The Military Student Transition Consultant (MSTC) Program complements the Army’s School Behavioral Health Program in two highly-impacted school districts – and is growing.

An MSTC is a full-time, highly-specialized education professional embedded within the school district. They work directly with children, parents, and school personnel on a daily basis and serve as an expert “navigator” and advocate for military-connected students and their families. The MSTC helps to decrease the turbulence in family life and helps build resiliency in students so that they can successfully cope and overcome the unique challenges they face and meet their academic goals.

When partnered with School Behavioral Health (SBH) Program providers, MSTCs provide an ongoing continuum of care to support social/emotional needs and help students and parents traverse the often confusing paths associated with transitions. The fact that both MSTCs and SBH providers are embedded within school districts and school campus sites ensures immediate and ongoing care is accomplished by addressing challenges and needs which facilitates connections to school, installation, and community resources. Additionally, MSTCs create and deliver professional development, educating others on the unique needs of military-connected students and how to provide the best support possible.

Leveraging connections and building networks between MSTCs and SBH providers means that both parents and students gain access to professionals who can respond to individual student needs and anxieties in a timely and effective way. To echo the comments of Dr. Ban, Dr. Johnson, and Dr. Faran when they share the motto of MCEC: “...for the sake of the child.”

Sites where the School Behavioral Health Program Providers and the Military Child Education Coalition Overlap

| Killeen Independent School District | Carl R. Darnall Army Medical Center Fort Hood | Texas |
| Cumberland County School District | Womack Army Medical Center Fort Bragg | North Carolina |
The U.S. Army strives to ensure that the children and families of our military Service Members are provided with opportunities and resources to optimize their resiliency, health, and well-being. Many Army programs have been implemented over the years to achieve this goal, with one of the most innovative and successful being the U.S. Army Medical Command’s (MEDCOM) School Behavioral Health (SBH) Program, a collaborative effort that leverages key partnerships to imbed highly accessible health prevention and promotion, as well as clinical services, into the place where youth “live and work” – their schools.

Historically, behavioral health services have been available to Army children and families through a network of direct care and community professionals and resources. In order to ensure high-quality behavioral health services throughout the Army’s medical treatment facilities, in March 2014, MEDCOM mandated the dissemination and implementation of the Child and Family Behavioral Health System (CAFBHS), a comprehensive, standardized model of BH care. CAFBHS, which includes SBH, reduces the barriers to and the stigma of receiving behavioral health care. The model implements best practices and partnerships in the delivery of evidence-based BH care by consulting and collaborating with patients’ Primary Care Managers in the Army’s Medical Homes; the Department of Defense Education Activity and local educational school districts; institutions of higher education such as the Center for School Mental Health, University of Maryland; and non-profit national organizations such as the Military Child Education Coalition (MCEC). As the African proverb says, “It takes a village to raise a child,” and as the MCEC motto reminds “…for the sake of the child.”
programs focused on adjustment and other psycho-social issues, and coping with deployment and other military-related stressors. More intensive interventions for children and adolescents with problems that reach a clinical threshold include counseling, psycho-social interventions, parent education and medication management. Services may include individual, group and/or family treatments with recognition of the unique stressors of the military lifestyle guiding all clinical practices.

- The current target population for the SBH program is children of active duty members attending 60 schools (two pilot schools in Hawaii are off-post) at 14 Army installations on the continental U.S., in Hawaii and in Germany. The goal is to have the SBH program in the majority of the on-post schools at 17 installations Army-wide when the Academic Year 2017-2018 begins.