

A CYSHCN-Driven Roadmap for School-Based Mental Health Research: Summary Brief

Introduction

Children and youth with special health care needs (CYSHCN) face significant challenges that can lead to poor health and education outcomes. According to 2019-2020 data from the National Survey of Children's Health (NSCH), CYSHCN are more likely than non-CYSHCN to have unmet health care needs across all types of care including medical, dental, vision, and hearing.¹ Notably, mental health care had the widest gap in terms of unmet needs. Although research increasingly indicates that school-based mental health (SBMH) services are an effective way to improve access to mental health care,² more evidence is needed on how best to coordinate and adapt SBMH services to meet the needs of CYSHCN.

AcademyHealth, in partnership with Econometrica and Family Voices, launched a 12-month project in November 2024 to unite lived and learned expertise through a national agenda-setting exercise. The project aimed to re-focus the field and build the evidence needed via three main project objectives:

1. Identify key patient-centered comparative effectiveness research (CER) gaps, which impact decision-makers, in SBMH programs serving CYSHCN.
2. Build capacity to enhance the evidence base through interest holder relationship building and a participatory patient-centered CER topic generation/prioritization process.
3. Co-develop with interest holders, and promote the conduct of, a national, coordinated research agenda designed to address identified patient-centered CER gaps in SBMH programs serving CYSHCN.

This brief describes the background, context, and rationale for the new [research agenda](#). A participatory approach was used to guide the development of research questions that are responsive to patient needs, relevant to school-based implementation, and amenable for downstream uptake in Medicaid policy.

Defining the Target Population: CYSHCN with Emotional and Behavioral Needs

The Health Resources and Services Administration (HRSA) defines CYSHCN as those who have or are at increased risk for having chronic physical, developmental, behavioral, or emotional conditions.³ This diverse population has distinct needs, unique challenges to accessing well-functioning systems of care, and may require specialized health and educational services to thrive. CYSHCN comprise approximately one-fifth of children and youth in the United States.⁴ Eight of the top ten conditions experienced by CYSHCN are categorized as developmental, mental, or behavioral conditions.⁴

This project focused on *CYSHCN with emotional and behavioral needs*, a group which has significant overlap with students who may have one or more of the following educational designations: a Special Education student; a student with an Individualized Education Program (IEP); a student with an Individualized Family Service Plan (IFSP); or a student with a Section 504 Plan (504 plan). Given that there is no standardized definition for this subpopulation, this project proposed five components of a definition to help ground future research related to SBMH, including:

- Age range of children and youth (i.e., typically 6-17 years for Kindergarten through 12th grade)
- Physical conditions (e.g., asthma, sickle cell disease, epilepsy)
- Emotional/behavioral conditions (e.g., chronic anxiety, depression, hyperactivity, impulsivity)
- Care and service needs (e.g., elevated need of prescription medication, specialized therapies)
- Mental health care use (e.g., above average and/or ongoing use of mental health services)

For example, CYSHCN with emotional and behavioral needs could include a (1) 14-year-old student with a significant history of school absenteeism and diagnosis of social anxiety disorder and (2) a 17-year-old with diabetes, adjustment disorder, and substance use disorder.

Agenda-Setting Process

The project team first conducted an environmental scan to scope and frame the work. Interest holders were then convened to refine draft research domains and create a prioritized list of research questions. A Steering Committee comprised of 11 experts provided guidance throughout the project.

Environmental Scan. To gather existing information on SBMH services for CYSHCN with emotional and behavioral needs, a multi-step approach was used. First, AcademyHealth conducted a literature scan of peer-reviewed, grey literature, and adjacent research agendas. Key informant interviews were then held with individuals who brought lived experience and expertise in behavioral pediatrics, CYSHCN family advocacy, Medicaid policy, and SBMH policy and practice. Lastly, AcademyHealth administered a survey to geographically diverse state Medicaid policymakers and then supplemented responses with qualitative data collection via a listening session. A thematic analysis was conducted to identify common themes across findings, allowing for the organization of information into draft research domains that would inform materials for the Consensus Convening (described below).

The environmental scan further served to (1) map the current state of SBMH for CYSHCN to essential and connecting components of the Multi-Tiered System of Supports (MTSS) framework, (2) outline known barriers to operationalization and opportunities for further inquiry to improve services, and lastly, (3) raise key considerations and gaps in knowledge and/or consensus that must be addressed to better support this population. The full environmental scan is available on AcademyHealth’s website.

Consensus Convening. In July 2025, approximately 30 interest holders gathered for a virtual, three-hour convening to support (1) the development of an action-oriented agenda by defining key areas of research and (2) the sustainability of the agenda by identifying






driving and restraining factors related to advancing the agenda. Steering Committee members, along with new participants, represented a range of interest holders spanning CYSHCN youth and family advocates, researchers, school-based providers, educators, and state-based policymakers. Following the convening, the project team refined the description of the target population and revised the research domains based on the feedback received.

Codigital Prioritization. Between July-August 2025, participants engaged in an asynchronous ideation and prioritization process using an online platform, Codigital, that enabled them to iteratively and collaboratively generate research questions for each of the seven domains. Over 150 questions were generated in the first ideation round. The project team curated, streamlined, and de-duplicated the research questions, resulting in 120 questions being ranked in the second prioritization round. Afterwards, the project team re-reviewed the questions to help ensure that they were framed to support patient-centered CER. Questions were additionally shared with the Steering Committee for input. The project team compiled the prioritized research questions and highlighted the top five ranked questions in each domain to create the final research agenda.

Prioritized Research Agenda

The prioritized research agenda features the top five ranked research questions for each of the seven research domains (n=35 research questions). A comprehensive list of all 120 research questions that were generated and prioritized during the agenda development process is available in the full report.

Data & Measurement. This domain explores how interest holders involved with SBMH services might collect, share, analyze, and use individual- and population-level data. Data collected within the school and shared between the school, district, and state levels can help address gaps in mental health care, support better SBMH services, and improve clinical and academic outcomes for CYSHCN with emotional and behavioral needs with the proper infrastructure.

	 Steering Committee	 Key Informant Interviews	 Survey & Listening Session	 Consensus Convening	 Codigital Ideation & Prioritization
Date (2025)	January, February, May & September	April	April & May	July	July-August
Purpose	Guide the overall project with lived and learned expertise	Confirm preliminary findings from literature scan and illustrate the most important gaps as seen by families, researchers, and practitioners	Provide insight into gaps that are most impactful/ relevant to state-based Medicaid policymaker priorities	Define key research domains and identify driving and restraining factors for successful adoption and implementation of the research agenda	Generate, refine, and prioritize research questions for the research agenda
Participants	11 Members	9 Interviews	18 States*	33 Participants	27 Participants

*Survey respondents (n=5 states) and listening session participants (n=15 states) with two states participating in both.



Top 5 Research Questions for Data & Measurement

1. What infrastructure and resources (e.g., financing, staffing, technology, policies for gaining consent) are most effective in supporting the collection and use of secure, high-quality data across school systems for CYSHCN with emotional and behavioral needs?
2. What measures of access, quality, intermediate outcomes (e.g., school attendance), and/or long-term outcomes (e.g., high school graduation) are most critical for evaluating SBMH services, and under what circumstances do they best inform service improvement?
3. What are the most valid, reliable, and feasible instruments that can be used to collect mental health data from the school and school system for the purpose of sharing with relevant interest holders and policymakers?
4. What measures and instruments should be used to identify CYSHCN who could benefit from SBMH services and support their needs, monitor change over time, and assess intervention outcomes at each tier of the Multi-Tiered System of Supports (MTSS) framework?
5. What barriers and facilitators influence the effective collection and use of high-quality data within schools and across service systems (including financial, cultural, and social factors)?

Equity. This domain focuses on the fair delivery of SBMH services for CYSHCN with emotional and behavioral needs and the prioritization of equitable education and mental health outcomes to promote the health and wellbeing of all children. Drivers of equitable and inequitable access, quality, and outcomes are all included, along with effective strategies for achieving equity.



Top 5 Research Questions for Equity

1. What implementation strategies are most effective in ensuring equitable SBMH support for CYSHCN with emotional and behavioral needs (e.g., equity audits, disaggregated data reviews)?
2. What training and professional development approaches most effectively prepare SBMH providers to deliver timely, equitable, and culturally responsive care to CYSHCN with emotional and behavioral needs?
3. How do school funding and resource allocation affect the equitable availability of SBMH support for CYSHCN with emotional and behavioral needs?
4. What existing strategies or mechanisms have schools used to successfully support SBMH services despite school funding disparities?
5. Which available SBMH interventions are the most effective at improving health outcomes among marginalized CYSHCN with emotional and behavioral health needs?

Financing & Regulation. *Financing and costs* for SBMH services for CYSHCN with emotional and behavioral needs includes consideration of federal, state, local, and private funds including Medicaid reimbursements and other sources. *Regulation* of SBMH services for this population that are consistent with community values require adherence to policies and reporting structures dependent on the financing source, in addition to the medical and legal responsibility of team-based care. No implementation of finance and regulation activities were completed during this project’s engagement award term.



Top 5 Research Questions for Financing & Regulation

1. How do variations in funding streams (e.g., Medicaid vs. local education budgets) affect the availability and quality of SBMH services for CYSHCN? How do these funding differences influence staff and student perceptions of school climate?
2. What are the most effective strategies for combining federal, state, local, and private funding to improve the accessibility, comprehensiveness, quality, and sustainability of SBMH services for CYSHCN with emotional and behavioral needs?
3. What approaches within school–community partnerships most effectively structure financing and shared responsibility for delivering SBMH to CYSHCN with emotional and behavioral needs?
4. What is the cost-effectiveness of implementing SBMH services for CYSHCN within tiered models of support across each tier (universal, targeted, intensive)?
5. What supports do schools need to effectively bill Medicaid and commercial insurance for SBMH services? What are the biggest facilitators and barriers for billing Medicaid for SBMH services for CYSHCN with emotional and behavioral needs?

Models of Care & Support. This domain targets the design and evaluation of support/service delivery frameworks and collaborative care models that involve educators, mental health professionals, policymakers, and families/caregivers working together to support the academic, social, developmental, and emotional needs of CYSHCN. Central to this domain is the investigation into evidence-based interventions and approaches that aim to improve the accessibility, effectiveness, and sustainability of comprehensive mental health services within schools, fostering an environment conducive to the well-being and academic success of the affected students.



Top 5 Research Questions for Models of Care & Support

1. What types or combinations of school-based models (e.g., multi-tiered system of supports, school-community partnerships, wrap-around, peer support) are most effective in supporting the academic, social, and mental health needs of CYSHCN with diverse demographic and clinical characteristics?
2. Which SBMH models of care (e.g., school-based health centers), are most effective for CYSHCN across age groups, cognitive abilities, and developmental abilities?
3. Among evidence-based models of care, what components are essential, requiring fidelity, and what components can be adapted to fit local context when scaling across school settings?
4. What are the most effective strategies for measuring the relative impact of having comprehensive teams (including SBMH teams and community providers) work together to serve CYSHCN with emotional and behavioral needs?
5. What models best incorporate youth, family, and community voices into care planning and service delivery in school-based settings?

School & District Climate. This domain encompasses five main components that make up the overall quality and character of school life: (1) Safety, (2) Teaching and Learning, (3) Interpersonal Relationships, (4), Institutional Environment, and (5) Leadership and Efficacy.** This includes the impact of relationship-building on the decision-making process and overall experiences of students, staff, and parents. This area was expanded to also look at the school district, especially in terms of how the system is run, the environment it creates, and how strong and effective the leadership is. School and district climate further encompasses the identification of support necessary for faculty and staff, families/caregivers, and students as well as fostering staff buy-in to promote a supportive learning environment that prevents bullying/trauma and resists re-traumatization.



Top 5 Research Questions for School & District Climate

1. What are the system-level climate indicators (e.g., staff support, communication structures, role clarity) that predict successful district-wide coordination of SBMH services for CYSHCN?
2. What role does school climate (e.g., teacher-student relationships that foster trust and motivation, disciplinary practices, inclusion culture) play in the success or limitations of mental health service delivery models particularly for CYSHCN with emotional and behavioral needs?
3. What conditions at the school and district level help or hinder school personnel (e.g., teachers, staff) to develop stronger relationships with students who have special health care needs and ensure that effective trauma-informed systems are in place when a student reports a mental health concern?
4. What leadership practices at the district level are most strongly associated with equitable and timely implementation of SBMH services and improvements in both mental health and climate metrics?
5. What are effective strategies for school and/or district leaders to integrate student mental health, wellbeing, and academic support for CYSHCN with emotional and behavioral needs?

Workforce. This domain focuses on the conditions required for a trauma-informed, well-staffed and coordinated school team that can flexibly support CYSHCN with emotional and behavioral needs. This topic explores effective strategies for aligning roles, trainings, and responsibilities across team members to foster collaboration, avoid duplication of efforts and ensure shared goals while also promoting staff well-being.



Top 5 Research Questions for Workforce

1. How can the SBMH professional workforce be effectively structured to adequately fund and host a variety of providers and services (e.g. school-based health clinics, community-based organizations)? What workforce structuring is more feasible and efficient across different geographic locations and school settings (e.g., urban, rural)?
2. What training models most effectively prepare teachers and other school staff to provide inclusive, trauma-informed, and culturally responsive care for CYSHCN with emotional and behavioral needs within and beyond the classroom environment?
3. What are best or promising practices for training the school team (e.g., social workers, nurses, counselors, psychologists, teachers, community health partners, etc.) to facilitate shared understanding and goals among different roles and across sectors to support CYSHCN with emotional and behavioral needs? Under which conditions are these practices most effective?
4. What supports are needed to promote effectiveness and sustainability of the workforce, including but not limited to identifying and addressing staff burnout? What are the best or promising strategies for school mental health staff retention to support this workforce's ability to promote high-quality SBMH services for CYSHCN with emotional and behavioral needs?
5. What barriers exist within and across states in licensing and recruiting SBMH professionals? What are the best or promising strategies for school mental health staff retention, and how do the effectiveness of these strategies vary by geographic location and/or school setting?

Youth/Family Engagement. This domain seeks to identify effective strategies for involving families or caregivers and young people as active participants in the planning, implementation, and evaluation of SBMH programs and policies targeting CYSHCN with emotional and behavioral needs. Emphasizing partnership and communication, this work aims to empower families/caregivers and youth, ensuring that their perspectives and needs shape supportive, responsive, and culturally sensitive mental health services in educational settings.

** This research domain was adapted from the National School Climate Center's five domains of school climate.



Top 5 Research Questions for Youth/Family Engagement

1. What school climate conditions are most predictive of sustained family engagement in the co-design, continued participation, and evaluation of SBMH programs for CYSHCN with emotional and behavioral needs?
2. What role do youth peer support and youth advocacy/empowerment play in enhancing engagement and outcomes in mental health care for CYSHCN with emotional and behavioral needs?
3. What are the best or promising practices to ensure schools provide mental health services that are aligned with both a youth and their family and/or caregiver's goals?
4. How do schools operationalize youth- and family-centered approaches in planning, delivering, and evaluating SBMH services for CYSHCN with emotional and behavioral needs? In what types of school settings are these approaches more effective?
5. What are exemplar programs that engage CYSHCN and their families in providing real-time feedback and participating in formal processes of assessment, planning, and implementation of SBMH services? What conditions at the school, district, and/or community level make these programs more or less successful in engaging youth and family to improve services?

Discussion & Implications

This brief provides an abbreviated version of the discussion available in the full report.

Ongoing Challenges with Defining the Population for Research Studies. *CYSHCN with emotional and behavioral needs* are often marginalized given that they exist at the boundary of health care and education, two massive fields with their own vocabulary, mental models, frameworks, and approaches. A consistent way to define and identify these children and youth across systems and legal structures is needed so that services and benefits can work synergistically. Disparity between the health and education systems' definitions impacts future research fidelity, emphasizing the need for concrete, implementable parameters for research teams. As such, future CER focused on school-based interventions must employ standardized, cross-sector functional criteria rather than relying on broad legal or diagnostic labels alone.

Implications for Evidence Generation. Achieving a better system of care and support for this target population necessitates careful consideration of methodologies and approaches for generating relevant, responsive, feasible, and high impact evidence in a manner that minimizes the risk of harm to those the evidence seeks to serve. Cross-cutting themes on complex challenges inherent to improving SBMH services for CYSHCN with emotional and behavioral needs include: (1) the importance of taking human-centered and trauma-informed approaches to research; (2) relevance and rigor of the proposed research areas; and (3) pursuing research that focuses on implementation of integrated solutions.

Assessing the Policy Landscape in 2025. Significant changes to the policy landscape surrounding SBMH will strain schools' abilities to meet the mental health needs of CYSHCN. Broadly, a reduction of vital SBMH services could increase instances of school violence, reduce graduation rates, and lessen the job readiness of American students. Charting the path forward will require greater coordinated, collaborative, and innovative thinking in the wake of declining federal support, including but not limited to cuts to the Department of Education and reductions to Medicaid.

Opportunities for Alignment & Actionable Uptake. Researchers must consider how best to frame the research questions for actionable use for their different audiences. For example, the creation of a one-page, policy-friendly summary of the top three research priorities would be a valuable immediate next step to transform the research agenda into a blueprint for advocacy and resource allocation. Additionally, positioning the agenda alongside related CYSHCN and youth mental health initiatives is necessary to avoid perpetuating silos and instead leverage opportunities for alignment.

Conclusion

This project worked to develop a national CYSHCN-driven roadmap that is appropriate for CER, practice, policy, and advocacy. Curating a shared set of priorities serves to enable the evidence base to be built in a coordinated, cohesive way that emphasizes feasibility and impact. Specifically, this prioritized research agenda aims to guide the field in gaining a deeper understanding of how to improve school-based mental health services for CYSHCN with emotional and behavioral needs, leading to more effective programs that improve mental health outcomes and wellbeing for this population.

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Endnotes

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