

Role of a School-Based Mental Health Counselor through an Interconnected Systems Framework

Role Aspect	School-Based Mental Health Counselor (ISF) (ESD acting as a BHA)	School-Based Mental Health Counselor (On-Campus Health Clinic)	Mental Health Counselor (Outside Agency, CBO)
Integration with School	Fully embedded in school systems, working within MTSS/PBIS through ISF while employed by a licensed behavioral health agency.	Located within the school but operates under a medical model with some school collaboration.	External to the school, it operates independently with limited school involvement.
Licensing & Liability Requirements	The ESD as the BHA provides liability insurance coverage and oversight for requirements under BH rules. The EHR is also provided by the ESD. Staff does must have credentials but does not need to be independently licensed because the agency is licensed.	<p>If placed by the clinic, the requirements, EHR, and training are provided by the clinical provider.</p> <p>If the school hires the therapist, they must be independently licensed since they are not working for a licensed BHA. The clinician would need to provide their own EHR and would need to monitor their own annual training and credential requirements.</p>	The CBO as the BHA provides liability insurance coverage and oversight for requirements under BH rules. The EHR is also provided by the CBO. Staff does must have credentials but does not need to be independently licensed because the agency is licensed.
Focus	Prevention, early intervention, and treatment within a multi-tiered system (MTSS), aligned with school and agency goals. Providing therapy as a possible Tier 3 Intervention inside the system, evaluating the need for tiering support up or down through the use of data and how the student is presenting in multiple areas, inside the MTSS system.	Primarily treatment-focused with some early intervention support. Often uses a brief intervention approach due to time and billing constraints. Level and length of service often focused on insurance eligibility. Student progress measured on BH	Primarily treatment-focused, often providing services only to referred students. "Office down the hall" approach with the therapist working in a BH system, not an interconnected system. Level and length of service often focused on insurance eligibility.

		screening measures, not wholistic data.	Student progress is measured on BH screening measures, not wholistic data.
Funding Source	<p>Combination of school funding, Medicaid (MCO) billing, and grants via the behavioral health agency. Many services provided under this model are not reimbursable through medicaid funding and therefore require the use of grant dollars or district contributions to make the position whole.</p> <p>Can bill school based health but MCO rates for the same service are generally significantly higher.</p>	<p>Often funded through medical billing (insurance, Medicaid) or school-district partnerships with dollars coming from SBH funds or alternative funding sources like Title IV. Often the agency placing the staff member will only allow them to be their short periods of time, based on how many billable services that can provide in that window. Staff often have other assignments in the clinical setting in the summer, nights, weekends, or are only part time assigned to the student population. Can bill school based health but this traditionally had not been cost effective for districts, with many districts contracting with ESD's to do their SBH billing.</p>	<p>Funded through private insurance, Medicaid, or grant-funded programs. District cost reductions are often not a focus, especially if they are a for-profit organization. Often the agency placing the staff member will only allow them to be their short periods of time, based on how many billable services that can provide in that window. Staff often have other assignments in the clinical setting in the summer, nights, weekends, or are only part time assigned to the student population.</p>
Training	Trained in MTSS/ISF model, as well as in understanding school systems. Trained in BH requirements with a focus on service rendering in schools.	Trained in a clinical setting and likely run a traditional medical model, just inside a school building.	Often little to no training on providing services in schools, general training on schools, or on MTSS.
Access to Students	Proactively supports all students through Tier 1, 2, and 3 interventions, not limited to referrals. Referral	Available to students with medical or school-based referrals.	Requires external referrals from families, school, or self-referrals.

	generally come through the MTSS Team for Tier 2 and Tier 3 and level of service is reduced or increased with team voice.		
Collaboration with School Teams	Actively participates in school leadership teams (MTSS) and aligns with school-wide behavioral and academic initiatives.	Works with school counselors, nurses, and administrators but operates separately within a medical framework.	Limited collaboration, often only interacting when needed for individual students.
Services Provided (Billable)	Individual therapy, clinical group therapy, crisis response, care coordination, and family therapy. *Many tier 1 & Tier 2 services are not currently billable under medicaid.	Individual and group therapy, crisis response, and coordination of medical services.	Primarily individual therapy, some group work, and crisis intervention if within their scope.
Tier 1 Prevention (Non-Billable)	School-wide mental health promotion, awareness campaigns, classroom SEL lessons, staff training, suicide prevention programs, trauma-informed practices, PBIS/MTSS implementation participation, and parent education nights.	May assist in school-wide initiatives but is primarily focused on medical services.	Rarely participates in school-wide programming.
Tier 2 Early Intervention (Non-Billable)	Small-group interventions (e.g., coping skills, social skills, anxiety management), teacher consultations, de-escalation strategies, lunch bunch groups, mentoring programs, restorative practices, and behavioral coaching.	Some group therapy or school staff consultations primarily focus on therapy sessions.	Typically, Tier 2 programming is not provided within the school setting.

Family Engagement	Works closely with families to align school and home strategies and coordinates care through the behavioral health agency.	Involve families through medical or therapeutic appointments.	Varies—may have family therapy or parent consultation, but often external to school-family systems.
Crisis Response	Actively involved in school-based crisis response, prevention, and post-crisis support in coordination with the school and behavioral health agency. Training in school's processes for Emotional Behavioral Distress Plan, Threat Assessment and suicide prevention, intervention and post-vention protocols.	Supports crisis response but may be limited by clinic policies or medical regulations.	Provides crisis intervention if available but often requires school or hospital coordination.
Data & Outcomes	Uses school-wide data to drive decision-making and integrates clinical and behavioral health data with school outcomes. Collect data from services at all three Tiers and outcome data from the effectiveness of interventions.	Collects clinical data but may not integrate it with school-wide systems.	Collect clinical data for agency use, which may not be shared with the school.
Cultural Responsiveness	Aligned with school and community needs, trauma-informed and equity-focused strategies are integrated through the behavioral health agency.	May align with school needs but follow medical/clinical protocols.	Varies—dependent on agency policies and individual provider practices.