or contracts | 10 (22%) |



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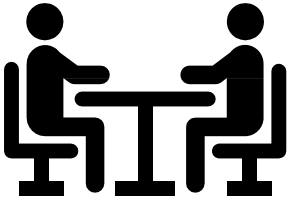
# RELATIONSHIP BETWEEN SBHCS AND SCHOOLS

78%

SBHC is a major partner in school-wide programs



82%

SBHC advocates for health programs and policies in the school

38%

SBHC is involved in decision-making processes about health programs and policies in the school

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# OVERALL MENTAL HEALTH SERVICES

64% adequately resourced for mental health care

84% had processes in place to create a supportive environment for students receiving mental health care

## Ways SBHCs made themselves welcome & accessible to students seeking mental health care:

- Physical space
- Patient privacy and confidentiality
- SBHC capacity and adaptability
- Care processes
- SBHC-school relationship
- Student characteristics and needs
- Quality improvement

"We have posters promoting diversity and inclusion. We have done major improvements in furniture and decorating of the clinic."

*-Administrator from Edwardsville, IL (urban)*

"Variable hours, open to quick check ins or longer appointments depending on patient preference. . ."

*-Administrator from Champaign, IL (rural)*

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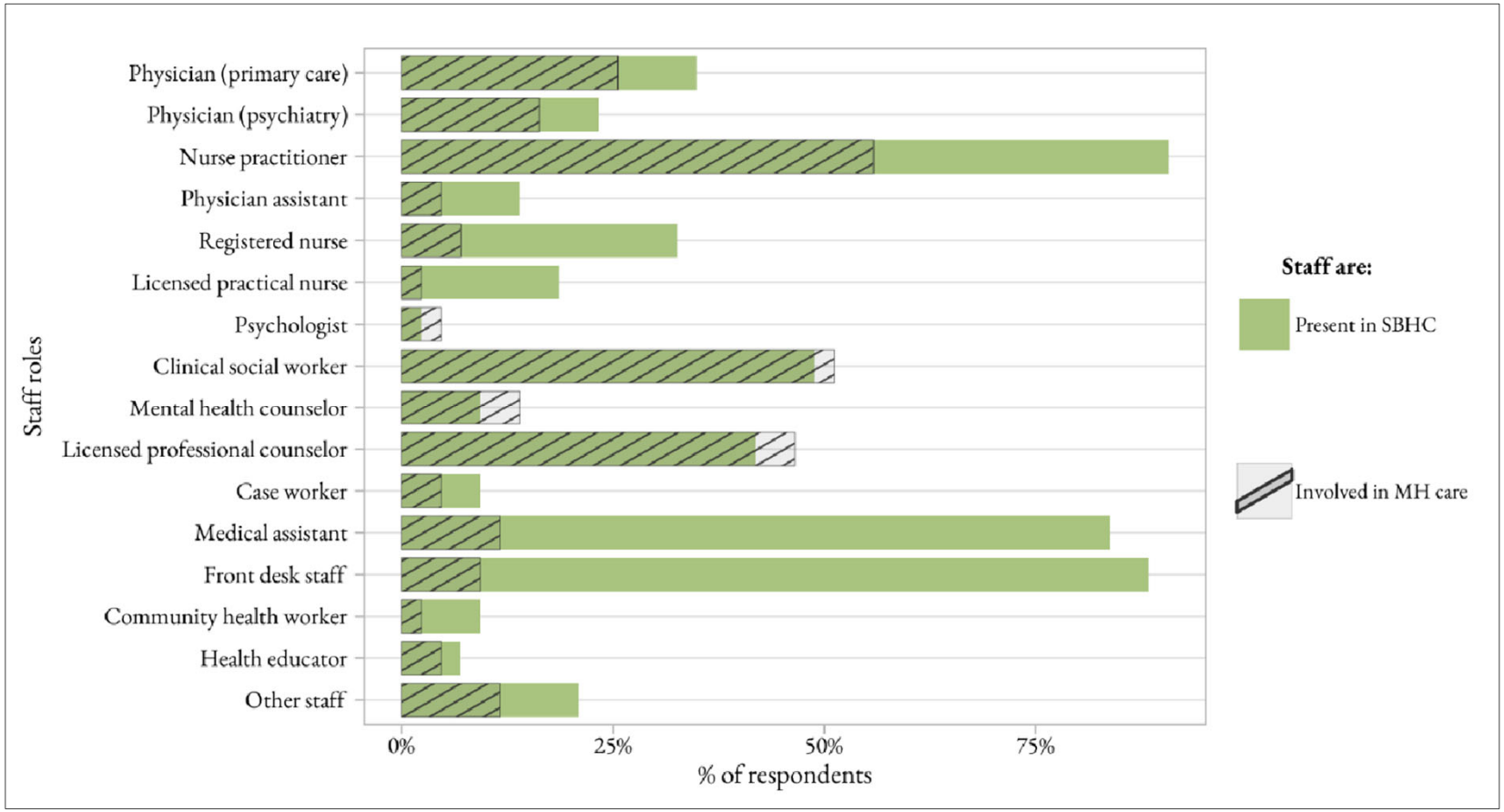
## Figure: Staff roles in the SBHC, present and involved in providing mental health services




- 91% had nurse practitioner
- 35% had primary care physician
- 84% had medical assistants
- 88% had front desk staff

- 23% had psychiatrist
- 93% had mental health counselor
- 49% had clinical social worker
- 42% had licensed professional counselor

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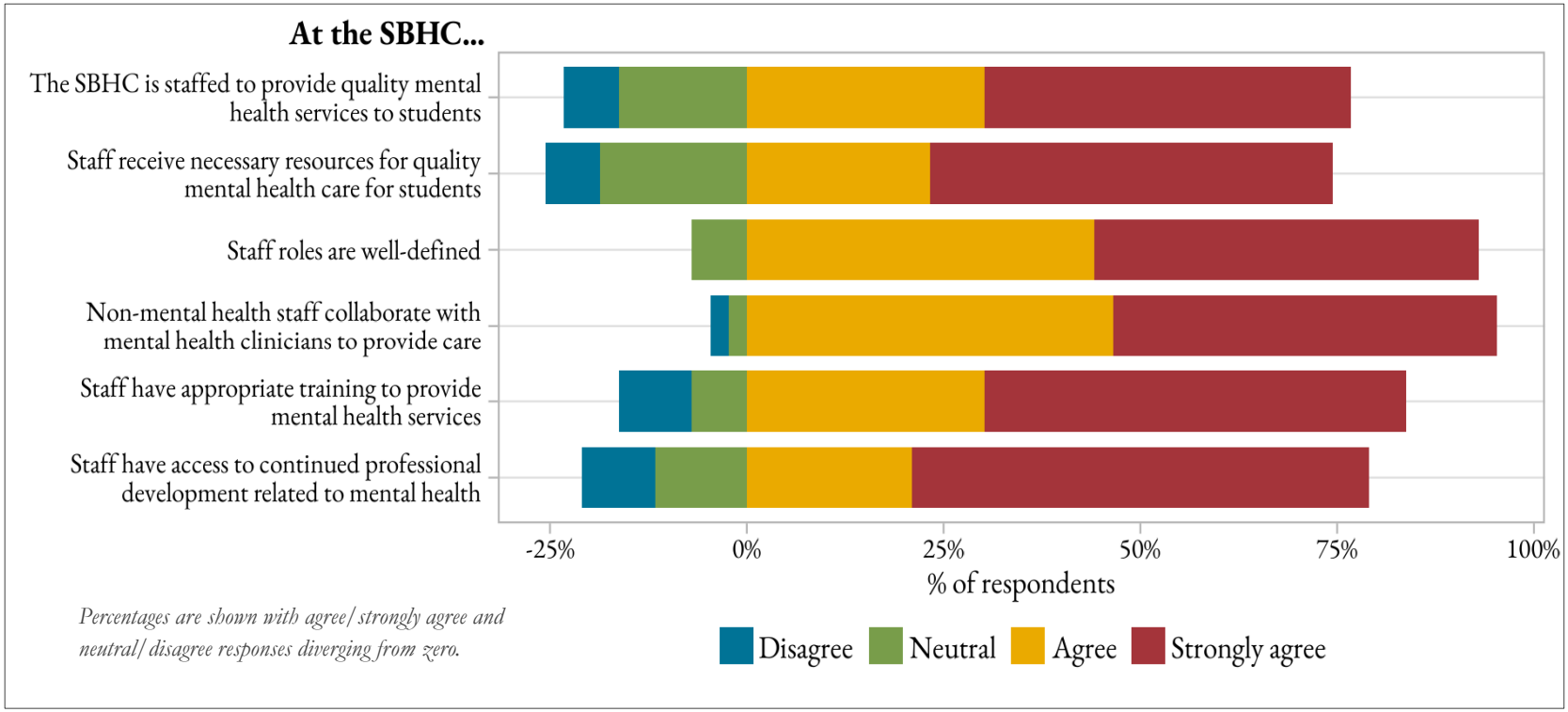
## Figure: Respondent perspectives on staffing at SBHCs (roles, resources, training)

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# STAFF TRAINING NEEDS

47%
training needs assessed annually

12%
training needs not regularly assessed

## Identified staff training needs related to mental health:

- Population-specific training
- Training related to suicidal and homicidal ideation
- Mental health first aid and interventions
- Training related to specific conditions and situations

> "As the landscape of adolescent mental health continues to diversify, SBHC behavioral health providers must continue to advance their practical knowledge of applicable interventions and relevant research."
> *-Administrator from Edwardsville, IL (urban)*

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# COMMUNICATION & ENGAGEMENT

| | Students | Parents/Guardians | School Staff |
|---|---|---|---|
| Aware of services and resources at SBHC | 58% | 51% | 70% |

SBHCs communicated by:

- 86% attending school-wide functions or events
- 77% distributing flyers or handouts
- 67% providing classroom education
- 72% via phone
- 72% at in-person meetings
- 91% email
- 81% group meetings
- 67% one-on-one meetings

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# COMMUNICATION & ENGAGEMENT: SCHOOL STAFF

## Ways that communication about students' mental health could be improved between SBHC and school:

- School awareness of SBHC services and processes
- Access to and confidentiality procedures for sharing student information between SBHC, parent, and school
- Consistent meetings between SBHC and school
- Regular communication between SBHC and school
- Smooth referral processes from school to SBHC
- Greater training for staff

"There is always difficulty ensuring we have consent to share information. Communication with counselors and nurses is very dependent on the individual counselor or nurse…"

*-Clinician from Champaign, IL (urban)*

"…by making sure that by the time the referral gets to our LCSW the school team…is aware of the process so there is no confusion about what the expected engagement with the SBHC LCSW is."

*-Administrator from Chicago, IL (Chicago Cook County)*

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# INTAKE, SCREENING, APPOINTMENT TIMES

Referrals to SBHC for mental health services come from:

56% Clinic staff in SBHC
32% School staff
7% self-referrals by students

67% reported students seen at SBHC always screened for mental health needs

By:
67% nurse practitioner
56% medical assistant

Time for student to obtain appointment for mental health services at SBHC:

20% Same day
32% 2-3 days
24% 1 to <2 weeks
10% 2-3 weeks
2.4% 4+ weeks

"

*"…The Behavioral Health Consultant has a great relationship with the social work team at [School name] to identify students who may need additional support provided by [SBHC name]. We also work with the school to identify students who would be good fit for the various support groups offered."*
*-Administrator from Chicago, IL (Chicago Cook County)*

*"Walk-in's are welcome. We have developed a good relationship with the school support staff which enables a good referral source. Valuing the students precisely as who they are without judgement, criticism or evaluation."*
*-Clinician from Marion, IL (rural)*

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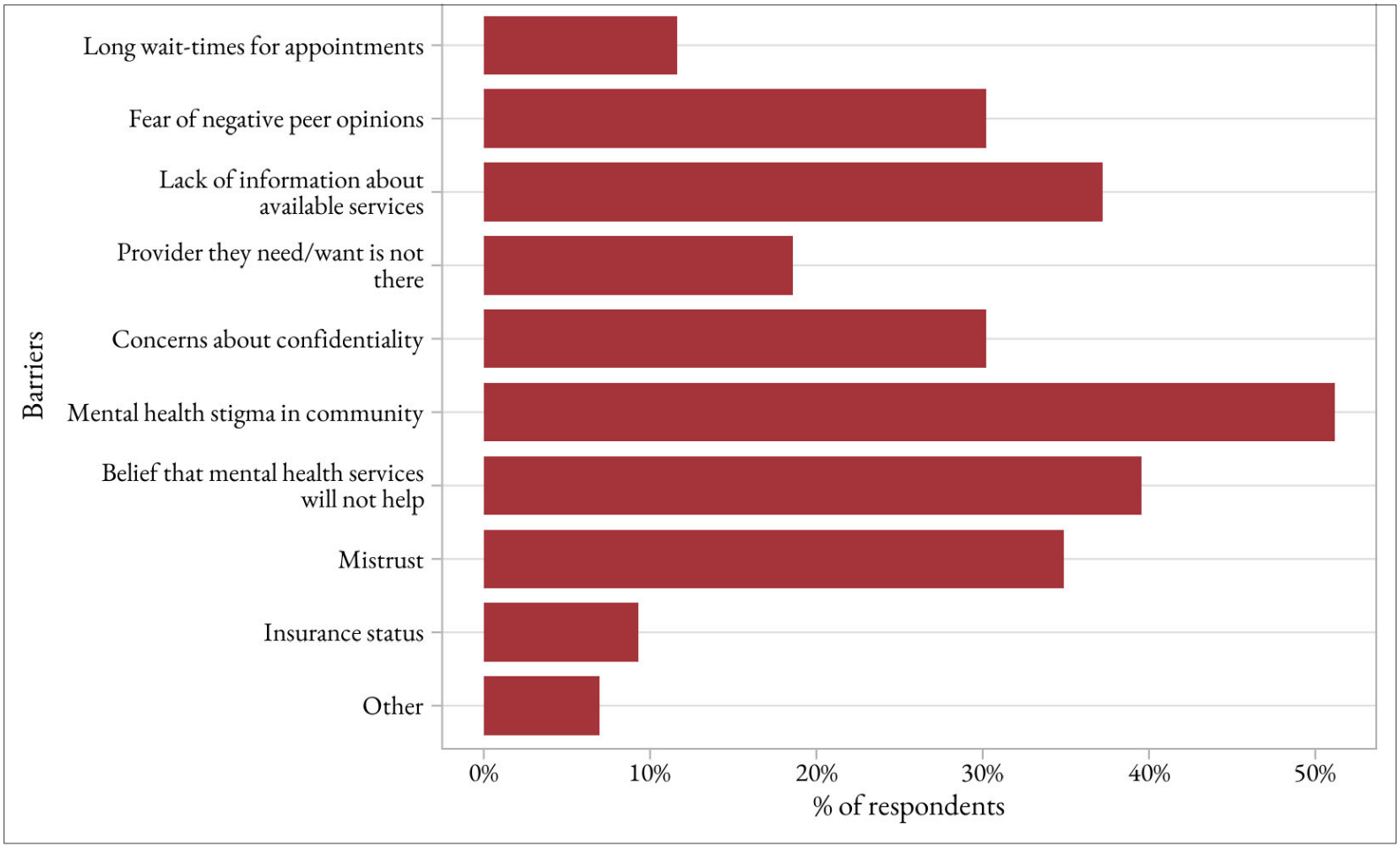
## Figure: Barriers to seeking mental health services at SBHCs

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# CARE CONNECTION

## Ways that SBHCs can better identify and connect students who may benefit from mental health services through SBHC:

- Increase visibility and presence of SBHC in school community
  - Enhance awareness among students and families about services
  - Provide classroom education about mental health
  - School-wide screening and surveys of students
- Enhance school to SBHC referral process
  - Referrals by school staff
- Create shared processes between SBHC and school
  - Workflows
  - Registration and documentation
  - Ease of appointments
- Expand SBHC capacity
  - Funding and staffing

> *"Could educate our services during units in health on mental health."*
>
> *-Clinician from Edwardsville, IL (urban)*

> *"…we would need more hours from the mental health provider if the goal is to connect more students."*
>
> *-Administrator from Peoria, IL (urban)*

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# REASONS FOR VISITS & MODES OF SERVICES

## What are the most common reasons for mental health visits at the SBHC? Select all that apply.

- Depression: 86%
- Anxiety: 93%
- Trauma: 67%
- Sexuality: 21%
- Grief: 42%
- Self-harm/suicidality: 53%
- Substance use: 19%
- Other: 12%
- Unsure: 4.7%

## How are mental health services offered to students seeking care at the SBHC? Select all that apply.

- Services offered on site & in person by SBHC providers: 84%
- Services offered virtually by SBHC providers: 60%
- Referrals outside of SBHC to community partners via direct contact or warm hand-offs: 44%
- Referrals outside of SBHC to community partners provided via resource list, which requires student to connect independently: 53%
- Other - school counseling staff: 2.3%
- No mental health services are offered: 2.3%

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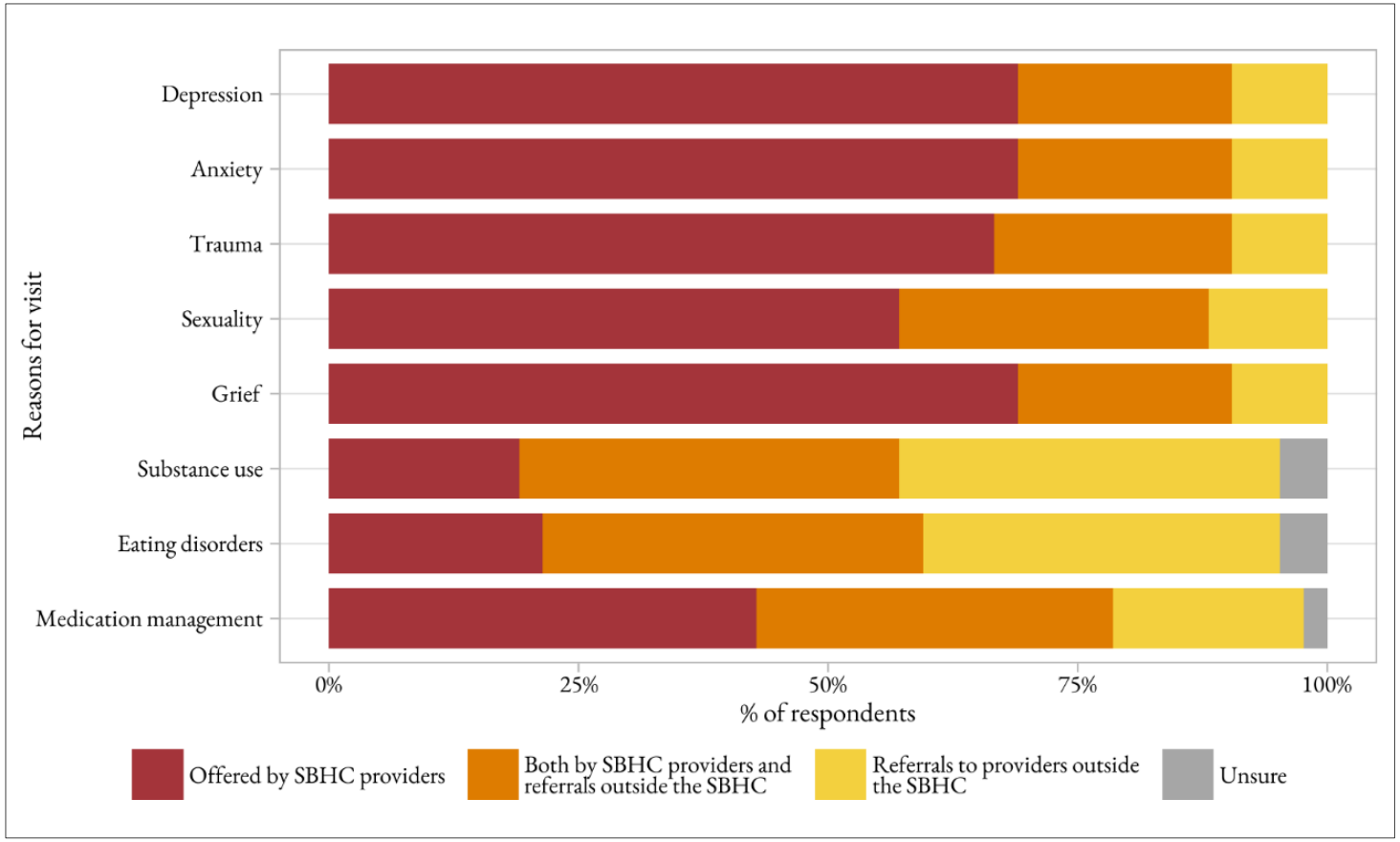
## Figure: Common reasons for mental health visits and setting of services offered

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# MENTAL HEALTH CARE DELIVERY

| What mental health services are provided to students in the SBHC? Select all that apply. | N(%) |
|---|---|
| Individual therapy | 38(88%) |
| Group therapy | 16(37%) |
| Psychiatry | 17(40%) |
| Medication management | 22(51%) |
| Family therapy | 9(21%) |
| Other | 1(2.3%) |
| Unsure | 1(2.3%) |
| Telehealth with video | 6(67%) |

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# MENTAL HEALTH SERVICE DELIVERY IN SBHCS

| Approach used for any mental health services | N(%) |
|---|---|
| Offers only in-person services | 4(11%) |
| Offers only telehealth services | 1 (2.6%) |
| Offers combination of in-person and telehealth | 33(87%) |

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# EDUCATIONAL MATERIALS & GROUP PROGRAMMING

## 55% had educational materials available on mental health diagnoses

- Topics: depression, anxiety, obsessive compulsive disorder, attention deficit hyperactivity disorder

## Of SBHCs with materials, 70% stated mental health educational materials available in different languages and formats

- Languages: 90% Spanish
- Formats: 20% print, 20% video/digital

## 51% delivered mental health education to students during classes in regular school day

## 49% offered group programs on mental health topics

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# REFERRAL NETWORK

67% SBHCs had established network of mental health providers for student referrals

Of these, 47% satisfied with ability of existing network to meet student needs

## How SBHCs identify potential mental health providers for referrals:

- SBHC connections with external community partners
- Internal referrals within SBHC
- Factors that influence referrals

"Current counselors only see ages 12+ so refer younger patients to other providers."

*-Administrator from Edwardsville, IL (urban)*

"From other community partners available to the school, or community partners that the organization is familiar with or has used in the past."

*-Administrator from Chicago, IL (urban)*

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# REFERRAL NETWORK GAPS

## SBHCs shared biggest gaps in referral network for mental health:

- Mental healthcare system
  - Shortages of mental health specific providers and staff
  - Insufficient mental health resources
  - Long appointment wait times for mental health care
  - Limited availability for specific mental health services
- Ability of patients to receive and interact with mental health services
  - Location and transportation barriers
  - Language barriers
  - Financial and insurance barriers
  - Confidentiality / privacy concerns

"Private pay causes a major gap in services, limiting availability for Medicaid members."

*-Clinician from Chicago, IL (Chicago Cook County)*

"Counseling resources are lacking in our communities due to staffing shortages."

*-Clinician from Champaign, IL (rural)*

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# REFERRALS AND CLOSED LOOP COMMUNICATIONS

56% used closed-loop communication for referrals

## SBHCs described how closed-loop communication used:

- Designated roles
- Communication mode
- Follow-up processes

"Our office manager / LPN works as a care coordinator and ensures all referrals are completed and the student is seen. A log is kept."

*-Administrator from Chicago, IL (Chicago Cook County)*

"Via email with outside provider or with the school's [behavioral health team] who may be facilitating the referral."

*-Clinician from Champaign, IL (rural)*

## Among SBHCs that do not use closed-loop communication:

"No consistent process or procedure."

*-Clinician from West Chicago, IL (collar)*

"…there is a lack of clarity in when the loop is closed…"

*-Clinician from Marion, IL (rural)*

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# IMPROVING REFERRAL PROCESSES

## Changes that would improve SBHC referral process for mental health services:

- Expand referral network
  - Improve access to and connection with local providers
- Expand SBHC capacity
  - Lower wait times; increase staff and their availability; conduct follow-ups
- Enhance administrative procedures: manage appointments
- Leverage technology: use technology as part of regular processes

"Have community preferred provider list with designated appointment slots for SBHC referrals."

*-Clinician from West Chicago, IL (collar)*

"We greatly need another LCSW to meet the needs of all our students within the SBHC, but there is not enough private space to add another provider."

*-Clinician from Chicago, IL (Chicago Cook County)*

"Our process could stand to be digitized."

*-Administrator from Peoria, IL (rural)*

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# IL DOCASSIST

| Is DocAssist used by staff at the SBHC? | N(%) |
|---|---|
| Yes, DocAssist is used by the SBHC | 5 (12%) |
| No, DocAssist is not used by the SBHC | 18 (42%) |
| I have heard of DocAssist but unsure if it is used at SBHC | 12 (28%) |
| I have never heard of DocAssist | 8 (19%) |

## Barriers to using or implementing DocAssist at SBHCs:

- Perceived lack of need
- Lack of provider knowledge or buy-in
- Lack of integration into workflow
- Time constraints

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# EVALUATION

79%
data about visits

76%
student feedback

55%
school staff feedback

50%
SBHC staff feedback

## Needs for more effective evaluation of mental health services at SBHCs:

- Staff time and salary support for evaluation efforts
- Formal feedback processes (through surveys, interviews, focus groups)
- Tracking and data

It maybe beneficial to include surveys, focus groups, or interviews to gather insights into strengths, areas for improvement, and unmet needs... By systematically evaluating our mental health services, we can identify strengths, address weaknesses, and ensure that it is effectively supporting the mental health and well-being of students..."
*-Clinician from Chicago, IL (Chicago Cook County)*

"...staff time for staff engaged in evaluation activities is very slim."
*-Administrator from Edwardsville, IL (urban)*

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# WHAT IS WORKING WELL IN CARE DELIVERY

- SBHC capacity
  - Expanded staff availability
  - Flexible access to services (walk-in's)
  - Welcoming environment
- SBHC-school relationship
  - Coordination between health center and school staff
  - Promotion of services to students and families
- Processes within SBHC and between SBHC / external partners
  - Routine screenings and risk assessments
  - Warm hand-offs
  - Referral systems

"…The addition of [organization] at the health center appears to have cut wait times for psychiatry appointments."

*-Clinician from Chicago, IL (Chicago Cook County)*

"The partnership with the schools and being able to provide services when the kids are at school has really helped with follow through of patients."

*-Administrator from West Chicago, IL (collar)*

"Assessing need, we assess at every visit and do global risk assessment annually for every patient."

*-Clinician from Edwardsville, IL (urban)*

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# CHANGES TO IMPROVE CARE DELIVERY

- Deepen community engagement
  - Increase collaboration with parents
  - Raise awareness of services
- Enhance SBHC-school relationship
  - Improve communication and collaboration between health center and school staff
- Expand SBHC capacity
  - Meet language needs of patients
  - Increase staff numbers &availability
  - Expand appointment availability
- Augment SBHC staff training
  - Invest in staff training and resources
- Expand referral network
  - Increase referral partners
  - Improve referral processes
- Increase funding
  - Use funds to increase mental health clinicians / providers

"We need to get better access to let students, families, and staff know about our services and how to access them."

*-Clinician from Champaign, IL (urban)*

"A collaborative school relationship and integration of our behavioral health counselor into school workflows would improve delivery of services."

*-Administrator from Edwardsville, IL (rural)*

"…we are able to provide limited behavioral health services to patients who are Spanish speaking due to language barriers…many students may not feel as comfortable knowing a third person is listening to them."

*-Administrator from Chicago, IL (Chicago Cook County)*

"…as much as we are doing a great job of supporting the students, overall, the school's need for mental health support continues to be greater than the resource we have."

*-Administrator from Chicago, IL (Chicago Cook County)*

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# KEY FINDINGS

- SBHCs have varied capacities and practices to deliver youth mental health services, affected in part by funding, staffing, resources, and location
- SBHCs shared various site-specific and system-level factors that influence mental health care services for Illinois youth
- While literature regarding SBHC services exists, this study adds important real-world findings to the limited in-depth, systematic assessments of current SBHC practices
- Findings highlight the landscape of care delivery in SBHCs and opportunities for interventions and policies to improve access and quality of coordinated care for youth mental health in local communities and statewide
- Partnership across community, academic, and public health sectors can result in rigorous research with the potential to impact the health and well-being of youth across our country

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# PANELIST/AUDIENCE DISCUSSION: REACTIONS TO THE DATA

## QUESTION FOR PANELISTS

- Did any of the findings stick out to you or surprise you?
- What is one key finding that you want to highlight for the audience?

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# Project Next Steps & Mental Health Initiatives



# Mental Health Care in SBHCs: Phase 2

## On-Site Observations

- University of Chicago/EverThrive IL traveled to two SBHCs in spring 2026 to engage with SBHC staff to learn about mental health care delivery at the health center. It involved asking staff questions, observing various areas, such as rooms and waiting areas, and inquiring about care and administrative procedures

## Focus Groups/Interviews

- Conducted focus groups/one-on-one interviews with various groups involved in mental health care at SBHCs, including the following audiences:
  - SBHC Staff
  - School Staff
  - Young People
  - Parents/Guardians

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# DATA SHARING WITH PARTNERS

- Data was presented to the IDPH Office of Women's Health and Family Services leadership.
- Presentation to School Health Center staff (Managers, Administrators, and Clinicians) was provided on November 13, 2024.
- Follow-up presentation for School Health Center staff and other stakeholders to be planned.

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# Illinois Department of Public Heath Priorities

## MENTAL HEALTH PROJECTS & PRIORITIES

- Adding auditing of mental health services in SHCs to existing annual auditing processes
  - Illinois certified SHCs undergo an annual quality review process with certification review every 2 years
  - IDPH is exploring frameworks for auditing mental health services and programming
- Improving Medicaid reimbursement for mental health services and care coordination-collaboration with HFS and MTAC
- Support the expansion of SHCs and schools in the utilization of Illinois DocAssist
- Collaboration with other programs and state agencies to support BEACON and Community Health Workers Certification/reimbursement
- Collaboration with other IDPH programs, including IDPH Suicide Prevention grants and committees

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# Lessons Learned

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# PANELIST Q&A

## QUESTIONS FOR PANELISTS:

- What are the key factors that led to a successful collaboration and/or the success of this project?
- What were some of the challenges that arose throughout the project, and how did you overcome those challenges?
- How had this project laid the groundwork for potential future partnerships and/or projects?

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# Audience Q&A Session

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# AUDIENCE Q&A

## WHAT QUESTIONS DOES THE AUDIENCE HAVE FOR THE PANELISTS?

## QUESTIONS FOR AUDIENCE – PICK ONE AND SHARE:

- How are you measuring the quality of mental health care delivery in your SBHC?
    - Are any chart audits conducted for mental health services in your SBHC?
- Are there any quality improvement projects related to mental health care being implemented in your SBHC?
- How are SBHCs collaborating with their school district on mental health care?

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# THANK YOU!


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