Exploring Community Provider Perspectives on Mental Health Partnerships with Schools: A Thematic Analysis

by

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DISSERTATION ABSTRACT

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Adolescence has been found to be a period of both growth and heightened challenges to mental health. Disabled adolescents experience increased rates of challenges to their mental health and wellbeing (Honey et al., 2009). However, disabled adolescents are less readily identified as struggling with mental health and may incur difficulties accessing appropriate services (Honey et al., 2011; Leung et al., 2023). School-based mental health (SBMH) offers low-barrier mental health services and reduces barriers to treatment (i.e., transportation, fees, scheduling, stigma), allowing increased family and youth engagement with services and much-needed supports (Mendenhall et al., 2013; Oruche et al., 2013). Research centered on SBMH services for disabled youth is under researched (Kern et al., 2017, 2020; Skaar et al., 2020). Further, there have been fewer studies capturing community provider perspectives on their partnerships with schools. The present study utilized thematic analysis to capture community provider (CP) interview data from a larger mixed-methods study to explore (1) perspectives on these partnerships and (2) perspectives on their service of diverse and/or disabled youth. Findings identified both structural and interpersonal barriers and facilitators to community-school partnerships as well as community provider actions and philosophies that promoted effective practice with target populations. The significance of findings, study limitations, and suggestions for future research are discussed.

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CHAPTER 1

INTRODUCTION

Background

Adolescence is a critical developmental period characterized by exploration and change. Adolescents (aged 10-19) make up around 13% of the global population (U.S. Census Bureau, 2020) with nearly 15% experiencing a mental health disorder (WHO, 2021). The recent and ongoing COVID-19 pandemic has seen upticks in challenges to youth and adolescent mental health (Power et al., 2020; Wolf & Schmitz, 2024), particularly for those with minoritized identities (Dvorsky et al., 2023; Reiriz et al., 2023). Such challenges are receiving marked attention with government and local agencies alike attempting to increase access to effective mental health services for this population (Shim et al., 2022).

Given the significant amount of time most youth spend in school, there has been an increasing focus on the provision of mental health supports in school settings, or an emphasis on school based mental health services (SBMHS) (Golberstein et al., 2024; Owens et al., 2008; Rowe & Singh, 2023). Mental health services provided within schools are varied, as typically are the professionals that provide them. SBMHS are often provided within a multi-tiered system of support, which has its roots in public health (Goodhue, 2022) and provides supports across a tiered continuum of services based on both prevention and need for intervention. This approach allows for a reduction in the number of youth who are not identified and served and also creates vital equity by providing access to needed supports without requiring transportation, insurance, or navigation of a complex healthcare system (Golberstein et al., 2024).

Although SMBH services have become increasingly effective with growing awareness and funding, limitations remain. Lack of training or funding, staff turnover, and high ratios for

school-based mental health staff create challenges of sustainability, efficacy, and implementation (Forman et al., 2009; Richter et al., 2022). Additionally, services for higher acuity cases typically fall at Tier 3 of an MTSS framework and take resources and personnel. Thus, to address limitations in both school- and community-based mental health (CMH) services, community agencies and schools have often partnered to share responsibilities and resources necessary to serve youth.

While much recent literature has explored the importance of SMH-CMH partnerships, less is known about what makes them successful and less still is known from the perspectives of community mental health partner agencies. Further, it is known that adolescence is a developmental period with increased expectations and stressors (McLaughlin & Clarke, 2010; Rapee et al., 2019) and thus, it follows that disabled adolescents would experience additional disability-related stress on top of stress typical of adolescence. With an increase in disability acceptance and awareness has come an increased acknowledgement of the co-occurrence of disability and mental illness. However, misconceptions and lack of understanding persist, especially for lower-incidence, higher support needs individuals (Ashby, 2011; Whittle et al., 2017). Non-speaking individuals are also often left out of research participation (Ashby, 2011; Lebenhagen, 2020; McCarthy & Barbot, 2016), meaning their needs and perspectives are less likely to be represented in research that informs intervention, training, and practice. Thus, lack of resources, understanding and awareness, screening that reinforces deficit-framing (Moore et al., 2019, 2023), and assessment (Skaar et al., 2020) contributes to a treatment gap for disabled youth experiencing co-occurring mental illness, manifesting differently across community and school settings. Disability has historically been represented from outside the perspectives of the population, thereby limiting research producing supports that adequately meet the needs of

disabled populations and contributing to lack of training amongst professionals across settings (Alcerez et al., 2020; Hemrick et al., 2021; Williams & Haranin, 2016). Differences in perceptions, definitions, and understandings of disability across clinical and school-based spaces further complicates adequate service provision and collaboration.

Statement of the Problem

Mental health services are vital across the lifespan, but there are often gaps in service provision, particularly for young people. Because of barriers to access such as transportation, stigma, and systemic lack of family resources, there are more youth who require services than are actually receiving them (Aguirre et al., 2020; Baker-Ericzen et al., 2012; Radez et al., 2021). While these gaps in care predate the COVID-19 pandemic, the onset and continuation of modifications to daily living has likely highlighted and precipitated the need for accessible mental health services for youth. Both community and school-based models of mental health service provision have addressed the need for mental health care in this critical developmental period (Cummings et al., 2021, 2022; Pfeiffer & In-Albon et al., 2022). With acknowledgement of limitations in each setting, community agencies have often partnered with schools through outreach programs in efforts to close gaps in services.

The argument for implementing school-based mental health services is well-established. Research discussing the benefits of school-based mental health services is plentiful, emphasizing the promise these models offer for prevention and intervention (Hoover & Bostic, 2018b, 2020; Marsh & Mathur, 2020). Most research on community-school collaborations and partnerships highlights either the perspectives of school-based personnel (Blackman et al., 2016; Cummings et al., 2021, 2022; Jones et al., 2022) or community providers, without addressing the collaboration across professional domains (Baker-Ericzen et al., 2010). Although some of this

existing research has been qualitative (Baker-Ericzen et al., 2010; Bates et al., 2019; Blackman et al., 2016; Boydell et al., 2007), few studies have examined the perspectives community providers (CP) have on this partnership, addressing the advantages, disadvantages, and impact of community-school mental health partnerships (Cummings et al., 2021, 2022; Mellin et al., 2016). While research clearly supports the need for and benefits of community-school mental health partnerships, the barriers and facilitators to their success remain less explored.

Additionally, disabled youth have higher rates of co-occurring mental health conditions than non-disabled peers (Downs et al., 2017; Rosen et al., 2017). To secure ongoing funding and create motivation for investment at the systems level, it is critical to demonstrate the efficacy and sustainability of community-school partnerships toward the creation and continuation of effective services that support adolescent mental health, especially for disabled students. This study will provide new information about mental health provider perceptions of their preparedness to work with disabled students, an underserved population.

There is a need for qualitative research that captures the nuanced perspectives across different community organizations in efforts to gather information that could inform more effective partnerships between school and community mental health agencies. Qualitative research offers much to the field of implementation science, which aims to capture factors influencing the implementation sustainability, efficacy, and suitability of interventions. Informed by the promise of partnership between community mental health and school mental health, this dissertation attempts to explore CP perspectives on their partnerships with schools in the common pursuit of supporting adolescent mental health overall. Research has not often featured the voices of CP in discussions of school-based mental health because they are often not fully integrated into the existing student mental health supports for both disabled and non-disabled

students. Thus, the proposed study provides needed insight into how CP view factors affecting the sustainability and implementation of mental health supports in schools.

The Current Study

This dissertation is situated within Project SIMPLE (School-wide Inclusive Mental Health Promotion and Coordinated Community Engagement), a model demonstration grant funded by Office of Special Education Programs (PI: Sinclair, J.; Co-PIs; Bromley, K., Rodriguez, G.). Project SIMPLE is described in more detail in Chapter 3 of this document. The data for the current study come from audio recorded interviews conducted by SIMPLE researchers with CP from agencies in one county in Oregon. Although the study's data are specific to agencies within a single region in the state, the current study's focus on a) community-school mental health partnerships and b) mental health services for disabled students is broadly relevant and valuable to both research and practice.

This dissertation will employ thematic analysis both across and within data cases gathered from CP. Given the inherent differences between community mental health partner agencies interviewed as part of this study, this approach allows for analysis and description within and between participating agencies. This dual approach will provide insight into the experiences of CP as a group and as individual providers, aiding in the exploration of this study's research questions.

Rationale for Qualitative Methods

Qualitative research is concerned with understanding the complexities of human experience by exploring the meaning individuals ascribe to their daily experiences (Morrow & Smith, 2000; Willig, 2021). Unlike quantitative research, which often aims to uncover answers or highlight differences between constructs, qualitative research positions meaning as contextual

and subjective. Because this study attempts to capture the experiences of a specific category of individuals- CP- relative to their relationship with schools, qualitative research is well suited to the exploration of these complex, context-bound phenomena.

This study is positioned between the fields of special education, school psychology, and psychology in its discussion of the collaborations or partnerships between schools and community agencies, particularly those related to mental health. From special education, the study draws information around individualized planning, services, and supports necessary for impactful services. School psychology lends understanding of how to identify concerns and of effective partnerships within schools and between communities from a strengths-based collaborative perspective. Finally, the field of psychology offers crucial clinical knowledge based around identification and treatment of mental health concerns that is central to the impact of this work.

Although the nature of qualitative research is different from quantitative research, it stands well on its own in its ability to contribute to a body of knowledge within a particular field of research. Specifically, qualitative research contributes to knowledge creation and understanding rather than cause-effect or differential relationships. Nonetheless, the purposeful nature of qualitative research offers insights into experiences occurring within particular contexts relevant to a field of research such as schools or mental illness, thus offering a natural complement to and even insights into phenomena not captured by quantitative research.

Philosophical Underpinnings

This work takes an ontological perspective to examine what exists and captures the understanding of the human perspective through qualitative research. The present study is built on social constructionism, the assumption that human experience is constructed historically,

culturally, and linguistically. This understanding is necessary given the systemic inequities that exist within psychology and education. The dissertation study is based on a critical realist assumption that social forces contribute to systemic differences in resource access within communities, and these are mediated by both real and perceived factors such as geography, history, and culture. This assumption positions the experiences shared by CP within a social, cultural, and historical context, again acknowledging the historical and current inequities that exist along the lines of mental health and education.

While ontology involves a researcher's understanding of what exists, epistemology asks what we can know about experiential realities, and about the relationship between the researcher and this knowledge product (Willig, 2021). The ability of qualitative research to capture the lived experience of participants aligns with the study aims of gleaning a deeper understanding of community-school mental health partnerships. Thematic analysis grounds the understanding of the experiences and perspectives shared by CP within the context of the social, cultural, historical, and linguistic forces shaping educational and mental health. The interpretive quality of thematic analysis allows the study to incorporate an understanding of this context within the analysis in order to support a deeper understanding of effective community-school partnerships with the possibility of informing future partnerships of this nature.

Methodological Advantages

Community-school mental health partnerships are an important part of mental health supports for youth. As such, it is important to understand perspectives about what makes them effective, feasible, and sustainable. While research exists from the perspective of teachers and school administrators, much less is known about the perspective of the community agencies that partner with schools. The complexities involved in systems-level implementation of these

partnerships can be captured well in interviews, as an open-ended format. Specifically, implementation science involves a detailed look into what is contributing and detracting from the implementation of interventions in a particular environment. Qualitative research in the format of interviews allows for follow-up questions and contextualization of answers that may otherwise go unexplained. This provides understanding CP perspectives in a way that captures the contextual complexities and differences of each agency.

An inductive approach within thematic analysis allows themes to emerge from the data rather than restricting answers to predefined categories. In this way, the knowledge produced can remain aligned with the lived experience of participants. A flexible method of allowing the interviews to guide findings produces meaning in a way that is able to reflect both similarities and differences across participants. This also allows for contextualization of phenomena; the nuance in perspectives will be reflected in a way that would not be possible with standardized or quantified measures. Lastly, qualitative research is uniquely positioned to include reflexivity which allows for increased transparency and rigor by acknowledging the positionality (noted in Appendix C of this document), bias, and assumptions of the researcher. Within the context of this study's use of interpretive epistemology, reflexivity ensures that the researcher's perspective and experiences within education and mental health do not corrupt accurate and nuanced reflection of provider perspectives.

The Importance of Language

There are two main ways disability is typically referred to in language, person-first and identity-first. Person first language came out of an effort to put the human first before their challenges, resulting in language such as "person with Autism" or "person with a disability." In contrast, identity-first language asserts that a person cannot be and does not need to be separated

from their disability, and many prefer to be referred to as "disabled" as opposed to being someone "with a disability" as though it is something they can pick up and put down (Bogert et al., 2022; Bottema-Beutel et al., 2021). Although individual communities within the larger disability community have preferences for which type of language is used and individuals within those communities may have their own personal preferences which should be respected, the disability community has expressed preference for identity-first language, which is what will be used throughout this dissertation.

Purpose of the Study

Mental health services are complex in their structure, utilization, setting, and in the barriers and facilitators to their use. There have been both school and community-based attempts to support mental health, particularly for youth. Understandably, there has been much research centered on school-based mental health and community mental health that details the strengths and challenges of each and the efficacy of community-school partnerships has often been described as an established method of supporting youth and families. However, less of this describes the barriers and facilitators to effective partnerships based on the promotion of mental health. Within this extant research, fewer still feature a qualitative approach and the perspective of community partners. Qualitative research offers the promise of gaining insight into experiences of CP to inform the feasibility, acceptability, implementation, and overall effective collaboration in mental health partnerships with schools. Thus, the purpose of the study is to use qualitative methods to better understand the collaboration and partnerships between CP and schools and the experiences of the providers who serve adolescents. This study seeks to address the following three research questions:

1. What is the nature of collaboration between CP and schools with relation to mental health and/or adolescent populations?
2. What are CP perceptions of barriers and facilitators to mental health collaborations with schools?
3. What are CP perceptions of their preparedness to serve diverse and/or disabled youth?

CHAPTER 2

REVIEW OF THE LITERATURE

Adolescent Mental Health

Mental health and wellbeing are important aspects of human functioning. Few will debate the importance of improving mental health across the lifespan and that focusing on challenges to mental wellbeing in youth populations is of utmost priority. The WHO defined mental health as "a state of well-being in which individuals are able to fulfill their potential, cope with regular life stressors, learn and work effectively, and contribute to their community" (WHO, 2024). Research has found that rates of such challenges are often higher during Adolescence (Hayes et al., 2023; Rapee et al., 2019), a time of growth, change, and increasing complexity. Concern for mental health challenges occurring during youth are interdisciplinary, with stakeholders across school, community, healthcare, and public health fields. Despite what ought to be widespread agreement on this topic/about this importance, this population is often fraught with challenges to their mental wellbeing. According to the WHO, 14 percent of youth worldwide experience challenges with their mental health, and more than one in ten individuals 5-24 have a diagnosable mental disorder, which accounts for one fifth of disease related disability (Kieling et al., 2024).

Although attention is given to the importance of mental health research, only 33% of funding given to this research is allocated toward studies focused on youth in spite of what we know about the importance of this developmental period that also serves as the onset period for many mental health challenges (Hayes et al., 2023), although there is little agreement about the exact age of onset for mental health conditions. Solmi et al., 2022 conducted a systematic review and meta-analysis of 192 population-level studies (n=708, 561) that found Across the 192

studies, the peak age of onset for mental health challenges was 14.5 years, with 34.6% occurring before 14, 48.4% before 18, and 62.5% before 25. Specifically, median onset for anxiety, phobias, separation anxiety, and social anxiety fell between 8-13 years, while median onset for eating disorders, obsessive compulsive disorder, and some use of substance fell most often between 17-22 years, thus highlighting the importance of appropriately timed prevention and early intervention measures to support youth mental wellbeing.

Solmi and colleagues' meta-analysis highlights that about half of the challenges to mental wellbeing have a median onset before the age of 18. Or simply put, more than half of challenges to mental health have an onset before age 18, and 75% of mental illnesses develop before the age of 25 (Rowe & Singh, 2023). Such information is concerning when coupled with lack of adequate services to address such challenges in youth. Indeed, there is overall relatively little data available about challenges to wellbeing in adolescence (Hayes et al., 2023) leading to subsequent limitations in existing research about prevention and intervention strategies for adolescents as well as information about mental health determinants for this developmental stage.

Mental Health of Disabled Youth

Mental health challenges cut across identities and experiences, ages, and locales, often becoming disabling. Indeed, some literature includes challenges to mental health within a broad umbrella definition of disability, while disabilities such as ADHD and Autism are often spoken about within mental health spaces, perhaps because of their frequent overlaps with mental health challenges. Increased awareness around disability has facilitated research that shows in general that disabled youth tend to have poorer mental health than their non-disabled peers (Honey et al., 2009). This may be due in part to challenges in access to physical and mental health services, the

impact of multiple marginalization through intersectional identities, difficulties with community access, employment, stigma, discrimination, and lower levels of social support (Honey et al., 2011; Leung et al., 2023). However, disability is dynamic and complex, varying in definition and representation. This makes exact measures of the mental health of disabled people as a whole much more difficult, given the high variability in support needs and manifestations that differ based on many external and internal factors within each disability.

Medical vs. Social Model

Disabled individuals make up the largest minority in the United States (Brault, 2012), crosscutting every other identity category. Definitions of disability are numerous; The CDC defines disability as, "health conditions or impairments that hinder functioning as a result of the interaction between people's health conditions and the society in which people live" (CDC, 2025). However, some definitions of disability are more specific. The Americans with Disabilities Act (ADA) qualifies someone as disabled if they, have a physical or mental impairment that substantially limits one or more major life activities, or has a history or record of such impairment, or is seen as others as having a disability even if this is not the case (ADA, 2023). Disability can also be defined in terms of school-access, in the case of special education eligibility which covers certain disability areas that can be shown to impact an individual's access to education and that necessitate individualized instruction. Under this method of classification, a person's disability may not impact their educational experience even if it does impact other areas of their life.

Many medical, mental health, and school-based spaces use what is referred to as a medical model of disability, where disability is determined by those who deviate from the statistical norm in any major area of functioning. Born of a time before the disability rights

movement, the medical model locates disability within the individual and emphasizes treatments and cures (Andrews et al., 2021; Bogart et al., 2022). Thus, disability is often defined in terms of functioning rather than by an inherent possession of particular traits, which has received some criticism when functioning is defined by others rather than those within a particular disability community or the disability community at large. In contrast, the social model comes out of disability spaces and acknowledges that disability comes from a mismatch between an individual and their environment, whether physical or social (Olkin, 2002). Thus, the social model positions disability as socially constructed through the assumption that everyone functions and exists in a particular - statistically typical- way, and designs society according to this assumption. A related model, the Disability Justice model, remains focused on wellness and the prioritization of returning power and voice to disabled individuals through promoting self-determination, and the acknowledgement of intersectionality and the biopsychosocial influences of mental health (Berne et al., 2018; Talapatra et al., 2023). Models that position disability as more of an identity acknowledge disability as a minority group, which allows facilitation of positive in-group identity within a vibrant and diverse disability community (Bogart, 2020).

Barriers to Participation of Disabled People in Research

The disagreements around disability autonomy and inclusion, historical marginalization contextualize the subsequent ill mental health and continued exclusion of disabled individuals from spaces where research and decisions are being done without them. Increasingly, children and young people are being included in research about them, with a growing awareness that this is beneficial to research and an increasing emphasis on children's rights. There are far fewer instances where disabled youth have been included in research (Bailey et al., 2014; Liddiard et al., 2019; Thurm et al., 2021). However, there has been a shift toward conceptualizing young

people as those who can contribute in their own ways. This may be because researchers perceive difficulties in understanding, communication, or ability, or due lack of voice of those with higher support needs from research (DeCormier Plosky et al., 2022; Stafford et al., 2017; Thurm et al., 2021). However, research including disabled youth is vital for increasing awareness and understanding about their experience, as well as social validity of supports and assessment tools used to capture their lived experience. Such lack of adequate and well-aligned methods of identifying, measuring, and treating challenges to mental wellbeing in disabled youth means much of these experiences go unidentified and unsupported.

Despite there being overall less discussion about the mental health challenges faced by disabled youth, this issue is one of significant importance. In both disabled and non-disabled adolescents, challenges to mental health have the possibility to result in overall poorer quality of life (Kern et al., 2020) and may cause truancy, lower grades and school engagement, as well as longer-term effects such as housing and income instability and increased risk of incarceration and substance abuse (DiGirolamo et al., 2020; MacGregor et al., 2024; Swick & Powers, 2018). With some onsets occurring as early as eight, prevention and indicated interventions during the elementary years are crucial. However, this is not always possible, so there is also a need for robust services at the middle and high school levels as well. Young people require particular considerations regarding barriers to access, including their reliance on the consent and support of adults, large number of hours spent in schools, and lack of autonomy in terms of where they live and grow up, where and how they spend their time, and whether they have adequate social supports.

Barriers to Mental Health Treatment

Despite significant need for mental health treatment, intervention, and prevention for this population, there are several barriers to receiving or seeking such supports. Bowers and colleagues (2013) conducted a study exploring barriers to accessing mental health services within high schools. They surveyed mental health providers as well as high school students. Results suggested that adolescents do experience and perceive stigma within schools and see this as a barrier to accessing school-based mental health services. This finding was also present for providers, although their reported rating of stigma was lower than that of adolescents in the study. The study found that youth reported not knowing where to go for help with their mental health, lack of mental health literacy, as well as peer pressures and stigma, which is widely found to be a barrier to help-seeking in youth as well as adults (Huggins et al., 2016; Pfeiffer & In-Albon, 2022). Such findings highlight the importance of mental health literacy as prevention as well as intervention for struggles encountered by youth populations.

Importantly, where mental health literacy is low for adolescents, there are even more gaps in awareness and adequate supports for disabled adolescents and those who support them. Given the amount of time youth spend in schools, this is often the place where they are first identified as having challenges to their mental health. However, youth who are identified in schools are sometimes referred to the community, where families often face barriers such as differences in language, culture, or treatment options that are restricted by insurance (Swick & Powers, 2018; Weist et al., 2017). Several barriers are structural, including those related to transportation, time (e.g., inflexible parent work schedules), location of services, lack of services matching a family's needs, cost of services including insurance restrictions or overall family income level, and family awareness and mental health literacy (Castillo et al., 2017; MacGregor

et al., 2018). Further, when families do connect with services, sometimes insurance companies have restrictions for how long and with which providers an individual is covered for services.

Disabled Youth in Community Mental Health

Community mental health agencies have long served individuals throughout their lifespan and often serve youth and families. However, many barriers exist to treatment initiation and retention, especially for racial and ethnic minorities and those in rural areas or across lower socioeconomic populations (Castro-Ramirez et al., 2021). When youth receive care in a community setting, they are likely to receive fewer than four or five sessions of treatment (Kataoka, Zhang, & Wells, 2002), and young people and their families are often met with frequent changes in therapists (Oruche et al., 2013) and challenges associated with lack of autonomy in treatment seeking (Roberts et al., 2021). Further, systemic barriers such as limited transportation (Damian et al., 2018; Huber et al., 2016), long wait lists (Reardon et al., 2017), lack of services often mean young people suffering from mental health challenges do not receive appropriate or timely identification and intervention. Improvements in community mental health supports are needed in services for youth, which must address and work within the unique context and needs of this population.

School-Based Mental Health

History of School-Based Mental Health

The trend in SMH has been pushed forward by both the public health movement and the child guidance movement, both of which emphasize prevention, screening, and targeted intervention where indicated meant to impact populations toward increasing health and functioning (Weist et al., 2017). Community mental health providers have historically partnered with schools in various ways to provide and support mental health services. Early models

included consultation-liaison relationships with schools, eventually becoming expanded school mental health programs (ESMH). The passing of IDEA in 1975 and subsequent amendment in 1997 allowed for financial investments in collaborations between schools and outside agencies. This brought the promotion of prevention work as a way of managing the need for intervention services by hopefully reducing the number of youth who eventually required them. This also brought a shift toward a higher number of mental health professionals integrated into or located within schools, including school psychologists who helped identify disability and determine appropriate placements (Weist et al., 2017), thereby increasing provision of direct services within the school day and facilitating expanded mental health services (ESMH) that focused on prevention in schools.

In 2014, the National Center for School Mental Health (CSMH) and the School-Based Mental Health Alliance received funding from the federal government (Department of Health and Human Services, Health Resources, and Services Administration) to advance the quality and sustainability of SMH across the country through a $2.8 million four year cooperative agreement meant to expand and improve quality of services provided in school-based health centers and comprehensive school mental health systems (Stephen et al., 2015). Since then, school-based mental health has been provided both by school-based providers as well as through partnerships between schools and community agencies, ranging from comprehensive school-based mental health centers to partnerships that offer consultation and education for educators and families.

Community-School Partnerships

The Importance of School-Based Mental Health

School-based mental health holds promise, especially when barriers to community-based services often mean school is the only setting of service for many youth (Ali et al., 2019).

Research shows that many risks and challenges associated with mental illness are preventable (Powers et al., 2010; Sakiz, 2021). Where schools lower potential barriers to services and law typically mandates school attendance, school-based mental health services are appropriate to support this goal. While school-based mental health services differ from traditional community-based mental healthcare services, they also have several benefits specific to youth and families, including being convenient, often free, and the possibility of providing universal prevention. Services provided within schools may save time, transportation, and may provide coordination between mental health services and school, reducing burden on families overall. Further, families may be more likely to engage in mental health services when they are associated with the school because there are lower barriers (Mendenhall et al., 2013; Oruche et al., 2013), they may already trust the school (Radez et al., 2021), or because they may perceive that services provided within the context of school are somehow less stigmatized (Clement et al., 2015).

Mental health services provided within schools serve to refer, prevent, identify, and treat (Zabek et al., 2022) and are provided by community and school-based personnel within school settings (Doll et al., 2017). They have been found to have an overall positive impact on school climate through positively impacting individuals and systems alike through awareness, prevention, and intervention (DiGirolamo et al., 2020). Given the benefits of providing mental health services in schools, collaborations and partnerships between schools and community-based providers are often formed with the common goal of supporting the wellbeing of youth and often their families. SBMHS have been shown to reduce some of the barriers known to mental health service access within the community.

School-Based Mental Health for Disabled Youth

While school-based mental health is a topic gaining increasing traction in spaces that center the support of youth and families, information about community- or school-based mental health services for disabled youth remains less clear, although benefits are found when services are appropriate (Augustine et al., 2020). There is an overall lack of research and subsequent lack of guidance around supports and interventions for this varied and diverse population (Pham et al., 2021; Skaar et al., 2020; Talapatra et al., 2024). While there has been some small degree of progress in acknowledging the importance of understanding disability's intersection with mental health, disability is a complicated construct. Thus, it has been difficult to get an accurate measure of the needs and successes around designing and providing mental healthcare services for disabled individuals in a way that fully captures the ways in which these services may need to be different from those provided to nondisabled individuals. There is still a dearth of information about school-based mental health treatments for disabled youth and adults.

Some practitioners may be afraid that they do not have experience or training, but largely provision of treatment and building rapport with a trusted adult has been found to be effective over not receiving treatment at all (Zirkelback & Reese, 2010). In Zirkelback & Reese's (2010) meta-analysis of meta-analyses, they discuss the importance of looking at the efficacy of treatments specific to children and in schools. They highlight constructs relevant to youth uncovered in the meta-analyses reviewed that are also relevant to considering intervention for disabled youth. These include: treatment modality, theoretical orientation, client variables, therapist variables, common factors and therapeutic alliance. Although the relatively small number of studies and diverse disability umbrella make such meta-analyses difficult, these constructs are worth considering when approaching and conceptualizing the ways in which

treatments ought to be individualized for disabled youth. Such factors also have implications for intervention implementation within a school setting.

School-Based Mental Health for Disabled Youth: What is Known

While providing individualized supports may be difficult, it is often a bit more familiar given it is often written into student IEP. Some difficulties often result at the universal level with screening and prevention efforts, given the difficulties that come with providing supports that meet every youth's needs and are accessible for all within schools' increasingly diverse populations (MacGregor et al., 2024). We know that SBMHS provision is inadequate, insufficient, and under researched (Kern et al., 2017, 2020; Skaar et al., 2020). Barriers to accessing SBMH services identified for nondisabled youth are likely to be the same for their disabled peers, however given the additional challenges associated with disability, disabled youth face barriers and challenges on top of those identified for their nondisabled peers. Skaar and colleagues (2020) proposed three factors influencing compounded barriers for disabled youth including a) inconsistent recognition of mental health services as a related service under the Individuals with Disabilities Education Improvement Act (IDEA) as part of a free, appropriate public education (FAPE). This is true both for youth for whom their mental challenge is disabling as well as for those who have co-occurring disabilities and mental health challenges.

Further, current procedures for assessment and provision of SBMHS for disabled youth is "poorly conceptualized and fragmented" (Skaar et al., 2020). Further, it is often behavioral, meaning individuals with internalizing mental health challenges may be missed and mental health challenges that present more behaviorally may be dealt with in a way that doesn't meet the actual needs of that individual. Additionally, mental health and disability are still largely thought

of as separate entities (Lai et al., 2022). Thus, for the few youth who are identified and receive services, those services are often inadequate or ill matched to meet their needs.

School-Based Mental Health: Importance for Disabled Youth

Whereas nondisabled youth often get identified at school as struggling with their mental health at school and either referred to the community or served through school-based services, disabled youth often miss identification either because they are not showing externalizing symptoms, because of diagnostic overshadowing (Whittle et al., 2017). They may also not be included in screening at all because of lack of screener sensitivity or accessibility for particular disabilities, or the idea that they don't experience challenges to their mental health.

Notably, whether provided within schools or the community, prevention and intervention around challenges to mental wellbeing can offset the high cost of long-term suffering, implications in adulthood, and potentially disabling impacts of such challenges. Prevention, promotion, and early intervention can all have a positive impact on mental health trajectories for youth, reducing the impact of known outcomes associated with challenges to mental health including reduced life expectancy (Solmi et al., 2022; Walker et al., 2015). Indeed, supporting youth mental health and wellbeing is linked to supporting social and emotional learning, as well as academic skills, and promotes overall health, safety, and social functioning (Zins et al., 2007; 2010). Thus, the integration of mental health services into schools provides access to larger numbers of youth and their families and, when done effectively, shares resources efficiently.

Implementation Science

What is Implementation Science

Implementation Science is "the scientific study of methods to promote the systematic uptake of research findings and other evidence- based practices into routine practice, and, hence,

to improve the quality and effectiveness of health services" (Eccles & Mittman, 2006) or just what we know about specific methods or activities or attitudes that promote and support effective use of research to practice. Implementation is concerned with identifying, selecting, incorporating, and maintaining EBPs as well as considerations around the individuals who support this work. When there are challenges to implementation, this perpetuates the research to practice gap.

Implementations science describes a common problem given the scale and difficulty of translating research into actionable practice with sustainability, and efficacy. Focused not only on the outcomes of those served by evidence-based practice, but also on the organizations, providers, and systems who are providing those services, so as to influence and ultimately improve the quality of the services (Bauer et al., 2015). Implementation science identifies and addresses quality gaps in particular areas of service provision, then addresses those at the provider or systems level. The wider goal is to develop information from that practice that is not only useful for the immediate area/system but is also generalizable and can help with general implementation of such practices.

Within the context of this study, implementation science is thus used to understand the challenges to implementing effective mental health supports for disabled youth in high schools in the study's target area while also aiming to identify key factors that contribute to effective implementation so as to be able to share this information more broadly. Many studies use mixed methods designs to look both at fidelity of implementation, baseline measures of things like mental health or current use of practices, current update or integrated. Qualitative measures are used sometimes as semi-structured interviews (such as with this study). Such research aims to

help build theories that contribute to knowledge about what works, where, why (Foy et al., 2011).

General Challenges to Implementation and School-Based Mental Health

School-based mental health (SBMH) universal supports are known to positively support youth mental health, improve awareness and understanding of mental health by staff and youth alike, and contribute to school climate, but it can also create strain on school-based teachers, specialists, and administration, leading to difficulties with implementation and sustainability (MacGregor et al., 2024). Even with extant literature about models of implementation within the field of implementation science, challenges persist with the actual implementation.

Much is known about how to design interventions that are well matched, sustainable, and easy to implement; however, the scaling of those practices into real life organizations such as schools and community clinics remains difficult (Vroom & Massey, 2021) given the complexities of these settings. Research is influenced by where funding goes, meaning there is a thorough lack of research done on implementation and interventions for disabled populations overall. Further, while mental health and school-based professionals are often trained in assessments and interventions meant to help and support young people, training programs do not include courses specific to or containing content related to implementation and implementation science is often treated as a building block for rather than central to effective practice (Forman, 2019).

Factors Influencing Implementation

At a large scale, there are many factors that influence implementation of evidence based practices including access to and understanding of research that matches the needs of the communities they serve, access to the programming or interventions supported by such research,

and sustainable implementation at the organization level, which relies on communication, leadership, and buy-in, among other variables (Vroom & Massey, 2021). Challenges related to lack of research and knowledge of implementation science influences discontinued funding and sustainability influenced by the capacity of schools to sustain health interventions, motivation and commitment, adaptation and integration, and wider context of policy emphasis on health promotion (Splett et al., 2022). Thus, proper implementation requires financial and other resourced investments that enable specific intervention-related actions from stakeholders.

Interagency Collaboration and Partnerships

Research Gap

Research exploring school-based mental health services is plentiful (Kern et al., 2017; Nygaard et al., 2024; Richter et al., 2022), but less research exists exploring the partnerships between the schools and community agencies (Hands et al., 2023; Nygaard et al., 2024). Much of the existing research about these partnerships features the perspectives of school-based staff such as principals or administrators (Carlock et al., 2023; Garbacz et al., 2023; Ormiston et al., 2024), teachers (Day et al., 2024), or school-based mental health professionals (Lakind et al., 2023; Zabek et al., 2022) such as school psychologists, counselors, or social workers. Of those studies highlighting community provider voices, fewer are qualitative and focus on disability or implementation of services or interventions.

Collaboration

Triplett et al., 2022 conducted the first scoping review to look at stakeholder engagement in mental health of evidence-based practice (EBP) implementation projects. Their review looked at who stakeholders were, and how, when, where, and why they were engaged in the implementation of EBP, as well as the impact of their engagement in these projects. They found

that EBPs were most commonly delivered in CMH settings (42.7%), then schools (26.2%). And in higher-income countries, schools were a common place of EBP/EBT implementation (Triplett et al., 2022), which makes sense given the cost to coordinate such efforts. Collaboration was listed as a key factor influencing effective and sustainable implementation of SBMHS. In order to collaborate effectively, efficient, and frequent communication and sharing of goals has been cited as an important aspect of collaborations and more formalized partnerships between schools and community agencies (Ryan et al., 2024).

Although schools and community mental health agencies often have similar goals around promoting the success and wellbeing of youth, and school and mental health are implicated in the link between mental health and academic outcomes, they often operate in parallel rather than in collaboration. Understanding and communicating in an integrated way has the possibility to provide better, more effective supports for clients. An integrated approach, therefore, is one that has the most promise to positively impact youth mental health and functioning. Given the benefits of providing mental health supports in schools, collaboration between community providers and school-based personnel is vital to coordinate and integrate efforts to jointly support youth.

It is not sustainable to serve all youth with just the providers in the school, and often they are doing work that could be done more effectively through collaboration. Therefore, establishing systems of care between schools and community agencies is recommended (Kern et al., 2017; Richter et al., 2024). Although these organizations may all aim to support youth, their primary focus, outlooks, training, laws, and resources may differ, resulting in fragmentation and/or overlap between school and community organizations in their service of youth and thus impacting implementation of SBMH supports (Richter et al., 2022).

Research on implementation, especially around behavioral and mental health, has largely focused on interagency implementation as opposed to implementation shared across organizations or through collaboration. Indeed, research even related to interagency collaboration in implementation efforts is limited (Lyon et al., 2018; Richter at al., 2022). Open communication has been cited as especially important for trust and respect (Richter et al., 2022), direct influencers of ongoing effective partnerships. (Lawson & Azad, 2024; Owens et al., 2008).

Richter and colleagues (2022) conducted a scoping review of 38 studies looking at the implementation of SBMHS. Across the studies, impactful implementation factors were found across all five domains of the Consolidated Framework for Implementation Research (CFIR), which looks at the following categories: intervention characteristics, outer setting, inner setting, individual characteristics, and process. Although the included studies varied widely in goal, methodology, and outcome, results highlighted factors related to the importance of communication in interorganizational collaboration and the need to more closely study interorganizational alignment through understanding communication challenges (Richter et al., 202). Related to communication, the study also highlighted stakeholder buy-in as an important part of interagency collaboration and partnerships toward effective implementation (Richter et al., 2022). They highlighted further differences in the outlooks, understandings, training, and ethical or legal obligations between stakeholders, and emphasized the importance of buy-in toward successful implementation and communication. Interdisciplinary teams that have more interdisciplinary representation provide more SMH services across tiers, report higher-quality teamwork, and perceive greater ability to address a greater range of challenges. However, it is

important to note that CIFR is organized within agencies as opposed to evaluating interagency collaboration, highlighting the dearth of frameworks conceptualizing collaborative work.

Another study by Roshan and colleagues (2023) utilized the CFIR framework to look at facilitators and barriers to implementation of SBMH programs by teachers. They found several outcomes implementing effective implementation of these supports, including structural factors (e.g., intervention and classroom spaces, allocation of resources), individual stakeholder characteristics (e.g., beliefs and attitudes, self-efficacy), and process factors (e.g., engagement, conducting needs assessments, and trainings), but mostly focused on teacher perspectives and did not include collaborations with outside agencies (Roshan et al., 2023). While one could imagine similar barriers and facilitators exist when engaging in interorganizational collaboration, gaps in the literature do little to offer advice for doing such work.

Collaboration Around Disability

Given the lack of research around the co-occurrence of mental health and disability in school mental health, there is also a dearth of research regarding collaboration around mental health services for this population. Some studies highlight the importance of community-school partnerships with relation to serving disabled populations, often centered around special education services. Natow & McCaw's (2024) study explored school-community partnerships related to making recommendations for a school district's special education decision-making. Although the study highlighted the importance of teaming, collaboration, communication, and other factors that may also be implicated in community-school mental health partnerships, mental health was not explicitly addressed (Natow & McCaw, 2024). Overall, studies looking at community-school partnerships have not often captured the challenges of disabled mental health, whether efforts have been attempted to support it through collaborations and partnerships

between schools and community agencies, and whether such efforts have been successful/factors impacting their success.

CHAPTER 3

METHOD

This dissertation is situated within Project SIMPLE, an OSEP model demonstration project that focuses on implementing school-based mental health services within special education classrooms. The wider grant includes efforts to design a multi-tiered framework for mental health supports in schools. The mixed-methods design is informed by collaboration with school personnel, youth, and community partners.

Project SIMPLE aims to respond to the need for school-based mental health services (i.e., identification, assessment, intervention), information about effective community collaboration, and mental health service provision for disabled and marginalized youth. The project involves collaboration with school districts, administrators, and teachers to co-design a multi-tiered framework to implement school-based mental health services in their schools. SIMPLE aims to design a model for school-based mental health that has wide utility and feasibility for districts desiring to benefit from this research.

Project SIMPLE was formed with an understanding of the importance of establishing, implementing, evaluating, and continuously improvising a model that enhances social, emotional, and school-based mental health services and supports for adolescents, particularly disabled adolescents. The overall project consisted of six project goals: 1. Establish universal screening and progress monitoring processes; 2. Implement effective, tiered interventions; 3. Produce enhanced communication and coordination among schools, community providers, and families; 4. Implement ongoing formative and summative evaluation; 5. To disseminate results to local, state, and national leaders; 6. To engage in effective project management.

The study considers existing models of school-based mental health including a public health and tiered-approach model which allow for more targeted services based on need, and thus more efficient service provision. The tiered model of the project includes universal screening for disabled youth (Tier 1), ongoing progress monitoring and data-based decision making (Tier 2), and coordinated intensive mental health assessments for youth requiring more substantial supports (Tier 3). Each tier also has an accompanying prevention and intervention effort including mental health literacy provided to teachers and youth (Tier 1), additional professional development for teachers on differentiation as well as small group SEL and drop-in supports provided by a community agency (Tier 2), and individual access to intensive therapeutic services provided by CP (Tier 3). SIMPLE's integrated tiered model also proposed the addition of one CP to existing school culture teams to enhance communication, collaboration, and coordination of services.

Project SIMPLE uses a mixed-methods design and is designed to take place in phases. Phase One included focus groups and interviews with CP, school staff, high school youth, and family members of high school youth. The core of the project involves pairing school, administration, and teacher needs, and research team-provided materials and implementation by the research team to increase feasibility, acceptability, and fidelity of implementation. The project collected data from schools and teachers with the goal of understanding a) the mental health assessment process in schools (feasibility, acceptability, selection of assessments, usability, and implementation), b) the mental health intervention process (feasibility, acceptability, selection of interventions, usability, and implementation), c) school-team functioning and professional development (implementation and evaluation of professional

development), and d) community collaboration between CP and schools (feasibility, acceptability, implementation, and collaboration of services).

The wider SIMPLE study aims included positive short, intermediate, and long-term impacts on youth, schools, and the community. Specifically, short term community goals included producing a greater awareness of CP and supports; intermediate goals included increased mental health service utilization, collaborative agreements and more formalized partnerships between schools and CP; and long-term goals included coordinated, three-tiered continuum of care between schools and CP and long-term usage of SIMPLE structures. Considerations to the attainment of these goals included: a) acknowledgement that schools and communities will differ and this will be reflected in coordination of services; b) community factors (e.g., community, youth, family backgrounds) may affect engagement; c) community providers and teachers may have limited understanding of how to support mental health needs of disabled youth.

This Dissertation: Focus on Community Collaborations and Partnerships

This dissertation is focused on analysis and understanding of the interviews conducted with CP and is expanded from SIMPLE's goal of understanding and promoting community-school mental health partnerships to increase services for disabled youth. The dataset consists of audio recorded interviews with nine CP from agencies that currently partner with schools in one area in Oregon who consented to participate in the study. The interviews used in this dissertation were conducted using methods established for the wider Project SIMPLE prior to this project and are detailed below. The interviews were conducted by members of the research team using the interview protocol that is included in Appendix A of this document.

Participants and Recruitment

Project SIMPLE defined community mental health service providers (referred to in this project as community partners or CP as not all providers included in the sample held positions at agencies specifically related to mental health) as follows: an individual who currently works within the mental health field independently or an agency that provides mental health services for adolescents. The team reached out to agencies using the following methods (response percentage not captured): a) the Project SIMPLE research team completed a resource map of surrounding community mental health agencies in one county in Oregon; b) organizations were identified using publicly available information (i.e., organization name, websites, phone numbers, other contact information); c) Project SIMPLE schools provided a list of four agencies that have MOUs with their schools and were currently providing mental health services at the high school locations enrolled in the study. A SIMPLE research team member called and emailed each organization to ask if they would like to participate in an interview. Within the ultimate list of agencies were those who a) had an MOU to provide direct services to the participating school district, b) had opportunity to provide direct services, or c) offered youth-based services that directly or indirectly addressed youth mental health such as social or other supportive opportunities.

Given the small sample size of this study as well as high likelihood of identification when providing specifics, an overview of participating CPs, the services they offer, and their engagement/collaboration/partnership with schools is found in Table 1, below.

Table 1.

Description of SIMPLE Participating Community Partners

CP#	Type of Collaboration with Study High Schools	Area of Service	Age Focus	Services Provided to Schools
CP1	Current; Formal: MOU	Mental Health	Elementary	Counseling, therapists in schools
CP2	Current; Informal, intermittent	Mental Health	18+	Occasional guest speaking, presentations, tabling
CP3 and 3B	Current; Formal: MOU	Mental Health	K-12	Counseling, therapists in schools
CP4	Historical; Formal, MOU	Mental Health, Wellbeing	Middle, High School	Groups, Counseling, Programming
CP5	Current; Formal	Mental Health/Crisis	High School	Crisis services, medic services
CP6	Current; Formal	Mental Health	Youth and Families	Family support, behavioral health, mental health supports
CP7	None; current collaboration at elementary levels.	Mentoring	K-12+	Mentoring, Advocacy, Coordination
CP8	None; Informal through coordinating organizations.	Coordinated Care	Youth and Families	Advocacy, Coordination, Family Services
CP9	None; prior attempts at collaboration	Recreation	Youth and Families	Adjacent community services

Informed Consent

A member of the SIMPLE research team discussed the informed consent document in detail, checked for understanding, answered any questions, and obtained participant signatures. The SIMPLE research team member emailed a link to an online consent form to participants

before the interview. To consent, the participant indicated their consent by selecting that option on the form. If participants did not have sufficient software to sign electronically, they had the option to verbally consent. In the case of verbal consenting, this was recorded at the start of the interview in the Zoom recording.

Data Collection: Interviews

The interview format utilized the Hexagon Tool (Metz & Louison, 2019), a tool that can be used to determine fit of programming implementation within a local context. The Hexagon tool was consulted to ensure interview questions captured the six categories of the hexagon including: Implementing Site Indicators (capacity to implement, fit with current initiatives, need) and Program Indicators (evidence, usability, and supports).

Semi-structured interviews were conducted with ten CP from nine community agencies. Interviews gathered information on services provided for adolescents and their families, as well as the connections with providing services within local school districts (See Appendix A). Interviews were conducted and recorded via the Zoom platform. Audio files were then extracted and uploaded to automatic transcription software, Otter.ai, for transcription. Transcriptions were stored on the University of Oregon's secure server. Transcriptions were then cleaned by Project SIMPLE project coordinator, who corrected any errors AI might have made (i.e., clarifying acronyms or mis-transcribed words, redacting identifying information). CP were compensated $50.00 for their participation in an interview.

The SIMPLE team member conducting interviews consisted of faculty and graduate students from the University of Oregon who were affiliated with the study. They were each trained on the interview protocol and how to capture follow up questions by Project SIMPLE leadership to ensure consistent application of the interview protocol.

Confidentiality and Data Management

While there was no guarantee that participant privacy and data confidentiality would be upheld, the SIMPLE research team and this author are committed to protecting confidentiality. Once the participant consented to the SIMPLE study, they were assigned a unique identifier pseudonym. A master list of associated participants was saved on the University of Oregon's secure network server which only team members could access. Paper and pencil data (i.e., consent forms) were locked in a secure file cabinet. Interviews that have been transcribed have also been reviewed, transcribed, and de-identified by the SIMPLE project coordinator prior to data analysis. The informed consent document notified participants that data they provide may be used for future research and dissemination activities, and that it will remain deidentified in this case.

During the interview process, participants were reminded that they did not have to answer any question they did not feel comfortable answering, and that their participation in the interview was voluntary. Participation in this study had minimal risks of discomfort. As part of the interviews, CP were asked about the perceptions of the services they provide, their connections with schools, the community, and other agencies. The minimal risks outlined to participating CPs included the potential of a data breach of interview audio files, against which all precautions were taken.

Rigor

To ensure the integrity, rigor, and credibility of studies, strategies specific to qualitative research (Braun & Clarke, 2021; Coleman, 2022; Sabnis & Wolgemuth, 2024) were used. The author engaged in a memoing process whereby each interview transcript was reviewed, and the author's initial thoughts were documented. This iterative process ultimately supported the coding

process and allowed the author to produce summary notes that assisted in the synthesis of each interview and create narrative across all interviews.

Additionally, this study takes place in and about real-world settings, which allows higher ecological validity or reduction in extrapolation that may result from conducting a study within a lab setting. Finally, reflexivity ensured that the project as a whole was scrutinized throughout by the author and that the research reflects the author's role and positionality to reduce impositions on meaning.

A study's results are reliable if they yield the same answer on repeated measures. Qualitative research is perhaps less concerned with this due to its focus on specific phenomena and points in time conveyed through experiences which do not need to be generalized. However, the ability to generalize is useful overall within research, especially qualitative research that conveys meaning about phenomena that have implications for marginalized populations. Thus, reliability in this study is increased through transparent reporting of methods from both this study's analysis and the wider project SIMPLE to provide opportunities for replication. It should, however, be noted that on repeat application of this study's interview methods, results and interpretation would differ from this study's data.

Qualitative studies often feature small participant samples and are thus inherently less representative and less generalizable. This study's research questions can be interpreted as seeking an understanding of a wider group of community health providers, or just of the providers represented in this study. Light interpretation within the scope of thematic helps bolster this study's reliability in that it allows for a degree of interpretation of the study's context, thus accounting for the mechanisms and concepts related to participant experiences.

Theoretical Backing, Positionality, and Reflexivity

An essential part of qualitative research is transparency around interpretation, the relationship between the researcher and the research, and the impact this has on the study overall. This project aimed to a) provide transparent interpretation with reduced bias, b) avoid positioning any resulting data as fundamentally true, and c) highlight perspectives that will have a positive contribution on the fields of education, psychology, and school psychology. In capturing these perspectives, the qualitative nature of this study aims to inform decision making through commentary on particular experiences and practices of community-school partnerships.

Additionally, because the current study utilizes data from within a broader study, reflexivity allowed for transparency where methods were predetermined and where this may have created limitations for this study's interpretation and validity.

Reflexivity and Positionality

Research products are created by the researcher's choices and positionality. This project is unique in that it was completed using data that was gathered by someone other than the author. It also was gathered using methods that were not written by the author of this study and is part of a wider study not conceived by this author. The author of this study is a white cisgender woman who identifies and holds lived experience as Queer and neurodivergent (ADHD, mental health), and who was raised middle-class. She is also a former educator and future licensed psychologist with training across special education, school psychology, and counseling psychology. These identities inherently inform the research conducted for the purposes of this study. Thus, care was taken to be mindful of the ways in which these experiences and identities inherently influence the analysis process and interpretation of the interviews.

Reflexivity in qualitative research offers a way for researchers to reflect on their own standpoint in relation to what they are studying to identify the ways in which this shapes their

research process and findings. Central to qualitative research is acknowledgement and transparency of the impact of the researcher on their research as well as the impact of the research on the researcher (Willig, 2021). This so-called reflexivity is important as qualitative research deals with rich descriptions of experience that may be susceptible to bias or misinterpretation. As such, part of reflexivity is an ongoing process of reflecting on the bidirectional impact of the research process to acknowledge the fact that research is never wholly objective. Reflexivity is important given the present study due to its situation within a wider project and given the fact that the methods were not conceived by the author of this study.

CHAPTER 4

THEMATIC ANALYSIS

This chapter outlines the method used- reflexive thematic analysis- to explore and analyze the perspectives shared by community providers in their interviews. This study utilized reflexive thematic analysis to analyze interviews conducted with CP within the context of the wider study, Project SIMPLE. As described by Fereday and Muir-Cochrane (2006: 82), thematic analysis involves "a search for themes that emerge as being important to the description of the phenomenon under investigation" that are a "form of pattern recognition within the data." While thematic analysis in general is widely used, this dissertation specifically used Braun and Clarke's Reflexive Thematic Analysis framework (*2006, 2019, 2021, 2022), which acknowledges the importance of researcher/author perspective and positionality on the research produced, and thus emphasizes the importance of reflexivity, or critical reflection, on the researcher's role, process, and practice throughout the project (Braun & Clarke, 2022).

Analysis was completed using an inductive approach (Braun & Clarke, 2021; Saldana, 2021; Vears & Gillam, 2022), meaning the analysis was located within, and coding and theme development were driven by, the data content (Braun & Clarke, 2021). Because thematic analysis is not tied to a particular theoretical approach, it is well-aligned to this study, which used data collected before the conception of the current study. Thematic analysis requires the researcher to establish explicitly the ontology and epistemology on which the analysis is conducted (Braun & Clarke, 2006). As this study's data comes from a wider mixed- methods study that did not espouse a particular theoretical backing and the data was collected by someone other than the author, thematic analysis is a natural match for its ability to fit seamlessly with the theoretical perspective utilized by the author. Willig (2021) notes that a study's research

questions highlight the assumptions (ontology) and goal of knowledge production (epistemology) on which this study rests, thereby guiding the significance of themes produced during thematic analysis and provide an understanding of assumptions made about the world and the knowledge this study aims to produce. Thus, the thematic analysis approach used within the current study sought to broadly produce an understanding of CP perspectives of their mental health collaborations and more formal partnerships with schools with the assumption that schools and mental health services are positioned within a society that is inherently inequitable along a number of intersectional categories.

Specifically, the study utilized the techniques outlined by Braun and Clarke (2006, 2021) which provide guidelines for how to conduct thematic analysis within psychological research. Their particular method includes six phases: 1) Familiarization with the dataset, 2) Coding, 3) Generating initial themes, 4) Developing and reviewing themes, 5) Refining, defining and naming themes, and 6) Writing up. Thematic analysis in this dissertation was also supported by Braun and Clarke's (2019) 20-question checklist for evaluating thematic analysis manuscripts. Thus, discussion not only reports what was said during interviews with CP but also offers a contextualization of what was said within a particular context and setting. The final connection between themes provides a basis for interpretation. It is important to note that Braun & Clarke's conceptualization of thematic analysis intends the process to be recursive, emphasizing the importance of recursion as a tool that allows researchers to dig deeper into the data (Braun & Clarke, 2021). Therefore, although the six phases of the thematic analysis process are described sequentially, their execution was not and is not intended to be necessarily linear. Thus, the following section is not organized strictly by phase. Further information about how this manifested is described below in the research methods applied to the data analysis.

Phase One: Familiarization with the Dataset

Phase One includes familiarizing oneself with the data. As noted, the data included ten interviews conducted by various members of the SIMPLE research team with CPs across nine community agencies. This phase began by reviewing each transcript in Word document format, actively reading with the purpose of understanding the overall scope of the dataset and its relevance to this study's research questions. Specifically, the author was interested in gaining an overall understanding about how CPs were talking about their partnerships with schools (RQ1), what they were noting as facilitators and barriers to this work (RQ2), and whether and how they were talking about how diversity and disability in particular came up in this work (RQ3).

During this initial read-through, the author noticed that although the transcripts were labeled as having been cleaned, there were some areas where what was being said was unclear or unintelligible. Therefore, the author completed a read-through focused on cleaning each transcript to increase the readability and accessibility of each transcript. Instances of the following were eliminated for the sake of coherence: recursive sentences, filler words ("kind of," "like," "um," "you know"). This second pass through the data was helpful in acquainting myself with the dataset and overall meaning conveyed in each piece of data (interview) (Willig, 2021).

During the familiarization phase, the author focused on reading for understanding and on annotating the transcripts with my initial impressions and thoughts, a process also called memoing that occurs both prior to and also during coding.

For the purposes of this project, each interview was analyzed from the start as a complete piece of data rather than by research question for two reasons. First, while the interviews were conducted with a basic set of interview questions (provided in Appendix A), interviews were conducted by five different members of the SIMPLE research team and questions were not

consistently worded or asked in the same order. Second, thematic analysis emphasizes the importance of not predetermining what is important within a dataset or piece of data (Braun & Clarke, 2021). Therefore, the author purposefully looked at each piece of data without attending specifically to the research questions so not to miss meaning that may be relevant to the research questions that fell outside of a particular interview prompt.

Phase Two: Coding

Following dataset familiarization, copies of each transcript were uploaded to Dedoose, the qualitative software used for the dissertation. A deidentified naming convention (e.g., "CP1, CP2, etc) was used to maintain anonymity of each participating CP and their organization. Braun & Clark (2021) highlight the possibility of meaning evolving throughout the coding process, thereby necessitating a return to previously coded data when new codes are identified in later data pieces. Therefore, it is recommended to go through the complete data set at least two times. In this dissertation, transcripts were coded a total of three times in a different order each time to reduce likelihood of over familiarization with one transcript over another. The first round of coding involved reading through each transcript line by line to identify pieces of text containing units of meaning- hereafter called "excerpts"- and labeling these with codes to capture the meaning that was identified.

Through the study's inductive approach, initial coding will capture the manifest meanings of CP interviews, or the direct words they shared, as excerpts. Through familiarization with the data, the author made decisions about what constituted a code with respect to the guiding research questions and overall meaning conveyed by CPs. Codes were developed as similar meanings were found across each transcript; however, there was no minimum number of times a code needed to be mentioned in order to be considered significant. Therefore, some codes were

represented either across the entire dataset, or more times within one dataset compared to others which may have only been used once. Consistent with the study's inductive approach, the meaning developed out of the information shared by the CPs rather than the interview contents being fit into predetermined codes. This approach allowed the interviews to guide which aspects of their accounts were important. Each code was given a name and a definition that detailed the boundaries of the code. For example, the code "integration" captured meaning CPs shared about ways their organization was integrated into their partner schools.

Following the first round of coding, a second round was completed considering codes that had been created over the process of the initial round. This round of coding involved hiding initial codes to view transcripts "anew" and coding was completed in a different order than initially conducted. The final round of coding was to ensure no important meaning had been missed and address any memos that dealt with suggested codes or clarification. Once coding was complete, excerpts were collated by code and downloaded to create the codebook (Appendix B).

Phases Three, Four, Five: Working with Themes

According to Braun and Clarke (2006), a theme is driven by what the study's research question has identified as important and "represents some level of patterned response of meaning within the data set" (p.82). To begin generating initial themes, the codebook was printed out and cut into strips by code to be manipulated into different iterations of initial theme clusters. Codes were re-clustered into initial themes four times, and each potential theme was captured as a set of "candidate themes" before creating a new potential set. The initial part of this phrase involved looking at different combinations of codes to see if there was a unifying idea and to see if there were any patterns within themes that constituted subthemes. Care was taken to ensure that themes captured shared meaning rather than a topic summary, which is a summary of the

information that each theme covers as opposed to an analytical commentary on shared meaning captured by a theme. For example, rather than noticing the topic of diversity came up across several codes (a topic summary), shared meaning among these codes (i.e., efforts taken to be responsive to intersectional identities) was captured by that unifying theme.

Initial themes were derived from the coded data rather than being predetermined, to increase the likelihood that they would more closely capture an accurate picture of meaning conveyed across the dataset. Themes were then organized in different constellations to show different patterns of their relationship to each other. In an example of the recursive process of thematic analysis, some codes were renamed for clarity during this process even though coding was technically "complete." For example, the code "doing their part" was initially called "actions" but was later changed to better describe its accompanying excerpts.

Developing and Reviewing Themes

Following creation of initial themes, a Word document of all coded excerpts was downloaded. The document contained excerpts, associated codes, and information about the transcript the excerpt was sourced from. Candidate themes were then reviewed against randomly selected excerpts from associated codes to ensure initial coherence and commonality. From here, the candidate themes were finalized into four themes: Where There's Less Control, Interpersonal Factors, Service Across Identity, and Work Done On Purpose, with the first two themes providing insight into research question two and the latter two providing insight into research question 3. There were also codes that pertained to details about the nature of CP partnerships with schools which were more descriptive in nature. Thus, these were not included in thematizing but are reported in answer to the first research question.

During the process of developing themes, subthemes were also developed for theme 1 and theme 2. According to Braun & Clarke (2021), a subtheme is arranged under a theme hierarchically and is focused on a specific part of a theme to bring that part to the forefront and add emphasis. For themes 1 and 2, subthemes of "barriers" and "facilitators" were added to draw attention to different aspects of systemic and interpersonal factors that promote and make partnership between community organizations and schools more difficult. These subthemes add further specificity and detail to the narrative shared by CPS while keeping a consistent central organizing concept with the larger theme of which they are part.

Refining, Defining, and Naming Themes.

The extracts were then organized by theme in separate Word documents, collating all extracts and codes that pertained to that theme in a single document. The extracts were then reviewed against their associated themes, looking for commonality and coherence to ensure that there was a clear barrier and definition for each theme and a clear separation and boundary existed between themes, as themes are developed and built around a central idea or argument.

During this phase, themes were put in order to best capture and represent the dataset and perspectives shared by community partners. Themes are inherently more interpretive than codes as themes are driven by author interpretation and preliminary analysis of what the data contains and the shared meaning and overarching ideas as they pertain to the study's research question. However, even while refining, defining, and naming themes is interpretive, they are derived from the direct wording used during interviews (Langdridge, 2004). For example, themes around systemic barriers and facilitators were created from shared meaning among extracts about ways in which systemic factors influenced the partnerships community providers had with schools as shared in their interviews. Because the themes are meant to tell the story of the data, the themes

make meaningful connections between codes and provide insight into those connections (Willig, 2021). Reviewing themes also involved checking to be sure themes did not need to be integrated into higher-order themes.

Phase Six: Writing Up

Phase Six involved writing up the data. Throughout all six phases, the author returned to the raw data excerpts to ensure analysis was grounded in CP perspectives and to gain a deeper understanding of the text in order to more accurately represent participant perspectives in interpretation. In preparation to engage in analysis and writing up, each theme's document of extracts was read again and the author engaged in another round of memoing to capture and account for the patterns within and among themes in order to engage in a level of interpretation based on the theoretical understanding of the study's context. Overall, this step drove efforts to understand the meaning of each theme and the assumptions underpinning them, as well as the implications of the theme, the context that may have given rise to that phenomenon, the significance of the phenomenon to participants and those impacted by the study, and lastly the overall story the different themes tell about the study's focus. As a whole, analysis used an inductive approach informed by an ecological systems framework understanding which contributed to analysis and interpretation.

Table 2.

Themes, Subthemes, and Codes

Themes	Where There's Less Control	Interpersonal Factors	Service Across Identity	Work on Purpose
Subthemes and Codes	*Barriers* Limitations Staffing Lack of Control Family/Systemic Factors Structure/Systems COVID *Facilitators* Access Admin Funding Support/Resources Structure/Systems	*Barriers* Differences in Opinion Trust Buy-In Lack of Clarity Efficiency Communication *Facilitators* Reputation Buy-In /Common Goals Relationships Integration	*Aspects of Diversity* Disability Gender/Sexuality SES Language Race/Ethnicity Trauma/MH *Practices to Support Diversity* Identity Match Representation Awareness Training Scope of Practice	Intentionality Philosophy Flexibility Doing Their Part Responsiveness

CHAPTER 5

PRESENTATION OF THE DATA

After completion of the coding process, the author reviewed the themes to construct a framework, including considering connections that can be made between themes and what this means. The following theme definitions provide an explanation of the boundaries and as well as an explanation of their connections to facilitate clear interpretation and analysis.

Given the small sample size employed both in this current study and the wider Project SIMPLE, providing specifics about participating community partners could compromise confidentiality. Therefore, findings will be discussed without specific reference to particular CPs beyond what is provided in Table 1, shown first in Chapter 4 (Method). Results are presented below (Table 3 and 4) by research question, theme, and sub-theme. Where appropriate, particular codes are highlighted as sections when that content was prevalent in the interviews. Question One is reported in brief to provide high-level information about trends in CP agency engagement with schools.

Research Question 1: What is the nature of collaborations between CPs and schools?

Across nine organizations, a majority of CPs reported collaborations focused on mental health, while fewer others reported an organizational focus on mentorship, recreation, or advocacy. CPs reported both formalized partnerships (i.e., an MOU) while others reported informal or intermittent interactions. CP organizations varied in age of youth served, where those with formalized partnerships more likely to serve middle and high school populations compared to those serving a wider age range (i.e., K-12) or those that also served families. Services varied but included counseling (individual, group), tabling at events, presentations, guest speaking,

programming, crisis services, family support, mentoring, advocacy, adjacent community services.

Table 3

Research Question 2: What are the perceptions of barriers and facilitators to collaborations between community organizations and schools?

Theme	Subtheme	Illustrative Quotes
Where there's less control • explores the ways in which systemic influences serve as barriers and facilitators to effective partnership between schools and community organizations. Among many of the factors CPs saw as impacting their partnerships with schools, they spoke of aspects of these partnerships that were out of their control. These systemic influences took the form of district-level systems as well as wider, more macro-level ecological and environmental systems. This theme addresses the study's second research question in its capturing CP perceptions of barriers and facilitators to collaborations with	Barriers	"And also, I think just, it's clear that there's some questions within the schools about how you get service, like do you just reach out individually? Does that happen through the district? How are those decisions made? I think sometimes it gets a little confusing at the service level, where it's just like, well, I don't think I can just send one to this school without that being a bigger conversation with the district and within my [unintelligible] without considering all of the schools in the School District." "the main issue that we were seeing is staff getting really visibly upset that kids were leaving their class, or what was happening is, particularly in high schools, teachers were not allowing students to make up work. And so they were like, if I have to choose between going to group or therapy and staying in class, and getting credit, I'm gonna stay in class and get credit. So in order to kind of nip that in the bud or address where that was coming from, we made that a requirement, just so all staff know who we are and what we're doing."
	Facilitators	"we have usually one point person that most often is the school counselor that we get referrals from. And so I like to encourage our therapists to meet at least weekly or every other week with that point person, just to talk about how things are going, we always get a release of information from the student and or the family. And I like to stay in touch with our point people and with the district too, we have meetings a couple of times a year, just to check in about how things are going. And I just get a really good feeling about how things are going" "our waitlist coordinator is a person that is regularly making a phone call and checking in on these kids that are on our waitlist, and then that helps us to know, first

schools, specifically from this systemic perspective.		of all, have they moved on? Are they finding, have they found therapy elsewhere? Or has the acuity changed? And then letting them know, communicating and letting them know, Hey, you're next on the list, so and so at [Target SD School], we'll see you soon so that the waitlist coordinator has been another really positive addition, over the last year." "Obviously, some schools are more responsive than others, but a boundary that we have is we will not provide services until this happens. Just because it eases the stress for young people. So, they're not like oh, my teacher doesn't know what I'm doing but then also just helps us schedule and coordinate and facilitate way smoother."
	COVID	"I think one of the main things when you have a career in a profession, and then in two weeks, you have to pivot and everything the way that you are used to doing something changes. And I don't know if you've ever done a therapy session with the six year old over zoom. But talk about challenging…" "one of the things that we've added as a result of this kind of just staffing crunch through the pandemic, etc, is we have not so all of our therapists have masters or masters level therapists. What we've also done in the meantime to serve as these other kids that we can't get to quite as quickly is behavior support specialists. So we've hired a bachelor's level which is easier to find."
Interpersonal factors • explores the impact of interactions as elements that influence CP perspectives on their partnerships with schools. Like the first theme, CP perspectives fell broadly into two sub-themes of *barriers* and *facilitators*, highlighting the complexities that exist within interpersonal	Barriers	"…But I think that that also can create a lot of misunderstanding and mistrust of youth we're going to be the first people to advocate for students having more autonomy, and the law protects that at 14, you are autonomous to choose and opt into your own mental and behavioral health care and we get to exercise that as providers. I think pushback comes from that fear and distrust that something bad will happen, and it's like, something bad is already gonna happen. Whether or not we are there. The bonus is that we do get to be there." "One of the challenges I see is that at a district level, you have schools or administrators adopting this plan, but to be successful, they're going to have to get all principals on board. Principals are going to have to all teachers on board, teachers are going to have to get on board and then implement the strategies effectively."

interactions. When speaking about their experiences partnering with schools, many CPs highlighted the importance of undergirding factors that contribute to or detract from effective communication and partnerships such as efficiency, clarity/efficiency, trust, and emotional/mental state. They also highlighted the importance of integrating themselves into schools where possible to increase buy-in, align on common goals, and build a reputation and eventual relationships. While many of the topics within this theme relate to the first theme's unifying concept of systemic influences, they are distinct in that they are interactional and could, with acknowledgement about purposeful partnership and engagement, be improved.		"sometimes a school counselor will reach out like to me directly and say, can you send a therapist to my school? And then I need to collaborate with [Community Provider B] on how are these decisions being made at the district because individual schools are not coordinating with each other, or at the district level, determining who to send a therapist to, because I don't have a therapist for every school in a district." "so there's a bunch of people that are kind of doing the same thing. And I'm like, Oh, we shouldn't be collaborating, we need to be working better on this instead of just referring to each other…"
	Facilitators	"We really see ourselves as kind of a bonus support service inside of schools. Obviously, we're only there one day a week. But we do what we do a little differently than a school counseling team. And we can spend more time with students." "we have therapists who are actually embedded in the schools. So, they go a certain day and meet students on campus have a safe, consistent space that they can use. And it takes away a lot of the barriers that kids might experience otherwise to be seen outside of school, like transportation, relying on an adult to get them somewhere that may not always be feasible." "Just re-calibrating that relationship at the beginning of every year is an important thing. Like, this is how things have changed or here's some new material or here's actually who the team's gonna be, I think just sustaining relationships is kind of kind of different, little bit of a different game than just we're here and we do our work but really focusing on the leg sustaining of those relationships, which is just a lot of checking in and also a lot of letting the work speak for itself."

Table 4

Research Question 3: What are community partner perceptions of serving diverse and/or disabled youth in the context of school-based services?

Theme	Subtheme	Illustrative Quotes
Service across identity • showcases the span of practice CPs endorsed engaging in across categories of diversity and/or disability. During interviews, CPs expressed varied understandings of disability as well as differences in how central this work was and how it was considered in their practice. The theme also captures CP understandings of intersectionality around disability, diversity (e.g., socioeconomic status, race, language), and trauma/challenges to mental health. Thus, the theme's first subtheme, aspects of	Aspects of Diversity	"When we think about like identities that youth hold, I think this is the one identity where I feel like my team gets tripped up, because there are so many logistical pieces that go into serving youth with disabilities in a school setting that it sometimes can feel like we need to be doing that level of service and we don't have access to 504 plans or IEP's is that would be incredibly inappropriate, right. And those needs, those plans exist, because there is a need that needs to be met… "One of the things too, that I will sometimes experience is, particularly with youth who have like learning or like developmental or intellectual disabilities, is their parents will sometimes opt them out of classroom presentation topics, because they feel like it's too advanced for that for that young person, but then they miss out on really good content that's beneficial for everyone." "… historically, in my work in activism, this is such an area where I think in a lot of areas of activism, we recognize the wisdom and information from within the group. And I think a lot of times with community, disabled communities, those are the folks that are missing from the conversation."
	Practices to Support Diversity	"We're open to continue to training and developing skills around disability. I think it's something that all of us would really appreciate. Because when we talk about LGBTQIA+ youth when we talk about BIPOC youth I feel like we're more willing to take those on because I also feel like culturally too, there's just more webinars, there's more trainings, there's more PD opportunities to further develop your skills and supporting those youth. And I feel like youth with disabilities, because it is so broad, you might take a training that as that isn't actually applicable to the young people that you're serving, or there just aren't a ton of options available." "Just like with anything, if you don't know about something to, we encourage our therapists to get more education about something or we see a lot of auditory

diversity, highlights CP experience and exposure across these identities from an intersectional perspective, while the second subtheme, practices to support diversity, explores CP perceptions of how they support the diverse and/or disabled youth they support.		processing, we see a lot of a lot of sensory integration issues, where maybe a therapist will go in and realize, oh, what's really activating for this kid? Is the lights in the classroom? How can I talk with the teacher about maybe not turning this awful fluorescent lights on, you know, things like that and so it's, I mean, I would want all of our therapists to walk in in any situation and trying to kind of seek further education, if they don't know, specifically about a particular concern" "when you don't see people who look like you being represented in spaces, you might feel like that space is not for you. So one of the things that we're really working on right now is, how do we partner more fully with Spanish speaking communities? And also the black community? How do we kind of build these bridges to get and a lot of it? And it's sometimes feels like a chicken in the egg, right? Like, do you go out and do the work to try to demonstrate that you're a safe place to? Or do you have someone come in the building and then go back to their community and word of mouth? So that piece can be really tricky." "… as we talked about at the beginning, disability is so wide, and some people align with that label and embrace and have pride within that label, and some people eschew that label and it doesn't land there, but they might have the same diagnosis. And, and so, you know, what fits this need, or this practice does is not universal. And I think that's one just sort of a challenge. Like when you're talking about how to be culturally competent and disabilities, you know, it's like, well, what are we talking about, right?"
Work on purpose • The final theme was developed from the emphasis CPs placed on the meaning behind the work done with diverse and/or disabled youth and their families within		"we're really trying to join the family and look at the lagging skills and see where we can jump in and particularly provide support, particularly, if housing and food needs are not being met, we're not going to probably have very much success at the behavioral health level if those basic needs aren't met. We're very client centered, and we try and join with the family, where they're at, we do require a outpatient level that the family needs to be involved at some level of the treatment process. I mean, I think officially, it's like, minimally once a month. So we might have therapists that are in the schools, seeing kids providing therapy in the schools, but then they're going to follow up with the families aren't being met."

schools. Thus, this theme explores the undergirding philosophies and actions involved in supporting and upholding work that is responsive, flexible, and intentional.		"people are the experts have their own story, we have enough time to figure out what that story is and to just be another role model for this age group that isn't their parents and isn't their teacher and isn't their counselor and isn't attached to the outcomes of their chores, and when they graduate and their grade in English? clearly really don't give a fuck about that. Unless it's impacting them on that day, in which case, yeah, let's talk about how to manage stress, let's talk about how to get that essay done, let's talk about if you want to sign an ROI [release of information], so that we can advocate for you to your counselor. So we do a lot of that to have we can be the person to have that hard conversation on your behalf or we're perceiving that you would really benefit from maybe exploring a 504 plan, , are you comfortable with us starting that conversation? That's all just gonna depend on who's sitting in the chair." "being able to keep what we talked about confidential creates more of an environment where kids want to talk to adults and want to seek out support and that is something I think we should all be striving for, we want kids who are struggling to feel safe to talk to adults, and we want kids who are struggling to have some help seeking behaviors. And I think offering a service like ours inside of a school that is not attached to the outcome of, you know, what your home life looks like, what your school life looks like, who's not going to like change their opinion of you because of those things , does help create an environment where more students feel and destigmatize for themselves mental health. I think what mental health and mental health support looks like what CP5 looks like it becomes way less of a scary, intimidating thing. And I think that's a really powerful thing to have for young people." "We remain a non diagnostic mental health therapy team. So we still don't have bill insurance. And our sliding scale is maxes out at 60, which is what it was when I started there. But the main majority of folks that we serve pay little nothing for our therapy services, and no one in schools and our pays for therapy services. I mean, at the district level, they might pay for a therapist, but the individuals or the students themselves don't. And so that nondiagnostic lens is really important. And in a way to destigmatize mental health care and treatment."

		"looking at the different ways in which race and sexuality and class status and accountability and all of these different intersecting identities, how do those inform how we show up for somebody? And how do we uniquely tailor our services to make sure that we are meeting the specific and unique needs of the individuals either as an individual or within communities? And so I love what you said, we're centering through awareness of patriarchy, and also white supremacy and also like, ableism. And I think that we are getting more and more overt about that, as an agency and more and more front facing with that as our mission and as the path we follow. We also connect all of oppression to trauma, right." "So we did a lot of advocating for our clients and meeting, joining IEP meetings, and basically just being a support person, and having parents empowering them to ask for what is written legally in those IEPs that they were not getting."

CHAPTER 6

DISCUSSION

This qualitative study explored the perspectives of community partners related to their collaboration with schools. It focused specifically on understanding the scope and nature of their collaborations, perceptions of facilitators and barriers to those collaborations, and their understanding and comfort providing mental health services to youth with marginalized identities, specifically disabled youth. Additionally, it attempted to contribute to the existing, but limited, research on the perspectives of these community partners to inform more effective collaborations with schools and implementation of school-based mental health services. The interviews analyzed for this study were conducted as part of a wider study, Project SIMPLE, which is focused on implementing school-based mental health services within special education classrooms. Project SIMPLE's wider grant study includes efforts to design a multi-tiered framework for mental health supports in schools and employs a mixed-methods design informed by collaboration with school personnel, youth, and community partners.

This chapter weaves together the results from the previous chapter in context of the study's research questions, providing light interpretation per an empathetic approach to data analysis in efforts to maintain the integrity of the perspectives captured by the study's interviews. Minimalistic interpretation also ensures the results hold utility for informing subsequent phases of the larger SIMPLE study. Additionally, the results of the study, as summarized in the previous chapter, are discussed in light of the research questions and implications for the fields of psychology, school psychology, and special education, including considerations, limitations, and future directions for research and practice.

Findings for Research Question 1: CP Description of Partnerships with Schools

Descriptions of CP work with schools illustrated a wide variety of partnerships, some of which were formally established, such as through an MOU (memorandum of understanding), while others were less formal, more collaborative. CPs endorsing a more formal relationship also noted increased access to school spaces and information not provided to those without such structures in place. This aligns with research suggesting that proactively establishing structures and systems through, for example, Interconnected Systems Framework which can include an MOU, promotes proactive discussions about funding and terms of partnerships, thus facilitating more efficient and productive partnerships overall (Barrett et al., 2019; Cummings et al., 2022; Weist et al., 2017). Such systems may allow partnerships to work with systems rather than getting stuck in those systems as barriers.

Findings for Research Question 2: CP Perceptions of Barriers and Facilitators to Partnerships with Schools

Theme 1- Where There's Less Control

Barriers. Perspectives gleaned from interviews are consistent with research discussing the systemic barriers to mental healthcare access, including transportation, stigma, and cultural barriers (Clement et al., 2015; Duong et al., 2020; Swick & Powers, 2018; Weist et al., 2017) and the benefits to receiving such care within a school-based setting (Bains & Diallo, 2016; Bowers et al., 2013). In addition to such barriers, general lack of outside parenting or family support was discussed as influencing effective family engagement in mental health treatment, thereby sometimes influencing the overall efficacy of their work together. Several CPs discussed the impact of confusion within systems in terms of procedures for accessing services, lack of clarity around systems and protocols, as well as red tape. They also highlighted other structural

challenges such as lack of influence and control over policies and procedures in place within schools and challenges navigating those existing structures and systems.

In alignment with current research, CP participants shared perspectives on the challenges of collaborating with school personnel or administration (Castillo et al., 2017; Cummings et al., 2021), caregiver engagement (Cummings et al., 2021), and scheduling challenges (i.e., being unable to access or reserve particular spaces, complicated existing referral systems that resulted in delays or barriers to service uptake) (Cummings et al., 2022; Duong et al., 2021; Pfeiffer & In-Albon, 2022). CPs also highlighted a desire for clarity (e.g., how decisions are made, at what level, and about who gets access to which services), reflecting the complications that can occur when working within a system. CPs cited High schools as more difficult partnerships because their structure is less flexible than that of middle schools and the emphasis is on youth attending academic periods. Not only are there more core courses, but CPs also mentioned that collaborating with teams and a greater number of teachers created an additional challenge to serving high school youth.

CPs also noted challenges related to schools being part of a wider system (a district) located within a wider ecological system. For example, multiple levels of district approval is required to establish a new therapist in schools, as opposed to schools being able to just request one. This reflects the general desire for clarity around how schools are communicating with the district or administrative level about who decides who gets services, or as one CP put it, “a plan that integrates down…a third party can come in and fill all those gaps…” When such plans were not effectively in place or implemented, they noted, certain youth may be passed over (not identified and served), especially those with higher or more complex support needs. Additionally, CPs consistently communicated a certain lack of control, especially related to lack

of access to particular information (data, 504s/IEPs) that often led to breakdowns in communication and service provision (Nygaard et al., 2024). Although not highlighted by any CPs in the interviews, this study's participating CPs are situated within a relatively well-resourced area with a large university, thereby increasing both the complexity of their ecosystems and also the number of resources at their disposal to support navigation of those systems in support of their clients.

Facilitators. Although some CPs discussed systemic barriers to effective partnerships and service implementation, many also endorsed systemic facilitators as well, highlighting the complexity of systemic influences on CP partnerships with schools. Such factors serving as facilitators to effective partnerships included having supportive administration, structures and systems, policies and procedures, and access to spaces and data about the youth they serve. All participating CPs endorsed a benefit to collaborating with schools in spite of identified challenges, supporting a general level of buy-in from communities that aligns with that cited across research looking at educator collaborations with community mental health providers (Hands et al., 2010; Nygaard et al., 2024).

Notably, CPs highlighted routines established at the outset of partnership as well as maintenance routines and access to schools as promoting time with and observation of youth and communication with members of youth support teams. They noted that having a point person (e.g., counselors, office staff, general and special education teachers, and less often administrators), regular meetings, and establishing policies and procedures with the schools at the outset of working together facilitated more effective partnerships (Conners et al., 2020; Richter et al., 2021). CPs cited counselors and teachers as staff who knew the most about and had the best rapport with youth, especially for those receiving special education supports and

who have multiple people on their support team. CPs stressed the importance of communication with these staff especially, as they were said to know about the CP and what they offer and can pass information on to parents and connect them back to the CP if indicated. CPs also emphasized the benefit to having procedures (e.g,, for referrals, how youth would be excused from class while maintaining confidentiality, making sure they connected with their counselor, and communicating with the resource coordinator to help connect to community resources).

Having boundaries and decision points around engagement with schools before partnership was highlighted as essential; sometimes schools and districts had pre-existing systems that worked in the favor of their partnerships with outside agencies. CPs noted the importance of keeping procedures for partners as simple and streamlined as possible (Powers et al., 2010, 2011). Some CPs discussed differentiating their procedures by school, while others found that keeping this consistent across schools helped lower the barrier to referral and accessing services, as well as to effective partnership. These perspectives supplement a gap in the literature around how CPs engage in collaboration with schools, thereby offering opportunities to create more efficiency.

CPs emphasized also wanted to collaborate *with* schools rather than do the work for them in setting up and promoting services and connecting with families in need, and highlighted the importance of data sharing and communication tools that are streamlined to increase open and effective communication (e.g., a database for referrals, progress and outcomes tracking). Getting to know the staff and being present in schools was endorsed as a system that built rapport with both youth as well as teachers and support staff.

Administrative support was described as helpful given administrators' connections at the school and district level as well as their leadership power. CPs also noted that relationships with

administrators such as principals increased access to necessary spaces (Cummings et al., 2022, 2023) and the ability to bring programming into the building through funding lines (e.g., Medicaid, individual donors, federal, state, and local grants) and support or resources allocated to mental health or related services (e.g., school-based health centers where mental health services were housed, bringing in mental health providers for a certain number of hours or days per week). Funding was, importantly, listed as the key to bringing on more staff, which would then increase overall capacity to serve the need currently present in schools (Hoover & Bostic, 2021).

CPs spoke highly of administrators who included their staff in the planning process, including participation in meetings and assessing what would be needed in order to deliver mental health services. Administrators with particular skills or awareness levels also helped facilitate effective referral processes for minoritized youth and families.

Theme 2- Interpersonal Factors

Barriers. As expected, CPs noted challenges associated with interpersonal inefficiency, communication, and differences in perspective as challenges to effective partnerships with schools, which aligns with existing research into such partnerships that shows the importance of and desire to improve communication in this area (Cummings et al., 2021, 2022).

In interviews, CPs noted challenges in partnerships resulting from a lack of trust and buy-in to the system, particular on behalf of school-based stakeholders (i.e., administration, teachers, other staff) and families (Day et al., 2024; Mendenhall et al., 2013), which may have resulted from different understandings of mental health services and their necessity as well as stigma (Clement et al., 2015; Kern et al., 2017; Lange et al., 2022; St. George et al., 2024) related to help-seeking (Aguirre Velasco et al., 2020; Pham et al., 2014) or challenges to mental health and

wellbeing. CPs described that some stakeholders (e.g., teachers, families) seemed to lack trust in the system overall, which resulted in lower parent/family engagement such as in workshops or reduced overall buy-in to participation in their child's treatment plan.

CPs endorsed the feeling that culture may impact trust and buy-in where stigma, cultural differences, or language barriers may serve as barriers to engagement (Clement et al., 2014). In particular, several CPs described barriers in trust and buy-in Spanish-speaking populations. Some CPs even noted that the caregivers' past experience with schools may make participating in meetings with principals, for example, feel higher stakes. One CP mentioned that working with youth in the school setting wasn't always indicated if the school setting itself created a barrier to collaboration with families.

CP sentiment communicated a general misunderstanding about mental health and challenges faced by youth, especially from school personnel and administration (Day et al., 2024; Mendenhall et al., 2013). CPs noted feeling used to pushback (e.g., with youth leaving class to attend sessions), especially from teachers and administration, that they described as being more prevalent with new relationships or administration and less frequent as relationships were established and built. Youth buy-in was also highlighted as an important factor influencing CP work in schools. CPs noted that sometimes, even when staff is on board, youth may not want to participate in sessions. While acknowledging these challenges, CPs also proposed that such barriers of buy-in and trust could be reduced through having an integrated plan across all levels of decision-making.

Within the wider structures of high school environments and through the ongoing pandemic, changes in staffing, policies, and procedures were noted to have resulted in staff burnout and overwhelm, and efficiency was endorsed as a challenge (Weist et al., 2017). CPs

noted that especially at the high school level, many therapists placed in schools are stretched thin, making efficient coordination more difficult, aligning with existing research that finds communication to be a core barrier to community-school partnerships and implementation of mental health services (Cummings et al., 2022; Pollack et al., 2024; Yao et al., 2023). When supports occur in isolation and communication breaks down, there is a lack of coordination and role clarity, and a likely overlap in services or service gaps. This highlights an important opportunity for further research into efficiency as an element of effective implementation of mental health services within schools.

The shortages and high caseloads that have led to CP burnout in conjunction with staffing shortages resulting from the pandemic have resulted in many agencies hiring professionals with less education than typically required in to fill in service gaps. Overall, CPs highlighted the need for more therapists per school and more therapists overall, with some agencies half-staffed, as well as capacity issues that have made it challenging to diversify programming offered to schools. CPs also mentioned the importance of having existing collaborations with related agencies that have a specific focus to guard against inefficiency. Overall challenges with efficiency when so many parties are involved was cited as a major factor impacting effective partnership and eventual implementation of mental health services.

CPs endorsed communication as more difficult when more people are involved, noting that although “more mediators” can be helpful, communication gets lost. Many CPs noted that working with one point person was more effective in coordinating partnerships than working with multiple people. However, when establishing partnerships, initial allocation of therapists to schools takes more than a simple request from a school to bring a therapist in (Nygaard et al., 2024). Such communication is significant given the need for mental health services compared to

the number of available resources and services; strategic consideration of which services are needed where may help this process be more efficient and thus effective.

CPs spoke openly about their part in the interpersonal challenges to partnerships, highlighting the need for organizations to be clear and communicative about their systems (Nygaard et al., 2024; Richter et al., 2022). Some noted that their outlook or training differed from that of school-based staff, while others noted differences in expectations or preferred procedures caused difficulties. Many CPs felt that existing district or school-based systems for accessing services are often inefficient. One noted that even if the referral system itself works well, this sometimes breaks down when parents don't return forms, often resulting in lack of follow through with service uptake. Other CPs endorsed feeling that their partnership with schools just wasn't a priority (e.g., receiving no responses to email attempts to discuss shared data). However, rather than pinning all communication challenges on schools or families, CPs largely expressed empathy for the challenges in capacity and communication on everyone's part, highlighting the interplay between systemic and interpersonal partnership challenges.

Stakeholders were described as having different levels of background knowledge and understanding of mental health needs. One CP gave the example of classroom presentations as a challenging situation that required the "impossible task" of creating content that matched the needs of each youth in the class. Staff opinions were noted to vary about who is responsible for supporting youth mental health challenges, resulting in differential response and engagement in supporting those youth. CPs mentioned a desire to reduce stigma and increase support for youth by helping all stakeholders understand their challenges. Additionally, CPs emphasized the importance of communicating outside of the schools, particularly with families, and expressed the necessity of being able to provide adjacent resources and referrals for families who were not

ready to engage in mental health services, thereby lowering barriers to support. CPs also noted some suggestions for improving communication, including holding a retreat where needs and service offerings were discussed.

Facilitators. Considering interpersonal challenges related to systemic barriers and other factors, CPs emphasized the importance of integration into schools as a method of increasing communication and interpersonal factors that supported their partnerships with schools (Roshan et al., 2023), regardless of how much time they spent in schools. Further, they described integration as key to establishing trust with staff and youth, especially through word-of-mouth endorsements of their services, and described attending meetings to communicate procedures (e.g., the referral process) as helpful to those working relationships. Obtaining initial consent, CPs noted, is important for opening lines of communication with members of a youth's support team. They also described how, for some school-based personnel, push-back came from a place of not understanding or trusting the services being provided meaning integration and getting to know and advocate for youth was paramount to lowering barriers to service access.

Through integration, CPs expressed that communication and coordination increased in quality and quantity, often promoting continued or new partnerships with schools that grew over time. Importantly, CPs emphasized that integration was not only physical. QR codes were mentioned as a method of consistent presence even on days when CPs were not physically in the building. They noted that keeping the questions linked to the interest form in the QR code minimal was key to getting youth in the door by providing a low barrier way to initiate services without needing to speak to someone in person. Overall, interviews highlighted the importance of two-way communication made possible by integration that depends on school-based staff

building trust in CP agencies and their dependability, can promote consistency and communication and thus a smoother partnership.

Just as communication was cited as a barrier to effective partnerships between CPs and schools, it was also cited as a facilitator, a finding that parallels existing research on such partnerships (Nygaard et al., 2024; Richter et al., 2022). CPs also emphasized the importance of communicating often and having regular check-ins that allowed staff and organizations to update each other about any changes that have occurred over a period of time. CPs mentioned special education teachers and school counselors as being important points of contact, while maintaining appropriate legal and ethical boundaries and confidentiality in that communication. Overall, communication with stakeholders as well as other agencies in the area was noted to help reduce redundancy and streamline service referral and delivery (Kern et al., 2017).

For many CPs, integration facilitated relationship building with youth, families, and school staff. Capacity also impacts relationship building; CPs described how long it may take to build relationships with school staff based on their schedules in schools. When relationships have been built and communication patterns and routines established between CPs and schools, those partnerships go more smoothly (Yao et al., 2023); however, such flow often takes a while to establish. CPs made an effort to send therapists into meetings to stay current on youth needs and to help support staff understand how to support youth access services. Once youth presented for services, rapport and relationship building were the key elements in working toward success with youth. In addition to strong rapport with youth, CPs also spoke of the importance of building positive and productive working relationships with staff in the schools (i.e., office staff, principals, counselors, classified staff) and with families. Such relationships, fostered through

integration into the school and communication over time (Yao et al., 2023), highlight the importance of building strong relationships and becoming part of youth support teams.

Many CPs noted that they measured success by assessing relationships with staff and youth, their own engagement in harm reduction, and accountability for mistakes along the way. Others found success in staff learning and growth, as well as comfort seeking out support. CPs noted that making an effort to facilitate open and communicative working relationships (e.g., through monthly coordination meetings) has helped them build a reputation in the school and community. For some, such relationships have also garnered necessary buy-in from teachers and other school staff, while others endorsed a desire for more frequent communicative relationships.

Although many CPs expressed frustrations with the systemic barriers resulting from working across schools and multiple levels of administration, they also noted that gaining district-level buy-in was beneficial in maintaining smooth partnerships and resolving incidental conflict (Day et al., 2024; Splett et al., 2022). Existing partnerships were noted as producing positive returns in school staff buy-in around understanding of mental health, shifts toward supportive practices, and increased collaboration with CP agencies. Overall, CPs highlighted the importance of shared goals, agendas, and systems, aligning with extant research into community-school partnerships (Splett et al., 2022). Across stakeholders, CPs emphasized the importance of coming to an understanding of the shared goal of youth wellbeing, while providing advocacy, psychoeducation, stigma reduction, and awareness-building. Often, this also involved gaining buy-in from families as well.

Many CPs spoke about having become well-known for serving specific populations after a long-standing partnership with schools, while others spoke about how relationships built word-

of-mouth promotion of their services in and outside of schools. Several mentioned how wider systemic stressors and high family-based needs created challenges with family buy-in (e.g., misunderstandings, misconceptions, lack of support or boundaries, differences in opinion or perspectives) and subsequent difficulties in working relationships with schools or quality service provision to youth. This included parents who felt differently about disability than providers, resulting in their not providing consent for their child to participate in those services. Additionally, although not directly relevant to the scope of this study's research questions, CPs endorsed their collaborations with other community agencies as facilitators of effective partnerships and service provision.

COVID Considerations. The COVID-19 pandemic was highlighted within CP interviews as having created both a systemic challenge and opportunity in the work done by CPs in the community as well as in schools. Thus, as a systemic factor that touched most aspects of mental health and school experiences, it merits separate consideration. Prior to the pandemic, CPs endorsed typically being able to better and more frequently serve more youth but with staffing changes, the pandemic, constraints, etc, this has been difficult, noting the impact of the COVID-19 pandemic on the capacity and subsequent overwhelm felt by staff at their agencies. Several CPs acknowledged that although help-seeking and access remained a barrier for many families, the overall need for mental health and related services grew with the pandemic (Jones et al., 2021; Power et al., 2020; Reiriz et al., 2023) as well while the number of available staff reduced in number.

While initial conversations with schools prior to and at the beginning of the pandemic were noted to be easy, this faded over time and momentum was described as difficult to maintain, especially when staffing changes occur, disrupting established roles, routines, and

relationships. The pandemic necessitated adapting sessions to Zoom, which wasn't always easy (e.g, working with younger or disabled youth) and resulted in policies that restricted access to schools and school-based spaces, thus limiting organization treatment models and the way CPs could deliver services effectively, as well as time with youth. Some CPs mentioned having policies to utilize telehealth, and when schools did not engage with telehealth services, they were no longer able to continue those partnerships. In this way, the pandemic reinforced some of the barriers that had been removed by providing mental health services in schools (e.g., lack of access to services, transportation difficulties, reduced parental participation), and many CPs noted that prior partnerships were eliminated or abandoned when access to schools was scaled back during the height of the pandemic.

CP interviews reported changes in routine and differences of opinion related to rules, expectations, outlooks, noting that the immediate (Power et al., 2020; Samji et al., 2022;) and longer term (Wade et al., 2023; Wolf & Schmitz, 2024) impacts on youth, aligning with research findings that the pandemic has differentially impacted youth across intersectional identities (Dvorsky et al., 2023; Reiriz et al., 2023), including those who are disabled (McBride-Henry et al., 2023), socioeconomically disadvantaged (Castro-Ramirez et al., 2021), trauma-impacted (Damian et al., 2018), and otherwise marginalized. Importantly, CPs noted challenges around access to services common for disabled individuals were exacerbated during COVID, especially where response to COVID precautions varied (Sakiz 2021). Although some services were provided virtually, such as through telehealth, such decisions were often made at an organization level, meaning some were left without access to important services (McBride-Henry et al., 2023).

The provision of telehealth services not only benefited disabled individuals (i.e., those with Long COVID or other immunocompromised conditions or disabilities), but also those for whom transportation, mobility, social interaction, or transitions were more difficult. School closures and learning online were beneficial for many disabled youth; however, difficulties translating special education or other related services provided through the school online often resulted in reduced opportunities and supports for these disabled learners during remote learning (Dvorsky et al., 2023), sentiments echoed by CPs. CPs described difficulties accessing school spaces during the pandemic given restrictions around who could enter the building, reducing access to services provided in a timely fashion (McBride-Henry et al., 2023). Such policies may have been instituted by non-disabled people without the input of those they would impact, and one CP described difficulties maintaining an existing partnership after the school policy on masking and social distancing did not align with that of their agency. Existing social isolation was exacerbated by the pandemic, or those who had previously connected experienced it anew. With the pandemic isolation came reduced social supports and higher family stressors, lower levels of community belonging and access, and overall lower levels of social contact (Leung et al., 2023; Currie et al., 2022; Dvorsky et al., 2023; Sakiz, 2021).

CPs described that, as the pandemic has continued, many have returned to in-person services where many of these individuals may not be able to do so. One CP noted how the pandemic deepened their agency's commitment to centering disability in their work, as reflected in their attention to chronic illness, access to services, and workplace policies that aligned with the support of those wanting to remain COVID conscious. One CP noted that, although many consider the pandemic to be over, its impact remains present, especially for those differentially affected at its peak. CPs also noted that they felt that COVID impacted trust families had in the

schools and the district, especially for families for whom virtual schooling was more difficult or who had fewer resources to engage in virtual schooling without major upheaval to their home life and routines.

Findings for Research Question Three: CP Perceptions of Preparedness to Serve Diverse and/or Disabled Youth in Schools

Theme 3: Service across identity

Extant research on the intersection of disability and mental health is minimal, made even more complex by the broad presentation of disability even within particular identities and diagnoses, such as Autism, ADHD, or intellectual disability. Interviews showed that, overall, CPs endorsed interest and motivation in providing competent and affirming services for diverse and/or disabled youth. However, many also endorsed uncertainty around accurately identifying challenges to mental health in disabled populations as well as confusion over what services should look like based on diverse presentations and intersectional factors.

Subtheme: Aspects of Diversity. CPs emphasized the need to remain aware of the populations they serve and adjust their services accordingly. For example, CPs noted serving diverse populations can be challenging when significant proportions of those served by an agency hold a certain ethnic, racial, or linguistic identity but not all do. It is important to work as much as possible to have representative programming while leaning in to the importance of responsive programming more at the individual level. CPs explained that it can be difficult to figure out a good starting point when trying to build trust with populations who may lack trust or experience stigma or other barriers (St. George et al., 2024) even with targeted and responsive programming, and that many of their program offerings remained “pretty white.” When working with racially minoritized or trauma-impacted populations, CPs highlighted the importance of

promoting an understanding that disability is not bad, and that there are resources available to them and their children.

Language barriers were cited as additional challenges to service uptake among linguistically diverse communities (Swick and Powers, 2018). CPs noted the benefit of having school-based staff who are able to speak the same language as youth and their families. This promotes more frequent identification, referral, increased communication, and trust between families and school, and creates an openness that is necessary for high quality service provision. Importantly, CPs highlighted that sometimes the focus turns so much to a language barrier that the strengths of the family itself are overshadowed.

The interviews also highlighted CP perspectives around working with youth across socioeconomic status. Provision of services within schools was noted to allow services to be delivered free of charge, and a sliding scale could be introduced to reduce financial barriers. CPs explained that youth and families who had access to fewer resources often had a wraparound team, the number of support staff increasing with youth need. They emphasized meeting youth where they are to identify what their underlying needs are and providing those supports as best they can within their services or across different agencies.

Across all identities, CPs endorsed the need to ensure services were triaged appropriately, considering what was realistically feasible within the timeframe allowed by school-based services. Some also mentioned prioritizing trauma-informed services that took intersectionality into account, such as integrating into a school-based mental health center (Larson et al., 2017). They also acknowledge the service gap for mental health services targeting youth, noting the possibility of schools to fill that gap by lowering barriers related to access and stigma through integrating themselves into the school and promoting youth mental health.

CPs endorsed having built up varied levels of trust with different populations. A few noted particular strengths and reputation along the lines of gender and sexuality, although they also mentioned feeling that there weren't many services on offer for these populations overall. This is consistent with research suggesting the overall need for better and more plentiful resources for LGBTQIA+ populations (Argenyi et al., 2023; McDermott et al., 2024) and that every contribution to a positive, safe school climate can have a positive effect on these youth (McDermott et al., 2024; Russell et al., 2021). CPs mentioned that therapists who were more recently licensed or staff who were newer to doing this work with schools might feel less comfortable, but the sentiment across CP interviews was that providing training around trauma-informed practice and supporting newer staff with gaining that comfort was a priority. Part of the impetus for wanting staff to develop this comfort was so CPs could deliver services that would promote mental health literacy not only for youth and their families, but also for school-based staff. Many CPs noted the importance of having schools recognize and even understand the importance of mental health for youth in how it relates to academic achievement and overall wellbeing.

Compared to their perspectives about mental health across identity, CP perspectives about disability were more varied in their endorsed preparedness, understanding, and approach to supporting disabled youth. In general, CPs found the most success pairing disabled youth with providers who had experiences with their specific disability, potentially heightening the effect of services for disabled youth whose treatment success is found to be closely related to participation in appropriate supports and services (Augustine et al., 2022). Such differences in understanding or opinion often resulted in youth missing out on services that may have been beneficial or accessible during their school-day. Many of the challenges to effectively serve disabled youth in

schools related to both systemic and interpersonal challenges. As previously noted, some CPs felt that navigating confidentiality around special education plans and related services was difficult when first starting, but that comfort around understanding which pieces of information were necessary to know based on services grew with time.

Additionally, CP understanding and definition of disability was incredibly broad, which brought difficulty when navigating both conversations around services and disability as well as aligning services with support and intervention needs. Indeed, CPs noted that the broad nature of disability as an umbrella category made it difficult to say that they felt competent or conducted or participated in training in every area. For some CPs, definitions and diagnoses felt important to selecting services and understanding youth, a sentiment that is supported by research (Downs et al., 2017; Miller et al., 2022) For others, providing services for disabled youth centered more around being affirming of how those youth showed up and understanding their specific support needs. Much of this centered around neurodivergence, specifically Autism.

Notably, many CPs endorsed paying attention to the impact of disability on services but that this was not the focus of the services they provided. Others acknowledged that Autistic youth in particular (along with other disabled youth) were more likely to have more difficulties accessing services given that they may be more disconnected from the school community overall, which reflects the increase in research on Autism-affirming practice (Lai et al., 2023).

However, as the approach to disability in particular differed between CPs, their reported integration of this identity and associated needs into services differed in kind. Two CPs expressed contrasting approaches to conceptualizing developmental disabilities, one endorsing a more neuro-affirming model, while another mentioned feeling their services -which they noted are relationship-based- would not be appropriate for Autistic youth. Such challenges also extend

to designing training related to topics such as Autism, given the broad experience of Autistic individuals.

Some CPs demonstrated critical and informed thinking about disabled populations they served (e.g., considering a youth's communication style and needs), which they noted helped them build accountability and reputation for quality service to a particular disability population. One CP noted the importance of taking the lead on disability from the disability community, especially related to inclusion, understanding a particular disabled experience, and aligning supports. In terms of "wishlist" considerations for serving disabled youth, CPs emphasized the importance of accurate identification and service matching.

Subtheme 2: Practices to Support Diversity. Many CPs endorsed an agency-wide emphasis on training related to serving diverse populations, while a smaller but still notable number mentioned having at least some training related to disabled youth. CPs noted that oftentimes training offered or mandated for staff at their organization is selected based on populations served (e.g., EMDR for trauma-impacted populations). The differences in such trainings and attunement to the interaction between CP-staff training and skills and client need reflects an emphasis on responsive practice that promotes youth being more available for learning.

Largely, CPs endorsed a desire to learn more about how to serve disabled youth experiencing mental health challenges when their access, communication, or support needs may differ from those of their typical population and emphasized the importance of considering intersectionality when planning for and delivering services. One CP mentioned feeling that although the staff at their agency wanted to support disabled youth, they often felt tripped up by the complexities of logistics such as support needs, plans, and teaming. Further, one CP noted

that working with and in schools allowed the benefit of some of their staff being able to attend school-based trainings about topics such as IEPs and 504 plans, disability, particular school-wide systems, and other site-based specifics that help them better support youth in that context.

Training as a means of ensuring youth feel supported by CPs and school-based staff (St. George et al., 2024) was discussed as an important aspect of CP work. One CP spoke about the importance of a training committee made up of both internal and external trainings and workshops, as well as having a standardized set of onboarding trainings for new hires related to populations served. One CP noted that their agency provided paid time off or a stipend for attending trainings, while another mentioned also allowing volunteers to engage in their trainings. Another CP mentioned relationships with local universities who provided consultation or process groups for their agency's therapists based around a particular intervention, practice, diagnosis or modality. Many CPs mentioned feeling supported in pursuing continuing education, especially in areas related to current clients or areas of professional interest.

CPs widely reported on the importance of identity match and representation for their work with diverse and/or disabled youth. For example, one CP mentioned feeling that much of their agency's success with Queer and trans youth came from the fact that many staff were LGBTQIA+-identified. Another noted that when staff held shared identities with the youth they served, this tended to increase their comfort in providing services to that youth. While one CP reported that their agency made efforts to hire based on their clientele, most endorsed feeling lucky when they had someone on staff who shared lived experience with the populations served by their agency.

For agencies who did not have staff who shared identities or experiences with their clientele, those CPs reported barriers to providing appropriate and affirming services to diverse

populations, especially in terms of language. Another noted the challenges of losing a therapist with a shared identity and seeing a decline in a particular population's engagement with services. Across CPs, service needs exceeded available staff qualified to provide such services in schools, and lack of shared identity was noted to sometimes produce challenges related to stigma, feeling understood, or trust.

To support their service across identity, CPs named remaining within their scope of practice as an important factor for providing quality services (e.g., for training, ethics, role clarity), and most CPs endorsed a primary focus on mental health and other non-educational services. Many noted the importance of boundaries and clarity around what school-based mental health services look like opposed to those offered in community settings. Several CPs endorsed appreciation for working within a community of providers, each with their own specific specialty area and noted that, although communication could be more smooth and efficient, such collaboration enables CPs to make referrals when a different provider or treatment skillset is indicated (Miller et al., 2022). For example, one CP noted that their agency did not consider themselves an "emergency intervention service" so they did not deal with crisis situations, but they did partner with other nearby agencies to help out when there is a more acute or longer-term mental health concern, especially when serving youth clients within a school setting.

Relatedly, they also noted differences in stakeholders' understanding of particular constructs or concepts, such as an activity that is therapy provided by a licensed mental health professional vs. an activity that could be therapeutic. Accordingly, CPs expressed holding boundaries around the type of services they could provide within schools (i.e., shorter-term, appropriate for lower acuity, or centered around prevention or brief intervention needed weekly or less often). CPs mentioned appreciation for partnering agencies to whom they were able to

refer youth seen in schools who exceeded the capacity and scope of their school-based mental health services. Additionally, CPs widely endorsed the use and importance of trauma-informed practices within schools, which have been shown to be effective across tiered supports as well as in more mental health-focused services (Avery et al., 2020). To ensure others knew about their services, many CPs described communication with communities and families to help connect them with appropriate low-barrier services within schools.

Theme 4: Work on purpose

Many CPs spoke of philosophies aligned with strengths-based and empowered care, emphasizing balancing strengths and needs, tailored treatment to work through challenges, and connecting youth and families to services that promote their continued success. CPs endorsed an emphasis on client-centered services that linked schools, communities, and families. One CP described the importance of family involvement even for youth seen in a school setting, a perspective which is unsurprising given the widespread research affirming this importance (Garbacz et al., 2018; Roshan et al., 2023; Yao et al., 2023). Another described confidentiality and safety as core to their agency's philosophy and values, citing HIPPA compliance as an important element of building trust with youth, while two CPs noted that harm reduction and unconditional positive regard were essential to garnering trust with youth and families experiencing more acute or stigmatized issues. These perspectives show the degree to which CP philosophies are grounded in intentional, responsive practice meant to build trust and promote wellbeing.

CPs highlighted the importance of "centering the margins." and centering accessibility in practice when working with diverse and/or disabled youth. Several CPs endorsed being intentional about connecting youth to necessary services, and in advocating for youth and their

mental health. Those whose services were identity-specific mentioned efforts to promote high quality care for those populations by remaining in touch with the needs of that community and ensuring their services did not contribute to oppression (i.e., through continued, purposeful anti-racism work). One CP noted how their agency that centered around "girls" expanded affirming supports by operating with a "really expansive definition of girl" which brought in youth of varying gender identities who felt safe and affirmed by their services and spaces as well. Throughout, the consideration of intersectionality was notable, and CP perspectives on their practice highlighted a moderate level of awareness about the impact of intersectionality on help-seeking, access of services, and service provision (Aguirre Velasco et al., 2020; Pham et al., 2021).

Overall, CPs largely endorsed advocating for youth, noting that many are struggling in some way and are often misunderstood by peers or adults at school, aligning with research that finds mental health providers to be key advocates for diverse and/or disabled youth (Pham et al., 2021). One CP discussed how their agency relinquished the need to be the core support for the youth they served within schools, recognizing that it is more important for that youth to have someone they trust than it is to ensure they are that person. Another mentioned that they don't need to claim to be the ones to make change in the life of the youth they serve, they are just happy someone is providing support and it doesn't have to be them, indicating a high level of investment in the overall wellbeing of the youth they support.

Interviews showed that CPs engaged in responsive practice, leaning purposefully into the needs of the youth and schools they serve. Many noted that their partnerships look different at each school depending on their relationship with each school's staff, and one CP described their goal to be consistently "adaptive and accommodating." One CP noted that partnerships were

specific to each school in terms of their referral, intake, and session processes based on the existing structures within schools. Further, when working with youth, CPs largely endorsed tailoring their services to the youth sitting in front of them, as well as to their family's specific needs (Avery et al., 2020). Another CP emphasized the importance of remaining accessible to families for questions and scaling the formality of meetings to their comfort level. This CP also noted that although they were sometimes not given access to IEPs and 504 plans initially when beginning work with youth with such supports, they always made an effort to ask for access and to ensure that parents understood the importance of releasing this information. This example of being responsive exemplifies not only a willingness to go above and beyond, but a deeper understanding of differing needs and the importance of scaling services. Several CPs noted that youth who have higher needs took priority, and that service frequency was also based on acuity.

Cultural responsiveness was also highlighted as an important element of purposeful work. One CP mentioned feeling that many organizations and agencies within the community worked hard to center equity and not engage in appropriation when creating programming and services along lines of race, ethnicity, and culture. Another endorsed working hard to promote safe spaces for LGBTQ+ youth by using pronoun pins, signs, and through staff training. Within a disability-affirming lens, one CP noted their practice was informed by the disability community itself. Such responsiveness demonstrates the importance of identity-specific actions that can be made to create more accessible, affirming services for minoritized youth. Finally, one CP highlighted the collective trauma resulting from the ongoing pandemic and the subsequent impacts on mental health as a motivator for agency uptake of trauma-informed services.

Intentional practices were described as being supported by flexibility, either within agencies or CPs themselves. One CP mentioned having the freedom to design services

specifically for each youth or choose the number of clients they saw based on their capacity. Another CP cited not coming from a "one size fits all" model as the foundation of their collaboration with schools and others noted the importance of being able to remain flexible when working in schools, a setting with many working parts, highlighting that the ability to adjust to no-shows, absences, schedule changes, and presenting acuity was key to providing the best services possible within their school partnerships. Flexibility has been noted as an important facilitator of productive community-school partnerships (Yao et al., 2023), even while structure is recommended.

Variation in session elements (i.e., in structure, length, modality, frequency, and contents) was discussed as an important element of flexible practice. Some CPs noted that their agency encourages therapists to offer groups in addition to individual sessions, if desired and appropriate, while another their openness to youth bringing support peers to sessions with them. Similarly, several CPs endorsed an emphasis on more formalized initial meetings when first partnering with schools. This ability to relax and flex as partnerships progressed while still remaining centered on effective communication and youth-centered practice indicates awareness about differing needs, but an ability to attune to the needs of a particular environment.

Across interviews, CPs mentioned "doing their part" to provide the highest quality services to the youth they served in schools. One CP emphasized the importance of their work in helping to bridge school-community-family relationships, increasing trust in the school system through positive experiences and communication facilitation. To step into this position, one CP endorsed making specific efforts to be present around the school and form relationships, observing and interacting with youth across contexts were endorsed as helpful in aligning CPs

with school-based staff in supporting youth and positioning themselves as advocates, particularly for the youth who struggle most.

In schools, CPs also functioned as advocates and mediators between families, youth, and different supporting staff at the school. Part of aligning with school-based staff, one CP noted, is not relying on teachers to remember exactly when CPs were going to be in school on top of their other responsibilities. They noted it shouldn't fall completely on staff, so they sometimes walk around and check in with teachers when at the beginning of the day to remind them of and check in about any students who are scheduled to leave class. They noted that although many of the youth they serve have an IEP or 504 plan, some of them don't and they advocate for supports that transcend their time in school. Another highlighted the importance of just being there for families as support people and advocates.

Study Considerations, Limitations, and Future Directions

Strengths

This study's strengths come from its qualitative design, impact and sustained grounding in the perspectives of participating CPs. The qualitative design and methods, backed by the reflexivity and transparent positionality, are grounded in the idea that CP words are important and helpful to report, and that the author or researcher holds power and responsibility in interpreting CP experience. The study used an empathetic interpretation approach (Willig, 2021), which aims to stay as close to the experience of participants as possible. Within this study's thematic analysis, the author identified manifest meanings (reflections of the explicit words CP shared in interviews) and latent meanings (reflections of interpretations made by the researcher based on CP interviews) during discussion.

As previously noted, qualitative research offers unique and important insight into the perspectives and voices of participants and offers researchers the chance to create space alongside them to co-create and disseminate important information. Thus, the study has the potential to fill an important gap in research centering the perspectives of community providers who partner with schools to provide mental health services for youth, especially those who are diverse and/or disabled.

Utility to Implementation Science

With the increased focus of policy, research, and practice on mental and behavioral health comes better information and guidance around treatments and interventions that are most effective for particular populations and presenting concerns. However, without proper implementation, there remains a gap between research and practice. Thus, implementation science hopes to understand factors impacting implementation in order to reduce such gaps (Vroom & Massey, 2021). Within the context of the wider SIMPLE study, this study identifying the barriers and facilitators to effective collaboration with schools will be helpful in understanding how to address those and thus have more effective partnerships for the schools involved in the study and also will allow sharing of information about supporting such partnerships in general.

Interviews, designed for the wider Project SIMPLE using the Hexagon Tool similar to the earlier CFIR model, captured some elements of the following: Site indicators (e.g., challenges with structures, communication, capacity, discussion of readiness and ability to serve diverse and/or disabled populations) and program indicators (e.g., centered mostly around supports such as training, supervision, stakeholder buy-in, challenges to integrating into schools). Notably, interviews highlighted the importance of relationships and effective communication, as well as

the lasting impact of the ongoing COVID-19 pandemic on staffing, capacity, and mental health awareness.

The present study thus helps provide an understanding of outcome variables related to implementation. For example, this study could support an understanding of why the mental health screeners showed lower mental health for disabled youth. Essentially, evaluating the process of implementation and its impact on the evidence-based practice of interest (Bauer et al., 2015). Information from qualitative studies such as this one can be used to formulate and develop more specific models to guide future implementation and identify particular strategies that result in more quality or consistent implementation. Implementation research therefore must keep up with how often change occurs in school needs, personnel, population makeup, among other areas. Implementation science provides an organized way to stay on top of these changes through identifying particular strategies, methods, structures that support effective and consistent implementation and is a systematized approach to identifying barriers and facilitators to systems change and on the ground intervention.

Limitations

While the current study offers a unique perspective into community-school mental health partnerships, there are considerations that should be made to contextualize the study and the meaning of its outcomes. Although the study does provide insight into CP perspectives on their partnerships with schools, it is important to remember that qualitative research is specific and therefore must be interpreted and generalized with caution, if at all. Although it is not recommended that this study's findings be generalized to all community providers, its utility lies in the areas where it aligns with previous findings and extends these with new information,

spurring ideas for further research, both qualitative and quantitative, some of which could be generalized to a wider population.

Additionally, because the study's data comes from a wider mixed-methods study, methods surrounding the interviews and initial data management were predetermined, therefore creating natural limitations to the scope of the project. The mixed-methods nature of this wider study is a strength and offers much-needed information to the field around mental health supports for disabled youth in high school settings. However, the predetermined methods for the data used for this study does create a constraint on the current study in that it reduces the opportunity to be completely participant-centered and responsive because the data has already been collected. Therefore, while the use of thematic analysis aligns with the original design of SIMPLE's research team, the ontology and epistemology reflect the assumptions and beliefs and interpretations of the current study's author.

The predetermination of the methods also creates a limitation to being able to provide intentionality to the method throughout the research process, from inception through analysis and discussion. The study is a secondary analysis of data that was collected for the purpose of Project SIMPLE. The questions, theoretical underpinnings, analysis, interpretation, and discussion are here added on through an extension of SIMPLE's initial project. Thus, rather than designing the research questions from the ontology and epistemology, the research questions were designed from existing transcripts that came from completed interviews, and the ontology and epistemology were introduced after the fact, melding the researcher's positionality and the research questions of the current study.

The study's sample also merits consideration. Participating CPs came from agencies that included those focused on mental health and also those with another focus such as prevention,

recreation, family support, or skills building. The wider study and this study's research question center primarily on mental health and service to diverse and/or disabled youth and, while the study's interview questions were not centered on mental health and disability specifically, interviews were able to highlight these foci as well as connect them to other influential factors such as the impact of agency-to-agency networking, the importance of training and funding, and the degree to which intersectionality influences mental health and wellbeing for youth populations. Further, while some of the agencies included in the sample served a higher proportion of disabled youth, disability was not centered in any of the interviews. Further, while the wider Project SIMPLE has a focus on work in high schools, many of the CP agencies recruited for the sample did not serve high school populations specifically or sometimes at all. Therefore, it would be helpful to interpret their reflections in light of the known differences between primary and secondary settings such as larger staff teams, more complicated schedules, and differences in youth development and independence.

Although the wider SIMPLE study centers on exploring multi-tiered supports for disabled youth within schools, the interview protocol included only four questions related to diverse and/or disabled youth, leading to interviews themselves that did not have disability as a sole lens or focus. This highlights not only the need for additional research examining perspectives specific to service of disabled youth but also calls for this research as an important factor in creating interventions and best practices meant to support CPs in more regularly and readily providing services to disabled populations.

Single Coder Considerations and Positionality

This study was coded and analyzed solely by the author. Although elimination of bias is not the primary goal of qualitative research, reduction of overall bias in efforts to provide as

accurate an account of CP experiences as possible was a goal. Therefore, the author engaged in more than one separate round of coding, seeking to view the data fresh each time as well as reflexivity journaling and memoing throughout all six phases of the analysis process. Given the timing of the study and its status as the author's first experience with reflexive thematic analysis, a secondary coder was not used, although a secondary coder can be useful in helping to reduce bias through checking assumptions, challenging perspectives, and providing additional points of consideration during the coding and analysis process (Braun & Clarke, 2021). As the author of this study did not opt to have a secondary coder, reflexivity was used to engage with some of the above measures aimed at reducing overall bias and increasing communication of CP ideas as closely to their interviews as possible. Reflexivity was done in a document adjacent to the manuscript, and included questions such as, "how does this person make sense of whatever they are discussing?" "how might I feel if I were in this situation? Is this similar or different to the CP and why might that be?" "what assumptions is this CP making in describing what they are discussing?" "why might I be reacting to this excerpt in this way?" "In what ways does my current interpretation of the data rely on my own experiences? Is there another way to see this?"

Recommendations and Future Directions

The field would do well to conduct research on barriers to mental health services for diverse and/or disabled youth both with regard to access and help-seeking as well as implementation and appropriately aligned interventions. Specifically, research on such services within school settings is particularly important.

Stigma, Help-Seeking, and Access

Stigma from one's culture, community, family, or even oneself as well as mistrust in the healthcare mental healthcare, or school system leads to challenges with disclosure and

confidentiality (Clement et al., 2015) can impact help-seeking behaviors. 32% of individuals in Clement and colleagues' 2015 meta-analysis of 44 studies looking at stigma barriers to help-seeking said they were concerned about disclosure or confidentiality. 22% of participants across all studies cited shame, embarrassment, negative social judgment, and employee-related discrimination as barriers to help-seeking.

Frustratingly, physical and mental healthcare services during this important period are often fragmented/discontinuous between care provided for youth and adults (Solmi et al., 2022) due to specialization in youth or adult services, often leading to inconsistencies in communication and service provision. Similar disconnects are found between home, community, and school environments (Garbacz et al., 2018), in spite of recent efforts to increase communication between these spheres. Further, access to, experiences within, and social validity of such care is often much more difficult for those with intersectional and marginalized identities (Ashby, 2011; St. George et al., 2024). Further, as a place where most states require youth to attend daily by law and schools most often provide transportation, schools become the perfect location to provide access to mental health services.

Who Provides Services?

School-based mental health services need to remain responsive to the populations they serve as well as the resources at their disposal. Subsequently, the models schools select based on these and other factors may vary. In common between models are the partnership or collaboration between community agencies and schools and the importance of prevention and intervention efforts that remove barriers and reduce the worsening of mental health challenges, improve coordination and thereby increase access and service provision.

To meet the mental health needs of their youth, schools may need to increase the number of professionals dedicated to mental health that are working in a particular building (counselors, school psychologists, social workers, etc) (Carlock et al., 2023; Garbacz et al., 2023). They may also wish to develop school-based mental health centers to bring wraparound services into the building and cover low or no cost services within mental and often physical health. School social workers, counselors, school psychologists are personnel employed by school to provide. Direct might include individual brief counseling or groups, and indirect might be family support, systems support, teacher consultation. Support personnel also include school nurses, special education teachers, sometimes educational assistants or paraprofessionals, or other qualified staff. With such a broad range in staff supporting youth, training becomes all the more important.

The training of these personnel include school-focused interventions for individual, group, and systems support, as well as support of staff. They are trained to understand school systems and child-specific interventions and assessments. Although this can manifest in different ways, there are often differences in training, perspective, and models, alignment, and communication that exist that create barriers to effective treatment and services, as well as overburdening of service need compared to resources, personnel, funding, and time (Castillo et al., 2017; Weist et al., 2012; Zabek et al., 2022). For youth who have needs that can't be addressed at school, those youth may be referred out. However, then those barriers come back into play.

Community-School Partnerships

The present study's findings join others in support of community-school partnerships. Having CPs partner with and provide services within schools could also take the form of the Whole School, Whole Community, Whole Child (WSCC) model, which emphasizes partnerships

between schools, communities, and families to support youth (Lewallen et al., 2015). This not only integrates into the schools but also connects families to needed services within their communities, moving one step beyond to loop in providers who are able to focus specifically on mental health practices. This is beneficial because it doesn't rely on schools to provide all services but relies on each system's strengths and collaboration in order to promote mental health promotion and prevention. The research also aligns with Interconnected Systems Framework (Barrett et al., 2019; Splett et al., 2022; Weist et al., 2018), this study forwards support for partnerships that positively influence the healthy development of youth. However, given the general focus of ISF on educators and lack of research there related to mental health for disabled youth, more research would be merited in this specific area.

The Ecological Framework for Effective Implementation (Rowe & Singh., 2023) highlight additional factors that impact successful implementation of school-based interventions for emotional disorders in adolescents including: acceptability, practicality of the intervention, relationships among staff, support of school leadership, the school environment, support of school leadership, the quality of training and supervision, the suitability of intervention materials, the ability of the staff to identify eligible youth, to deliver the intervention successfully, stigma and mental literacy, and the priorities of health and education systems.

Importance of Training

Although mental health has increasingly been a focus in schools, additional emphasis on and subsequent training around how challenges to mental health manifest across disability as well as appropriate and responsive preventions and interventions are a much-needed area of study and practice. Rones and Hoagwood (2000) conducted a review of 47 studies published between 1985 and 1999 and identified main features of the implementation process that

contributed to sustainability and maintenance: (a) consistency in program implementation; (b) inclusion of various stakeholders, such as parents, teachers, or peers; (c) use of various modalities; (d) integration of program content into general classroom curriculum; and (e) ensuring developmentally appropriate program components (Rones & Hoagwood, 2000). This highlights the importance of collaborating to share knowledge, and the need for adequate training to feel prepared to provide such services in schools. This also implicates the importance of sharing and communication of knowledge, as school-based mental health is often limited for disabled youth because of inadequate or insufficient training (Castillo et al., 2017).

Providers with knowledge in this area must be encouraged to share with schools about mental health, and schools sharing with mental health about disability, thereby creating stronger supports for disabled youth. Not every CP needs to know about disability, but if they work with youth it would behoove them to have a foundation off of which to ask appropriate questions and seek education. Importantly, disability isn't a monolith. Accordingly, when talking about including disability considerations or making sure those doing work with disabled youth are considering how that youth's disability manifests. Providing education and training around, for example, diagnostic overshadowing, the differences between school-based, medical, and social models of disability, and variations in presentation within a singular diagnosis led by members of that disability community are excellent starting points for this work. However, research also finds that many school-based providers report sourcing much of their confidence working with disabled youth comes from experience more than education (Alvarez et al., 2020; Williams & Haranin., 2016), which highlights the importance of being willing to seek support and learn along the way before feeling fully prepared.

Disability Research

There is also significantly less guidance or best practice around the best and ethical practices for engaging in this work. A 2014 systematic review by Bailey and colleagues looked at the involvement of disabled youth in research across 22 documents (i.e., articles, papers, reports). Although they found that many of the studies were specific to particular disabilities, overall challenges were identified related to access and communication, experience and balance of power, and being "gatekept" from involvement by others (Bailey et al., 2014; DeCormier Plosky et al., 2022).

Part of the challenge in creating best practices for participation may be due in part to the fact that disability presents in a broad way across many categories, each with their own support needs, experiences, and considerations, making it difficult to generalize methods and results. However, guidelines from participatory research often used with adults, such as use of flexible methods (Liddiard et al., 2019), may also be useful for working with youth. Bailey's review highlights the dearth of research capturing the experience of those with intersectional and complex identities relating to disability (i.e., non-speaking or intellectually disabled youth) and the importance of increasing awareness and understanding of disability from the point of view of the disabled experience. Further, research should target emphasizing increased understanding of possible bidirectionality in the relationship between mental health and disability across disability identities.

Emphasizing Implementation Science

As argued in the present study, qualitative research offers voice to participants, providing critical insight into experiences, perspectives, and needs. As such, future implementation science research should continue to include qualitative research alongside quantitative and mixed-methods research. In particular, mixed-methods studies such as Project SIMPLE, that include

qualitative and quantitative elements, gather information about how to support specific efforts toward intended impacts (Ryan et al., 2024; Sims & Melcher, 2017) as well as trends, outcomes, and information to improve implementation and social validity.

In addition to implementation science, removal of practices and habits that are not effective through implementation science (Wilcox et al., 2023) is another critical aspect of evaluating what does work and achieving more effective implementation. Qualitative research capturing the perspectives of stakeholders can offer insight into whether interventions should be continued, modified, or discontinued as well as in which ways this should be executed, thus furthering efficiency by not wasting resources. There is a continued need for evidence-based and culturally responsive practice across mental health systems in communities as well as schools. Thus, research ought to promote the ability to build capacity school-wide, and overall fidelity of implementation. Given that programs implemented by lay counselors have been found to be more effective than those implemented by teachers (Rowe & Singh, 2023), effective partnerships between community agencies and schools remain important for promoting youth wellbeing.

Appendix A

Interview Questions

Questions for Current School-Community Collaborations

Introductions
Informed Consent
Recording
General overview of collab with schools:

*Materials have been deidentified to protect participant identities.

Questions
1.What did or does your organization do that has led to success in providing services in schools?
2. What does collaboration look like working within the schools? What does collaboration look like with staff at TARGET high schools?
3. How comfortable is the staff providing school-based mental health with students?
4. What are the practices and/or services that your organization provides? What informs the use of these practices?
5. What programs or services have you used that have been the most successful?
6. What programs or services have not been successful? Why? (e.g. implementation, sustainability, training, etc.)
7. How many students referred by TARGET high schools do you serve? Are you able to serve all of the student who are identified for your support? If you're unable to serve all identified students, what process occurs for students not served by you?
8. What barriers have you encountered in trying to serve diverse populations? What successes have you encountered in serving diverse populations? (e.g. LGBTQ+, BIPOC, etc.)
9. What aspects of the school-community organization collaboration has been most important?
10. (Zooming out) What is the culture around mental health AND disabilities in your organization?
11. What is the comfort level of the staff working with students with disabilities? Is the organization open to training and developing skills around disability?
12. What organizations do you partner or communicate with besides TARGET schools?
13. What aspects of community-to-community organization collaboration has been most important?
14. What types of resources (e.g., staff, materials, training) do you have available?
15. How have staff changes been handled?

16. Do you feel that TARGET high schools work well with your organization, especially when considering the large variety of disabilities and intersecting identities within schools?
17. How has success been measured? What data do you use?
18. Can you tell us about the parts of this collaboration that have worked well? What has made this collaboration successful?

Interview Questions for Potential Community Collaborations

Introductions
Informed Consent
See if the organization personnel was able to complete the pre-Qualtrics survey before the interview.
Recording.
General overview of organization:
*Materials have been deidentified to protect participant identities.

Questions
1. If you were to connect with high schools, what would that look like? What is best case scenario for your organization?
2. What would be some specific goals of this collaboration (e.g., short and long-term)
3. Are there incentives for creating and maintaining a collaboration?
4. What aspects of a school-community organization collaboration would be most important?
5. What aspects of a school-community organization collaboration would be most important?
6. How has communicating with schools been? What has gone well? What needs to improve?
7. Does the potential collaboration require buy-in from teachers and interventionists?
8. What do you need to be successful in providing services (in schools or with high school students)? a. How would success be measured?
9. Is culture, ethnicity, and other historically marginalized identities incorporated into programs and services that your organization provides?
10. Is the organization open to training and developing skills around disability? a. Is there adequate time and resources for training, coaching, etc.?
11. What organizations do you partner or communicate with?

12. What aspects of community-to-community organization collaboration has been most important?

Appendix B

Code Book

Code	Description
Limitations	Discusses limited funding, materials, training, etc. Factors that limit effective partnerships with schools.
Staffing	Discusses changes to staffing and the impact of those changes (e.g., attrition, changes, typical).
Lack of Control	Discusses factors controlled by someone or something outside the agency such as the school or state. Sometimes related to policies or procedures, data, scheduling.
Family/Systemic Factors	Discusses factors related to things like access to services, families being able to attend meetings/sessions, things that might impact family motivation, etc.
Structure/Systems	Discusses structures and systems impacting partnerships including documentation, structures, red tape, etc.
COVID	Discusses impacts of the COVID-19 pandemic on CP services and partnerships with schools.
Access	Discusses the impact of having access to information, space, data, etc.
Admin	Discusses impact of administrator involvement, engagement, relation to partnerships and services. For example, support of administration, administration push-back, etc.
Funding	Discusses funding-related impacts such as types of funding lines, desires for funding related to practice and partnerships, funding stressors. For example, funding allocated to services provided by CPs or funding from the state.
Support/Resources	Discusses how organizations support CPs and other staff or how resources and support are used; includes supervision, materials, physical resources, space, etc.
Structure/Systems	Discusses how structures and systems within schools and the community impact the ways of working, including policies, procedures, routines, impact their partnerships in schools.
Differences in Opinion	Discusses differences in stakeholder beliefs of how things should be done, goals, priorities, perspectives, understandings, etc.

Overwhelm/Capacity	Discusses overwhelm and challenges to capacity expressed by or noticed by any stakeholders related to this work or work with youth.
Trust	Discusses trust as a variable in partnerships; mostly spoken about impact of lacking stakeholder trust (largely families, youth).
Lack of Buy-In	Discusses where buy-in is not present and the impacts of this lack of buy-in within and for different stakeholders.
Lack of Clarity	Discusses where definitions or goals are broad. Includes having a broad, varied, and mixed population, including mixed understandings of disability and mental health.
Efficiency	Discusses where there is inefficiency or redundancy in services, overlaps in communication, etc.
Lack of Communication	Discusses lack of communication; includes inconsistent, hostile, lack thereof, etc.
Reputation	Discusses how agency reputation facilitates productive and effective partnerships and services provision, word-of-mouth, etc.
Buy-In/Common Goals	Discusses how stakeholder buy-in or common goals facilitates productive and effective partnerships.
Relationships	Discusses how relationships promote better partnerships and collaboration.
Communication	Discusses effective examples of when communication goes well and the impact of this positive experience. Includes document sharing, having a point person, etc.
Integration	Discusses the positive impacts that come from being integrated into a building, environment, or community. Examples include increased understanding of youth context, contact with teachers, etc.
Disability	Discussion of how CPs interact with or are prepared to serve disabled individuals. Disabilities included but were not limited to: Autism, ADHD, intellectual disability, Deafness, physical disabilities, etc. Includes discussion of theory and conceptualization of disability, challenges to serving based on background knowledge or parent engagement, and disabled experiences in school, etc.
Gender/Sexuality	Discussion of how CPs interact with or are prepared to serve individuals across varying genders and sexual orientations. Includes consideration of affirming practice, building trust and demonstrating safety, etc.

SES	Discussion of how CPs interact with or are prepared to serve youth and families across socioeconomic status profiles. Includes provisions for resource scarcity, communication to initiate wraparound services, and connection with necessary resources, etc.
Language	Discussion of how CPs interact with or are prepared to serve youth and families who speak different languages. Also includes discussion of considerations related to language in services such as use of an interpreter, challenges due to language barriers, etc.
Race/Ethnicity	Discussion of how CPs interact with or are prepared to serve youth and families across racial and ethnic identities. This includes considerations for building trust where representation is lacking, as well as discussion of the benefits to racial/ethnic identity matching in services, etc.
Trauma/Mental Health	Discussion of how CPs interact with or are prepared to serve youth and families impacted by trauma and/or mental health challenges. This includes discussion of intersectional manifestations of diverse and/or disabled youth who also experience co-occurring mental health challenges.
Identity Match	Discusses the impacts of providers who match youth identities and the impacts on services where there is no identity match. Includes both positive and negative examples.
Representation	Discusses impacts of representation on staff or in services in terms of treatment initiation, engagement, and uptake of services. Includes both positive and negative examples.
Awareness	Discusses challenges related to stakeholder (parent, teacher, etc.) differences in awareness about particular identities/experiences. For example, differences in understanding of Autism, differences in beliefs about capacity and participation in intellectual disability, etc.
Training	Discusses how CP agencies engage in and provide training staff related to diversity, specifically disability. Includes “wish list” items CPs endorsed wanting.
Scope of Practice	Discusses how organizations and their employees stay within their scope of practice, and how they enact boundaries. Includes reasons why remaining in scope of practice is important (i.e., ethics, law), and notes implication on CP actions.
Intentionality	Discusses how intentionality informs proper practice and more effective collaborations and supports. “No one is just doing things just

	to do them." For example, decisions are made in an informed way, considering the impact on the community.
Philosophy	Discusses personal or agency philosophy that informs practice including comfort, training, preparedness to serve disabled/diverse youth. This may also inform who agencies hire and how they engage in service provision.
Flexibility	Discusses the ways in which flexibility in procedures or organization overall facilitates easier service provision, collaboration, or partnerships. For example, the ability to see more kids one day than the next.
Doing Their Part	Discusses how CPs "do their part" in terms of setting up and maintaining systems and service. For example, going to see kids, touching base with communication partners, which facilitates good services and collaboration.
Responsiveness	Discusses CP ability to be and intent on being responsive to what is needed or indicated in the environment, clients, schools, and how this promotes better partnerships and service provision.

Appendix C

Positionality

Spencer Brower (she/her), the author of this dissertation, is a white cisgender woman who identifies as Queer, middle-class, and holds lived experience as neurodivergent in terms of both ADHD and mental health. Spencer is a former educator with six years of experience teaching special education in diverse classrooms across public and private specialized schools in New York City. As a future licensed psychologist trained across school and counseling psychology, Spencer's research is therefore informed by the fields of education, school, and counseling psychology. Additionally, Spencer approaches research and practice from a neuro-affirming and strengths-based lens that is also informed by personal experiences as both a student and educator. This dissertation represents Spencer's first official solo foray into qualitative research, but certainly not her last.

This dissertation's data is sourced from an existing and ongoing study and therefore there is no conflict of interest to declare.

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