School & Community-Based Partnerships: Data Highlights for the 2024-2025 Academic Year

Agency & District Profiles

RESPONDING COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHCs): 82

NUMBER OF SCHOOL DISTRICTS, CHARTER SCHOOLS & ESCS SERVED: 692 (7.1% increase from 2024)

NUMBER OF SCHOOL BUILDINGS WITH SCHOOL-BASED BH SERVICES: 3,850 (6.6% increase from 2024)

- Elementary: 1,587
- Middle School: 1,039
- High School: 978
- ESC/Other: 248

TYPES OF CLASSROOMS RECEIVING SCHOOL-BASED BH SERVICES:

- Regular Education: 87.8%
- Special Education: 67.1%
- Disability-Specific: 37.8%
- After-School Programs: 35.4%
- Charter Schools: 34.2%
- Before-School Programs: 11%
- Behavior/Alternative Schools: 9.8%
- "Other" Classrooms: 18.29%

Clinical or Treatment Services Available in Schools

97.7% ARE PROVIDING TREATMENT SERVICES THROUGH SCHOOL-BASED PARTNERSHIPS.

- The top five (5) clinical services being provided in schools were:
  - 87.8% provide School-Based Individual Counseling.
  - 84.2% provide Assessment.
  - 72% provide Community Psychiatric Supportive Treatment (CPST).
  - 69.5% provide Therapeutic Behavioral Services (TBS).
  - 58.5% of providers are providing Crisis Intervention Services in school-based settings.

Telehealth Services in School-Based Settings

92.7% OF AGENCIES WITH SBBH PROGRAMS PROVIDE TELEHEALTH IN NON-SCHOOL SETTINGS.

48.8% OF SBBH PROGRAMS ARE CURRENTLY ENGAGED IN TELEHEALTH IN SCHOOL SETTINGS.

- Survey respondents are providing SBBHS in 70% (21/30) of all Hazel Health school districts.
- In nearly half of all Hazel Health School Districts (43.3%), survey respondents are already delivering telehealth services in those schools.

LARGEST BARRIERS TO PROVIDING TELEHEALTH IN SCHOOL-BASED SETTINGS:

- Private space in schools & confidentiality
- Wi-Fi connections/stability & connectivity
- School Firewalls
- Equipment availability for telehealth
- Administration/Teachers understanding of needs
- Working with teachers/schools is more difficult

Prevention Services in School-Based Settings

100% OF PREVENTION PROVIDERS UTILIZE EVIDENCE-BASED PREVETION CURRICULA.

83.5% ARE PROVIDING PREVENTION SERVICES, GENERALLY, THROUGH SCHOOL-BASED PARTNERSHIPS.

THE TOP FIVE (5) SOCIAL, EMOTIONAL, LEARNING (SEL) PREVENTION SERVICES ARE:
#1 - Tier 2 – Selected Prevention Services **(86.6%)**
#2 - Tier 1 – Universal Prevention Services **(82.1%)**
#3 - Staff Support & Professional Services **(74.6%)**
#4 - Tier 3 – Targeted Prevention Service **(71.6%)**
#5 - Parent / Caregiver Prevention Services **(59.7%)**

67.5% ARE PROVIDING SUICIDE PREVENTION SERVICES THROUGH SCHOOL-BASED PARTNERSHIPS.

41.25% ARE PROVIDING THREAT ASSESSMENT SERVICES IN SCHOOLS (8.6% increase from 2024).

30.9% ARE PROVIDING UNIVERSAL SCREENING IN SCHOOLS (14.9% increase from 2024).

36.25% OF PROVIDERS HAVE NOTICED SOME COMMUNITY RESISTANCE TO SEL STANDARDS.

Evidence-Based Prevention Curricula in Use

100% of prevention providers are utilizing evidence-based prevention curricula, in alignment with changes to Ohio law. The top five (5) evidence-based curricula being utilized in schools for social emotional learning (SEL) and suicide prevention utilized during the 2024-2025 school year are:

TOP 5 SOCIAL & EMOTIONAL LEARNING (SEL) CURRICULA	%
Positive Behavioral Interventions & Supports (PBIS)	41.6%
Botvin LifeSkills Training (LSC)	35.1%
Zones of Regulation	29.9%
PAX Tools	27.3%
Question, Persuade, Refer (QPR)	27.3%

TOP 5 SUICIDE PREVENTION CURRICULA	%
Signs of Suicide (SOS)	64.5%
Sources of Strength (Sources)	26.9%
Sandy Hook Promise – Say Something	25%
Teen Mental Health First Aid (tMHFA)	15.4%
Erika's Lighthouse: A Beacon of Hope for Adolescent Depression	11.5%

Collaborative Practices in Use

COLLABORATIVE PRACTICES

97.5% of providers indicated that they engaged in collaborative practices with school partnerships. This series of questions asked providers how they are engaging with schools, students, and families in collaborative ways. The most reported collaborative practices were:

- 89.6% of providers are engaging families to address social, emotional, and behavioral needs.
- 84.4% of providers are involved with school building/district planning (generally).
- 80.5% of providers engage in planning Social Emotional Learning (SEL) strategies.
- 79.2% of providers support planning and implementation for Trauma-Informed Practices.
- 76.6% of providers participate actively in school planning teams.
- 64.9% of providers assist with data collection & informed decision-making.
- 53.25% of providers help district develop policies related to students/staff behavioral health needs.
- 50.65% of providers assist with the conducting of school needs assessments.

CONSULTATION SERVICES

90.24% of providers are providing consultation services to teachers, staff, and administrators through their school-based partnerships. The types of consultation services being provided include:

- 93.2% provide student-specific consultation.
- 87.8% provide consultation to teachers.
- 81.1% provide consultation within the classroom.

BEHAVIORAL HEALTH SERVICES PROVIDED DIRECTLY TO SCHOOL STAFF

This year, 81.25% of respondents reported providing one or more behavioral health service(s) directly to school staff. The types of services provided to school staff include:

- Consultation with staff regarding their personal mental health: 80%
- Prevention activities to promote teacher wellness: 46.2%
- Treatment/Clinical services provided directly to school staff: 29.2%
- Training/Professional development for school staff: 24.6%
- Screening for mental health concerns with school staff: 16.9%

48.75% HAVE PARTNERSHIPS WITH ESCS THAT ARE DELIVERING BH SERVICES.

42.9% OF DISTRICTS HAVE LICENSE REQUIREMENTS FOR STAFF DELIVERING BH SERVICES.

School-Based Services Perceptions & Planning

DATA USED BY PROVIDERS TO PLAN & EXPAND SCHOOL-BASED PROGRAMS

- Attendance Data: 72.7%
- Discipline Data: 69.7%
- Youth Risk Behaviors Survey (YRBS): 19.7%
- Ohio Youth Assessment System (OYAS): 9.1%
- Other: 1.4% (*Includes needs surveys, pre-post surveys, grades, poverty data, etc.*)

TOP 5 MOST NEEDED SERVICES, ACCORDING TO PROVIDERS

- Crisis De-Escalation & Behavior Management: 79% (*+7.1% from 2024*)
- Treatment: 67.9%
- Prevention: 66.7%
- Training for Educators/Administrators: 64.2%
- Parent/Caregiver Support & Education: 59.3%

MOST FREQUENTLY REQUESTED SCHOOL-BASED SERVICES:

- Individual or Group Counseling: 62%
- Prevention Services: 38%
- Crisis Intervention: 28%
- Therapeutic Behavioral Supports (TBS): 22.8%
- Consultation: 20.25%

Workforce-Related Data

WORKFORCE RECRUITMENT & RETENTION

- **79.8%** of school-based behavioral health providers continue to **have challenges attracting and retaining school-based staff**, a slight decrease from 2024 (-6%).
  - 25.6% of providers indicate that it has been harder to recruit and retain staff during the 2024-2025 school year compared to the same time last year.
  - 68% of providers indicate that the challenges with workforce recruitment and retention are the same compared to the same time last year.
- **Turnover/attrition rates** remain a challenge for school-based programs. Of note, 10.5% of respondents have attrition rates above 41%; with two providers losing nearly their entire workforce in the last year, with an attrition rate between 91% - 100%.

ATTRITION RATE	%	# ORGS	# SCHOOL-BASED (SB) EMPLOYEES LOST
0% -10%	35.5%	27	Over one-third of agencies lost up to 1-in-10 SB employees last year
11% - 20%	25%	19	One-fourth of agencies lost up to 1-in-5 SB employees last year
21% - 30%	18.4%	14	Nearly one-fifth of agencies lost up to 3-in-10 SB employees last year
31% - 40%	10.5%	8	10.5% of agencies lost up to 2-in-5 SB employees last year
41% - 50%	4%	3	4% of agencies lost up to 1-in-2 SB employees last year
61% - 70%	1.3%	1	1 agency lost up to 7-in-10 employees last year
71% - 80%	2.6%	2	2 agencies lost 4-in-5 SB employees last year
91%-100%	2.6%	2	2 agencies saw nearly their entire SB workforce turnover last year

WORKFORCE SHORTAGES

- **73 full time** school-based staff members were hired-away during the 2024-2025 school year from their community behavioral health agency by a school district or ESC.
  - This constitutes a **64.2% decrease** in the number of staff recruited away from their agencies by school districts compared to the same time last year, likely due to changes in COVID-era revenues, dropping off school-districts budgets.
- Agencies reported **253 full-time school-based position vacancies**, a 32.4% decrease from 374 FTE vacancies during the same time last year.

TOP COMPETITORS FOR SCHOOL-BASED STAFF 2023 – 2024 SCHOOL YEAR		TOP COMPETITORS FOR SCHOOL-BASED STAFF 2024 – 2025 SCHOOL YEAR	
#1 - Private Practice	65.4%	**#1 -** Other Community Behavioral Health	64.6%
#2 - Schools	61.5%	**#2 -** Private Practice	60.8%
#3 - Other Community Behavioral Health	60.3%	**#3 -** Schools	54.4%

BARRIERS TO PROVIDING SCHOOL-BASED SERVICES
The #1 reason that school-based staff left their positions over the last year continues to be low salary, with this category increasing by 4.7% compared to the same time last year.

- #1 – Salary, **90%**
- #2 – Documentation Requirements, **28.75%**
- #3 – Schedule / Work Hours, **23.75%**
- #4 – Benefits, **17.5%**

The top two (2) barriers to providing school-based services are:

- #1 – Shortage of available providers/professionals, **72.5%** (*10.8% decrease from 2024*)
- #2 – Difficulty finding space to deliver services, **62.5%**
- #3 – Extremely High Needs & Long Wait Lists, **40%** (*23.8% decrease from 2024*)

Behavioral Health Funding Sources

SCHOOL-BASED SERVICES OVERALL REVENUE SOURCES
This series of questions sought to understand the sources of *any* funding SBBH providers used to finance SBBH programs. In 2025, the number of SBBH providers that received *some* financial compensation from school districts continued to increase (chart 1); a benchmark that has grown significantly over the last two (2) years, likely attributable to policy changes taking place during the same period, requiring schools to use at least 50% of Student Wellness & Success Funds to support students' mental and physical wellness. While this trend is positive, the amount of funding provided by school districts is not nearly enough to cover the full cost of SBBH programs, covering a median of less than 4.5% of agencies' total SBBH program costs (chart 2).

CHART 1 - SBBH PROGRAMS RECEIVING *ANY* REVENUE FROM THE FOLLOWING SOURCES	
REVENUE SOURCE	**% PROGRAMS RECEIVING *ANY* FUNDS FROM SOURCE**
Community Behavioral Health Medicaid	77.8%
Medicaid School Program (MSP)	4.9%
Private/Third Party Insurance	53.1%
Contract with School District	71.6% (*6.1% increase from 2024*)
ADAMHS Board Funds (state-local)	82.7%
Grants/Private Foundation	46.9%
Other	1.2%

MEDIAN PERCENTAGE PAYOR FOR SCHOOL-BASED SERVICES
This series of questions sought to understand, on average, who are the primary payors for school-based behavioral health (SBBH) services; and asked providers to estimate the percentage of their overall budgets for SBBH programs being covered by the following sources. The data below reflects the median total of *all* providers overall school-based programs' budgets that are being covered by various payment sources.

During the 2024-2025 school year, Medicaid continues to be the primary payor for SBBH services, covering a median total of 60% of all program costs. Generally, ADAMH/S board funds were allocated to financing prevention programs; and compared to the same time last year, the median percentage of ADAMH/S Board funding covering the costs of SBBH services showed a 30.2% decrease. This decrease also coincides with a slight decrease in the number of providers *engaging* in the delivery of prevention services, which dropped from 88.5% in the 2023-2024 school year, to only 83.5% of providers during the 2024-2025 school year.

CHART 2 - MEDIAN % REVENUE FOR SBBH PROGRAMS FROM THE FOLLOWING SOURCES:	
REVENUE SOURCE	**MEDIAN % OF SBBH BUDGETS COVERED BY FUNDER**
Community Behavioral Health Medicaid	60%
ADAMHS Board Funds	15% (*30.2% decrease from 2024*)
Contract with School District	4.5%
Other – includes self-pay & private contracts	0%
Private/Third Party Insurance	1%
Grants/Private Foundations	0%