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## Analyzing School-Based Behavioral Health Services Across HRSA-Defined Regions in the United States

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### Background

School-based behavioral health (SBBH) has been proposed as an approach to address the inadequate supply of behavioral health services for youth mental health problems, yet little is known about the characteristics and workforce of SBBH programs. This study collected data on the presence of SBBH, how SBBH is delivered and by whom, and how SBBH practitioners are employed.

### Methods

Data were collected for the 2023-2024 academic year in school districts across 10 HRSA-defined regions in the U.S. A brief electronic survey assessing SBBH characteristics and Tier 3 services was distributed to school district officials via newsletters and professional listservs for national school-based organizations.

### Findings

All 10 HRSA-defined regions were represented across 332 individual respondents. Most districts (83%) reported offering Tier 3 services. Services were most commonly offered in-person only (70%), of which most were typically provided by social workers (84%) and mental health counselors (76%). Districts with hybrid models utilized more psychiatrists and advanced practice providers (14.5% versus 5.1%) than in-person only districts. Inadequate supply of behavioral health providers and staff, a need for greater investment in SBBH by district leaders, inavailability of services, and inconsistent funding were reported areas of SBBH delivery needing the greatest change.

### Conclusions and Policy Implications

Findings highlight the high prevalence with which in-person Tier 3 SBBH are available, though regional variability exists in the modality of service delivery and clinical providers. Delivery platforms and internal versus external employers may affect types of clinicians and services provided to students. Study results may inform policies and practices to expand the breadth of SBBH for students across the U.S.