

Bridging the Gap for Youth Mental Health

A GAP ANALYSIS FOR ALLEGHENY COUNTY | AUGUST 2024



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This report was made possible with generous support from the **Eden Hall Foundation** and the **Staunton Farm Foundation**.

Produced by **Megan Nestor**, Lead Consultant; and **Heather Wilkes**, Policy Director at **Allies for Children**.



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Executive Summary

Mental health is critical for physical, emotional, and social well-being. Yet we know that the mental health needs of many children and families cannot be met with the current workforce, services, and supports available. Allies for Children is committed to advancing policies and practice changes that result in increased access to and creative solutions for mental health services and supports.

In 2023, Allies published “[Addressing Mental Health in Schools](#),” which explored the current landscape - including case studies - related to school-based prevention, treatment, and intervention in Allegheny County. This report, “Bridging the Gap for Youth Mental Health,” builds off of that work with a comprehensive gap analysis of mental health supports and services in schools, out-of-school-time (OST) programs, and community-based organizations (CBOs) throughout Allegheny County.

The analysis for this report involved qualitative and quantitative analysis of publicly available data, desktop research, surveying of schools and CBOs, and outreach to over 75 stakeholders from 51 schools/districts and community-based organizations. The report is organized into the following sections:

- **A current snapshot of the youth mental health crisis** nationally, in Pennsylvania, and in Allegheny County
- **The state of mental health supports in Allegheny County**, including key definitions of services and roles
- **Key findings and learnings from analysis and engagement**, including brights spots from existing work in Allegheny County
- **Recommendations on how to close the gap**, including promising practices from across the state and nationwide

Ultimately, we hope that the findings and recommendations outlined throughout this report lead to actions that increase access to mental health supports and services for Allegheny County students and families.

Summary of Key Findings & Recommendations

The key findings and recommendations from this report are organized into five themes: 1) Adequate, appropriate, and supported staff; 2) Services and programs that meet students' needs; 3) Quality, sustainable partnerships; 4) Addressing unique community needs; and 5) Stable, recurring funding streams.

Adequate, Appropriate, and Supported Staff



Summary of Key Findings:

- There are not enough staff - and the appropriate types of staff - to successfully support students, families, and each other.
- Staff and teachers themselves need training and support.
- There is a need for staff and providers who are diverse and culturally responsive.

Summary of Recommendations:

- Invest financial resources to support the recruitment and retention of mental health support staff in schools and CBOs.
- Ensure staff and teachers have access to trainings and certifications to support students' social emotional learning and mental health.
- Expand the pipeline of diverse, culturally responsive mental health support staff.

Services and Programs that Meet Students' Needs



Summary of Key Findings:

- School districts and CBOs offer a variety of services, including non-traditional mental health supports.
- Coordination is lacking to effectively manage logistics, communications, and multiple programs/services.
- Services are not always connecting with students who have unique needs.

Summary of Recommendations:

- Continue to offer and encourage non-traditional mental health supports in tandem with more formal supports and services.
- Elevate and prioritize staffing roles committed to coordination of systems, logistics, and programs/services.
- Increase awareness of and access to existing comprehensive resource guides for school support staff, CBOs, and families to use when looking for mental health supports for students.

Quality, Sustainable Partnerships



Summary of Key Findings:

- Partnerships take many different forms to provide customized supports and services to students where there is need.
- Strong school/CBO partnerships are dependent on supportive leadership and staff, relationship-building, and effective coordination.

Summary of Recommendations:

- Ensure certain policies and practices are in place to build and sustain effective partnerships between schools or districts and community-based organizations.
- Uplift existing partnerships between schools and community-based organizations that are already working well in Allegheny County, in order to fill gaps where there is a demonstrated need.

Addressing Unique Community Needs



Summary of Key Findings:

- Students are being recognized for services and supports if they have behavioral, family, or academic concerns.
- Family engagement is one of the biggest challenges of the work for schools and districts, and an opportunity to utilize CBO partnerships.
- Lack of resources, such as transportation and insurance, can pose additional barriers for students to receiving the services they need.

Summary of Recommendations:

- Improve engagement with families to support students' mental health needs.
- Engage youth themselves to effectively and authentically reach more students and families; through youth councils, peer-to-peer programs, youth ambassadors, training, and more.
- Address barriers to accessing mental health supports outside of school and out-of-school time programming, like transportation and insurance.
- Spread awareness of mental health in the communities that CBOs and schools serve, through informational materials, campaigns, work with key stakeholders, and other place-based initiatives.

Stable, Recurring Funding Streams



Summary of Key Findings:

- Overwhelmingly, additional funding and stable, recurring funding streams are consistently mentioned as a top need for both schools and CBOs.
- There is not a consistent level of understanding around and support for the School-Based ACCESS Program and the potential opportunities it offers for reimbursing mental health programs and services in schools/districts.

Summary of Recommendations:

- Increase funding for mental health supports in tandem with a clearly-defined plan and strategy for utilizing the funds.
- Support the expansion of Medicaid utilization in schools.

Project Overview

Allies for Children’s project “Bridging the Gap for Youth Mental Health” aims to conduct a comprehensive gap analysis of mental health supports and services in schools, out-of-school-time (OST) programs, and community-based organizations (CBOs). **The ultimate outcome of this work is to increase access to mental health supports and services across Allegheny County by highlighting bright spots and challenges to better serve our students.**

The analysis for this report involved outreach and engagement with over 75 stakeholders from 23 schools/districts and 28 community-based organizations or other entities. This included 18 site visits or one-on-one interviews with superintendents, principals, or CBO leaders; three focus groups with on-the-ground school providers; and 42 survey responses. Quantitative analysis for the report involved a thorough review of publicly available data - including demographic and funding stream numbers, an analysis of CBO- and school-facing survey responses, and additional desktop research.

The resulting report identifies: 1) the current state of mental health supports for youth in our region; 2) best practices and case studies to learn from; and 3) recommendations for policy/advocacy and programming. This report is primarily intended for use by local policymakers and advocates, as well as administrators at schools, districts, and community-based organizations.



18

Site visits or one-on-one interviews



42

Survey respondents



75

Stakeholders engaged

In this report, we aim to address the following key questions:



What’s already happening in our schools, districts, and communities to support youth mental health?

- What population(s) of students are benefiting and being reached by programming?
- How are mental health programs funded, including the use of school-based Medicaid and sustainability of funds?

What partners are involved in delivering mental health services? What makes these partnerships work?

- What can we do better to improve mental health supports for youth?
- What promising practices from within the county and across the country can we learn from?
- What policies and programs can further support mental health for youth?



Methodology

In August 2023, Allies for Children launched the gap analysis work with a review of publicly available district data, the creation of a survey for further information-gathering, and outreach to district and community-based organization leaders. Throughout the course of the project, information was continually gathered and analyzed through qualitative and quantitative methods.

Outreach and Engagement

Information on youth mental health supports was collected through 18 one-on-one interviews and site visits with leaders at schools, districts, community-based organizations, higher education partners, and state-level advocates. To capture the voices of those working on-the-ground in classrooms and school buildings every day, Allies for Children hosted three focus groups for school social workers, school psychologists, and school counselors. For even further information-gathering, a survey was distributed to superintendents, executive directors, and other school and CBO professionals; Allies for Children received 42 responses, from public and charter school districts across the region to CBOs and out-of-school time programs serving a variety of demographics (including Latino, Bhutanese, and African American populations) and ages (ranging from 3 to 18+), in a variety of contexts (including arts, athletics, mentoring, and direct mental health counseling).

Questions in this information-gathering stage were crafted to gather insights into bright spots and challenges of youth mental health supports, as well as opportunities for learning and improvements in partnerships. See Appendix A for a full list of partners connected with.

Engagement Challenges

Allies for Children faced some challenges in this outreach and engagement stage of the work:



School district responsiveness. Despite numerous attempts at connecting with school districts through direct outreach and partner networks, and a myriad of engagement options offered, we were not able to reach every district in Allegheny County. The districts we did talk to - 18 of the 43 public districts in Allegheny County - were diverse in size and geography, ranging from ~500 students at Wilkinsburg Borough School District to ~20,000 students at Pittsburgh Public Schools; and representing the North Hills, the West End, the East End, the South Hills, and the Mon Valley. Districts who responded to the survey, a focus group, or a one-on-one interview were more likely than those who did not respond to have higher proportions of economically disadvantaged and/or non-white student populations. CBOs were generally more responsive, and we had fewer challenges connecting with staff to answer our questions.

- **Connecting with the right school staff.** In general, we found that on-the-ground staff at schools (e.g. counselors) were more willing to talk about challenges than superintendents or higher-level administrators. But it was sometimes difficult to get through to those staff members in the first place to capture an accurate picture, with some school staff being told not to talk openly in an interview or survey. One school counselor heard what their superintendent said about mental health supports in the district and said, “they have no idea what they’re talking about,” while another was directly instructed “not to talk to anyone without leadership present.” Through relationship-building and continued conversation, we were able to persist and connect with many of these on-the-ground staff, but there was sometimes a hesitation to openly discuss challenges and lack of coordinated services within the district.
- **Honest discussion of challenges and concerns.** Speaking with districts and CBOs highlighted that most are working hard to use the resources they have available to meet the needs of their students and families. When we were able to connect with school and CBO staff who were more willing to share challenges, we heard some consistent themes around struggles with appropriate staffing, adequate funding, and effective coordination.

Desktop Research

To fill gaps in information that we were unable to gather from direct engagement, Allies for Children conducted desktop research on school districts and CBOs. Websites, news articles, and external reports were all used to attempt to put together a complete picture of mental health resources and gaps in districts and CBOs.

Data Analysis

Quantitative data was analyzed to further supplement the qualitative information-gathering. Data analyzed included publicly available information on district demographics and funding streams (see Appendix B), as well as data gathered from the survey, interviews, and desktop research. A full list of data points analyzed and sources can be found in Appendix C.

A Current Snapshot

Youth mental health has become a growing area of concern and discussion across the country. Partially exacerbated by the isolation and anxiety experienced by many during COVID-19; social media, violence, and opioid use have all been shown to connect to these growing challenges.¹

Nationally

We know that there is a national youth mental health crisis. A recent study by the Crisis Text Line and Common Good Labs demonstrated that for young people, depression and suicide have increased over the past decade; with over 5 million adolescents experiencing depression in 2022, up from 2 million in 2010.²

In the 2021-2022 school year, 96% of all public schools nationally reported offering at least one type of mental health service.³ However, according to Effective School Solutions, only 40% of school administrators are highly confident in their school's ability to deal with mental health challenges.⁴

Pennsylvania

In Pennsylvania, the problem is just as dire. In 2022, 55% of youth with major depressive episodes did not receive treatment.⁵ Youth from both wealthy and low-income communities suffer from anxiety, depression, and suicidal thoughts.⁶ According to data from the Pennsylvania Youth Survey, in 2023, 37% of students felt depressed or sad most days, 16% of students seriously considered attempting suicide, and 5% attempted suicide.⁷

At the same time, there is a statewide staffing shortage for mental health supports in schools, with one school social worker for every 3,416 students (with a recommended ratio of 1:250), and one school psychologist for every 997 students (with a recommended ratio of 1:500).⁸ A lack of adequate mental health professionals can impact the entire school and CBO ecosystem. As mentioned in our February 2023 report, "[Addressing Mental Health in Schools](#)," 94% of educators who are experiencing burnout suggest that additional mental health supports for students could address this issue.⁹

Allegheny County

In Allegheny County, the 2021-2022 school year saw 10,311 cases referred to the Student Assistance Program (SAP) - a team process used to identify students who need additional supports to achieve school success - with 58% of cases related to internalizing or externalizing behavior, suicide ideation or attempt, bullying, drugs and alcohol use, or social concerns.¹⁰ According to the Allegheny County Youth Risk Behavior Survey, about 37% of Allegheny County students have experienced depression in the past year, most commonly 10th and 11th graders. These numbers are higher for female students, with almost half experiencing depression. Within the past year, 25% of Allegheny County students have self-harmed and about 17% of students have seriously considered suicide.¹¹

Community Resources

Despite these troubling statistics, youth know what they need. Crisis Text Line and Common Good Labs found that across the country, youth themselves cite the following community resources as critical to help them cope:

- Opportunities for social connection
- Engagement in music, writing, visual, and performing arts
- Mental health services
- Exercise and sports programs
- Books and audiobooks
- Outdoor spaces and nature



Mental Health Supports in Allegheny County

In this study, we looked at mental health supports in both schools and community-based organizations (CBOs). The following page highlights different types of **supports** commonly present in schools (🏫) and CBOs (🤝).

Types of Mental Health Supports

School-Based Mental Health 🏫

A catch-all term encompassing a variety of mental health services provided in schools, including services from school/district staff directly or from contracted outside providers. Includes programs, interventions, or strategies applied in a school setting to influence students' emotional, behavioral, or social health.¹² School-based mental health services have been shown to improve access to care, allow for early identification and treatment of mental health issues, improve overall mental health outcomes, and improve access for historically underrepresented populations.¹³

Non-Traditional Mental Health Supports 🏫 🤝

Referring to a wide range of supports that are an alternative to traditional one-on-one counseling or group sessions. Community-based organizations in particular offer a wide range of non-traditional supports geared towards enhancing the mental well-being of students. This could include mentorship, outdoor education, athletics, leadership programming, arts programs, and more. Many schools partner with CBOs or provide their own forms of non-traditional supports.

School-Based Behavioral Health 🏫

Tiered systems of support to help educators provide academic and behavioral strategies for students with various needs. Increasingly, the Multi-Tiered System of Support (MTSS, pictured below) is being used in schools.¹⁴



Service Coordination 🏫

Administrative and technical assistance to schools and one-on-one with families to support youth with accessing and effectively benefiting from behavioral health services.

Social Emotional Learning (SEL) Curriculum 🏫 🤝

A foundation for supporting young people, SEL helps students "learn and practice skills that set them up for academic success, fulfilling careers, healthy relationships, and responsible civic engagement." Research indicates that SEL in schools and out-of-school time settings improves academic performance and decreases anxiety.¹⁵

Student Assistance Program (SAP) 🏫

A systematic team process - moving from referral to data collection to action planning to follow-up - used throughout schools/districts in Pennsylvania to mobilize school resources to remove barriers to learning. The program is designed to assist in identifying issues, including substance use and mental health concerns which pose a barrier to a student's success.¹⁶

The SAP team is professionally trained and includes school staff as well as liaisons from community drug and alcohol, mental health, or behavioral health agencies.

Mental Health Supports in Allegheny County

In this study, we looked at mental health supports in both schools and community-based organizations (CBOs). The following page highlights different types of **staff** commonly present in schools (🏫) and CBOs (🤝).

Types of Mental Health Support Staff/Roles

School Psychologist or Psychologist 🏫 🤝

A trained mental health professional who applies their expertise to help students succeed academically, socially, behaviorally, and emotionally. In a school setting, psychologists spend much of their time evaluating and testing students for special education. Duties may also include providing direct support to students; consulting with teachers, families, and other professionals to improve support strategies; working with school administrators to improve schoolwide practices and policies; and collaborating with community providers to coordinate services.¹⁷

Licensed Professional Counselor 🏫 🤝

A licensed professional who specializes in counseling and mental health and may treat mental, emotional, or behavioral disorders. An LPC may provide individualized therapy or group sessions with students.

Behavior Analyst 🏫

Most commonly found at the elementary school level, a behavior analyst evaluates students' behaviors to develop treatment plans with the goal of improving behavioral skills over time. In a school setting, a behavior analyst may develop and implement behavior management programs for students who are experiencing social and emotional difficulties, and consult with school staff and parents to select and evaluate behavior change procedures. Analysts may also guide effective instructional practices.¹⁸

School Nurse 🏫

A registered professional providing a bridge between education and health care. School nurses can be the first school staff to identify students with symptoms of stress, anxiety, depression, and other behavioral health challenges.¹⁹

School Social Worker or Social Worker 🏫 🤝

A trained mental health professional who works in collaboration with students, parents, and educators to address mental health concerns, behavioral issues, and academic and classroom supports. In a school setting, duties may include leadership around school discipline policies, mental health intervention strategies, crisis management plans and related support services, and/or individual or group counseling or therapy.²⁰

School Counselor 🏫

A certified/licensed educator who implements programs to help all students apply academic strategies, manage emotions, apply interpersonal skills, and plan for postsecondary options. Duties may include individual academic planning and goal setting; short-term counseling and referrals for longer-term support; and collaboration with families, educators, and the community.²¹

What Have We Learned?

Key Findings: Adequate, Appropriate, and Supported Staff



1 Having enough staff - and the appropriate types of staff - is critical for successfully supporting students, families, and other staff members.

Numbers and types of staff vary widely between school districts in Allegheny County. School counselors in buildings or districts with limited additional support staff - including social workers, psychologists, or behavioral specialists - expressed concern about the amount of work falling to a few staff members. That work - which includes managing outside partners, balancing large caseloads, and dealing with too much paperwork - ultimately gets in the way of time to connect students to resources, particularly those who do not have the highest level of need.

“We have trauma-based intervention specialists...and they have been really amazing. They're people that have really been able to connect with our students. I really value having those trauma-based specialists because we know that there's so many of our students who have been through all these traumatic events that we often don't even know about.”

- School Social Worker

On-the-ground practitioners in schools mentioned a need for more staff, including both counselors and social workers. Opinions varied on whether it was best for positions to be contracted through outside providers or hired directly by schools or districts. In addition, any role that is able to provide behavioral health or therapeutic services without subsequently having to submit bills for reimbursement to Medicaid or other forms of insurance was said to offer maximum flexibility to meet many different needs for students and families.

Desktop research and survey responses indicate that at least 30 districts have a licensed psychologist on staff, at least 28 have a licensed social worker, and at least 7 have some sort of professional behavioral interventionist, specialist, or educator (see Table 1).



Table 1: “Which of the following support staff do you have in your district?”²²

For all school districts in Allegheny County (n = 43)

Type of Support Staff	# of Districts with Staff	% of Districts with Staff
School Psychologist	30	70%
Licensed Social Worker	28	65%
Behavioral Interventionist/Specialist/Educator	7	16%
Licensed Professional Counselor	4	9%

Of the CBOs who responded to the survey, over a third reported a licensed professional counselor on staff, and over a third cited a licensed social worker on staff. Only one CBO indicated a licensed psychologist on staff. Other staff mentioned included a licensed marriage and family therapist, licensed physician with specialty in psychology, and pre-licensed counselors.

Table 2: “Which of the following support staff do you have at your program?”²³

For CBO survey respondents (n = 22)

Type of Support Staff	# of Districts with Staff	% of Districts with Staff
Licensed Social Worker	8	36%
Licensed Professional Counselor	8	36%
Licensed Psychologist	1	5%

2 Staff and teachers themselves need training and support.

Education and community-based leaders expressed a concern that classroom teachers and out-of-school time staff may not always have the support and training that they need to recognize mental health needs among their students. For classroom teachers, the state of Pennsylvania has limited options for educators to receive a Social, Emotional, and Behavioral Wellness Certificate; though Chatham University is utilizing funding from the SEEKS SES grant to create such an endorsement along with scholarships for teachers to enhance their learning in this arena. Out-of-school time providers express a desire to pursue training and certification opportunities alongside school-based staff, to enhance alignment and supportive learning environments for children.



“Teachers need training... there’s a big gap here. So much goes into teacher training, but where is this [SEL] piece?”

- University Partner

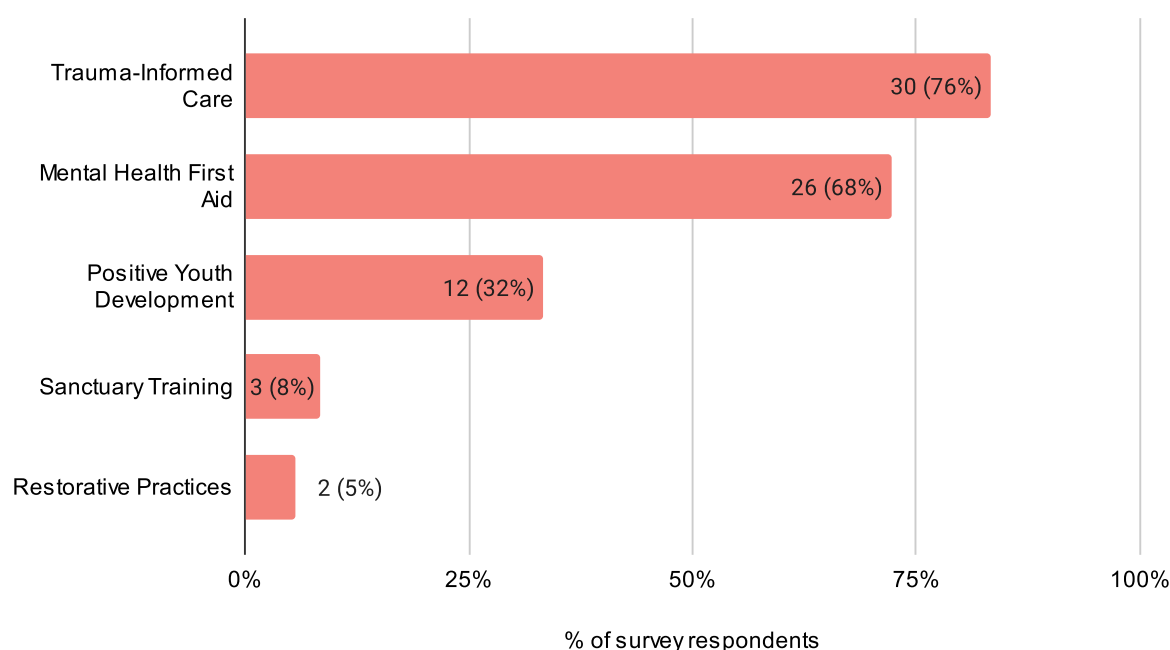


Both CBOs and school districts take advantage of available trainings in the region - from Mental Health First Aid to Sanctuary Training. Of the districts and CBOs who responded to the question about training on Allies for Children's survey, over three quarters cited some use of Trauma-Informed Care training, while over two thirds utilize Mental Health First Aid training, and almost one third employ Positive Youth Development training with their staff (see Figure 1). Additional trainings not pictured here that were mentioned by survey respondents include Columbia Suicide Screeners, QPR Suicide Prevention Gatekeeper Program, CPI (Crisis Prevention Intervention), and Mentoring 101.

These trainings were delivered by a variety of institutions, including the Allegheny Intermediate Unit, AHN's Chill Project, Operation Better Block, the Mentoring Partnership, and the Squirrel Hill Health Center.

Figure 1: "What trainings do your staff receive or have they received in the past?"

All survey respondents who answered the question (n = 36)²⁴



"We need more support for our staff in terms of mental health, because so many of us are really burnt out."

- School Social Worker

On top of training for educators to support students, educators themselves - and support staff generally - need supports. Of all the districts and CBOs researched and interviewed for this report, none referenced specific mental health supports for teachers or staff. Adequate staffing in school buildings and competitive compensation were both mentioned as two elements that could help to prevent burnout and reduce turnover among existing staff.



3 There is a need for staff and providers who are diverse and culturally responsive.

Another consistent theme among stakeholders interviewed and surveyed was the strong need for diverse staff who are serving students who look like them. Nationally, the mental health workforce lacks diversity - 70% of social workers, 86% of psychologists, and 88% of mental health counselors are white.²⁵ One provider we spoke with cited similar challenges in their school, where the majority of students are non-white with “a predominantly white staff...Some of the mental health workers have been black which is GREAT!...We need more teachers in general but it would be great to have more teachers that look like the students.”

Diverse providers - ethnically, racially, linguistically, and socially - bring an opportunity to increase culturally competent care, making mental health supports more accessible and relatable for youth and their families. Mental health professionals who are a part of the communities they serve are more likely to understand their patients' cultures, the barriers they face, the opportunities they may have, and the overall context in which they live their lives.²⁶ As one community-based organization expressed, “...it is important to have clinicians who look like the people...they are serving. Hire people of color, to help those battling with mental health.”



“[We need] more accessible and culturally responsive licensed counselors...When we do have a student who agrees to receive therapeutic services, it is near impossible to find a counseling agency...well versed in the unique cultural needs of the immigrant and refugee populations.”

- Community-Based Organization



Key Findings: Services and Programs that Meet Students' Needs



1 School districts and CBOs offer a variety of services, including non-traditional mental health supports.

A growing number of school districts offer school-based mental health and behavioral health services (see Figure 2). Many schools also offer additional programs and services to support mental health that are more non-traditional, including “chill rooms” in a variety of forms. At least 23% of districts offer some sort of “chill room,” including at least five districts participating in AHN’s Chill Project partnership. These rooms are dedicated, calming spaces for students staffed by professionals to reduce behavioral health issues and support students’ well-being.

Bright Spot in Allegheny County

Programs like the Chill Project and the COOL Zone are partnerships between service providers and schools to provide mental health services in schools. Both models include a dedicated quiet, calming space where students can also receive services and supports from professionals.

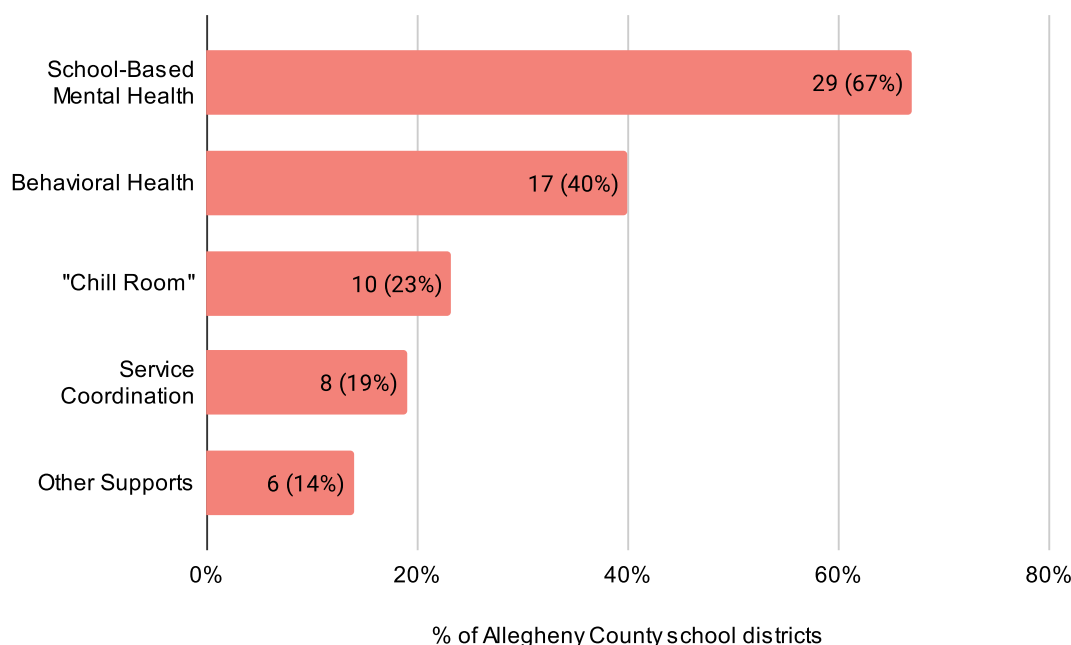


“I love what the COOL Zone is doing...those spaces where a kid can go...[they] need that space. Kids love it and they don’t need a whole bunch of it.”

- Community-Based Program Partner

Figure 2: Services Offered to Students in Schools

All Allegheny County school districts (n = 43) ²⁷



Notes: “School-Based Mental Health” and “Behavioral Health” indicate a specific reference to either service on a survey response or district website, or the presence of an external contracted behavioral health provider (for SBMH) or behavioral specialist/interventionist (for BH). “Chill Room” includes programs like “Quiet Spaces,” “TEAMS Room,” “Wellness Studio,” “Resiliency Rooms,” and AHN’s Chill Project. “Other Supports” includes emotional support program, hygiene closet, out-of-school suspension alternative, and therapy dogs.



In addition to “chill rooms,” districts cited multiple other types of non-traditional mental health supports for students to take advantage of, ranging from mental health integrated into health class or other SEL-specific courses, virtual mental health providers like Alluma, mindfulness groups, therapy dogs, and mentorship programs.

Community-based organizations offer an even wider range of mental health supports, based on the different models, focuses,

and populations served. Of the 53 CBOs analyzed for this study, some are direct service behavioral health providers, while others support students’ mental health by offering engaging programming such as mentoring, STEAM programming, gender-specific or LGBTQIA+ supports, faith-based programming, athletics, and more. Regardless of the various offerings and types of programs and services, almost half of these CBOs offer some kind of group intervention, one-on-one counseling, or services by/from a social worker; combining traditional mental health supports and services with the other aspects of supporting youth.

“[We need] more recognition of informal pathways to mental health and validation/support, [and] studies of the effectiveness of alternative modalities for healing for populations that are not usually centered in traditional healing spaces (based on race, and/or ability, religion etc...).”

- Community-Based Organization



2 Coordination is lacking to effectively manage logistics, communications, and multiple programs/services.

A theme that came up consistently among service providers, school districts, and community-based organizations was lack of successful coordination, to make the work both more effective for students and easier for staff. While there was no one singular definition of coordination, staff often referred to coordination as 1) clear communication between service providers, medical health professionals, school staff, community-based organizations, and families; 2) effective management of multiple moving pieces, including multiple services and programs; and 3) handling logistics and paperwork related to insurance, referrals, and other documentation processes.

Coordination is important within schools and districts to ensure continuity of care for students and support for families, as well as the space and time for staff to provide the supports and services they were hired for. School counselors and social workers discussed how helpful it is to have a strong Student Assistance Program (SAP) liaison who acts quickly and is responsive, particularly if they are dedicated only to one district. Yet SAP teams’ effectiveness and collaboration in districts vary, indicating a need for more guidance and accountability for these roles. Less than one in five districts mentioned the presence of formal service coordination for their schools/providers, typically in the form of a partnership with the Human Services Administration Organization (HSAO).



School partners consistently mentioned how helpful a district-wide service coordinator could be to support the many moving pieces of providing care for students and families, including supporting the critical communication needed for successful hand-offs - between providers, with medical partners, and with families.

“It would be nice to get all of the systems moving together and working together.”

- Program Director, Service Provider

“There is a lack of practitioners, but also we’re asking our school counselors to be the service coordinator - that’s another thing. We need another person to take calls, answer questions about insurance, etc.”

- Former Middle School Principal



3 Services are not always connecting with students who have unique needs.

Many school counselors, social workers, and psychologists brought up the challenge of referring students and their families to services, only to find long waitlists, challenges with insurance, and other “red tape.” As a result, some students end up not receiving services at all.

“We have kids waiting for a really long time for services.”

- Former MS Principal

“We need the processes behind the programs less cumbersome if we want the students to navigate them.”

-Community-Based Program Partner

Some school and CBO professionals also mentioned a growing population of students who are English language learners, and the barriers that exist due to insufficient resources and providers who speak students’ home languages. Providers expressed a desire to have more time and resources to refer students to alternative supports in the absence of space for formal providers.

Select school staff also discussed concerns that elementary schools and students are missing crucial supports, as more resources are directed at older students. Both a school counselor and a school psychologist interviewed mentioned that “...a lot of community providers [are] at the high school but...the elementary students are missing out,” and “...the high school and the middle school gets the attention from outside agencies. The resources for the elementary school and getting help for the little ones are lacking for us.” Another school team shared that there are “...zero counselors at the elementary schools, which is an issue. There has been some discussion about getting one counselor for all three elementary schools to share...This is a problem.” More generally, an increase in services at the elementary level could benefit a broader number of students and could potentially improve family buy-in.

Key Findings: Quality, Sustainable Partnerships



1 Partnerships take many different forms to provide customized supports and services to students where there is need.

There are a wide variety of partnerships taking place between and among schools/districts and community-based organizations. Partnerships between CBOs and districts can be a valuable way to provide authentic connections with the community, additional resources for both students and staff, and supports where there are gaps.

“I think partnerships are necessary. Schools are being tasked with doing too much and communities need to rally around.”

- Former Middle School Principal

40 out of 43 districts analyzed for this project identified some kind of external partnership (see Figure 3). At least 79% of districts have formal partnerships with medical or behavioral health service providers for school-based mental health or service coordination, like Wesley Family Services. And at least 27 districts, or 63%, have informal or formal partnerships with CBOs. These CBO partnerships vary from programs and services deeply entrenched in the school and community, like Pittsburgh Area Community Schools (PACS); violence prevention programs, like CURE Violence; mentoring programs, like Becoming a Man (BAM); or other in-school offerings, like AHN’s Chill Project. Some districts also purchase tools to help support staff and families; like Care Solace, which supports families in finding appropriate mental health providers or Satchel Pulse, software that supports screening and social-emotional learning supports.



Bright Spot in Allegheny County:

Alternatives to Addressing Truancy and School Discipline

The **YESS Team (Youth Engagement Support Services)** at **Penn Hills** and **McKeesport** provides an alternative to more traditional school security. This team of youth engagement specialists focuses on addressing truancy, assisting in de-escalation, and creating a more positive environment in schools. First piloted at Penn Hills, the program grew to McKeesport with support from SEEKS SES grant funding.

The **Titan Assistance Patrol (TAP)** at **West Mifflin** was funded with almost \$1M from a Bipartisan Safer Communities Act Stronger Connections Grant. The wide-ranging initiative puts together a team of homeschool visitors, attendance officers, school counselors, and school police, while also contracting services for mental health, social work, behavioral specialists, intervention specialists, and a parent advocate.

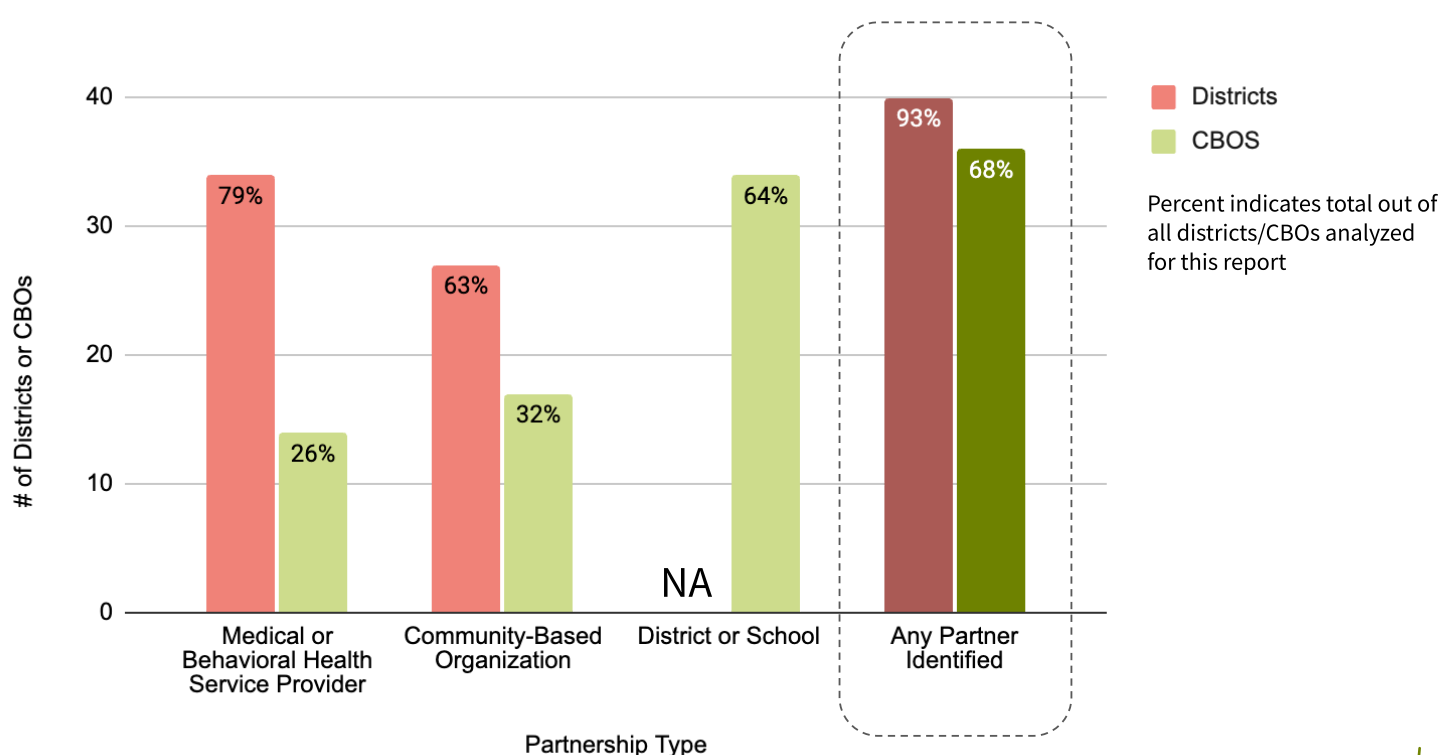


At least two thirds of CBOs researched for this analysis had clearly identified partnerships (see Figure 3). Of the 53 CBOs analyzed, formal partnerships were specifically cited with at least 67 schools and 28 districts. In addition to working with schools and districts directly, many community-based organizations also cited partnerships with each other or other community organizations, like public housing programs or the library.

A full list of partnerships identified in the research for this project is in Appendix D.

Figure 3: Partnerships Identified for Districts and CBOs²⁸

All Allegheny County school districts (n = 43) and all CBOs analyzed for this report (n = 53)



Bright Spot in Allegheny County: Unique Partnerships

Becoming a Man (BAM) in the Sto-Rox, Clairton, and Penn Hills districts is a school-based group counseling and mentoring program for young men that are at increased risk of school dropout or justice system involvement that improves social-emotional and behavioral competencies. BAM counselors work full-time in partner schools, delivering a blend of group and individual support services.

Allegheny Valley School District has implemented an **art therapy program** by contracting with the **Pittsburgh Center of Integrative Therapy**. This program is funded with money from the state's Commission on Crime and Delinquency mental health support grant. "We implemented this program as a way to have therapy for students without having barriers."





2 Strong school/CBO partnerships are dependent on supportive leadership and staff, relationship-building, and effective coordination.

School and community-based organizations both talked about how critical a supportive school administration is for strong mental health supports. Administrators need to be committed to investing time and funding into training, coordination between CBO partners and school staff, and other relevant programs, services, policies, and staff. Superintendents who are open to a collaborative form of leadership - versus authoritative - make for strong environments for partnerships. As one community-based organization said about forming partnerships with districts: “authoritative leadership does not allow for collaboration...when you have a district that works that way, you can forget it.” In general, having staff on either side who are willing and able to put in the time commitment for relationship-building leads to stronger partnerships - though there may also be concerns that if partnerships are too dependent on specific individuals, programs and services will not be maintained if those staff depart.

Coordination and communication - even before a partnership is formed - is critical. The most successful partnerships take the time to assess strengths and gaps and ensure that CBO and school partners are filling a niche or need for each other, providing a mutual benefit. One provider mentioned that “partnerships take planning” - space, staff, students, and time all have to be coordinated and agreed upon before a partnership even begins.

“If a provider is familiar with what the school setting actually looks like...they're miles more successful no matter what it is that they're providing. If they're able to really work in tandem with the social worker and counselor... then they're going to be way more successful.”

- School Counselor



“Bringing in outside agencies to work in schools is beneficial, but can also be difficult to manage. There have to be clear expectations set so that roles are not confused or work is not overlapping. It took us three years to finally have a system worked out.”

- School Counselor

Once partnerships are formed, strong coordination must continue for success to happen. District and school staff mentioned “blurred lines” and unclear expectations between what outside providers are doing and what in-school staff are providing. Some school staff also mentioned “provider hopping” as a challenge, as certain students accessed multiple services to avoid class. Clarity of roles from the start, systems in place to identify where students are in the school building, and

consistent communication and meetings are all critical for a strong partnership.

Key Findings: Addressing Unique Community Needs

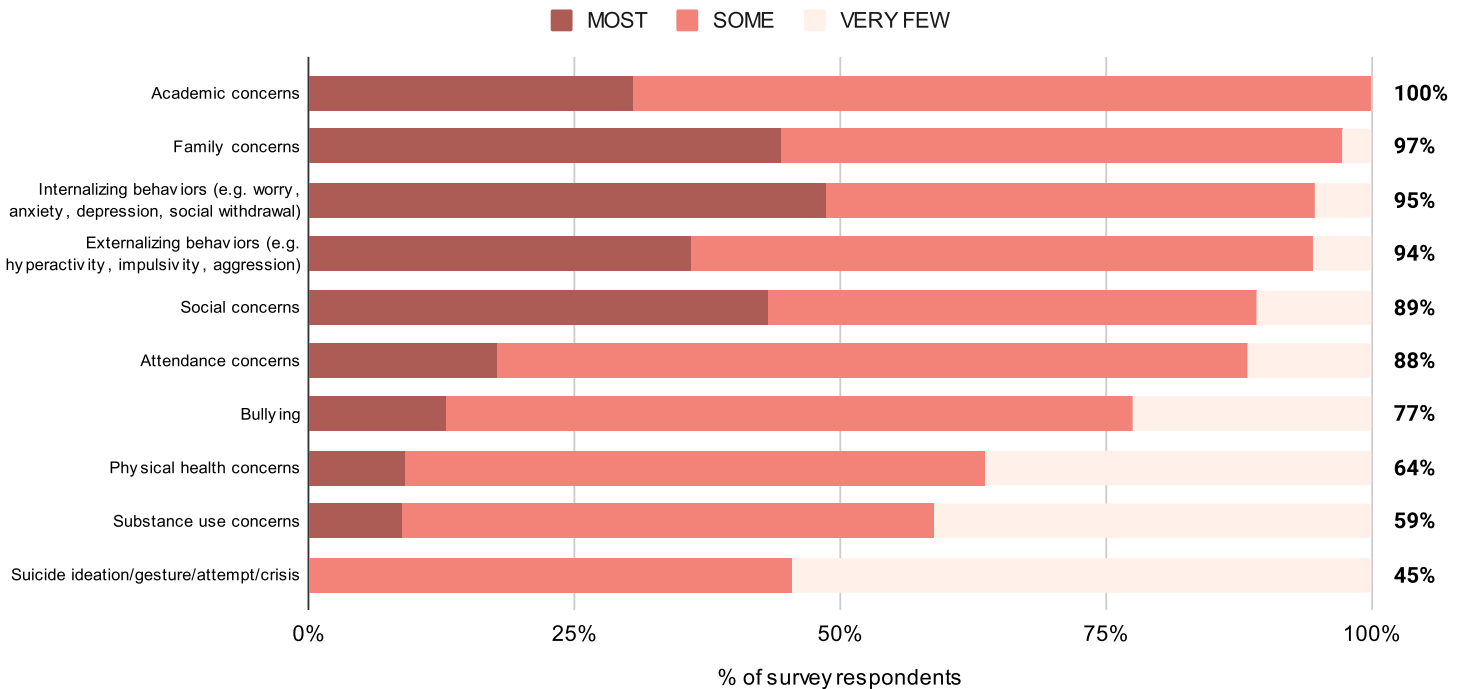


1 Students are being recognized for services and supports if they have behavioral, family, or academic concerns.

Students face a number of concerns and challenges every day that are exhibited and identified in different ways. Of districts and CBOs surveyed, respondents indicated that the biggest concerns they see from their students are family concerns, externalizing behaviors (e.g. hyperactivity or aggression), and internalizing behaviors (e.g. anxiety and depression). Every respondent indicated that “some” or “most” of their students exhibit academic concerns, reiterating the idea that school and learning are intimately connected to mental health and behavior (see Figure 4).

Figure 4: “Which of the following concerns do you see from students in your school/district/program?”

All survey respondents²⁹



Note: Percentage label indicates percent of survey respondents who answered “most” or “some.”

Concerns not captured in the chart above include community violence, disordered eating, unstable housing, and history of trauma.

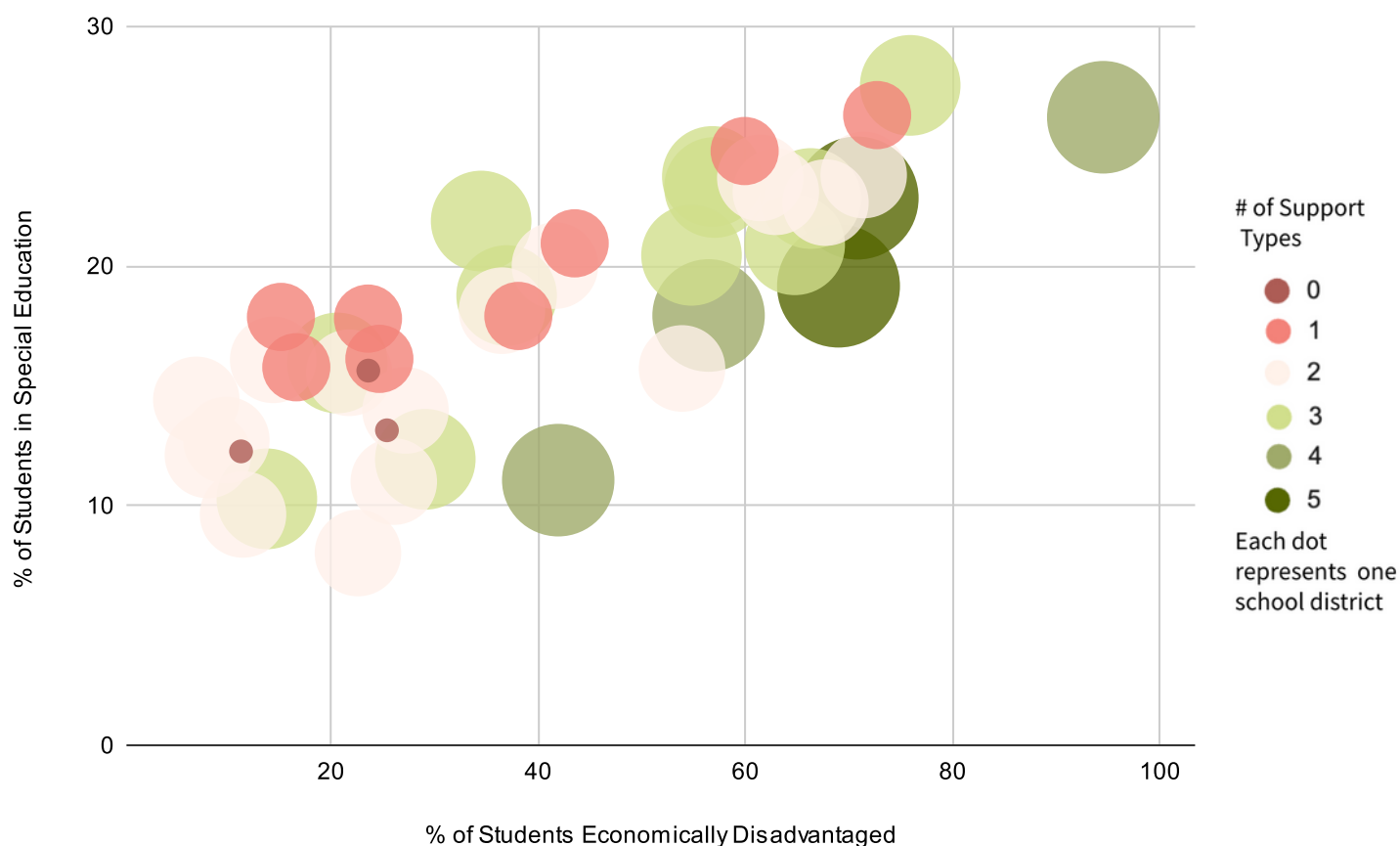
For many more intensive services and supports, students are identified at school through the SAP process. CBOs often cite referrals from school or family, in addition to conversations with youth themselves, that lead to referrals to additional services.



Based on information available from desktop research, surveys, and interviews, districts with higher levels of economically disadvantaged students and districts with a higher percentage of students in special education services are more likely to offer a wider range of services to students and families, including school-based mental health, service coordination, and behavioral health services (see Figure 5).

Figure 5: Number of Mental Health Support Types per District, by Economic Disadvantage and Special Education³⁰

All Allegheny County school districts (n = 43)



Note: “Support Types” quantified in this chart include School-Based Mental Health, Service Coordination, Behavioral Health, CBO Partnership, and “Other” (e.g. partnerships with national programs, etc.).



2 Family engagement is one of the biggest challenges of the work for schools and districts, and an opportunity to utilize CBO partnerships.



“There are still families and parents that decline services because they don't want certain people either to come into the home, they don't want their child talking to a therapist, or different things like that.”

- School Psychologist

Many school and district representatives mentioned family engagement as one of the most challenging pieces of effectively providing mental health supports to students. Stigma and community trauma - particularly for historically underrepresented groups who may have had negative experiences with providers in the past - may in some instances lead to families unwilling or unable to communicate with school support staff, and/or agree to let their children receive services. Yet family engagement is critical, and students' mental health needs can be met more effectively with the buy-in and support of caregivers.

Community-based organizations surveyed and interviewed for this analysis generally reported greater success than schools in working with families and communities holistically. One community-based organization mentioned the specific importance of two-generation engagement, and how students sometimes work to educate their parents and “bring them along.”

It is also important for staff, students, and families to understand the varying roles of different staff members - in schools, at CBOs, and with outside service providers. There can be confusion over the roles and what part different staff play in a student's care. Clear and consistent communication with families can help to mitigate confusion and stress.



Bright Spot in Allegheny County: Engaging Families

Sto-Rox's “Cheat Sheets” for Students and Families list all of the agencies who have partnered with the Sto-Rox School District to provide after-school, enrichment, mental health support, and other services. These resources are clear, visually appealing, and easy to understand.

Allegheny Family Network offers strong family engagement programming for families of children with behavioral health needs. Initiatives range from individual parent-to-parent support, support groups, parent education opportunities, a Parent Support Line, and social events.



3 **Lack of resources, such as transportation and insurance, can pose additional barriers for students to receive the services they need.**

Health insurance can be a barrier to students receiving timely, appropriate mental health services. Support staff talked about insurance issues interfering with successful referrals, yet the complicated nature of many different types of insurance and limited time and bandwidth means it may be difficult for these same support staff to navigate individual families' insurance plans.

Transportation can pose an additional barrier if students are not able to access providers who are outside of the school. Some schools and community-based organizations mentioned the need to address the social determinants of health holistically, including challenges with utility access, housing, and food insecurity.

Inconsistent community mental health supports and resources in the community at large also impact students directly. One community-based organization expressed a desire for “additional free psycho-education and familial support for families.” Others mentioned a need for programs and services for the community that include police training and community activities to spread awareness of mental health needs and supports available.



Key Findings: Stable, Recurring Funding Streams



1 Overwhelmingly, additional funding and stable, recurring funding streams are consistently mentioned as a top need for both schools and CBOs.

School districts take advantage of various revenue streams to provide mental health supports. Districts reported a utilization of general funds, Elementary and Secondary School Relief (ESSER) funds, other state grants, and some foundation dollars.

The most recent Pennsylvania state budget included an increase of \$526 million in the Ready-to-Learn (RTL) Block Grant, which has certain allowable uses geared towards mental health support, including coordination between physical and mental health services.³¹ The Commonwealth's latest budget also included \$100 million in school safety and mental health supports for school districts - though without clear guidance for how this funding should be used, a district might not maximize the use of these funds for programs, services, and materials that directly improve students' mental health.

More About ESSER⁴³

What is it?

ESSER (Elementary and Secondary School Emergency Relief) funding is a one-time, emergency aid program approved by Congress that provided grants to states to help schools and students handle the challenges of COVID-19.

How can funds be used?

Funds have a wide range of allowable uses to prevent, prepare for, and respond to COVID-19.

How much did Allegheny County receive?

Allegheny County's 43 school districts received \$443.3 million and charter schools received \$69.8 million from federal COVID aid allotments.

What is the deadline for spending?

Any remaining funds must be allocated by September 30, 2024.

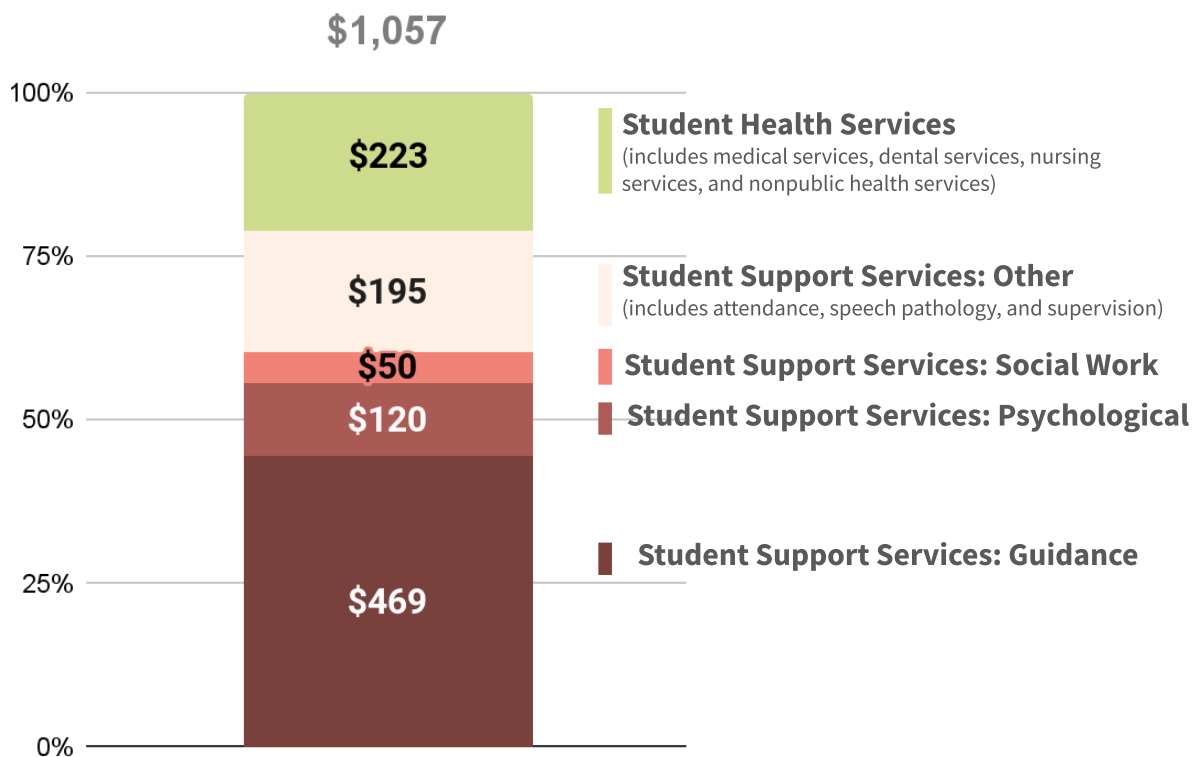
In the 2023-2024 fiscal year, awards for the noncompetitive school mental health grants averaged \$92 per student,³² or \$172,000 per district, equivalent to about the cost of one or two staff people.³³ Districts also had the opportunity to apply for a competitive grant from the state, yet only four public districts - Allegheny Valley, McKeesport, Pittsburgh Public, and Quaker Valley - received this funding, indicating a potential need for better information-sharing and supports around grant applications.³⁴ Yet finding the time, expertise, and staffing to apply for competitive grants can be challenging for schools and CBOs alike. Some school leaders expressed the opinion that funding for mental health supports is critical and should be awarded directly to schools through formula funding, not through competitive grants where there are winners and losers.



On average, districts in Allegheny County reported an annual spending of about \$1,100 per student on support services and health in 2021-2022 - in line with the national and statewide averages of ~\$1,100 and ~\$1,200 per student, respectively.³⁵ That number drops to an average of \$640 for Allegheny County when accounting for guidance, psychological, and social work services only (see Figure 6 for more detail).³⁶

Figure 6: Average Expenditures on Student Supports, per Student

All Allegheny County school districts (n = 43), 2021-2022³⁷



During interviews and focus groups, school staff consistently expressed that current funding is not enough. This aligns with national reports, in which 47% of public schools describe inadequate funding as limiting their efforts to provide mental health services to students in need.³⁸



“Mental Health Services need to be funded! The needs outweigh the resources.”

- Student Services Director

“The lack of ability to cover the cost of services and to pay staff a living wage has created a crisis in an otherwise rich system of services for students and their families.”

- Community-Based Organization



There are also continued concerns over the sustainability of funds, particularly with time-limited COVID relief funding - like ESSER - coming to a close. Many districts used this and other competitive grant funding to hire additional staff and/or implement innovative interventions to fill program gaps. As ESSER funding ends, with all funds obligated by September 2024, multiple districts expressed worries over sustaining costly staffing and programs, including things like the Chill Project - which could cost a district \$17,000 a year³⁹ - and a full-time SAP Liaison or Service Coordinator - either of which might cost a district more than \$50,000 a year.⁴⁰ These worries are exacerbated by Pennsylvania's existing school funding challenges, with the Commonwealth already receiving one of the lowest proportions of state revenue funding for public education - ranking 43rd in the nation.⁴¹

Unlike schools and districts, CBOs typically do not have dedicated or allocated funding specifically for mental health supports, though some behavioral health providers do receive state or local funding to provide school-based mental health services. CBOs are more likely to rely on foundation and other private donations, although some are able to take advantage of government grants - including local out-of-school time and teen programming funding from the Allegheny County's Department of Human Services and Department of Children Initiatives.⁴²

Increased, stable funding streams for both districts and CBOs could be used to support additional staff, contracts with various types of partners, and planning costs - which could help interventions themselves be more thoughtful.

2 There is not a consistent level of understanding around and support for the School-Based ACCESS Program and the potential opportunities it offers for reimbursing mental health programs and services in schools/districts.

The School-Based ACCESS Program (SBAP) is a federal program that allows school districts to receive partial reimbursement for certain health-related services in schools, including counseling, evaluations/assessments, and psychiatric services. In Pennsylvania, a district can currently only get reimbursement for students with Individualized Education Programs (IEPs). On average across Allegheny County, districts get reimbursed annually at a rate of about \$439 per eligible student (enrolled in special education), though the amount per student varies greatly - from highs of \$1,117 and \$934 per student per year at West Jefferson Hills and Baldwin-Whitehall School Districts, respectively; to lows of \$2 and \$9 per student per year at Avonworth and Allegheny Valley School Districts, respectively.⁴⁴



While data shows that nearly all districts in Allegheny County receive some reimbursements from SBAP, survey respondents and interviewees had varying levels of understanding around the use of these funds, with about half of district survey respondents indicating that they utilize ACCESS dollars. This lack of clarity could be due to the types of stakeholders who responded to the survey, as some direct practitioners and superintendents may not handle the logistics and administrative billing work. Other respondents mentioned that participation in the ACCESS program is not significant in terms of reimbursement. It is cumbersome and time-intensive, yet does not reimburse at a full rate and can currently only be used in Pennsylvania with students who have an Individualized Education Program (IEP).

“If we had someone to just focus on Medicaid billing we could easily generate at least 25% more funding. Only one person is doing this on top of many other jobs.”

- Student Services Director

Despite these challenges, some schools and districts are successfully utilizing ACCESS reimbursements for staff, outpatient therapy services, and materials. One district specifically mentioned using ACCESS reimbursements for “our school psychologist...a newer Life Skills teacher... [and to] purchase materials for our students.” For certain districts, the Allegheny Intermediate Unit provides contracted management services for ACCESS funding, supporting billing and compliance.⁴⁵ This can alleviate some of the challenges around paperwork, logistics, and time-intensiveness for schools.

In June 2024, Pennsylvania was awarded a grant from the Center for Medicaid and Medicare Services (CMS) for the expansion of the use of school-based health services through Medicaid and the Children’s Health Insurance Program (CHIP).⁴⁶ These funds could ultimately support districts in connecting more children to mental health services at school, through expanding eligibility for School-Based ACCESS beyond students with an IEP, and through other programmatic enhancements.

Bright Spot in Allegheny County:

Innovative Funding Models - Partnerships with Federally Qualified Health Centers

The **Health and Education Alliance** works to increase children’s access to health services through partnerships between schools and local healthcare systems. “HEA’s blended-billing model allows schools and providers to serve underserved students with Medicaid insurance at a sustainable return on investment while lowering system-level, long-term complications and costs from chronic illness and disability.”



Recommendations to Close the Gap









Key Players:



Recommendations: Adequate, Appropriate, and Supported Staff



Invest financial resources to support the recruitment and retention of mental health support staff in schools and CBOs:

- Take advantage of all funding opportunities - such as state grants, competitive grants, philanthropic dollars, ACCESS funding, and partnerships with higher education institutions and employers - to hire additional full-time staff to fill gaps and lower staff to student ratios.  
- Provide financial incentives for mental health professionals working in schools to decrease staff turnover.   
- For staff not directly employed by schools, incentivize partnerships between schools/districts and community mental health providers. 
- Where possible, hire positions that can operate outside of insurance, to maximize flexibility and service accessibility.  

“In an ideal world, we would be able to offer counseling without involving insurance to minimize barriers, but we recognize that insurance is a means of sustainability.”

-Community-Based Organization







Promising Practices:

Recruitment and Retention Programs

Faced with a mental health worker shortage across the nation, states are increasingly piloting programs to incentivize recent graduates and young professionals to enter the field of school-based and youth-serving mental health. Programs can be implemented at the state and local levels, and often involve some form of financial incentive, individualized mentorship/support, and/or a peer cohort element.

- ★ The School Counselor Corps Grant Program (SCCGP) in Colorado was created to increase the availability of effective school-based counseling. Funded through the state, schools apply for four-year grants, which are then used for school counselor salaries, professional development opportunities, and program development.
- ★ The Student Mental Health Apprenticeship Retention and Training (SMART) Internship Grant Program in Michigan was created to provide financial support to encourage more people to enter school-based mental health professions, including school psychology, school counseling, and school social work. Funded by the state, the program provides paid work experiences and practicum opportunities for school psychology graduate students to attract more people to the field.

Ensure staff and teachers have access to trainings, certifications, and support that will ultimately help them support students' social emotional learning and mental health:

- Expand access to existing trainings - like Youth Mental Health First Aid and Teen Mental Health First Aid - to serve more teachers, mental health support staff, and OST providers. 
- Address staff burnout by providing access to mental health supports, adequate compensation, and additional incentives where possible. 

Promising Practices:

Proven SEL Support Programs








The Blueprints for Healthy Youth Development Program offers a comprehensive registry of proven and scalable interventions to support students' social and emotional well-being.

"We would love to be educated in the sanctuary process, but funds will not permit it."

- Community-Based Organization



Expand the pipeline of diverse, culturally responsive mental health support staff:

- Begin conversations about careers in mental health early with middle school, high school, and undergraduate students.  
- Create equitable access to different mental health support roles by adjusting certification and licensing requirements.  
- Advocate for and support programs and services funded at the local or state level that incentivize new professionals to enter the school-based and youth-serving mental health field.   

Promising Practices:

Diversifying the Pipeline

Recognizing the critical importance of diverse and culturally responsive mental health providers, some recruitment and retention programs have been put into place specifically aimed at expanding the pipeline of BIPOC and rural providers.



- ★ In Oregon, the Behavioral Health Workforce Initiative aims to increase the recruitment and retention of BIPOC and rural behavioral health providers in licensed and non-licensed occupations to “provide culturally responsive care for diverse communities.” Activities funded include scholarships, loan repayment, recruitment/retention bonuses, and peer workforce development.






Recommendations: Services and Programs that Meet Students' Needs



Continue to offer and encourage non-traditional mental health supports in tandem with more formal supports and services:

- Utilize out-of-school time programs and CBO partners to provide alternative and additional supports where there are gaps and a demonstrated need. 
- Where not already present, integrate mental health awareness and SEL learnings into school curriculum to reduce stigma and foster open communication about mental health. 

Elevate and prioritize staffing roles committed to coordination of systems, logistics, and programs/services:

- Rebuild and support collaborative SAP teams in districts, creating effective methods for accountability and guidance for these groups. 
- Encourage the creation of school-based mental health coordinators, district-wide service coordinators, or a similar role to support administration, coordination, and hand-offs for students, families, providers, and schools. 
- Consider the creation of a shared regional role(s) - or re-think existing roles - to best support and coordinate partnerships, services, and funding across districts. 

Promising Practices:

School-Based Mental Health Coordinators

School-based mental health coordinators are becoming more common as a capacity-building measure in schools to support identifying students with mental health needs and directing them to treatment options. These “bridge roles” typically have a master’s degree in administration, counseling, psychology, social work, or a related field, but do not need to be licensed behavioral health specialists.

- ★ In Alabama, state funding is provided to local education agencies (LEAs), Charter Schools, and Public Independent Schools to employ Mental Health Services Coordinators (MHSCs) in every district, to support and expand the coordination of mental health services throughout the schools.



Increase awareness of and access to existing comprehensive resource guides for school support staff, CBOs, and families to use when looking for mental health supports for students:

- Promote and build on existing resources - like Allegheny County's [Child and Adolescent Mental Health Resource Guide](#) and the [United Way's 211 site](#) - that contain information about mental health support services for the community. ★

Ensure certain policies and practices are in place to build and sustain effective partnerships between schools or districts and community-based organizations:

- Before entering into a partnership, have a candid conversation about expectations, gaps that need to be filled, and roles. Ensure that staff - direct service providers, administration, and other partners who are providing services in the district - are a part of these conversations and the planning for a partnership to occur. 🏠 🤝
- Once partnerships are formed, institute regular provider meetings to ensure clear communication and collaboration. 🏠 🤝
- Where necessary, put procedures into place - like a student locator system - to manage students' progress, needs, and services received. 🏠 🤝




Uplift existing partnerships between schools and community-based organizations that are already working well in Allegheny County, in order to fill gaps where there is a demonstrated need:

- Identify partnerships that are already providing a seamless pipeline of mental health services between the district and CBOs, and replicate this model when possible. ★ 🏠 🤝
- Incentivize effective partnerships between schools or districts and community-based organizations by providing targeted funding to communities and districts where there is strong need for a continuum of care. 💰 🏛️



Recommendations: Addressing Unique Community Needs



Improve engagement with families to support students' mental health needs:

- Clearly communicate with families about the different roles present in schools/CBOs, as well as expectations for what services these roles can and will provide. 
- Hire parent engagement specialists who are trusted members of the community to help navigate family engagement and facilitate connections. 
- Take advantage of existing relationships in the community by working closely with CBOs, community groups, or other staff that already have strong community ties to build trust and connection among families. 

Engage youth themselves to effectively and authentically reach more students and families; through youth councils, peer-to-peer programs, youth ambassadors, training, and more:

- Utilize programs such as YouthMovePA and the PA Youth Advocacy Network to uplift student voices and provide a curriculum for peer-to-peer programming. 
- Encourage youth to share their challenges and successes to impact positive change in their schools, communities, and with their peers. 

Promising Practices: Integrating Youth Voices

Student voice is a critical component in designing, implementing, and evaluating effective programs to support youth mental health. Various models exist across this spectrum - from youth advisory councils, to peer-to-peer supports, to youth-driven advocacy.

- ★ Teen Mental Health First Aid is a national training for teens in grades 9-12 on how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers. It can be taught by high schools, youth-serving organizations, or organizations partnering with a high school.
- ★ YouthMovePA + PA Youth Advocacy Network are examples of Pennsylvania-wide youth advocacy organizations. YouthMove, which includes programs like Sources of Strength (suicide prevention) and virtual peer support, is dedicated to eliminating stigma around mental health and promoting wellness. The PA Youth Advocacy Network builds connections and advocacy skills for teens.



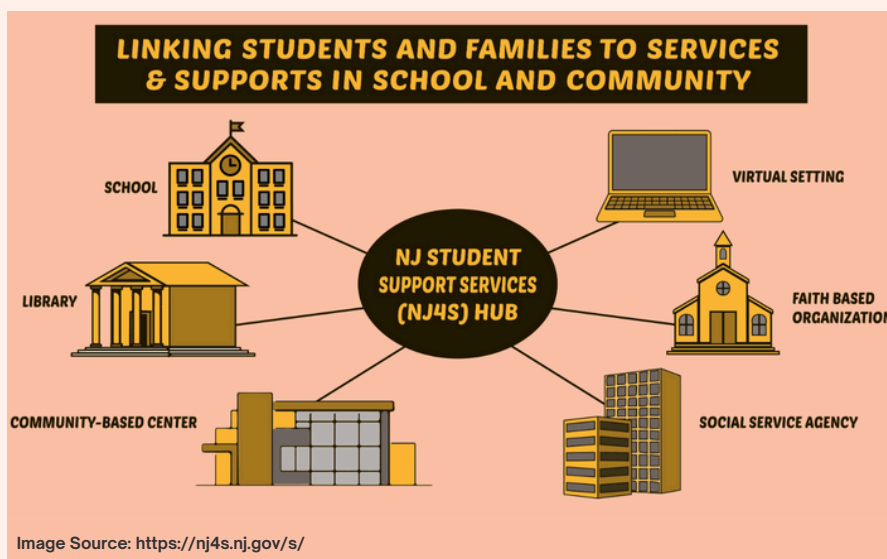
Address barriers to accessing mental health supports outside of school and out-of-school time programming, like transportation and insurance:

- ➔ Investigate the Health and Education Alliance model of partnering schools with local healthcare providers, particularly Federally Qualified Health Centers (FQHCs). Facilitate connections and support funding for transition costs if schools/districts choose to move towards this model. ★ 🏛️ 💰 🏠

Promising Practices:

Hub and Spoke Service Model

- ★ Launched out of the New Jersey Department of Children and Families, the NJ Statewide Student Support Services (NJ4S) is a statewide hub-and-spoke model that provides services and resources to support youth mental health. The network consists of 15 regional hubs that provide prevention and brief intervention services to New Jersey public school students, parents, caretakers, and school faculty.








Spread awareness of mental health in the communities that CBOs and schools serve, through informational materials, campaigns, work with key stakeholders, and other place-based initiatives:

- ➔ Utilize community and neighborhood assets - such as barber shops, nail salons, bus stops, and libraries - to share information and resources. ★



Recommendations: Stable, Recurring Funding Streams



Increase funding for mental health supports in tandem with a clearly-defined plan and strategy for utilizing the funds:

- Increase statewide investment for mental health services and programs in schools.  
- Collaborate between departments (e.g. the Office of Mental Health and Substance Abuse Services and the Department of Education) to create an overall strategy for the use of state funds to support mental health in schools.  
- Help support mental health programs and spur creative approaches to mental health services in schools and CBOs by providing additional resources with non-public funding when necessary. 



Support the expansion of Medicaid utilization in schools:

- Provide technical assistance and education to schools, districts, and mental health providers to increase awareness of and support for the implementation of the School-Based ACCESS Program.  






Promising Practices:

Technical Assistance for School-Based Medicaid

- ★ The Kentucky Department of Education publishes a [Technical Assistance Guide](#) to support expanded access for schools. The document provides program policy and guidance to contracted school districts in order to successfully implement and maintain the School-Based Health Care Services (SBHS) program to receive Medicaid reimbursement.
- ★ The [NH Medicaid to Schools Resource Center](#) is a comprehensive resource center for New Hampshire school districts to support the utilization of the NH Medicaid to Schools Program.

- Advocate for Pennsylvania to reverse the Free Care Rule - allowing for Medicaid reimbursement regardless of IEP status - and expand eligible provider types, ultimately bolstering access to school-based mental health services to all students and allowing for more holistic support for mental health needs.  



- Ensure the workforce - inclusive of physical and behavioral health providers - is supported in any expanded implementation of school-based mental health. *(See recommendations above for adequate, appropriate, and supported staff.)*    
- Identify opportunity in the latest statewide CMS grant to expand school-based mental health services through Medicaid and CHIP. 

NOTE: Additional recommendations for optimizing Medicaid to improve youth mental health in Pennsylvania can be found in [this March 2024 report](#) written by PA Children First.



Conclusions and Next Steps

Mental health services and programs come in many different forms for students in Allegheny County. From formal partnerships with behavioral health providers to non-traditional mental health programming, schools, districts, and CBOs are piloting different approaches to try and effectively reach their students. Yet challenges remain in securing sustainable resources, recruiting and retaining diverse and effective staff, and finding enough space and appropriate services for students with more intensive mental health needs.

While there are cautionary tales and lessons learned, there are also strong examples of partnerships between schools, behavioral health providers, and/or community-based organizations that are working to support youth mental health in our communities. Community-based organizations often serve as a bridge between families and schools, working within communities where schools are not able to reach. And partnerships can be very effective when there is supportive leadership and staff to build strong relationships and invest time and logistics into effective communication and coordination.

The need for stable, recurring funding streams was mentioned in almost every single survey response, interview, and focus group with both school/district and CBO participants. Increased federal, state, and local investments coupled with targeted non-public investments are critical to support students' mental health needs.

We hope that key stakeholders in this work - policymakers, advocates, funders, schools/districts, and community-based organizations - can use this report to examine the feasibility of and next steps for the recommendations listed. Allies for Children plans to continue this important work by engaging in the following:

- **Conduct an audit of existing resource guides and elevate successful examples** to ensure school support staff, CBOs, and families have awareness of and access to comprehensive resources for mental health supports/services;
- **Create a “how to build and sustain successful partnerships” toolkit** for school districts and community-based organizations;
- **Host a policy roundtable with key partners** (such as the Allegheny Intermediate Unit, Allegheny County Health Department, APOST, philanthropic leaders, CBO leaders, mental health clinicians, school district administrators, and the Consortium for Public Education) to further examine ways to accomplish and support the goals listed in this report; and
- **Establish a policy agenda** to educate local and state leaders on the need to appropriately fund and sustain mental health programs and services.

Appendix A: List of Partners Engaged

Schools/Districts (24)

AIU Alternative Education
 Avonworth School District
 Baldwin-Whitehall School District
 Clairton City School District
 Carlynton School District
 City Charter High School
 Deer Lakes School District
 East Allegheny School District
 Elizabeth Forward School District
 Environmental Charter School
 Highlands School District
 Keystone Oaks School District
 Leechburg School District*
 Ligonier Valley School District*
 Moon Area School District
 Northgate School District
 Penn Hills School District
 Pine-Richland School District
 Pittsburgh Public Schools
 Plum Borough School District
 Propel North Side
 Sto-Rox School District
 Wilkinsburg School District
 Woodland Hills School District

Community-Based Organizations (23)

Allegheny Family Network
 Amachi Pittsburgh
 Bhutanese Community (BCAP)
 Boys & Girls Clubs of Western PA
 Brookline Teen Outreach
 Casa San Jose
 Center of Life
 Center That Cares/Grayson Center
 Crossroads Foundation
 Focus On Renewal
 Highmark Caring Place
 Highlands Partnership Network
 Human Services Center
 Latino Community Center
 Open Field
 Open Up Pittsburgh
 PAAR
 Pittsburgh Area Community Schools
 Pressley Ridge
 Project Destiny
 South Hills Interfaith Movement
 UpStreet/JFCS
 Wesley Family Services

Other Organizations (5)

Beaver County's Youth
 Ambassador Program
 Chatham University
 Children First PA
 Duquesne University
 Health & Education Alliance

**located outside of Allegheny County*

Appendix B: Select Data by School District

Districts	District Demographics				Student Special Populations			
	Enrollment 2021-2022	% Poverty, 2017	% Econ. Disadvantaged, 2021-2022	% Non- White 2021-2022	Graduation Rate, 2021-2022	% Special Education 2021-2022	% Foster Care 2021-2022	% Homeless 2021-2022
Allegheny Valley SD	899	13.5%	41.6%	9.7%	94.4%	20.0%	0.44%	1.33%
Avonworth SD	1,895	3.6%	14.4%	10.5%	95.0%	16.1%	0.53%	0.05%
Baldwin-Whitehall SD	4,435	10.2%	41.9%	33.7%	91.4%	11.1%	0.56%	0.38%
Bethel Park SD	3,899	4.9%	15.2%	11.3%	93.6%	17.9%	0.36%	0.13%
Brentwood Borough SD	1,125	13.0%	53.9%	28.5%	89.9%	15.7%	0.80%	0.09%
Carlynton SD	1,299	17.1%	56.4%	30.0%	88.2%	17.9%	1.62%	1.46%
Chartiers Valley SD	3,341	7.4%	29.1%	21.5%	91.9%	11.9%	0.33%	0.57%
Clairton City SD	817	40.1%	75.9%	81.8%	77.4%	27.5%	3.79%	3.67%
Cornell SD	521	18.8%	71.4%	45.1%	83.3%	23.8%	0.58%	1.34%
Deer Lakes SD	1,810	7.4%	34.5%	5.8%	94.6%	21.9%	1.38%	0.50%
Duquesne City SD	415	36.6%	67.7%	90.6%	NA	22.7%	1.20%	6.27%
East Allegheny SD	1,477	22.6%	66.3%	49.0%	86.4%	22.8%	1.42%	2.10%
Elizabeth Forward SD	2,355	12.1%	36.9%	10.8%	95.7%	18.8%	0.76%	0.59%
Fox Chapel Area SD	4,158	6.4%	26.1%	21.2%	97.3%	11.0%	0.46%	0.05%
Gateway SD	3,422	13.8%	43.5%	53.1%	90.4%	21.0%	0.50%	1.64%
Hampton Township SD	2,702	3.2%	13.8%	8.2%	96.8%	10.3%	0.07%	0.33%
Highlands SD	2,269	18.6%	54.8%	25.6%	76.1%	20.5%	1.72%	1.90%
Keystone Oaks SD	1,886	14.3%	38.1%	22.2%	94.3%	17.9%	0.48%	0.32%
McKeesport Area SD	3,099	28.1%	72.7%	63.2%	78.1%	26.3%	1.55%	3.00%
Montour SD	3,050	6.5%	24.7%	17.7%	97.8%	16.1%	0.95%	0.56%
Moon Area SD	3,997	5.5%	23.6%	24.6%	91.9%	15.6%	0.15%	0.65%
Mt Lebanon SD	5,402	3.8%	11.3%	16.2%	94.0%	12.3%	0.09%	0.13%
North Allegheny SD	8,467	2.7%	8.1%	27.5%	97.4%	12.1%	0.13%	0.32%
North Hills SD	4,554	6.5%	20.6%	16.8%	93.7%	16.0%	0.46%	0.55%
Northgate SD	1,053	17.5%	56.8%	36.0%	85.0%	23.7%	1.80%	3.13%
Penn Hills SD	3,069	18.3%	62.9%	75.6%	81.9%	23.1%	1.99%	1.30%
Pine-Richland SD	4,550	4.1%	7.0%	13.3%	97.8%	14.4%	0.15%	0.48%
Pittsburgh SD	20,112	23.8%	64.7%	69.5%	83.8%	20.9%	1.79%	2.76%
Plum Borough SD	3,556	6.0%	21.7%	13.3%	96.0%	15.6%	0.56%	0.51%
Quaker Valley SD	1,863	7.4%	16.6%	16.3%	96.5%	15.8%	0.21%	0.21%
Riverview SD	921	14.2%	23.6%	15.2%	87.1%	17.8%	1.41%	0.98%
Shaler Area SD	3,897	8.9%	36.5%	9.6%	93.8%	18.1%	0.82%	1.69%
South Allegheny SD	1,435	18.8%	57.0%	20.7%	85.3%	23.3%	1.74%	3.41%
South Fayette Township SD	3,443	3.7%	11.5%	29.7%	98.1%	9.6%	0.20%	0.35%
South Park SD	1,788	5.9%	27.2%	12.5%	92.8%	14.0%	0.67%	0.56%
Steel Valley SD	1,347	21.5%	59.9%	49.4%	87.8%	24.8%	0.82%	1.93%
Sto-Rox SD	1,240	37.0%	94.5%	77.5%	79.2%	26.2%	4.27%	5.00%
Upper Saint Clair SD	3,934	2.1%	9.9%	19.8%	98.8%	12.7%	0.15%	0.18%
West Allegheny SD	3,316	6.3%	25.4%	11.9%	98.2%	13.2%	0.33%	0.39%
West Jefferson Hills SD	3,262	4.8%	22.6%	13.8%	94.6%	8.0%	0.28%	0.40%
West Mifflin Area SD	2,470	17.7%	61.4%	41.9%	84.3%	23.7%	1.42%	0.93%
Wilksburg Borough SD	506	33.3%	69.0%	97.6%	NA	19.2%	1.38%	4.55%
Woodland Hills SD	3,240	23.2%	70.8%	74.6%	78.1%	22.8%	1.88%	3.92%

Appendix B: Select Data by School District

Districts	Fiscal Data		School Support Expenditures		ACCESS		
	MV/PI Aid Ratio	Noncompetitive School Safety Award, FY23-24	Student Support Services, FY21-22	Pupil Health, FY21-22	Total ACCESS Reimbursement, 5-Yr. Average	ACCESS Reimbursement per Special Education Student	Share of Students with Medicaid/CHIP Coverage
Allegheny Valley SD	0.32	\$141,259	\$624,179	\$228,222	\$1,597	\$8.88	N/A
Avonworth SD	0.35	\$157,938	\$1,396,147	\$334,857	\$741	\$2.43	N/A
Baldwin-Whitehall SD	0.56	\$201,258	\$2,044,690	\$625,477	\$458,914	\$934.74	24.0%
Bethel Park SD	0.45	\$192,765	\$2,015,158	\$1,103,974	\$149,583	\$214.57	7.8%
Brentwood Borough SD	0.68	\$144,636	\$558,054	\$247,645	\$53,530	\$302.49	44.0%
Carlynton SD	0.50	\$151,843	\$1,353,936	\$284,267	\$110,320	\$473.40	32.6%
Chartiers Valley SD	0.32	\$181,536	\$1,381,258	\$659,098	\$318,981	\$799.62	16.1%
Clairton City SD	0.84	\$141,915	\$695,029	\$96,401	\$17,897	\$79.54	55.5%
Cornell SD	0.51	\$136,954	\$362,159	\$167,259	\$66,455	\$535.93	N/A
Deer Lakes SD	0.49	\$157,673	\$1,116,739	\$300,546	\$107,609	\$271.72	N/A
Duquesne City SD	0.87	\$141,365	\$1,158,215	\$105,160	\$50,238	\$534.46	78.8%
East Allegheny SD	0.72	\$155,488	\$1,650,216	\$301,057	\$124,837	\$370.38	59.6%
Elizabeth Forward SD	0.63	\$169,102	\$1,324,313	\$519,333	\$112,716	\$254.99	21.0%
Fox Chapel Area SD	0.18	\$196,561	\$4,905,794	\$725,811	\$293,661	\$641.47	13.5%
Gateway SD	0.41	\$184,665	\$3,611,143	\$509,842	\$524,489	\$731.60	36.5%
Hampton Township SD	0.40	\$172,629	\$1,928,665	\$550,591	\$89,683	\$322.56	N/A
Highlands SD	0.68	\$168,004	\$1,605,424	\$242,253	\$72,721	\$156.72	48.9%
Keystone Oaks SD	0.34	\$158,564	\$1,588,409	\$415,043	\$4,055	\$12.00	14.8%
McKeesport Area SD	0.77	\$186,407	\$1,890,879	\$460,555	\$99,704	\$122.33	49.6%
Montour SD	0.21	\$178,281	\$2,363,127	\$781,043	\$394,455	\$801.80	N/A
Moon Area SD	0.41	\$194,849	\$2,809,702	\$729,624	\$210,277	\$336.37	8.7%
Mt Lebanon SD	0.40	\$209,510	\$4,501,469	\$961,208	\$286,607	\$432.40	N/A
North Allegheny SD	0.29	\$247,455	\$6,144,455	\$1,898,435	\$871,276	\$849.03	5.7%
North Hills SD	0.39	\$201,986	\$2,879,922	\$882,126	\$40,317	\$55.47	14.5%
Northgate SD	0.54	\$143,571	\$1,159,720	\$306,601	\$82,977	\$331.93	N/A
Penn Hills SD	0.63	\$194,414	\$2,353,902	\$725,645	\$453,761	\$640.06	42.1%
Pine-Richland SD	0.35	\$199,502	\$3,043,841	\$1,111,689	\$417,653	\$636.56	N/A
Pittsburgh SD	0.31	\$440,494	\$21,485,548	\$12,816,650	\$2,586,354	\$615.59	35.5%
Plum Borough SD	0.60	\$183,407	\$2,020,399	\$767,393	\$273,009	\$493.73	7.5%
Quaker Valley SD	0.15	\$158,007	\$2,119,348	\$427,304	\$321,417	\$1,093.32	6.0%
Riverview SD	0.35	\$141,894	\$548,460	\$155,744	\$49,535	\$301.99	17.7%
Shaler Area SD	0.52	\$195,119	\$4,096,273	\$909,112	\$489,821	\$692.90	19.2%
South Allegheny SD	0.76	\$154,185	\$1,040,146	\$214,490	\$120,840	\$361.72	34.7%
South Fayette Township SD	0.55	\$181,542	\$2,439,414	\$597,300	\$157,090	\$473.30	N/A
South Park SD	0.59	\$157,660	\$1,124,081	\$329,503	\$88,885	\$355.59	N/A
Steel Valley SD	0.62	\$155,318	\$1,296,541	\$536,035	\$111,970	\$335.18	33.1%
Sto-Rox SD	0.81	\$157,223	\$789,326	\$104,639	\$75,071	\$230.99	70.0%
Upper Saint Clair SD	0.39	\$191,897	\$3,155,174	\$759,666	\$339,363	\$677.11	N/A
West Allegheny SD	0.44	\$181,596	\$2,770,822	\$799,155	\$75,026	\$172.06	N/A
West Jefferson Hills SD	0.49	\$181,331	\$2,269,158	\$619,161	\$292,596	\$1,117.04	9.7%
West Mifflin Area SD	0.64	\$169,437	\$1,288,819	\$577,623	\$33,622	\$57.48	46.8%
Wilkesburg Borough SD	0.57	\$144,007	\$920,650	\$192,398	\$67,863	\$699.62	64.3%
Woodland Hills SD	0.57	\$199,451	\$2,626,372	\$992,198	\$279,008	\$377.03	39.4%

Appendix C: Data Points Analyzed and Sources (Districts)

Topic	Indicator	More Details	Source
Services	Service Types	Examples: School-Based Mental Health, Behavioral Health, CBO Partnership, Service Coordination, Other (School Services/Programs)	Survey + desktop research
District Demographics	Enrollment	2021-2022	PDE
	Poverty	2017	KidsCount
	% Economically Disadvantaged	2021-2022	Future Ready PA Index
	% Non-White Students	2021-2022	Future Ready PA Index
	Graduation Rate	2021-2022, 4-year cohort rate	EDFacts Data Files
Special Populations	% Special Education Enrollment	Percent of students enrolled in special education, 2021-2022	Future Ready PA Index
	% Foster Care	Percent of students with foster care experience, 2021-2022	Future Ready PA Index
	% Homeless	Percent of students experiencing homelessness, as defined by McKinney-Vento, 2021-2022	Future Ready PA Index
Partnerships	Partnership Types	Examples: Medical or Behavioral Health Service Providers, Community-Based Programs, Schools, Districts	Survey + desktop research
	SEEKS SES Recipient	Y/N	Administrative Services / Project SEEKS SES
Staff	Support Staff	Examples: School Counselor, Licensed Social Worker, School Psychologist, Behavioral Interventionist/Specialist/Educator, Licensed Professional Counselor	Survey + desktop research
	Total # of Support Staff		Survey + desktop research
	Staff Trainings	Examples: Mental Health First Aid (MHFA), Trauma-Informed Care, Positive Youth Development, Sanctuary Training	MHFA list from MPNY, Survey
Fiscal Data	MV/pl AR	2018-2019; MV/PI Aid Ratio reflects an LEA's combined market value (MV) and personal income (PI) wealth for each resident student as compared to the state average.	Future Ready PA Index
	Funding Sources for Mental Health Supports	Examples: ESSER, SEEKS SES, School Security, General Funds, Special Education Funds, Philanthropic Funds, ACCESS	Survey data
	Noncompetitive School Safety Award	FY23-24, Includes noncompetitive Mental Health Award and formula-based School Safety and Security Meritorious Grants	FY 2023-24 School Safety Awards, PA Commission on Crime & Delinquency
	School Safety Award per Student	Noncompetitive School Safety Award / enrollment 2021-2022	
	Student Support Services	2021-2022 expenditures; includes guidance, attendance, psychological services, speech pathology, and social work	PA Department of Education, Support Services Expenditure Detail
	Student Support Services per Student	Student Support Services Expenditures / enrollment 2021-2022	
	Pupil Health	2021-2022 expenditures; includes medical services, dental services, nursing services, and nonpublic health services	PA Department of Education, Support Services Expenditure Detail
	Health per Student	Pupil Health Expenditures / enrollment 2021-2022	
	ACCESS Reimbursement	5-year average of Federal reimbursements, 2017-2023	AFR Data Detailed
	ACCESS \$/Student	ACCESS Reimbursement (5-year average) / enrollment 2021-2022	
	Share of Children with Medicaid/CHIP Coverage	2017-2021 average	Georgetown University Center for Children and Families

Appendix C: Data Points Analyzed and Sources (CBOs)

Topic	Indicator	More Details	Source
Programming	Program Type/Focus	Examples: Gender-Specific Programming, Arts, Mentoring, STEAM, Athletics/Yoga, Service Provider, Faith-Based, Community Programming/Health & Human Services	Desktop research + survey
	Program Services/Delivery	Examples: Academic Supports, Group Intervention, 1:1 Follow-Up with Team Member, 1:1 Counseling with Counselor and/or Psychologist, Services by/from Social Worker, Crisis Intervention, Family Engagement	Survey, supplemented with desktop research where available
	Frequency of Support		Desktop research
	Transportation Provided	To/from school, home, central location	Desktop research + survey
Population Served	# Served Annually		Desktop research where available
	Demographics Served	Age, location, specific type of population	Desktop research
	Region		Survey, supplemented with desktop research where available
Partnerships	Partnership Types	Examples: Medical or Behavioral Health Service Providers, Community-Based Programs, Schools, Districts	Survey data, supplemented with some desktop research where available
	# of district partners		Desktop research, supplemented with some survey data where available
	# of school partners		Desktop research, supplemented with some survey data where available
	Partners	List of partners	Survey + desktop research
Staff	Staff Training	Examples: Mental Health First Aid (MHFA), Trauma-Informed Care, Positive Youth Development, Sanctuary Training	MHFA list from MPNY, Survey
	Support Staff	Examples: Licensed Professional Counselor, Licensed Social Worker, Licensed Psychologist	Survey
	Total # of Support Staff		Survey
Fiscal	Annual Revenue	Annual revenue, most recent filing	Public Filings
	Revenue Streams for Mental Health	Examples: Philanthropic Funds, Program Services Revenue, Individual/Corporate Donations, Government Funds	Survey + government funding from list of county DHS/DCI-funded organizations

Appendix D: Partnerships

The following is a list of partnerships identified throughout the analysis for this report. It is not intended to be an exhaustive list of partnerships in the county.

Community-Based Organization <> School(s) and/or District(s)

- **Allegheny Family Network** <> Highlands School District
- **AMACHI Pittsburgh** <> Pittsburgh Public Schools, Sto-Rox School District
- **Bhutanese Community Association of Pittsburgh** <> Baldwin-Whitehall School District, Brentwood Borough School District, Pittsburgh Public Schools, West Jefferson Hills School District
- **Boys & Girls Clubs of Western Pennsylvania** <> [districts] Clairton City School District, Chartiers Valley School District, Duquesne City School District, North Hills School District, McKeesport Area School District, Pittsburgh Public Schools, Propel Charter Schools, Shaler Area School District, Sto-Rox School District; [schools] Carnegie Elementary School, Cyber Reach Charter School, Kentucky Avenue School, Neighborhood Academy, Passport Academy Charter School, PHCSE Scott Primary School
- **Brookline Teen Outreach** <> Brashear High School, Brookline Elementary, Carmalt Elementary, Carrick High School, City Charter High School, Pioneer School, South Hills Middle School, West Liberty Elementary
- **Center that Cares / Grayson Center** <> A. Leo Weil Elementary, Allegheny Traditional Academy Elementary School, Arsenal Elementary School, Barack Obama Academy of International Studies 6-12, Dilworth Traditional Academy, Environmental Charter School, Fulton Elementary School, Liberty Elementary, Lincoln Elementary, Manchester K-8, Miller Afro-Centered Academy, Oliver Citywide Academy, Perry Traditional Academy, Pittsburgh Milliones at University Preparatory Academy 6 – 12, Pittsburgh Urban Christian School, Propel East Charter School, Saint Benedict The Moor School, Science & Technology Academy, Westwood Elementary School, UPrep Middle and High School
- **Crossroads Foundation** <> Bishop Canevin HS, Central Catholic HS, Oakland Catholic HS, Our Lady of the Sacred Heart HS, Serra Catholic HS, Seton LaSalle HS
- **Hello Neighbor - Study Buddy Program** <> Baldwin-Whitehall School District, Brentwood Borough School District, Carlynton School District, Northgate School District, Pittsburgh Public Schools, Propel McKeesport, West Mifflin School District, Young Scholars of Western PA
- **Heritage Community Initiatives** <> Woodland Hills School District
- **Highlands Partnership Network** <> Highlands School District
- **Homewood Children's Village** <> Faison K-5, Lincoln PreK-5, Westinghouse 6-12
- **Hosanna House** <> Kelly Primary School, Sister Thea Bowman Catholic Academy, Turner Intermediate School
- **Human Services Center Mon Valley** <> East Allegheny School District, McKeesport Area School District, Penn Hills School District, Propel Charter Schools, West Mifflin Area School District, Woodland Hills School District
- **Jewish Community Center (Clubhouse)** <> Colfax K-8, Community Day School, Environmental Charter School, Falk School, Ellis School, Linden Elementary, St. Bede, St. Edmund's Academy, Winchester Thurston
- **Latino Community Center** <> Beechwood Elementary School, Francis McClure Elementary School
- **Mercy** <> Brentwood School District, Pittsburgh Public Schools, Shaler Area School District
- **Mt. Ararat Community Activity Center** <> Lincoln Elementary School, Pittsburgh Westinghouse Academy
- **Neighborhood Learning Alliance** <> Arsenal, Concord, Kelly, Morrow, Manchester, Miller, Roosevelt, Turner, Woolslair
- **Open Field** <> Pittsburgh Public Schools
- **Open Up Pittsburgh** <> Baldwin-Whitehall School District

Appendix D: Partnerships

Community-Based Organization <> School(s) and/or District(s) (continued)

- **Pittsburgh Area Community Schools** <> Arsenal, Clairton City School District, Duquesne School District, East Allegheny School District, Sto-Rox School District
- **Pressley Ridge** <> Duquesne City School District, Sto-Rox School District
- **Project Destiny** <> Pittsburgh Public Schools
- **Ruth's Way** <> Penn Hills School District
- **SHIM** <> Baldwin Whitehall School District
- **The Dragon's Den** <> Propel Homestead, Propel Hazelwood, Steel Valley School District
- **Wesley Family Services** <> Clairton School District, Cornell School District, Deer Lakes School District, Pittsburgh Public Schools
- **YMCA (Before and After School Care)** <> Avonworth School District, Brentwood School District, Environmental Charter School, Fox Chapel Area School District, Franklin Regional School District, Gateway School District, Hampton Township School District, McKeesport School District, Montour School District, North Allegheny School District, Northgate School District, North Hills School District, Penn Hills School District, Pittsburgh Public Schools, Riverview School District, South Allegheny School District

Community-Based Organization <> Community-Based Organization

- **Beverly Jewel Wall Lovelace** <> 7 public housing communities
- **Boys & Girls Clubs of Western Pennsylvania** <> Vitable Health (mental health care services)
- **Latino Community Center** <> Carnegie Library of Pittsburgh
- **Open Field** <> A+ Schools, ARYSE, Beadling Soccer Club, the Elliott West End Athletic Association, LCC, Mooncrest, Planned Parenthood, SHIM, Steel City FC/Hotspurs Soccer Club, Upstreet
- **Open Up Pittsburgh** <> WQED
- **Pressley Ridge** <> SEEKS SES
- **Project Destiny** <> AHN, Northside Christian Health, Pressley Ridge
- **SHIM** <> ARYSE, BCAP, Casa San Jose, JFCS, Melting Pot, Outreach Teen and Family

School/District <> Community-Based Organization or Behavioral Health Provider

- **Allegheny Valley SD** <> Pittsburgh Center for Integrative Therapy
- **Avonworth SD** <> FBR and Exhale (formerly TSI), YMCA (before and after care)
- **Baldwin-Whitehall SD** <> AHN (Chill Project), BCAP, Hello Neighbor, Open Up Pittsburgh, SHIM, TCV (SAP)
- **Bethel Park SD** <> Auberle (SAP)
- **Brentwood Borough SD** <> BCAP, Care Solace, Hello Neighbor, Holy Family Institute (SAP partner), Pittsburgh Mercy (school-based therapy), YMCA (before and after care)
- **Carlynton SD** <> AHN (Chill Project), Hello Neighbor
- **Chartiers Valley SD** <> AHN (Chill Project), Allegheny Children's Initiative (SAP), Boys & Girls Clubs of Western Pennsylvania
- **Clairton City SD** <> AHN (Chill Project), Becoming A Man (BAM), Boys & Girls Clubs of Western Pennsylvania, Gwen's Girls, Just Discipline Project (Pitt), Nisar BHRS, PACS, TCV Community Services (SAP provider), Wesley Family Services, Youth Opportunity Development
- **Cornell SD** <> Wesley Family Services
- **Deer Lakes SD** <> AHN (Chill Project), Care Solace, Highmark Caring Place (grief groups), HSAO (SAP), FBR (SBMH), Wesley Family Services (Child and Adolescent Partial Hospitalization Provide)
- **Duquesne City SD** <> Boys & Girls Clubs of Western Pennsylvania, PACS, Pressley Ridge (behavioral health supports), University Of Pitt – Restorative Practices, Watson Institute

Appendix D: Partnerships

School/District <> Community-Based Organization or Behavioral Health Provider (continued)

- **East Allegheny SD** <> Human Services Center Mon Valley, PACS, TCV Community Services
- **Elizabeth Forward SD** <> FBR (school based therapy and behavioral health), HSAO (SAP)
- **Fox Chapel Area SD** <> Care Solace, Family Behavioral Resources (FBR) (school-based mental health), YMCA (before and after care)
- **Gateway SD** <> YMCA (before and after care)
- **Hampton Township SD** <> Family Behavioral Resources (school-based mental health), YMCA (before and after care)
- **Highlands SD** <> Allegheny Family Network/Highlands Partnership Network, Family Behavioral Resources, HSAO, Handle with Care (collaboration with the police), Hope Squad (suicide prevention), The Spot OST Program
- **McKeesport Area SD** <> Boys & Girls Clubs of Western Pennsylvania, Human Services Center Mon Valley, Latino Community Center, YESS Program through Pressley Ridge, YMCA (before and after care)
- **Montour SD** <> YMCA (before and after care)
- **Mt Lebanon SD** <> Allegheny Childrens Initiatives (SAP partner)
- **North Allegheny SD** <> YMCA (before and after care)
- **North Hills SD** <> Boys & Girls Clubs of Western Pennsylvania, Glade Run Luther Services (school-based services), Holy Family Services (SAP), YMCA (before and after care)
- **Northgate SD** <> AHN Suburban (internships, OST programming), Hello Neighbor, YMCA (before and after care)
- **Penn Hills SD** <> CURE Violence-Lee Davis, Human Services Center Mon Valley, Ruth's Way, YESS Program through Pressley Ridge, YMCA (before and after care)
- **Pine-Richland SD** <> Glade Run (school based mental health), HSAO (SAP)
- **Pittsburgh SD** <> 100+ community partners
- **Plum Borough SD** <> Family Behavioral Resources (school based therapy), HSAO (service coordination), System 1-2-3 (online SEL), TCV (school based therapy)
- **Quaker Valley SD** <> Holy Family (school-based mental health), Move This World (SEL)
- **Riverview SD** <> YMCA (before and after care)
- **Shaler Area SD** <> Boys & Girls Clubs of Western Pennsylvania, Pittsburgh Mercy (school-based therapy)
- **South Allegheny SD** <> Chestnut Ridge (school-based therapy, YMCA (before and after care)
- **South Park SD** <> HSAO (SAP)
- **Steel Valley SD** <> Dragon's Den, Satchel Pulse (screening for students)
- **Sto-Rox SD** <> Allegheny Children's Initiative (ACI) (service coordination), Allegheny Family Network (AFN) (family engagement), AMACHI, Boys & Girls Clubs of Western Pennsylvania, Caring Place (group grief support), Caring Connections for Youth (diversion program), Counseling Initiative (outpatient therapy), Focus On Renewal (community hub), HSAO (service Coordination), MHY Family Services, PACS, Pressley Ridge (Community and School Based Behavioral Health), Steel City Impact, UpStreet PGH (outpatient therapy)
- **Upper Saint Clair SD** <> Care Solace
- **West Jefferson Hills SD** <> AHN (Chill Project)
- **West Mifflin Area SD** <> Hello Neighbor, Human Services Center Mon Valley
- **Wilkinsburg Borough SD** <> Effective School Solutions (clinical therapeutic staff), Hosanna House, HSAO (SAP and service coordination), Neighborhood Learning Alliance
- **Woodland Hills SD** <> Center for Victims, CURE Violence, Devereux TCV (emotional support classrooms), Family Links (school based MH), HEAR Foundation, Heritage Community Initiatives, HSAO (service coordination), Human Services Center Mon Valley, Rankin Christian Center, TCV (SAP Provider), Vex Program

Endnotes

- ¹ *What Do Young People in Crisis Need from Their Communities?* Crisis Text Line and Common Good Labs, 2024. <https://www.crisistextline.org/wp-content/uploads/2024/02/community-resilience-report.pdf>.
- ² Crisis Text Line and Common Good Labs
- ³ Cox, Cynthia, Nirmita Panchal, and Robin Rudowitz. "The Landscape of School-Based Mental Health Services." KFF, Kaiser Family Foundation, 6 Sep. 2022, <https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/>.
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Endnotes

- ²⁸ Based on data from survey and desktop research; may not be exhaustive.
- ²⁹ The number of responses for each individual concern question varied, from 31 to 37 respondents.
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