

# School Mental Health Sustainability

## Funding Strategies to Build Sustainable School Mental Health Programs



SERIES  
**2**

## What Are the Challenges to School and Mental Health Agency Partnerships?



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## Description

### **About the Technical Assistance Partnership for Child and Family Mental Health**

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) provides technical assistance to system of care communities that are currently funded to operate the Comprehensive Community Mental Health Services for Children and Their Families Program. The mission of the TA Partnership is “helping communities build systems of care to meet the mental health needs of children, youth, and families.”

This technical assistance center operates under contract from the Federal Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The TA Partnership is a collaboration between the American Institutes for Research and the National Federation of Families for Children’s Mental Health. For more information on the TA Partnership, visit the website at <http://www.tapartnership.org>.

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**Series 2:** What Are the Challenges to School  
and Mental Health Agency Partnerships?

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# Introduction

The purpose of the School Mental Health series is to provide system of care communities with information on developing sustainable school mental health programs. The series focuses on strategies to consider in working with community mental health agencies, both public and private, and provides options for consideration in building school mental health programs that serve children and youth with serious mental health needs.

The system of care initiative is Federally funded as the Children’s Mental Health Initiative (CMHI), through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. The purpose of the CMHI is to develop and build comprehensive community mental health services for children and youth with serious emotional disturbances and their families. System of care grants support the development and expansion of a coordinated system of care that integrates mental health services in the home, schools, and the community. System of care partnerships often include community mental health providers and local schools working to develop and implement a coordinated, comprehensive, culturally and linguistically competent plan of services, programs, and activities that focus on building supports that are readily available in the school, home, and community.

The system of care initiative focuses on a service delivery approach that builds partnerships to create a broad, integrated process for meeting the multiple needs of children and families. This approach is based on the following core values:

- Family driven
- Youth guided
- Cultural and linguistic competence
- Individualized and community based
- Evidence based

These core values are embedded in the system of care philosophy and shape the approach to individualized supports and services. System of care supports and services are:

- “1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.”  
(Technical Assistance Partnership for Child and Family Mental Health, n.d.)

According to the Child Welfare League of America, a centralized focus of systems of care is on building the infrastructure needed to result in positive outcomes for children, youth, and families (Child Welfare Information Gateway, 2008). Partnerships with local schools can be a key feature of the system of care infrastructure and a means for developing convenient access to mental health services and supports.

The purpose of building school mental health programs is to develop a coordinated, comprehensive plan of evidence-based programs, activities, and services that address the various mental health needs of students, provide student/family supports and resources, and promote positive learning environments for all.

This series will focus on some key questions to consider in building sustainable comprehensive school mental health programs:

1. Why school mental health? What is the connection to system of care initiatives?
2. What are the challenges faced by school and mental health agency partnerships?
3. How do system of care community leaders work with community agencies/organizations to overcome challenges in developing a sustainable school mental health program?
4. What are some of the lessons learned from communities with experience in sustaining school mental health programs?

# What Are the Challenges to School and Mental Health Agency Partnerships?

System of care approaches should ideally be designed to fit into a broader and systemic plan for the school and community. This is critical to a successful school mental health strategy and contributes to the successful achievement of the primary goal of schools, that of promoting learning and achievement of students (CSMHA, 2007). Schools and mental health agencies have a shared purpose to support children and youth in their development toward successful lives. Schools focus on factors affecting academic achievement and mental health agencies work toward improving behavioral health outcomes in home, school, and community settings. Although schools and mental health agencies have complementary missions, goals, and objectives to meet the needs of children and youth, they may speak different “languages” in articulating their work, e.g. counseling may have a different definition for a social worker, guidance counselor and/or mental health counselor. School and mental health agencies that have developed a common mission, goals, and objectives have worked together to create integrated programs and procedures to meet the needs of children, youth, and families in their schools and communities.

These efforts have not been without challenges, as both schools and mental health agencies are faced with the realities of developing and implementing programs with decreased funding and fewer professional staff while continuing to address administrative mandates. Communities that join their resources to build successful programs and services to meet the needs of children and youth will find that they can be successful in meeting the responsibilities of both education and mental health agencies.

Partnerships formed between schools and mental health agencies must consider the differences in cultures to successfully work together to create a shared vision and mission in developing comprehensive school mental health programs/services. Some of the typical differences between school culture and mental health culture that will be discussed are terminology, confidentiality and information sharing, professional culture, perceptions of each other, diagnostic process, service provision, licensure requirements, continuing education, and funding.

## 1. Terminology

- a. *Counseling* – Educational vs. Mental Health Therapy
  - *Educational Counseling* – Services provided for students to address personal/social skills, behavioral skills, and education/academic and career development issues. Educational counseling may be delivered in individual or group settings.
  - *Mental Health Therapy* – Therapeutic treatment of an acute or chronic issue, to address psychological, emotional, or behavioral difficulties and/or disabilities. Mental health therapy may be delivered in individual, family, or group settings.

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The following chart is offered to clarify the differences between counseling that might be delivered by education staff and therapy more likely to be delivered by mental health staff.

Educational Counseling	Mental Health Therapy
<ol style="list-style-type: none"><li>1. Personal/social skills development</li><li>2. Behavior skills development</li><li>3. Conflict resolution and anger management</li><li>4. Support with peer relationships</li><li>5. Goal setting/decision making</li><li>6. Career guidance and academic development</li><li>7. Study skills development</li></ol>	<ol style="list-style-type: none"><li>1. Diagnosis</li><li>2. Based upon symptom and behavior change or alleviation of psychological or emotional condition; evidence-based techniques and therapeutic interventions</li><li>3. Interventions to address emotional disorder/behavioral disorder</li><li>4. Individual/family/group psychotherapy</li></ol>

### b. *Serious Emotional Disturbance Varying Definitions*

- **Mental Health Serious Emotional Disturbance Definition** – A child or youth has obtained a mental health assessment that resulted in a mental health diagnosis listed in the Diagnostic Statistical Manual and recommendations for a treatment plan to address the mental health diagnosis
- **Substance Abuse and Mental Health Services Administrations Definition of Serious Emotional Disturbance**

Children with serious emotional disturbance are defined as “persons from birth up to age 18, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities” (CSAT, 1998, p. 266). Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills (SAMHSA and CMHS, 2007).

- Special Education **Definition of Emotional Disturbance, Individuals with Disabilities Education Act (2004) Code of Federal Regulations, Section. 300.8**  
Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:
  - An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.



- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

\* Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

**2. Confidentiality/Information Sharing (HIPAA, 42 C.F.R., FERPA)** – Three laws regulate information sharing for school mental health partners and must be reviewed to understand how schools and mental health agencies can work together on behalf of the student and family while adhering to confidentiality regulations and guidelines. Schools and community mental health/alcohol and drug agencies need to develop policies concerning how information will be shared between school staff and community agencies.

a. *Health Insurance Portability and Accountability Act (HIPAA) Requirement* – Protected health information (PHI) is any information held by a covered entity that concerns health status, provision of health care, or payment for health care that can be linked to an individual. This is interpreted rather broadly and includes any part of an individual's medical record or payment history. Covered entities must disclose PHI to the individual within 30 days upon request and when required to do so by law, such as reporting of suspected child abuse to state child welfare agencies (US Department of Labor, 2010).

HIPAA and Information Sharing – A covered entity may disclose PHI to facilitate treatment, payment, or health care operations, or if the covered entity has obtained authorization from the individual. Covered entities can use/disclose PHI when the individual (or individual's personal representative when applicable) authorizes use/disclosure. However, when a covered entity discloses any PHI, it must make a reasonable effort to disclose only the minimum necessary information required to achieve its purpose. Information may be shared upon official court orders and subpoenas (US Department of Labor, 2010).

b. *Federal Drug and Alcohol Law (42 C.F.R.) Requirement* – Federal law generally requires a patient's written consent before a provider may disclose any information related to the patient's alcohol or drug abuse treatment. This includes any oral or written information that could identify a patient as a drug or alcohol abuser (e.g., diagnostic information, such as urinalysis results) or verbal communications, such as confirmation that a patient is receiving treatment. *"When state law requires parental consent for a minor's substance abuse treatment, Federal law generally prohibits providers from disclosing any information without the written consent of both the minor and the parent"*. There are a few exceptions that allow disclosure without written consent. For example, providers may disclose to medical personnel any

information necessary to provide emergency treatment and they may report child abuse or neglect as required by state law, court orders, and subpoenas (Center for Substance Abuse Treatment 2007).

Permitted disclosure under Federal drug and alcohol law requires written authorization and may disclose client information when a signed authorization contains these eight elements:

- Name/designation of persons authorized to disclose information
  - Name/designation of persons or organization authorized to receive the information
  - Patient's name
  - Purpose of disclosure
  - Specifics as to what information is to be disclosed
  - Patient's signature and the date
  - Statement of individual's right/procedure to revoke authorization
  - Expiration data or event
- c. *Family Educational Rights and Privacy Act* governs access to and release of educational records by public and private schools that receive Federal funding. A student's education record is defined as records, files, documents, and other materials containing information directly related to a student that are maintained by a school or a person acting for the school (U.S. Department of Education, 2010).

Parents (natural parent, guardian, or person acting as parent in absence of natural parent) control third-party access to their children's educational records. Parents have the right to review their children's education records, including any health-related information contained in the education record.

Education records do not include notes made by a school professional such as a school psychologist or guidance counselor that are in the professional's sole possession and not revealed to any other person except a substitute.

Authorizations to release educational records must

- Specify the records to be disclosed
- State the purpose of the disclosure
- Identify the party or class of parties to whom disclosure is to be made
- Be signed and dated by the parent

Permitted disclosures include:

- Court orders and subpoenas
- Disclosures to other school officials/teachers within the school who have a “legitimate educational interest”
- A student’s financial aid application
- A health or safety emergency if knowledge of information is necessary to protect the health or safety of student or others

In order to facilitate family-driven, youth-guided, culturally and linguistically competent service planning, it is important that school and mental health professionals have a clear understanding of the confidentiality requirements of both agencies and that accurate information on regulations be shared with family members.

- 3. Professional Culture** – Schools focus on student achievement and outcomes, including those measured by grade-level and subject-area assessments, advancing from grade to grade, and rates of high school completion and post-high school education/training/employment. Mental health professionals focus on assessment and treatment goals, objectives, and outcomes. Both desire to obtain the best outcomes for the children, youth, and families they serve. It is important for system of care partners to understand the vision and mission of both cultures and develop a common vision to support the development of a school mental health program that will serve the best interests of all students, schools, and community agencies.
- 4. Perceptions of Each Other** – As schools begin development of a school mental health program, there is often a misperception of the roles/responsibilities of the school mental health counselor and the school guidance counselor. Schools and mental health agencies need to clarify and define the roles and responsibilities early in the process of development in order to use the counselor skill set best suited for the school mental health program. Below are typical definitions of guidance vs. mental health counselors.
  - a. Guidance counselors have typically provided individual, group, and parental counseling related to educational needs. In some settings, guidance counselors have advanced counseling skills and have obtained state/national certification or licensure as a professional counselor and can provide therapeutic counseling services. In these instances, a guidance counselor may have developed mental health programming in a school and may provide individual, group, or family therapy on site at school.
  - b. Mental health counselors have earned their education—master’s and/or doctoral degrees—from accredited colleges/universities, and are licensed clinical counselors who are trained in provision of mental health treatment. The mental health counselor may have specialized skills in a treatment area such as family therapy. School mental health counselors provide the same type of services on site at school that they would have provided in a clinical setting.

**5. Diagnostic Process** – A screening and assessment is usually provided to students and families entering the mental health agency. Typically, the assessment entails many aspects of a student’s life, including social, emotional, physical, alcohol/drug, school (attendance, grades), relationship (peers, family), and past history (family, abuse, neglect, trauma, depression, anxiety, developmental) components; values and beliefs; and current/past coping strategies. The student/parent goals and objectives for treatment are determined, and the counselor (along with the youth and family and the treatment team) develops a draft treatment plan. A Diagnostic Statistical Manual diagnosis may be assigned by a psychiatrist. The treatment team will discuss the diagnosis with the student/parent, and propose a plan of services and supports to be provided at school and in the community. It is important to note that approximately 50 percent of the students receiving mental health services will not qualify for IDEA services, and will not have an Individualized Education Plan (IEP). To the extent that services and supports are related to the student’s educational goals, the IEP team will be involved in formulation of the treatment plan.

It is also important to note that in system of care communities, the treatment team usually consists of a mental health professional, other individuals requested by the family to be present, appropriate school personnel related to the student’s educational needs, and possibly a care coordinator or wraparound facilitator.

**6. Service Provision** – Based on the student’s mental health treatment plan, and IEP plan when appropriate, the treatment team determines the schedule of services and supports needed for the student/parent. Traditional clinical sessions in an agency or clinic setting are usually 50 minutes in length. Mental health treatment triage teams meet quarterly or more often to assess student progress, and treatment plans are updated to address current needs. Typically the IEP team does not meet quarterly except under special circumstances; however, a representative of the IEP team may meet with the mental health triage team as needed and/or requested.

**7. Licensure Requirements for Counselors** – All states in the United States, except California, license professional counselors. The state counselor licensure boards administer the application processes and procedures that have been established by law in each state. The state licensure boards determine the requirements for sitting for any examination. State requirements vary from state to state. Counselors must obtain various types of supervision to obtain and maintain their licensure.

**8. Continuing Education** – States require continuing education for continuation of national and/or state licensure, and counselors must obtain a specified number of credits per year to maintain their license.

**9. Funding** – Prior to school mental health program development, it is important for system of care leadership (typically the principal investigator and/or project director, to begin conversations early with the mental health agency to discuss the specifics of developing a school mental health program, and determine the type of services the agency can offer to the school mental health program.

- a. It is important for the school district and mental health agency to share a common vision for school mental health program development. Important areas to understand are
- The mental health agency service system (e.g., services and supports that can be provided and cannot be provided)
  - Funding reimbursement for specific services and supports
  - Services and supports that are not reimbursable through Medicaid, insurance, or other third-party billing sources

The school district is responsible for funding services required under IDEA as specified in the student's IEP (e.g., listed in "related services"). An example would be counseling to address educational issues that are directly related to the student's emotional disturbance. School mental health contracts, which are developed with the mental health agency, need to specify the type of service funded by the school (e.g., non-reimbursable services such as school mental health program development, consultations with teachers, parents, youth, early intervention groups, and workshops for staff and/or parents). The school/mental health agency needs to assess service reimbursements obtained yearly to determine program costs and sustainability. System of care grant funds may be used for program development, consultation, training, and early intervention services. Treatment services should be reimbursed through various third-party billing/funding streams.

The principal investigator/project director needs to understand the "basic" funding issues in order to build a program that is sustainable through current reimbursable funding streams. They also need to have an understanding of school mental health services that are not reimbursable so they can begin outreach to school/community collaborations to help fund non-reimbursable services. Examples of non-funded services are in the universal and targeted levels of the three-tiered school mental health continuum.

- b. Information on typical funding streams for mental health agencies follows:
- *The state health and human service agency sets the state Medicaid rates* – Each state approves the Medicaid providers, and assigns a Medicaid provider number, reimbursement codes, diagnosis codes that are reimbursable, service descriptions, and the reimbursement rate/fee.
  - *Funding programs/services*
    - Mental health providers receive reimbursement for services provided through various sources (e.g., Medicaid, insurance, self-pay). Reimbursement rates provided to mental health agencies are based upon state revenues and the Federal poverty level, and these rates vary by state.
    - The insurance reimbursement rate is determined by the insurance company, and a customary rate is approved for specific services.

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- The public mental health agency provides mental health services for the indigent population, and offsets the cost of these services through local, county, and/or state funding when available. However, state and local funding varies, and the public mental health agency may or may not receive additional funds from the county.

It is important for members of the school mental health leadership team to build awareness among community members of the issues and complexities faced by child-serving agencies when redesigning systems, and to provide community members with an understanding of the funding mechanisms that can support a system of care.

**In conclusion,** when creating partnerships between schools and mental health agencies, the parties must keep in mind the differences in cultures to successfully work together to create a shared vision and mission in developing comprehensive school mental health programs/services. The challenges of these partnerships are outweighed by the benefits to children, youth, and their families.

## Resources

### Medicaid Resources

- Websites of interest: State departments of mental health, substance abuse, education, and health and human services can be found online through Google. In each of these websites you can search for topics such as school mental programs and Medicaid funding to learn about funding resources in your state. Example: Enter the web link, <http://www.hhs.gov/about/whatwedo.html> and enter in search box “Georgia Medicaid” and you will find links to the Georgia state plan and Medicaid information for that state.
  - Centers for Medicare/Medicaid Services, State Plan Medicaid Service Reimbursement, <https://www.cms.gov/MedicaidRF>
  - Department of Education, Medicaid Claiming Guide, [http://www.isbe.state.il.us/SPEC-ED/pdfs/medicaid\\_guide.pdf](http://www.isbe.state.il.us/SPEC-ED/pdfs/medicaid_guide.pdf)
  - National Association of State Medicaid Directors, links to state Medicaid agencies, click on your state, [http://www.nasmd.org/links/State\\_medicaid\\_links.asp](http://www.nasmd.org/links/State_medicaid_links.asp)

### Website resources to determine your state’s budget/allocation for children/youth mental health services

- *Public Mental Health Service Funding: An Overview*, National Alliance on Mental Illness (NAMI), January 2010, [http://www.nami.org/Content/NavigationMenu/State\\_Advocacy/About\\_the\\_Issue/Funding.pdf](http://www.nami.org/Content/NavigationMenu/State_Advocacy/About_the_Issue/Funding.pdf)
- *Grading the States: A Report on America’s Health Care System for Serious Mental Illness*, NAMI, 2006, page 208, State Funding Report Table, [http://www.nami.org/Content/NavigationMenu/Grading\\_the\\_States/Full\\_Report/GTS06\\_final.pdf](http://www.nami.org/Content/NavigationMenu/Grading_the_States/Full_Report/GTS06_final.pdf)
- National Association of State Mental Health Program Directors Research Institute, “Table 24: SMHA-Controlled Mental Health Revenues, By Revenue Source and by State, FY 2006,” <http://www.nri-inc.org/projects/Profiles/RevExp2006/T24.pdf>
- For a copy of your state plan amendment, contact your state Medicaid agency or visit, [www.cms.hhs.gov/MedicaidGenInfo/StatePlan/list.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidGenInfo/StatePlan/list.asp#TopOfPage)
- *Research Insights: Reimagining Federal and State Roles for Health Reform Under the Patient Protection and Affordable Care Act*, National Health Policy Conference in Washington, D.C., on February 3, 2010, <http://www.academyhealth.org/files/publications/ResInsightsReformRoles.pdf>
- Henry J. Kaiser Family Foundation. “*Health Reform Issues: Key Issues About State Financing and Medicaid*,” Focus on Health Reform, May 2010, <http://www.kff.org/healthreform/upload/8005-02.pdf>
- For more information about the S-CHIP program, see Kaiser Commission report on Medicaid and the Uninsured, *Health Coverage of Children: The Role of Medicaid and CHIP* (October 2009), [www.kff.org/uninsured/upload/7698-03.pdf](http://www.kff.org/uninsured/upload/7698-03.pdf)
- National Association of State Mental Health Program Directors, state mental health agency listing, [http://www.nasmhpd.org/mental\\_health\\_resources.cfm](http://www.nasmhpd.org/mental_health_resources.cfm)

**Nonprofit Organizations** (websites that may be useful partners for school mental health functions)

- 4H Clubs, <http://4-h.org>
- Boys/Girls Clubs of America, <http://www.bgca.org>
- Communities In Schools, <http://communitiesinschools.org>
- United Way, Back to School, Education, “assisting individuals/families achieve their human potential through education, income stability and healthy lives” <http://liveunited.org>

**Technical Assistance and Support Organizations** (Websites that are good partners beneficial to advocate for school mental health funding/sustainability)

- State/Community
  - Mental Health America (find in your community), <http://www.nmha.org>
  - National Alliance on Mental Illness, <http://www.nami.org>
- Federal
  - Substance Abuse and Mental Health Services Administration, <http://www.samhsa.gov>
  - National Assembly of School-Based Health Care, school mental health resources, <http://www.nasbhc.org>
  - National Institute of Mental Health, mental topics, <http://www.nimh.nih.gov/index.shtml>
  - National Association of School Psychologists; information for educators, students, families, <http://www.nasponline.org>
  - National Center for Mental Health Promotion and Youth Violence Prevention (NCMHPYVP), Education Development Center, Inc. *Realizing the Promise of the Whole-School Approach to Children’s Mental Health: A Practical Guide for Schools*. Newton, MA: EDC, Inc., 2009, <http://www.promoteprevent.org/publications/pp-guides/realizing-promise-whole-school-approach-children%E2%80%99s-mental-health-practical-gu>
- *School Mental Health Websites Useful for Information and Program Development*
  - American School Counselor Association, <http://www.schoolcounselor.org/>
  - Center for Mental Health in Schools at UCLA, <http://smhp.psych.ucla.edu>
  - Center for School-Based Mental Health Programs – Miami University-Ohio, <http://www.units.muohio.edu/csbmhp/>
  - Center for School Mental Health – University of Maryland, Baltimore, <http://csmh.umaryland.edu>
  - Missouri – Center for the Advancement of Mental Health Practices in Schools, <http://schoolmentalhealth.missouri.edu/about.htm>
  - National Association of School Psychologists, <http://www.nasponline.org/index.aspx>
  - National Center for Mental Health Promotion and Youth Violence Prevention (Promote/prevent guides on school mental health program development), <http://www.promoteprevent.org/publications/pp-guides>



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- School mental health resources for clinicians, educators, families, students, foster care, training, conferences, and newsletters, <http://www.schoolmentalhealth.org>
- School Mental Health Project, training series funded by Duke Endowment, <http://eahec.ecu.edu/smhp.cfm>
- School Social Work Association of America, <http://www.sswaa.org/index.html>
- The IDEA Partnership and the Center for School Mental Health, <http://www.sharedwork.org>

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- Individuals with Disabilities Education Act 2004 (PL 108-446) Code of Federal Regulations (34 CFR 300 Section 8), <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CA%2C300%252E8%2C>
- U.S. Department of Education. (2010). *Family Educational Rights and Privacy Act (FERPA)*. Retrieved from <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need – Local Recovery Oriented Systems of Care (Short title: TCE - Local ROSC), Request for Applications (RFA) No. TI-10-007, 2010.
- U.S. Department of Labor. (2010). The Health Insurance Portability and Accountability Act (HIPPA) 2010. Retrieved from <http://www.dol.gov/dol/topic/health-plans/portability.htm>





## School Mental Health Sustainability

### **Funding Strategies to Build Sustainable School Mental Health Programs**

This brief was developed by the Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) through partial support from the Center for Mental Health Services' (CMHS) Child, Adolescent and Family Branch within the Substance Abuse and Mental Health Services Administration (SAMHSA). We acknowledge that the information, opinion and commentary in this brief are those of the TA Partnership and do not necessarily reflect those of CMHS or SAMHSA. We gratefully appreciate their generous support for making this brief possible.