



School & Behavioral Health Provider Partnerships: A Resource Guide



Developed by:



Updated: February, 2026

Purpose of this Guidance

This resource is intended to assist school districts and behavioral health providers with creating formal and informal partnerships that support Arizona’s youth and families. Schools and behavioral health providers often serve the same youth and families. However, unique systems require a diverse set of skills to ensure effective, accessible, and equitable practices when supporting youth. Each system approaches mental health care and intervention from a lens that is unique to the educational or mental health field. The language, leadership hierarchy, decision making structure, and staff understanding are unique in a way that may cause confusion, but similar in a way *that the potential for positive impact on youth mental health and overall school safety is high.*

Terminology can be confusing between education and mental health systems, and this will be addressed within the context of this document. Arizona Health Care Cost Containment System (AHCCCS) and other insurance carriers define behavioral health services as services that include access to both mental health and substance use services and treatment to address underlying needs. However, in educational settings, “behavior” typically refers to how youth act and the types of behaviors being displayed in the classroom and other areas of campus. While these definitions may seem different, both underscore the need for school staff and stakeholders to look at youth behavior as a sign of communication. Understanding that behavior communicates an underlying need is foundational in both behavioral health and school systems. Addressing

the underlying needs/concerns in schools can be augmented effectively by partnering with behavioral health providers and community partners.

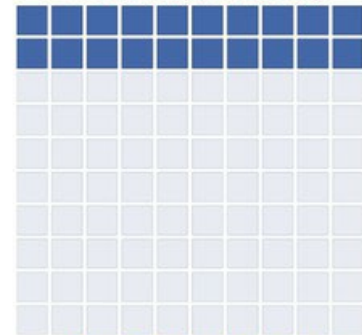
To keep matters simple for this resource guide, the term, “mental health” will be used throughout to refer to services that address youth mental health and substance use concerns. Addressing youth mental health not only increases youth success and well-being but also positively impacts a comprehensive school safety system and overall outcomes for the whole school community.

Comprehensive school mental health systems provide an array of supports and services that promote positive school climate and increase school safety using a multi-tiered system approach that addresses prevention, early identification, intervention, and treatment of mental health concerns in school-age youth.

Schools that partner with community mental health providers make these services more accessible to youth and families and increase the school’s ability to provide an equitable, safe, and supportive learning environment that promotes academic success. Public health research overwhelmingly supports the efficacy and positive impact of school-based health. The table to the right shows some outcomes schools can expect and where services overlap/intersect with current school priorities. In essence, schools that partner with community providers improve youth outcomes, resiliency, and career readiness. **School and community provider partnerships are essential to ensure sustainability of mental health systems, and ultimately, comprehensive school safety systems.** Partnerships between schools and community providers enhance the resilience of Arizona communities. Partnerships make it possible to meet the unique needs of youth and provide ongoing support to families. These partnerships are founded on the idea that coordinated systems are essential to meet the multiple needs of youth, families, and educational communities. The comprehensive school mental health approach allows for continuous collaboration, fluidity in the implementation of services, and opportunities to place student voice at the forefront of care. As with other services, comprehensive school mental health services tend to be fluid and are best implemented through ongoing collaboration with families, school personnel, and mental health providers. Note: This document does not constitute legal advice.

Collaboration between schools and community behavioral health partners is vital to sustaining comprehensive school safety systems, ensuring integrated support that promotes the safety, wellbeing, and success of all members of the educational community.

20 out of every 100 students struggle with mental illness that impairs functioning



Of those 20 students, only 5 have appropriate access to mental health care

Comprehensive School Mental Health Outcomes

- Improved or enhanced:**
- ❖ Academic achievement
 - ❖ Attendance
 - ❖ Classroom engagement
 - ❖ Focus on learning and development
 - ❖ Sense of safety at school

Mental Health Systems' Intersection With School Priorities

- ❖ Academic motivation
- ❖ Interpersonal relationships
- ❖ Crisis prevention and response
- ❖ School safety
- ❖ Bullying prevention
- ❖ Substance use prevention
- ❖ Multi-tiered system of supports

Lyon, A. R., & Bruns, E. J. (2019). From evidence to impact: Joining our best school behavioral health practices with our best implementation strategies. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 11(1), 106–114. <https://doi.org/10.1007/s12310-018-09306-w>

How this Guidance is Organized

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Appendix 4: Arizona Model Suicide Prevention Policy

Appendix 5: ASBA Model School Mental Health Referral Policy

Appendix 6: School-Based Universal Referral Form

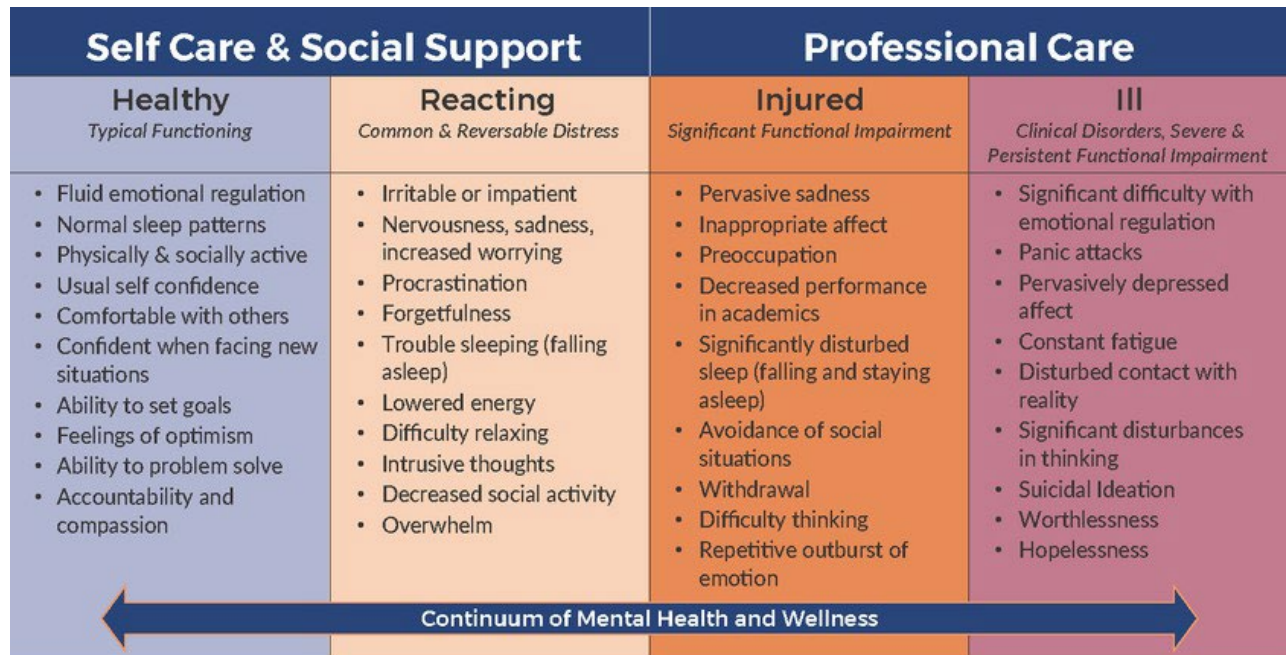
Appendix 7: Additional Resources and Mental Health Champion Application



What is Mental Health?

The Centers for Disease Control and Prevention (CDC) defines mental health as follows: “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” Mental health exists on a continuum (see below). Fluctuations along this continuum can be part of typical youth development or may indicate a chronic condition that may benefit from professional attention. Youth mental health difficulties may include, but are not limited to, anxiety, depression, substance use, disordered eating, etc. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genetics.

The Arizona Mental Health Continuum



Mental Health vs Mental Wealth

Let’s prioritize student mental *wealth* as well as mental health. Investing in daily healthy habits, connections, and partnerships will help school communities thrive, not just survive

Aspect	Mental Health	Mental Wealth
Definition	Well-being	Resilience
Focus	Treatment	Strengths-based
Goal	Functioning	Flourishing
Approach	Clinical Care	Holistic
Indicators	Stability	Thriving
School Strategies	Access to brief interventions	Connection & Relationships
Measurement	Assessment	Engagement
Long-Term Impact	Risk Reduction	Lifelong Capacity

A wellness model frames mental health care as a preventative activity with health impact like regular brushing and flossing. The stigma of mental health as mental illness or disease is very much present in modern times. Families may be reluctant to engage in mental health services or school-based support for a variety of reasons. Families want to help youth but may need help to unpack preconceived ideas about mental health, mental illness, and need modeling from other adults to normalize fluctuations in mental health with the same empathy and understanding as physical health and illness. As an educator or school mental health professional, it is essential to normalize conversations around mental health and to reduce the stigma of mental health for youth and families. Parents to be involved in their child’s mental health and wellness.

Role of Mental Health Professionals in Schools:

School Mental Health Professionals' Resource Guide

The role of mental health professionals employed by schools is to help students succeed in an academic environment. There are multiple types of school mental health professionals, each with unique training and education. Mental health professional roles in schools may overlap at times, but each provides a distinct type of support. School mental health professionals may be a school social worker, school counselor, school psychologist, school nurse, etc. Arizona's strong commitment to local decision-making means that the roles may vary between districts/charter schools based on community needs and available support.

Community mental health providers do not provide the same services as school mental health professionals and support staff. They are not intended to duplicate the role of school mental health or support staff. Instead, they provide individualized clinical treatment for children and families in a setting proven to increase students' ability to access these services. It is also important to note that, although both fields use the term counselor, they have different job duties in a mental health versus educational setting. The role of a community provider is to provide clinical support. Clinical interventions aim to reduce the severity and duration of mental health challenges, impacting the child's ability to meaningfully engage in activities of daily life. Success in the academic environment is only one goal of community mental health support. The information below illustrates how school and community mental health support staff members might work together to achieve the best outcomes for students.



School psychologists partner with school staff and families to support mental health and learning which helps students succeed academically, socially, behaviorally, and emotionally. Some school psychologist best practices include: data-based decision making, academic interventions and instructional support, services to promote safe and supportive schools, practices to address the needs of diverse student populations, and comprehensive student evaluations to determine special education eligibility and services.



School nurses support student success by providing health care through assessment, intervention, and follow-up for all students. They address the physical, mental, emotional, and social health needs of students and support their achievement in the learning process. School nurses also support medically fragile populations with the development, implementation, and monitoring of individual service plans and emergency action plans. School nurses also engage in emergency preparedness planning and activities.



School social workers work to remove social, emotional, behavioral, and environmental barriers to learning. School social workers provide direct and indirect services to students, families, and schools including individual and group counseling, crisis intervention and risk assessments, consultation and professional development, program coordination, and advocacy and assistance in accessing community resources. School social workers are the link between the home, school, and community.



School counselors interact with and support all students through developmentally appropriate lessons and activities. School counselors assist students in applying academic achievement strategies, help students develop and practice strategies to manage emotions, and apply interpersonal skills as well as plan for postsecondary options after students graduate. The foundation of a comprehensive school counseling program is the direct student services provided through whole group instruction. School counselors are also integral in crisis response and intervention for students who need support.



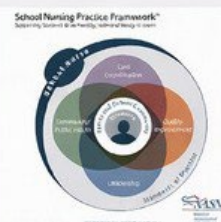
When partnered with school districts, community behavioral health providers provide crisis counseling and recovery, on-campus large-scale prevention services, and treatment for chronic mental health needs, evaluation, consultation, case management, etc.

National Associations Support Arizona’s Collaborative Approach to School Mental Health:

The national school mental health professional organizations, including National Association of School Nurses (NASN), School Social Worker Association of America (SSWAA), American School Counselor Association (ASCA), and the National Association of School Psychologists (NASP), provide evidence-based frameworks, professional standards, and best-practice guidance that shape and strengthen the work of Arizona’s school mental health professional associations.

NASN
School Nursing Practice Framework™

- Standards of Practice
- Care Coordination
- Leadership & Policy
- Community / Public Health
- Quality Improvement




MTSS Role:
Tier 1: Health promotion & prevention
Tier 2: Targeted monitoring & care plans
Tier 3: Chronic & complex health needs

[Click Here](#)

SSWAA
National School Social Work Practice Model 2.0

- Domains: Home–School–Community
- Academic, Mental Health, & Climate
- Practice, Policy, Research, & Advocacy
- Equity & Social Justice Embedded




MTSS Role:
Tier 1: Climate & prevention supports
Tier 2: Targeted group & family supports
Tier 3: Intensive intervention & crisis response

[Click Here](#)

ASCA
ASCA National Model

- Define student & professional standards
- Manage program focus & planning
- Deliver direct & indirect services
- Assess outcomes & impact




MTSS Role:
Tier 1: Core instruction & curriculum
Tier 2: Small groups & targeted supports
Tier 3: Short-term counseling & referral

[Click Here](#)

NASP
NASP Practice Model / Domains of Practice

- Data-Based Decision Making
- Consultation & Collaboration
- Academic & Mental Health Intervention
- Safe, Supportive & Accessible Schools
- Legal, Ethical Practice



MTSS Role:
Tier 1: Universal prevention & systems design
Tier 2: Targeted intervention & monitoring
Tier 3: Intensive individualized services

[Click Here](#)

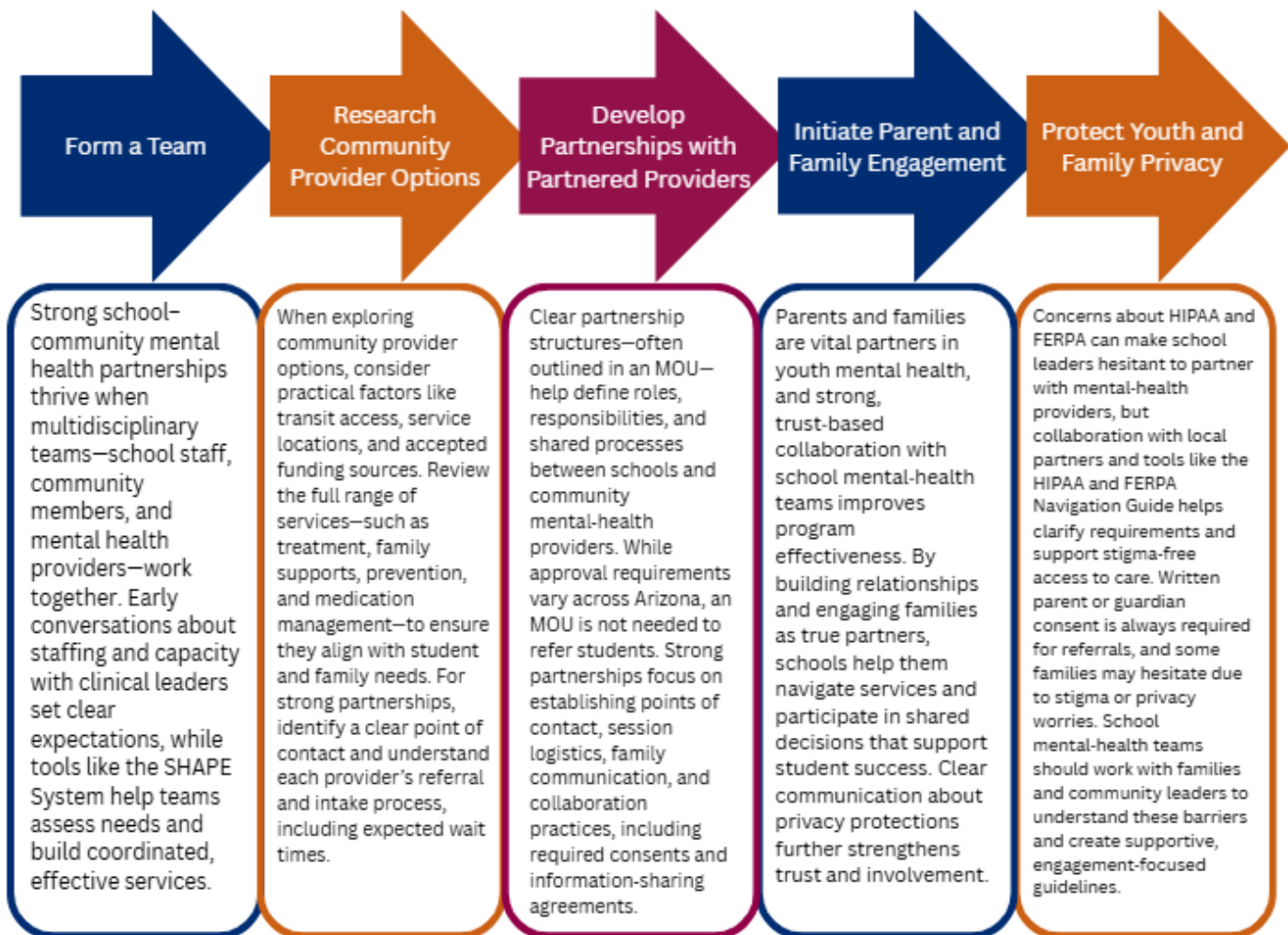


Arizona School Mental Health Professional’s Wheel:

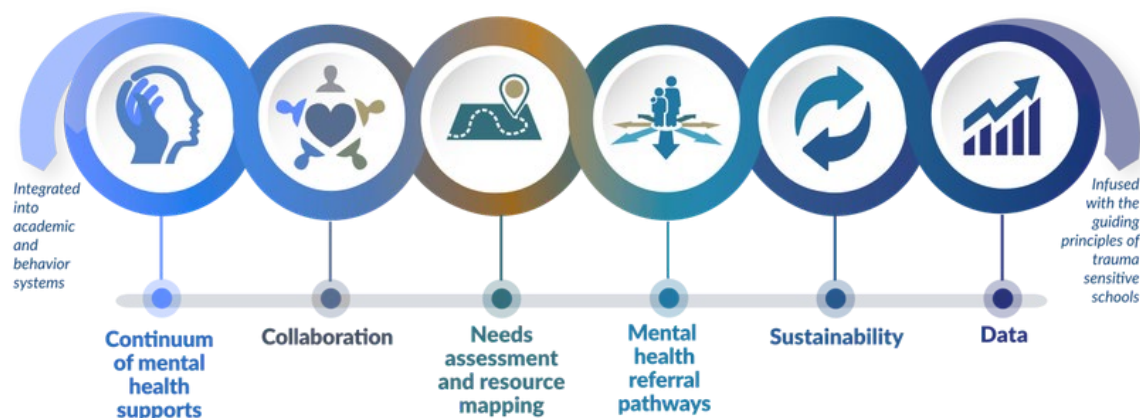
Arizona’s School Mental Health Professionals Wheel illustrates how each school mental health discipline, represented by the state associations for school nurses, school counselors, school social workers, and school psychologists, contributes uniquely and collaboratively to the comprehensive well-being and safety of students, staff, families, and school communities. While each profession brings its own specialized training, scope of practice, and evidence-based approaches, the Wheel highlights the interdependence of these roles and how multidisciplinary teams work together to promote mental health, enhance learning, and respond effectively to student needs. By visually integrating the work of each local organization, the Wheel reinforces that no single role alone can meet the diverse needs of students; instead, collective expertise forms a coordinated system of care. Designed with school leaders and administrators in mind, the Wheel serves as a clear guide for understanding each profession’s contributions, clarifying how they align, complement one another, and come together to support comprehensive school safety and a healthy, thriving school environment.

Considerations for Collaboration

Building effective school–community mental health partnerships is essential to supporting the well-being of students and families. This info-graphic outlines key steps schools can take to strengthen collaboration with community providers, from forming multidisciplinary teams and researching service options to develop formal partnerships, engaging families, and protecting privacy. By following this process, schools can create coordinated, accessible, and family-centered mental health systems that improve outcomes and promote a supportive learning environment.



Cycle of Partnership



Integrating Services

Identify and refer youth in need:

The mental health system and educational systems have historically operated in isolation. This becomes apparent when mental health and educational support teams begin to collaborate. Key terminology for collaboration such as “screening” or “referral” have different meanings and interpretations across various systems.

The words referral and screener have different meanings for educators and mental health providers. For this document, the following definitions will be used to describe the use of these words in comprehensive school mental health systems.	
Key Term	Definition
Mental Health Referral	A formal or informal process for connecting students with specific mental health related intervention(s). Not all student referrals made in schools are referred to community-based providers. However, if connecting a student to an outside provider for support, parental consent is required by law and must be obtained before making the referral.
Mental Health Screener	With parental consent, a brief survey administered by a teacher, counselor, social worker, school psychologist, or other staff member to assess for specific mental health concerns, such as anxiety, depression, and trauma.
Universal Screener	With parental consent, an assessment that can be given to all students to determine whether there are risks for mental health. Universal screeners are conducted in a systematic style where students, parents, and/or teachers provide reports that allow for the determination of Tier 2 or Tier 3 interventions.

Practical Examples

Student A receives a mental health referral to receive mental health services/interventions by a school mental health professional OR a community behavioral health provider, only after written parental consent is provided

The school nurse noticed that Student A may be struggling with thoughts of suicide, as such he gained parental consent to use the ASQ Suicide Risk Screener to assess for suicidality

XYZ Middle School includes an opt-in parental consent form in the student/parent handbook at the beginning of every school year to use a universal screener with students to identify potential mental health risks. Student B's parent opted in, so he participated in the universal screener. No mental health concerns were found

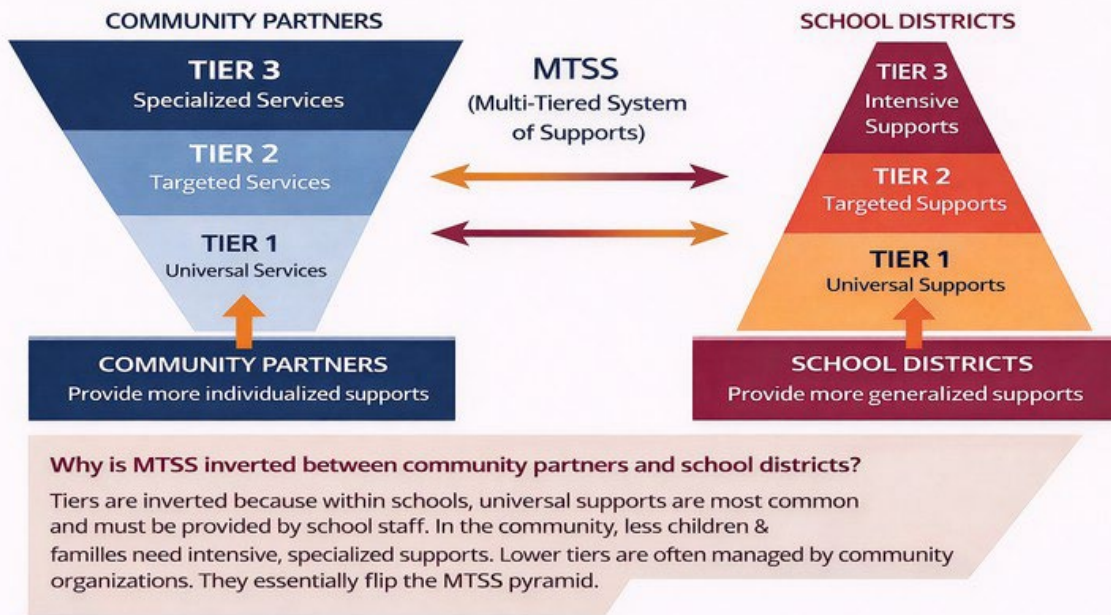
Model Student Mental Health Referral Pathway



Not all youth require community mental health support; such services are reserved for those with the highest level of need and are typically not the first intervention. A multi-tiered system of support (MTSS) provides effective, evidence-based interventions for routine classroom behavior and brief mood regulation challenges. In cases of immediate safety concerns, such as suicidal thoughts or the presence of a weapon, school staff should call 911; for non-urgent crises, contact local crisis teams or 988. It's crucial to provide families with crisis information and maintain clear, realistic communication during critical situations.

For more information on specific suicide prevention policies and sustainable practices to put in place at your district or charter, see Appendix 4: Arizona Model Suicide Prevention Policy. Note: This document does not supersede any district(s) established policy or procedure relating to crisis and threat assessment protocols. Please become familiar with and follow all local crisis and threat assessment policy and procedures.

An Example of Complementary Roles and Resources of Community Partners and School Districts in Comprehensive School Mental Health Systems



Enrolling in community mental health services:

Community mental health providers work with youths and their support systems to develop a treatment plan. This process includes formal written prenatal consent (**REQUIRED**), intake, assessment, treatment, and discharge plans. Before services can begin, community providers will complete an intake and needs assessment with the youth and their guardian/parents. The provider will go over possible treatment options and have the parents sign a consent for treatment. A treatment plan and goal setting meeting to determine the type, duration, and intensity of service will occur. Treatment needs may change over time and progress is monitored through regular Child & Family Team (CFT) meetings. The school team may be asked to attend CFT meetings to develop support for the youth. The document 12 Guiding Principles in Children's System of Care is a helpful resource when building meaningful relationships within CFT meetings and interactions.

Delivery of services:

Community-based mental health providers use a variety of methods and measures to provide services in a school partnership. The following are a few examples:

[Note: A memorandum of understanding (as described on page 7) can help school districts and behavioral health providers navigate collaboration efforts. However, they are not required to have behavioral health services provided on-campus or to make behavioral health service referrals.]

- **Clinic or Home-Based Services:** While it is common for referrals to begin at school, the services take place in a clinical or home setting. Depending on the needs of the child, they may be assigned to a case manager or a clinical team and may be regularly re-evaluated.
- **On site services:** Community mental health providers may utilize a space on school campuses to see clients. School and community provider teams should set a location and office hours through a memorandum of understanding. Providers shall complete intakes, assessments, and deliver services on site. This partnership does not have significant interaction with school support staff members although it may involve regular interaction with front office staff to check in and call youth from class.
- **Integrated on site clinic services:** Community mental health providers and school districts/charters enter into an agreement where a comprehensive referral and care system is developed. The community provider acts as an independent contractor, with a designated space (determined by school administration) where services can be provided to youth. Providers can be involved in school team meetings and have regular interaction with key school staff, primarily in case staffing, management, and support.
- **Virtual/Telehealth Services:** Telehealth is the use of digital technology, like computers, telephones, smartphones, and tablets, to access care services remotely. AHCCCS members who cannot travel to an office can use these devices from their homes to attend healthcare appointments with their providers. Telehealth can make access to health care more convenient, saving time and transportation costs.

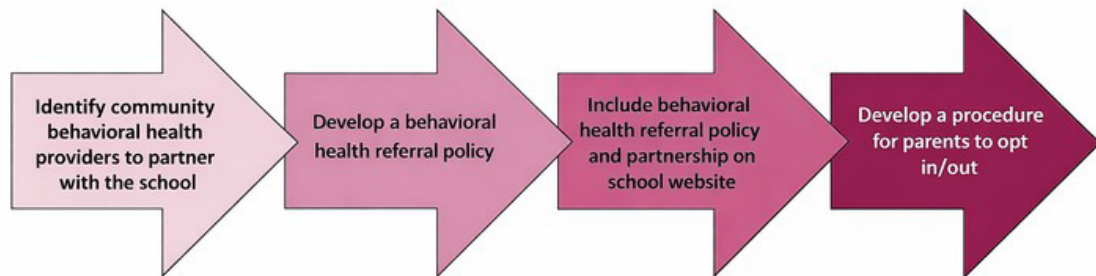
On Campus Meeting Space Guidelines

If intake or ongoing services take place on school campuses, *HIPAA requires a confidential meeting space.*

- Free of cross and pass through traffic.
- Walls are thick so sound does not travel, walls go from floor to ceiling, room has a door, and window coverings are used while meetings are in session.
- Sound stays inside the meeting space.
- If passes are used to 'call' youth from class, they cannot state the reason for the session.

Funding

Behavior health services for children who qualify for Medicaid (AHCCCS) may receive services through their health plan. Uninsured and underinsured students may also receive behavior health services paid by AHCCCS under the Mental Health Block Grant (MHBG), and/or the Substance Abuse Prevention and Treatment Block Grant (SUBG).



Mental health partnerships with AHCCCS-registered mental health providers should never require a direct financial commitment from schools in Arizona. It is *never* the schools' responsibility to determine the insurance eligibility of a youth. Youth in Arizona can receive funding for mental health services through a variety of options and can work directly with a local provider to combine a variety of funding streams, *regardless of their ability to pay. Even families that were not traditionally qualified in the past may qualify for streams of funding in Arizona.* Encourage families to work with community providers to explore expansions to private insurance coverage and AHCCCS eligibility. The following are options that may be available to families:

To Learn More:

The Coalition for Community Schools and the National Association of School Psychologists outline [nine key elements necessary for creating and sustaining effective partnerships](#) to improve youth mental health, physical health, and overall wellness.

The School Health and Performance Evaluation System, or the [SHAPE System](#), helps educators measure the quality and sustainability of their mental health programs as well as their level of trauma responsiveness. Assessment results are linked directly to a resource library specific to your school needs.

Non-AHCCCS contracted or Tribal Health providers may offer alternatives not addressed in this reference document.
SHAPE System: <https://www.theshapesystem.com/>

Relevant Statutes and Legislation

ARS15-120 – Mitch Warnock Act

Suicide prevention training; approved materials; posting; immunity; spending classification

- All school personnel who interact with students in grades 6-12 must receive approved evidenced based suicide prevention training in suicide prevention once every three years

ARS 15-160

Student identification cards; suicide prevention; contact information required

- By July 1, 2021 all identification cards issued to students in grades 9-12 shall have national and/or local suicide prevention phone numbers printed or affixed on them.

ARS 15-104

Mental health screening; consent; form; exemption

- Parental consent is required before a school site can complete a non-clinical mental health specific screener.

ARS 36-2272

Consent of parent required for mental health screening or treatment of minors; exception; violation; classification; definition

- Parental consent is required before clinical mental health screening can take place on a minor in any setting.

ARS 15-143

Increased parental rights on student instruction and access to information.

ARS 15-117 (D.5.)

Surveys; pupil information; parental permission and informed consent; exceptions; penalties; definitions

ARS 15-143

Health education instruction; mental health instruction

ARS 15-174

School safety program; purpose; program proposals; requirements; annual report; public records exemption; definitions



Appendix 1: Sample Classroom Mental Health Crisis Desk Reference for Arizona Educators

	<i>School Staff Responsibility</i>	<i>Administration Responsibility</i>
Immediate response Who to contact Information to convey		
Support for the affected youth Strategies for supporting the affected youth		
Care of other youth in the classroom Procedures for caring for other youth in the classroom during the crisis		
Parent/guardian (family) notification Procedures for notifying the immediate family of the affected youth		
Communication with family of other youth Procedures for explaining the occurrence to the families of other youth in the classroom		
Day after Procedures for any follow up with youth, families, the community		
Other?		

A youth in my classroom is having a mental health crisis (possibly including suicidal thoughts. What to do?

If there is a school-based mental health professional, he or she should be the point of contact. If not, administrators should assign clear point of contact on the campus. If the school doesn't have a policy or contact identified, get the attention of another adult nearby. Call the front desk or escort the youth to another classroom and ask for immediate assistance. ***The youth must not be left alone at any time during this process.*** Have an adult walk the youth to a safe location and call the local crisis line. They will assess the situation and determine next steps. The student's parent/caregiver must be contacted as soon as possible.

Crisis lines in Arizona (additional comprehensive contacts listed in appendix 4):

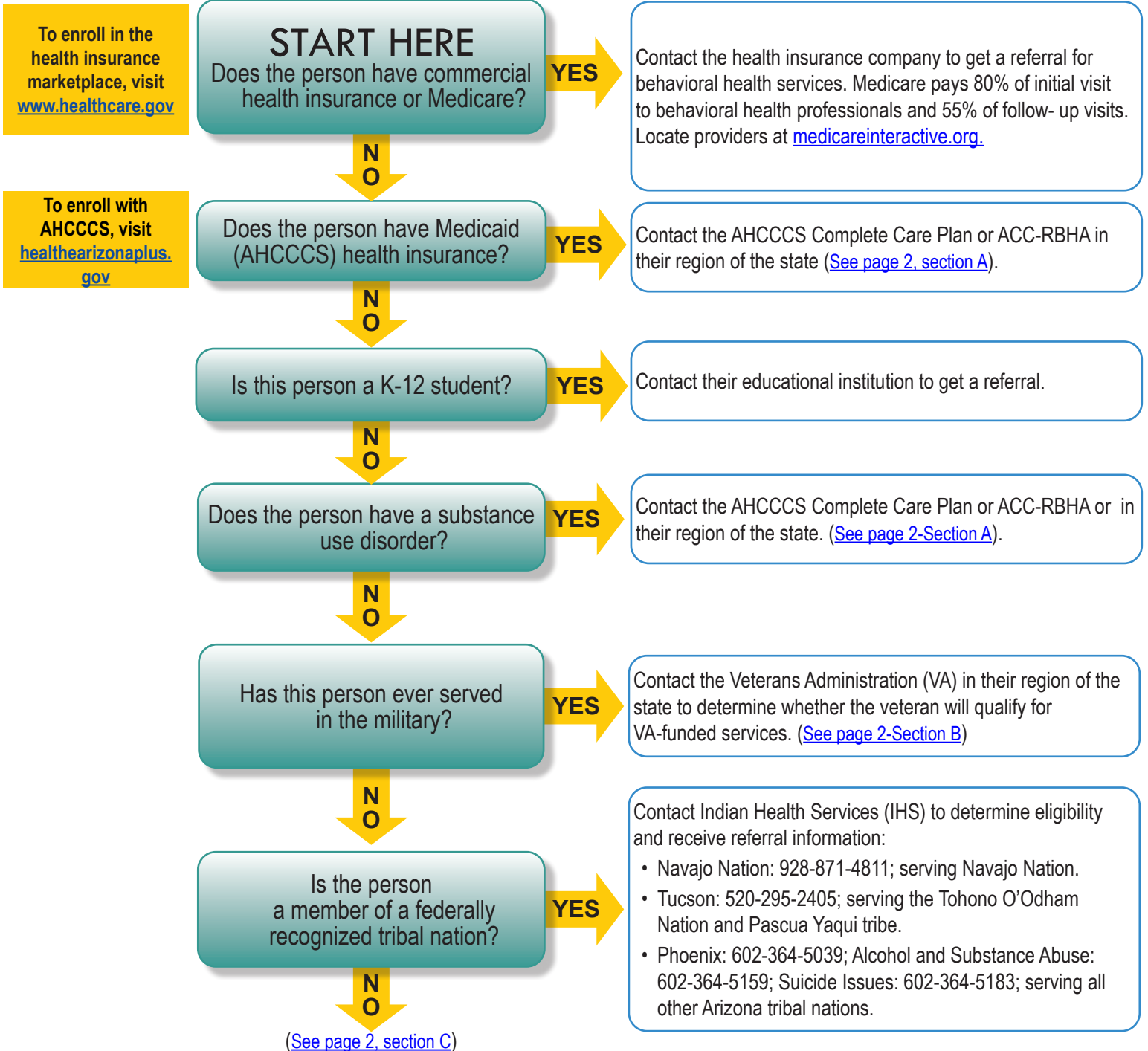
- Arizona Statewide Crisis Hotline Phone: 1-844-534-HOPE (4673)
- Arizona Statewide Crisis Hotline Text: 4HOPE (44673)
- Gila River and Ak-Chin Indian Communities: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Teen Lifeline: 602-248-8336 OR 1-800-248-8336 (statewide)
- Tohono O'odham Nation: 1-844-423-8759
- National 988 Suicide & Crisis Lifeline: Call or text 988; Chat at <https://988lifeline.org/chat/>

DOES THE INDIVIDUAL APPEAR TO BE AN IMMEDIATE DANGER
TO HIS/HER OWN SAFETY OR TO THE SAFETY OF OTHERS?

CALL 911

DOES THE INDIVIDUAL APPEAR TO BE IN NEED OF MENTAL HEALTH ASSISTANCE RIGHT AWAY?
CALL 988 OR 1-844-534-HOPE OR FIND MORE RESOURCES ON THE [CRISIS SERVICES WEB PAGE](#)

Accessing/Paying for Behavioral Health



SECTION A

Tribal Regional Behavioral Health Authorities (TRBHAs), AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and AHCCCS Complete Care Plans By Region

Note: latest website and 24-hr line information is posted on the [Available Health Plans web page](#).

TRBHAs and ACC-RBHAs	County or Tribal Nation Served
Arizona Complete Health-Complete Care Plan ACC-RBHA www.azcompletehealth.com/completecure , 1-888-788-4408	Apache, Coconino, Graham, Greenlee, La Paz, Mohave, Navajo, Pima, Yuma, Yavapai, and Cochise
Gila River TRBHA: www.grhc.org/bhs , 1-888-484-8526 ext. 7100	Gila River Indian Community
Mercy Care ACC-RBHA: www.mercycareaz.org , 1-800-624-3879	Gila, Maricopa, Pinal
Navajo Nation TRBHA: www.nndbmhs.org , 1-866-841-0277	Navajo Nation
Pascua-Yaqui TRBHA: www.pascuayaqui-nsn.gov/index.php/centered-spirit , 520-879-6060	Pascua Yaqui Tribe
White Mountain Apache TRBHA: www.wmabhs.org , 928-338-4811	White Mountain Apache Nation
ACC Plan	Geographic Service Area (GSA) Served
Health Choice Arizona: www.HealthChoiceAZ.com , 1-800-322-8670	North, Central
Molina Complete Care: www.MolinaHealthcare.com , 1-800-424-5891	Central
Mercy Care: www.mercycareaz.org , 1-800-624-3879	Central
Banner-University Family Care: www.bannerufc.com/acc , 1-800-582-8686	Central, South
UnitedHealthcare Community Plan: www.uhcommunityplan.com , 1-800-348-4058	Central, Pima County
Arizona Complete Health-Complete Care Plan: www.azcompletehealth.com/completecure , 1-888-788-4408	North, Central, South

SECTION B

Veterans Administration (VA) by Region

VA Health Care System	Counties Served
Phoenix: 602-277-5551	Gila, Maricopa
Northern Arizona: 928-445-4860	Apache, Coconino, Mojave, Navajo, Yavapai
Southern Arizona: 520-792-1450	Cochise, Graham, Gila, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma

SECTION C

Additional Resources

Some free or low-cost support services may be obtained from sliding fee scale clinics, community organizations, and/or places of worship. Some examples include:

The Arizona Department of Financial Institutions: offer free counseling service to those behind on mortgage payments or facing foreclosure, 877-448-1211. SOS Non Title 19 Resource Hotline: (602) 759-8175.

Transitional Living Centers “TLC”: Helping recovering substance abusers rebuild their lives since 1992 www.transitionalliving.org.

Family Involvement Center “FIC”: Select “Services” then “Classes/Support Groups” www.familyinvolvementcenter.org.

NAMI AZ: Select your local affiliate and select “Support Groups” www.NAMIArizona.org.

MIKID AZ: Select “Programs and Services” and select “Family Support” www.mikid.org/.

Stand Together and Recover (STAR) Centers: Peer Support and Recovery Centers: www.thestarcenters.org.

Substance Use Support:

- National Drug and Alcohol Referral Routing Service: 1-800-662-HELP (4357), press “2” for Spanish or: findtreatment.samhsa.gov.
- Alcoholics Anonymous (AA) meeting locator: www.area03.org/AA-Meetings.
- Narcotics Anonymous (NA): 1-818-773-9999; online arizona-na.org.

Suicide Prevention Resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255), press “1” for veteran support; online www.suicidepreventionlifeline.org
- National Suicide Prevention Lifeline in Spanish: 1-888-628-9454.
- The Trevor Hotline (Suicide Prevention Hotline for gay and questioning youth): 1-866-488-7386; online www.thetrevorproject.org
- Teen Lifeline: 1-800-248-TEEN (8336); online teenlifeline.org.
- Low cost/no cost support groups: www.mentalhealthamerica.net/find-support-groups.

Appendix 3: Sample Memorandum of Understanding (MOU)

Note: A memorandum of understanding can help school districts and behavioral health providers navigate the collaboration efforts. However, **a MOU is not a requirement** for a school to have behavioral health services provided on-campus or to make behavioral health services referrals.

[District/Charter] and [Community Based Provider Name Here]

The Parties of this Memorandum of Understanding (MOU) are [District/Charter and [Program Name Here]], hereinafter collectively referred to as the Parties.

Purpose:

The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system (CSMHS) that utilizes the strengths and expertise of school and community-partnered support staff members.

CSMHS are defined as school-community partnerships that provide a multi-tiered system of mental health support (MTSS) to support students, families and the school community. “Mental health services” include activities, services and supports that address social, emotional and behavioral well-being of students, including substance use.

Roles and Responsibilities:

The Parties agree to the following roles and responsibilities.

Responsibilities of [Program Name Here]

1. Actively participate in school mental health team(s) to support effective school- community collaboration that promotes:
 - Well-defined roles and responsibilities of team members (with structures in place to avoid duplication of efforts),
 - Data sharing,
 - Data-based decision making,
 - Seamless services and supports across tiers,
 - Integration of mental health and other academic supports,
 - Defining the effective referral processes.
2. Provide mental health screening, assessment and services, to include: **[customize services below]**

Tier 1 - Mental health promotion services and supports (Tier 1): are mental health-related activities, including skill building of emotional, psychological, and social well-being which are designed to meet the needs of all students regardless of whether or not there is a present mental health concern.

- Universal mental health screening (with parent/guardian consent),
- Programs that support emotional, psychological, and social well-being,
- School climate activities,
- Positive behavioral expectations and rules/Classroom management,
- Bullying prevention,
- Mental health literacy for students,
- Mental health literacy for families/caregivers,
- Mental health literacy for teachers/school staff, and
- Teacher/staff consultation to promote mental health of all students

Tier 2 - Selective services and supports (Tier 2) to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern. When concerns are identified early and supports put in place, positive youth development is promoted, and concerns can be addressed and reduced. Sometimes these are referred to as mental health “prevention” or “secondary” prevention services.

- Progress monitoring of students receiving services
- Social skills training/coaching
- Group therapy for students identified as at-risk of developing mental health concerns
- Teacher/staff consultation for students identified as at-risk of developing mental health concerns

Tier3 - Indicate services and supports (Tier3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern and displaying significant functional impairment. Sometimes these are referred to as mental health “intervention” or “tertiary” or intensive services.

- Progress monitoring of students identified with mental health concerns and those receiving services
- Individual treatment for students with mental health concerns
- Group treatment for students with mental health concerns
- Family therapy to support students with mental health concerns
- Psychiatric evaluation
- Case management
- Teacher/staff consultation for students identified with mental health concerns and those receiving services
- Peer support/navigation services for students identified with mental health concerns and those receiving services
- Family peer support/navigation support services for families of students identified with mental health concerns and those receiving services
- Facilitate transitions to and from community agencies and programs (e.g., mental health providers, psychiatric hospitals and day programs, juvenile services, child welfare)

3. Use evidence-based practices¹⁰ for the above interventions, as available. When evidence-based interventions are not available for the intended population, selected interventions should be based on promising/best practices and should be evaluated for program effectiveness.

4. Collect and report data that documents [customize data elements below]:

- Provider productivity
- Program and intervention impact on student/school psychosocial and academic functioning
- Student/family satisfaction and engagement

5. Ensure the complete confidentiality of any and all identifying student and family information gathered in the performance of this agreement. The information gathered, used and developed shall not be provided to any other party without the express written approval of the individual(s) authorized to give consent for release of information.

6. Meet federal, state and local regulations required of community mental health providers, including those stipulated by the Health Insurance Portability and Accountability Act (HIPAA).

Evidence-Based Services and Supports are programs, services or supports that are based directly on scientific evidence, have been evaluated in large scale studies and have been shown to reduce symptoms and/or improve functioning. For instance, evidence-based services and supports are recognized in national evidence-based registries, such as the Substance Abuse Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, and Institute of Education Sciences (IES) What Works Clearinghouse (WWC). A full continuum of evidence-based services and supports within a school includes behavioral health promotion, selective prevention, and indicated interventions.

Responsibilities of [District/Charter]

1. Identify school(s) for service that demonstrate readiness and a commitment to hosting a community mental health provider to support a multi-tiered system of mental health support (MTSS).
2. Identify district and school point of contact to facilitate successful integration of community mental health provider into school(s) and to address any concern.
3. Provide mental health screening, assessment and services, to include: [customize services below]

Tier 1 - Mental health promotion services and supports (Tier 1) are mental health-related activities, including skill building of emotional, psychological, and social well-being which are designed to meet the needs of all students regardless of whether or not there is a present mental health concern.

- Universal mental health screening
 - Programs that support emotional, psychological, and social well-being
 - School climate activities
 - Positive behavioral expectations and rules/Classroom management
 - Bullying prevention
 - Mental health literacy for students
 - Mental health literacy for families/caregivers
 - Mental health literacy for teachers/school staff
4. Teacher/staff consultation to promote mental health of all students - Provide confidential space in school(s) that includes access to a locked file cabinet and mechanism for communicating with families and other providers (e.g., phone, computer, Internet access).
 5. Facilitate inclusion and active participation of community partners in school mental health teams that utilize best practices in teaming:
 - Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts
 - System to evaluate existing team structures, with existing team continuation and new establishment only as necessary
 - Overarching school shared purpose and shared goals ACROSS teams
 - Unique goals for distinct teams
 - Teams and team members understand and support each other's purpose and work
 - Teams and team members have a process/procedure to ensure frequent and consistent communication
 - Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams
 6. Create data-based decision models and referral processes that promote early identification and intervention for students.
 7. Adhere to all Arizona Health Care Cost Containments (AHCCCS) contracts guidelines, policies, and AHCCCS contractors Operations Manual.
 8. Considerations for special populations (e.g., English Language Learners)

Independent Contractor:

In providing services to [District/Charter] students, [Program Name Here] shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Board.

Duration and Termination:

This Agreement is for the period beginning Month/Day/Year to Month/Day/Year. Either party may terminate this Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the non-performance within fifteen (15) days of the receipt of written notice.

Insurance and indemnification

[Community provider] shall purchase and maintain during the term of any resulting agreement:

1. ***Commercial General Liability Insurance:*** of at least \$5,000,000 combined single limit coverage written on an occurrence basis covering all premises and operations, and including Personal Injury, Independent Contractor, Contractual Liability and Products and Completed Operations. The Board of Education of [District/Charter] and all of its agents and employees shall be named as an additional insured, which must be shown on insurance certificates furnished to [District/Charter].
2. ***Worker’s Compensation Insurance:*** benefits as required by Arizona law to include Employers’ Liability coverage with limits of at least \$100,000 each accident, \$100,000 each employee disease, and \$500,000 disease policy limit.
3. ***Professional Liability Insurance:*** with limits of at least \$1,000,000 each occurrence and \$3,000,000 aggregate.

[Community provider] shall indemnify and hold harmless the Board, its employees, servants, and agents against all liabilities, loss, charges and expenses, including court costs and attorney’s fees, resulting from the failure of [Community provider], its employees, servants, and agents, to faithfully and competently perform its obligations hereunder or arising from or caused by [Community-based provider]’s provision of services.

Whole Agreement:

This MOU contains the entire agreement between the parties with respect to the subject matter set forth herein but may be modified with the written consent of both parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives.

By: Superintendent, [Name of District or Charter]

By: Executive Director, XX Mental Health Agency

Appendix 4

Arizona Model School District Policy Components on Suicide Prevention Intervention

Purpose: This guidance on suicide prevention provides best practices to assist Arizona school districts with protecting the health, safety, and well-being of all students.

The model policy components are organized as follows:

Purpose:	Explanation of why a suicide prevention policy is an imperative.
Scope:	The geography and activities covered by the policy and to whom the policy applies.
Definitions:	Description of frequently used terms in suicide prevention, intervention, and response.
Responsibility for Policy Implementation:	Staff responsible for implementing the policy.
Policy Publication and Distribution:	Frequency of review and distribution of the policy.
Professional Development for School Personnel:	Arizona-specific requirements for school personnel who interact with students to participate in suicide prevention training.
Training for Students, Families, and Community:	District support for raising awareness and building suicide prevention skills for students, families, and community.
Assessment and Referral	Procedures for responding to a student who is identified as potentially suicidal.
Parent Notification and Involvement	Procedures for informing the student's parent/s or guardian/s.
Re-entry Procedure:	Procedures when a student is returning to school following a mental health crisis.
In-school Suicide Attempts:	Procedures when a student attempts suicide while in school.
Out-of-School Suicide Attempts:	Procedures when school staff are aware that a student is attempting suicide outside of a school location.
After a Suicide Death:	Postvention planning.
External Communication:	Responsible school staff for communicating with the media.
Other:	Sample language for the Student Handbook, parental involvement in suicide prevention, school-based mental health supports, at risk student populations, and messaging and suicide contagion.

Crisis: When is calling the crisis line the right answer?

Crisis services are provided to any individual in Arizona, without expense. If you are worried about a person’s mental health, call the crisis line. The person on the call will help direct next steps. Neither you nor the individual in question will be billed for this service.

Behavioral Health ***Crisis Lines in Arizona:***

<i>Area/Region/Nation</i> National 24-Hour Crisis Line	<i>Phone</i>	<i>Text</i>
	988 Suicide & Crisis Lifeline: 988 (call or text) National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357)	Text the word "HOME" to 741741
Arizona Statewide Crisis Line	1-844-534-4673 (HOPE)	4HOPE (44673)
County Crisis Lines	<p>Apache County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Cochise County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Coconino County: Care1st: 1-877-756-4090</p> <p>Gila County: Mercy Care: 1-800-631-1314</p> <p>Graham County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Greenlee County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>La Paz County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Navajo County: Care1st: 1-877-756-4090</p> <p>Maricopa County: Mercy Care: 1-800-631-1314</p> <p>Mohave: Care1st: 1-877-756-4090</p> <p>Pima County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Pinal County: Mercy Care: 1-866-495-6735</p> <p>Santa Cruz County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Yuma County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Yavapai County: Care1st: 1-877-756-4090</p>	
Tribal Crisis Lines	<p>Ak-Chin Indian Community:1-800-259-3449</p> <p>Gila River Indian Community: 1-800-259-3449</p> <p>Salt River Pima Maricopa Indian Community:1-855-331-6432</p> <p>Tohono O’odham Nation:1-844-423-8759</p>	
Teen Lifeline	602-248-TEEN (8336)	602-248-TEEN (8336)
Veterans Lifeline	<p>Veterans Crisis Line:988 (press 1)</p> <p>Be Connected:1-866-4AZ-VETS (429-8387)</p>	

Appendix 5 A Model School Mental Health Referral Policy

The state of Arizona has two legislative guidelines that reference a school districts' obligation to adopt a referral process and policy for referring students for mental health services.

1. ARS 15-120 - Mitch Warnock Act

2. ARS 36-3436 - Jake's Law (unfunded statutory requirement)

Note: The following School-Based Referrals for Behavioral Health Services policy guideline is optional for schools to implement and was formally released by The Arizona School Risk Retention Trust in 2024, to support school districts in meeting statutory requirements.

Policy © 5-411 School-Based Referrals for Behavioral Health Services

[OPTIONAL]

[Prior to adopting Policy, the Policy must be vetted at a public meeting in which the Governing Board considers comments submitted by the public. The Policy and Procedure must be posted on each applicable school website]

The Governing Board authorizes school-based referrals of eligible students for behavioral health services to a contracted behavioral health services provider either pursuant to the children's behavioral health services fund established pursuant to [A.R.S. § 36-3436](#) or through the Arizona Health Care Cost Containment System (AHCCCS).

The Board authorizes the Superintendent to develop procedures that address the following:

- A process to allow parent/legal guardian to annually opt into school-based referrals.
- A process to conduct a survey of parent/legal guardian whose children were referred to and received behavioral health services.

The District shall post this Policy and related Procedure on each applicable school website, to include a list of behavioral health services providers with whom the District contracts.

At the end of each school year, the District shall report the results of its school survey to AHCCCS administration.

Adopted:

Legal Authority:

[A.R.S. § 36-2272](#)

[A.R.S. § 36-3436.1](#)

Arizona Trust

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Appendix 6: School-Based Universal Referral Form

In an effort to improve the system of care for school professionals making referrals to community mental health providers, AHCCCS has released a School-Based Universal Referral Form which can be used by school professionals (i.e., counselor, social worker, psychologist, nurse, etc.) who have obtained parent/guardian consent and are following district policy to make referrals to community mental health providers. An English and Spanish version are available on the [AHCCCS Behavioral Health in Schools web page](#).



Referring Agency Information:

Referral Date:

Referring School: CTDS #:

Referring School Phone Number:

Referring Person Name: Position:

Referring Person Email:

Client Information:

Client Name: Client DOB:

Client Phone Number:

Parent/Guardian Name:

Parent/Guardian Phone: Best Time to Reach: A.M. P.M.

Parent/Guardian Email:

Address:

Primary Language (Client): Primary Language (Guardian):

Referral being made due to substance use: Yes No Unsure

Is the student a:
 Danger to Self (DTS) Danger to Others (DTO) Not Applicable

If you are in crisis or need immediate assistance, please call 988 or 911.

Reason for referral:

Other agency involvement: Dept. Child Safety Div Developmental Disabilities
 Juvenile Probation Officer Other

Consent:

By Checking Box – I, as a school staff member, have discussed my concerns with the Parents/Guardian and have been provided permission to make this referral.

Referring Person Signature: Date:

Appendix 7: Additional Resources

Active Links to Additional Resources

[ADE Comprehensive School Mental Health](#)

[ADE School Mental Health Professionals Listserv](#)

[ADE Suicide Prevention](#)

[ADE School Nursing & Health Services](#)

[ADE School Nursing & Health Services Listserv](#)

[ADE School Emergency Preparedness](#)

[ADE School Emergency Preparedness Listserv](#)

[AHCCCS: Accessing Behavioral Health in Schools](#)

[AHCCCS: School Based Medicaid Claiming Program](#)

[AHCCCS School Feedback Form](#)

[AHCCCS: Suicide Prevention Training for Schools](#)

[AHCCCS Universal Referral Form](#)

[Arizona Department of Health Services Mental Health's Awakening](#)

[Arizona Department of Health Services: Youth Risk Behavior Survey \(YRBS\) Results](#)

[National Center for School Mental Health](#)

[National, State, and County Crisis Lines](#)

[Prevention Technology Transfer Center Network](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) | Project AWARE](#)

[Suicide Prevention Resource Center](#)

[Understanding Behavioral Health and Mental Health](#)