

2024 School-Based Behavioral Health Services Summary Report



Abstract

As of the 2023-2024 academic year, Ohio's community behavioral health centers continue to offer critical screening, prevention, treatment, and crisis intervention services in 3,610 of the state's public and private school buildings, constituting a 21.8% increase compared to the same time last year. Strengthening partnerships between schools and community behavioral health centers are an effective strategy to maximize the existing workforce and enable students' to perform academically and achieve their full potential.

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Introduction

In 2017, *The Ohio Council of Behavioral Health & Family Services Providers* began gathering data on school-based services and partnerships to better understand the impact that Ohio’s community behavioral health sector was having on youth behavioral health outcomes. This most recent survey effort was conducted in the spring of 2024, with 80 community behavioral health provider centers (CBHCs) responding. The data collected and included in this latest report demonstrates the continued growth and commitment of community behavioral health providers to support their local school systems, students, and families by extending access to care inside and outside the school setting.

Indeed, between 2017 and 2024, partnerships between CBHCs and school districts, ESCs, private, and charter schools have increased by over 223%. During the 2023-2024 school year, community behavioral health providers were engaged in service delivery in more than 3,610 individual school buildings across the state of Ohio.

Data continues to reflect troubling trends in youth mental wellbeing. Recent data suggests that nearly 44% of all high school students are experiencing persistent feelings of sadness or hopelessness, and suicide remains the 2nd leading cause of death among young people aged 10-24.^{1,2} While the rate of mental distress has worsened for all young people, some demographics – including female youth, LGBTQ+ youth, and young males of color continue to be disproportionately impacted.^{3,4} Without support, youth with mental, emotional, or behavioral concerns will be three times more likely to repeat a grade and twice as likely than their peers to drop out of high school.⁵ Yet, despite the rising need, only around 20% of students who reported serious mental health concerns are able to access care from a mental health professional.⁶ Untreated mental health concerns not only impact young people’s personal wellbeing and academic functioning,⁷ but have long-term economic and social costs which research suggests are in the hundreds of billions of dollars each year.⁸

Optimistically, investments in school-based behavioral health services significantly improve young people’s mental, emotional, and physical health.⁹ Robust partnerships between schools and CBHCs is the best practice for the implementation of these programs.^{10,11,12,13} The positive impact of school-based behavioral health investments is felt both, immediately through improved social functioning and academic performance, and into adulthood – going on to result in broad economic benefits to society at-large.¹⁴ One recent longitudinal study, for example, found that a modest \$602 investment in youth prevention services results in a \$7,754 cost savings per child by the time participants are 23.¹⁵

Continued Growth of School-Based Services

During the 2023-2024 school year, the responding 80 CBHCs partnered with a total of 646 individual school districts, charter schools, and ESCs, constituting a 10.1% increase in districts served, compared to the same time last year; and were serving students in a total of 3,610 individual school buildings across the state of Ohio, reflecting a 21.8% increase compared to the prior school year. The largest age group receiving school-based behavioral health services were students in elementary school, with a total of 1,459 Elementary School buildings being served by CBHCs, followed by 926 Middle School buildings, 883 High School buildings, and 342 “Other” types of buildings – which includes ESCs, trade schools, daycares, and alternative schools.

87.5% of respondents are providing clinical and/or treatment services through school-based partnerships. Of those engaged in school-based treatment, nearly all are providing Assessment (97.2%) and Individual Counseling (94.4%); and more than half (57.7%) are engaged in Crisis Intervention services. 88.5% of respondents offer one or more prevention services utilizing evidence-based curricula. While pre-pandemic prevention services more prevalently emphasized Social and Emotional Learning (SEL) strategies and

Substance Use Prevention, today 66.7% of respondents are providing suicide prevention services – a new trend that highlights the increasing severity of the current youth mental health crisis. Providers also noted significant increases in requests for Nicotine or Vaping prevention programs, reflecting recent nationwide increases in youth vaping and teen nicotine use across the U.S.^{16,17}

As the needs of Ohio’s students become more acute, so have the services being delivered by Ohio’s CBHCs. 60% of school-based providers are delivering Crisis Intervention services, and 3-in-4 survey respondents indicated that Crisis De-Escalation and Intervention Services were the most needed service in school settings. 38% of school-based providers are actively involved with school district threat assessment planning. Integrating comprehensive mental health services like crisis intervention and counseling into schools through school partnerships removes barriers so students can access behavioral health services if-and-when they need them; and fosters significant improvements in students’ mental and behavioral health outcomes, including reduced absenteeism, better academic performance, and improved social-emotional skills.^{18,19}

Collaborative Practices in Use

Data from the *2024 School-Based Behavioral Health Services Survey* indicates significant expansion in collaborative practices between schools and CBHCs. During the 2023-2024 school year, 97.5% of school-based providers indicated they are engaged in collaborative practices with school partnerships, including 92.2% who provide student-specific consultation (+7.6% from 2023), 87% who provide consultation to teachers (+7.5% from 2023), and 84.4% who provide direct support in the classroom during the school day (+13.9% from 2023). 40.5% of respondents are facilitating after-school programs, bridging those critical hours between 3pm-6pm that are the most high-risk times for youth and teens to engage in risky behaviors like substance misuse, juvenile crime, or to experience mental health struggles.^{20,21,22}

Research published in 2022 revealed that teachers and school administrators are experiencing mental distress at twice the rate of the general population of working adults, which was attributed to the overwhelming behavioral and mental health needs of students.²³ During the 2023-2024 school year, 83.5% of CBHCs are responding to the needs of teachers by collaborating to provide one or more behavioral health service directly to school staff, including nearly 1-in-4 (24.2%) who are providing treatment or clinical services directly to school staff themselves. These school and CBHC partnerships are not only bridging the divide to promote wellness among our youth and families – but also are improving mental wellness and workplace satisfaction among educators as well.

Workforce Impacts

Results from the *2024 School-Based Behavioral Health Services Survey* echo national trends in workforce challenges.²⁴ Respondents indicated that in 2024, the top barriers impeding their ability to deliver school-based services were 1) a shortage of service providers and professionals (81.25%), followed by 2) the extremely high needs of students compared to the long- wait lists (52.5%). And while the percentage of CBHCs indicating that they have had challenges attracting and retaining school-based staff has remained stable from the prior year (84.8% in 2024 compared to 84.4% in 2023), 33.8% of respondents indicated that it has been harder to recruit and retain staff in 2023-2024 compared to previous school years. Much like data collected at the national level, the 2024 survey results suggest that workforce challenges may similarly be the greatest obstacle to being able to meet Ohio students’ mental and behavioral needs.²⁵

During the past twelve months, staff turnover rates for community behavioral health provider organizations have also worsened. Respondents reported a cumulative 374 FTE vacancies, constituting a stark 11.6% increase in vacant FTEs compared to the previous school year. The top factor reported by 86.1% of respondents that is perpetuating challenges in workforce recruitment and retention is simple: salaries.

While salary was likewise identified during the previous survey year as the top factor contributing to employee attrition, the rate in which it was reported as the primary concern has increased in 2024 by nearly 11%.

School-based behavioral health staff are most frequently being recruited away from their CBHCs by private practice (64.6%) and schools themselves (60.8%): suggesting that despite meaningful efforts across Ohio to increase investments in behavioral health, including historic Medicaid reimbursement rate increases, a significant pay equity gap continues to persist between the wages for community behavioral health practitioners compared to providers who work in private practice or who are employed by school districts or other public governmental entities.

As a result, during the 2023-2024 school year, an alarming 204 full time school-based behavioral health staff (FTEs) were hired away from their CBHC by a school district or ESC – nearly double the number (103 FTEs) that were recruited away by school districts as of the same time the previous school year. While it is positive that school systems are recognizing the value that behavioral health specialists bring into a school environment, the considerable number of FTE vacancies and long wait lists significantly limits students' ability to access more intensive services, especially clinical support, both within and outside of the school building. Further, schools may not have the necessary infrastructure to support clinical supervision or healthcare privacy and compliance standards that are essential to support ethical and quality care. Alternately, encouraging and investing in robust school district and community contractual partnerships mitigate these concerns and ensure students can access the full array of care options in school, behavioral health clinics, or community-based settings during and outside the school day or school calendar.

School-Based Services Funding Opportunities

The past twelve months have highlighted modestly positive trends related to funding for school-based services. In 2024, Medicaid continues to be the primary payor of school-based behavioral health services (SBBHS), covering approximately 60% of the total median cost. This 60% figure constitutes a significant increase from 2023 where Medicaid covered a median of 50% of the cost to CBHCs for their SBBHS programs. While direct correlation may be difficult to ascertain, this increase may likely correlate with historic increases in Medicaid reimbursement rates for community-based services that took effect in 2024.

While Medicaid funding has been crucial in sustaining school-based programs by providing reimbursement for treatment, there continues to be no widespread sustainable funding source to cover other non-clinical services, like the consultation that 97.5% of providers administer – or prevention services that 88.5% of agencies provide. This has resulted in significant funding shortfalls that limit CBHCs' ability to increase wages that neither meet current market-salary expectations nor are commiserate with the level of value and expertise school-based behavioral health professionals bring into a school environment.

A positive trend witnessed in 2024 that presents more opportunity for sustainability was a significant increase in CBHCs that reported receiving funds from school districts. In 2024, the percentage of CBHCs receiving any funding from school districts themselves rose from only 51.3% in 2023 to 67.5% during the 2023-2024 academic year. This improvement may, likewise, be attributed to meaningful policy change which took effect in 2024 related to the use of student wellness and success funds (SWSF), requiring that school districts use at least 50% of SWSF allocated by the State to directly support the physical and mental health of students. While it is encouraging that a historic 67.5% of CBHCs now receive some funding from school districts, this leaves nearly 1-in-3 (32.5%) who receive no financial support from the school systems themselves.

Recommendations

With evidence demonstrating that access to comprehensive behavioral health supports in schools is one of the most effective ways to positively impact youth mental health, it is imperative that investment in these critical services continues with intentional efforts to strengthen school and community-based provider partnerships. Limited funding for school-based behavioral health programs, including prevention and consultation services, is the main driver of the workforce challenges agencies are experiencing, as they struggle to recruit and retain appropriately trained and credentialed school-based staff. These workforce shortages are the greatest threat to students' ability to access comprehensive school-based behavioral health supports. Strengthening partnerships between schools and CBHCs offers an effective strategy to maximize the existing workforce and enable students' ability to develop the resiliency skills and protective factors they need to overcome hardship, mature socially, perform academically, and achieve their potential both now and in the future.

To mitigate these challenges and promote wellness among Ohio's youth, Ohio policymakers can support the expansion of school-based behavioral health programs and services by considering the following:

Funding

- Strengthen school and CBHC relationships through development and dissemination of guidance and model practices that could be adopted or modified by school districts. Such guidance should include step-by-step instructions to encourage school districts utilizing SWSF and other braided funding strategies to support the development and sustainability of robust school – community behavioral health contractual partnerships.
- Provide a dedicated and stable funding stream, particularly for prevention, consultation, early intervention, and referral, to support comprehensive behavioral health services in schools.
- Urge commercial insurance payers to allow “schools” as eligible places of service for counseling and/or treatment services, enabling providers to bill private insurances for covered services.

Workforce

- Continue to invest in the community-behavioral health workforce pipeline by expanding funding for scholarships, paid internships, tuition reimbursement, and loan forgiveness programs.
- Grow the behavioral health workforce by exploring alternate pathways and credentials for individuals to enter a career in behavioral health through career tech programs, 2-year associate's degrees or 4-year degrees in behavioral-health related fields.

Screening & Intervention

- Increase school-based universal screening efforts to support youth with mental health and substance abuse needs and provide them with the resources they need as required by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA).
- Encourage stakeholders to target prevention programs to youth who have risk factors, such as ADHD, anxiety, and depression, and have a family history of mental illness or substance use disorder conditions.

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School & Community-Based Partnerships: Data Highlights for the 2023-2024 Academic Year

Agency & District Profiles

Responding Community Behavioral Health Centers (CBHCs): 80

Number of school districts, charter schools, and ESCs served: 646 (+10.1% from 2023)

Number of School Buildings with school-based BH services: 3,610 (+21.8% from 2023)

- Elementary: 1,459
- Middle School: 926
- High School: 883
- ESC/Other: 342

Types of Classrooms Receiving School-Based BH Services:

- Regular Education: 94.9%
- Special Education: 63.3%
- After-School Programs: 40.5%
- Charter School Classrooms: 38%
- Disability-Specific: 32.9%
- Before-School Programs: 10.1%
- “Other” Classrooms: 26.6%

Types of Behavioral Health Services Available in Schools

CLINICAL / TREATMENT SERVICES

- 87.5% of respondents offer one or more treatment service(s) through school-based partnerships.
- The top five (5) clinical services being provided in schools were:
 - 97.2% provide Assessment.
 - 94.4% provide School-Based Individual Counseling.
 - 83.1% provide Community Psychiatric Supportive Treatment (CPST).
 - 74.6% provide Therapeutic Behavioral Services (TBS).
 - 57.7% of providers are providing Crisis Intervention Services in school-based settings.

PREVENTION SERVICES

- 88.5% of respondents offer one or more prevention service(s) through school-based partnerships.
 - 72.15% offer universal interventions (Tier I).
 - 68.35% offer selected interventions (Tier II).
 - 63.3% offer staff support to teachers and administrators.
 - 60.8% provide parent/caregiver services.
 - 59.5% offer targeted interventions (Tier III).
- 66.67% offer one or more suicide prevention service(s) through school-based partnerships.
- 100% of prevention providers utilize evidence-based prevention curricula, up from 88.5% in 2023.

PROVIDERS INVOLVED WITH SCHOOL DISTRICT THREAT ASSESSMENT PLANNING: 38%

PROVIDERS OFFERING UNIVERSAL SCREENING: 26.9%

Evidence-Based Prevention Curricula in Use

The top evidence-based curricula being utilized in schools for social emotional learning (SEL) and suicide prevention, in alignment with new changes to Ohio law, are as follows:

Social Emotional Learning Curricula	%
Positive Behavioral Interventions & Supports (PBIS)	44.9% (n=31)
Zones of Regulation	36.2% (n=25)
Botvin LifeSkills Training (LSC)	30.4% (n=21)
PAX Tools	27.5% (n=19)
Question, Persuade, Refer (QPR)	27.5% (n=19)
Youth-Led Prevention	27.5% (n=19)
Too Good for Drugs	24.6% (n=17)
Sources of Strength (Sources)	18.8% (n=13)
Start with Hello	18.8% (n=13)
The Incredible Years	15.9% (n=11)
Therapeutic Crisis Intervention (CPI)	15.9% (n=11)
Too Good for Violence	13.0% (n=9)
Promoting Alternative Thinking Strategies (PATHS)	11.6% (n=8)
The Good Behavior Game	8.7% (n=6)
7 Mindsets	7.3% (n=5)
Keeping it REAL (KIR)	4.4% (n=3)
Lions Quest Skills for Adolescence	4.4% (n=3)
Olweaus Bullying Prevention Program	4.4% (n=3)
Character Strong	2.9% (n=2)
Creating Lasting Family Connections (CLFC)	2.9% (n=2)
Other (Top “Other” Responses: Second Step n=8; DBT Skills in Schools n=6; Catch my Breath n=4)	49.3% (n=34)

Suicide Prevention Curricula	%
Signs of Suicide (SOS)	74% (n=37)
Sources of Strength (Sources)	32% (n=16)
Sandy Hook Promise – Say Something	16% (n=8)
Teen Mental Health First Aid (tMHFA)	14% (n=7)
Erika’s Lighthouse: A Beacon of Hope for Adolescent Depression	6% (n=3)
Lifelines Prevention: Building Knowledge & Skills to Prevent Suicide	4% (n=2)
Other (Top “Other” Response: Zero Suicide, n=3)	12% (n=6)

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:

- 92.3% of providers are engaging families to address social, emotional, and behavioral needs.
- 78.2% of providers engage in planning Social Emotional Learning (SEL) strategies.
- 75.6% of providers are involved with school building/district planning (generally).
- 73.1% of providers participate actively in school planning teams.
- 71.8% of providers support planning and implementing for Trauma-Informed Practices.

CONSULTATION SERVICES

Consultation services provided by community behavioral health providers to schoolteachers, administrators, and districts increased significantly from 2023.

- 96.25% of respondents offer one or more consultation service(s) through school-based partnerships.
 - 92.2% provide student-specific consultation (+7.6% from in 2023).
 - 87% provide consultation to teachers (+7.5% from 2023).
 - 84.4% provide consultation within the classroom (+13.9% from 2023).

BEHAVIORAL HEALTH SERVICES PROVIDED DIRECTLY TO SCHOOL STAFF

This year, 83.5% of question 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: 86.4%
- Prevention activities to promote teacher wellness: 40.9%
- Treatment/Clinical services provided directly to school staff: 24.2%
- Training/Professional development for school staff: 19.7%
- Screening for mental health concerns with school staff: 16.7%

School-Based Services Perceptions & Planning

DATA BEING UTILIZED BY COMMUNITY BEHAVIORAL HEALTH PROVIDERS TO PLAN AND EXPAND SCHOOL-BASED SERVICE PROGRAMS

- Attendance Data: 63.9%
- Discipline Data: 58.3%
- Youth Risk Behaviors Survey (YRBS): 20.8%
- Ohio Youth Assessment System (OYAS): 9.7%
- Ohio Healthy Student Profiles: 1.4%

TOP 5 MOST NEEDED SERVICES, ACCORDING TO PROVIDERS

- Crisis De-Escalation & Behavior Management: 73.75% (+4.3% from 2023).
- Training for Educator/Administrators: 67.5%
- Treatment – All Types: 67.5% (+6% from 2023).
- Parent/Caregiver Education & Training: 61.5%
- Treatment - All Types: 61.5%

MOST FREQUENTLY REQUESTED SCHOOL-BASED SERVICES:

- Individual or Group Counseling or Therapy: 74.7%
- Crisis Services & Supports: 35.4%
- Social, Emotional Learning & Prevention, generally: 29.1%
- Consultation Services for Schools & Families: 21.5%
- Case Management Services & Referrals: 20.5%

Behavioral Health Funding Sources

SCHOOL-BASED SERVICES FUNDING ENTITIES

This series of questions sought to better understand what sources school-based service provider organizations received *any* amount of funding to pay for school-based services from the below sources.

School-Based Services Funding Sources	
Community Behavioral Health Medicaid	81.25%
Medicaid School Program (MSP)	3.75%
Private/Third Party Insurance	53.75%
Contract with School District	67.5% (+16.2% from 2023)
ADAMHS Board Funds (state-local)	85%
Grants/Private Foundation	43.75%
Other	7.5%

PERCENTAGE OF PAYOR FOR SCHOOL-BASED SERVICES

This series of questions sought to understand, on average, who are the primary payors for school-based behavioral health services (SBBHS); and asked providers to estimate the percentage of their overall budgets for SBBHS being covered by the following sources.

In 2024, Medicaid continues to be the primary payor for SBBHS. Data suggests that all funding categories saw at least slight increases in the percentage of revenue contributing to the overall financing of SBBHS, with some of the greatest increases in aggregate median contributions coming from School District funding sources and Medicaid funding. While it is difficult to determine direct causation, these changes may be an indicator that recent increases in reimbursement rates for community-based services within the State Medicaid budget, as well as policy changes requiring school districts use at least 50% of Student Wellness & Success Funds to directly support students’ physical or mental wellness, are having a positive effect.

Funding Source	Median % of Budget Covered by Funder
Community Behavioral Health Medicaid	60% (+10% from 2023)
ADAMHS Board Funds	21.5% (+1.5% from 2023)
Contract with School District	10% (+8% from 2023)
Other – includes self-pay & private contracts	9% (+9% from 2023)
Private/Third Party Insurance	6% (+6% from 2023)
Grants/Private Foundations	5% (+3% from 2023)

Workforce-Related Data

WORKFORCE RECRUITMENT & RETENTION

- 84.8% of school-based behavioral health providers indicate that they have challenges attracting and retaining school-based staff, a slight increase from 2023 (84.4%)
 - 33.8% of providers indicate that it has been harder to recruit and retain staff during the 2023-2024 school year compared to the same time last year.
 - 58.4% of providers indicate that the challenges with workforce recruitment and retention are the same compared to the same time last year.
- Annual turnover/attrition rates for school-based staff have worsened significantly compared to the same time last year. In the last twelve (12) months:
 - 29.5% of community behavioral health centers (CBHCs) lost up to 2-out-of-10 staff, with an attrition rate of 11% - 20%.
 - 16.7% of CBHCs lost up to 3-out-of-10 staff members, with attrition rates of 21% – 30%.
 - 10.3% of CBHCs lost up to 4-out-of-10 staff members, with attrition rates of 31% – 40%.
 - Nearly 9% of all respondents have attrition rates above 41%; with one provider reporting losing nearly their entire workforce in the last year, with an attrition rate between 81% - 90%.

WORKFORCE SHORTAGES

- 204 full time school-based staff members were hired away during the 2023-2024 school year from their community behavioral health agency by a school district or ESC.
 - This constitutes a 98% increase in the number of staff recruited away from their agencies by school districts, as only 103 FTEs were reported as hired away by a school district or ESC during the same time last year.
- Collectively the responding agencies have an estimated total of 374 full-time school-based position vacancies, a 11.6% increase from 335 FTE vacancies during the same time last year.
- The top three (3) competitors for school-based staff included:
 - #1 – Private Practice, 65.4%
 - #2 – Schools, 61.5%
 - #3 – Other Community Behavioral Health Centers, 60.3%

BARRIERS TO PROVIDING SCHOOL-BASED SERVICES

- The top 2 reasons school-based staff left their positions in the past twelve (12) months were:
 - #1 – Salary, 86.1% (*an increase from only 77.6% in 2023*)
 - #2 – Schedule, Work Hours, and Documentation, 31.6%
- Agencies' top 2 barriers to providing school-based services:
 - #1 – Shortage of Service Providers & Professionals, 81.25%
 - #2 – Extremely high needs of students & long wait lists, 52.5%
- 40% of school districts have specific license requirements for staff delivering school-based behavioral health services, often even when a license would not be required for the level of care being provided.
- 38.5% of providers noted community and public resistance to Social, Emotional Learning standards or curriculum in the last twelve (12) months.