

The CCAMS Department, Centralizing the Counseling, Community, Academic, and Medical Support (CCAMS) Services: A Leadership Role for School Counseling Administrators

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It is common for school support service (SSS) personnel to work in silos and not collaboratively. Logistics and availability of space continue to pose a challenge for interdisciplinary work. We offer the conceptual CCAMS model that proposes centralizing these support services (i.e., school counselor, social worker, psychologist) in one physical location to increase collaboration, student access, and information-sharing. The aim of this conceptual model is to create the foundation for the CCAMS department led by the director of school counseling. Benefits of the CCAMS department for practitioners and stakeholders are discussed. We offer suggestions for implementation and present limitations and future directions for this conceptual model.

Keywords: school counselor, collaboration, student support services, MTSS, consultation

In most schools, student support services (SSS)—consisting of the school counselor, social worker, psychologist, nurse, parent coordinator, and school-based community organization—are usually not centrally located in the school but could be dispersed throughout the building and in some cases, these services are detached and located throughout the school district (Mellin & Weist, 2011; Rosenblum et al., 1995). It is not a universal practice for schools to be structured this way, but for those schools that practice from a fragmented model, it can pose to be a logistical challenge for students and their families seeking their services. Moreover, this “siloe” format can cause frustration for SSS practitioners who may seek to work collaboratively but are unable to do so (Rosenblum et al., 1995; Weist et al., 2001). In this article we argue that the fragmented model of practice is inefficient (Weist et al., 2001, 2012), perpetuates administrative disorganization (Flaherty et al., 1998; Taylor & Adelman, 2000), and can negatively impact SSS practitioners’ ability to collaborate.

The COVID-19 pandemic drastically changed how schools delivered instruction, shifting from in person to remote, which widened the existing achievement gap between students by race, income, and residential location (Akojie et al., 2022). The pandemic negatively impacted teaching and learning and revealed schools’ inadequacy to pivot from in-person to remote learning

(Francom et al., 2021; Sari & Nayir, 2020). Further, the disruption in traditional instruction exposed the disadvantages of a fragmented SSS model where mental health and academic support practitioners were inadequately prepared to service students and their families effectively in a remote setting (Pollack et al., 2021; Valentijn et al., 2013). Remote education was subpar at best for many students, and produced many challenges for educators, thereby making this option incomparable to the advantages of in-person delivery (An et al., 2021; Aslan et al., 2022). Similar challenges were echoed by SSS personnel where counselors struggled to arrange meetings with students to provide academic and personal-social support (Alexander et al., 2022), social workers could not offer consistent mental health counseling and support to students (Capp et al., 2021), school psychologists faced logical barriers in testing students, and school nurses no longer had the ability to monitor students' health or administer prescribed medication while students were at home (Lowe et al., 2022; Reupert et al., 2022). Due to the common practice of the fragmented model, remote education exposed the gaps in collaboration and communication between SSS practitioners which led to delayed service delivery.

Imagine if student support services were centralized in a department where each discipline worked collectively to meet the needs of the students, families, and school they serve. We believe a department, where mental health, academic, and community resources are centralized, would be best led by a school counselor due to their skills in the areas of collaboration, consultation, and coordination (Cholewa & Laundy, 2019; Wingfield et al., 2010). The current fragmented approach lacks effective communication, coordination, and organization between disciplines, often angering students and families, which can lead to a level of mistrust in the SSS's ability to be helpful (Evans & Weist, 2004; Flaherty et al., 1998; Rappaport et al., 2003). The end to the logistical "hopscotch" for students and families is possible when schools adopt a centralized and unified approach to their student support services.

To illustrate this new vision, we introduce Caleb in the vignette below. Though an amalgam of real students, Caleb's experience mirrors that of many students seeking support from multiple school support personnel. We revisit Caleb's story later.

Caleb, 16, and his parents scheduled an appointment with the Derrydale High School parent coordinator to discuss his registration for school. Caleb disclosed that he and his family recently immigrated from Honduras and that his English is limited, and his parents only speak Spanish. During his intake meeting with the parent coordinator, Caleb shared his aspirations to attend college and major in engineering. His parents provided his academic transcripts from his previous school that indicated his high aptitude for STEM subjects— though his reading fluency and comprehension are markedly low compared to his peers. The parent coordinator asked about Caleb's medical history and learned of his recent diagnosis of ADHD at the age of 13, for which he takes medication to manage his behavior and attention while in school. At the conclusion of the intake, the parent coordinator assessed that Caleb and his family needed additional support and resources aside from his academic needs. His family required housing, food, and healthcare resources along with employment assistance. Lacking familiarity with the school building and community, the coordinator acknowledges that sending Caleb's family to visit each SSS practitioner— each situated in various locations in the building and the district—would pose a challenge to navigate with their limited knowledge of English and

reliance on public transportation.

For situations like these, we offer a conceptual approach called the *CCAMS model*. The CCAMS model proposes an advanced approach to unifying and centralizing the counseling, community, academic, and medical (CCAMS) supports to better assist students and their families. Though relatively novel in a school setting, the CCAMS model follows the tenets of an integrated care model, with its focus on efficient, holistic support within healthcare and social services (Kinchin, 2018; Valentijn et al., 2015). Integrated care models are also evidence-based, with multiple meta-analyses finding advantages of an integrated model versus traditional care. For example, Asarnow et al.'s (2015) meta-analysis of 35 intervention-usual care comparisons found that the integration of behavioral health into primary medical care led to better mental health and substance use outcomes for children and adolescents than traditional care. Similarly, Baxter et al.'s (2018) meta-analysis of 153 studies found that integrated care led to increased access to and perceived quality of care, and increased patient satisfaction. The adoption of the CCAMS model would lend to the creation of the CCAMS Department which we recommend be led by the director of school counseling. This individual commonly holds an administrative role in the school and can adeptly organize and coordinate efforts between the school, family, and community-based supports (Bryan & Griffin, 2010; Bryan et al., 2019).

Conceptual Framework: The Counseling, Community, Academic, and Medical Support (CCAMS) Model

Theoretical Underpinning

The CCAMS model concept is foundationally rooted in the *integrative care framework* (Valentijn et al., 2013) that brings multiple mental health and medical support disciplines together to provide holistic and streamlined services for individuals. Valentijn and colleagues describe the integrative approach to care as having three levels: *micro* (delivery of direct clinical services to individual), *meso* (organization and collaboration of the professional services), and *macro* (combining services into one system of care). Berntsen et al. (2018) found the use of *person-centered integrated care* (PC-IC) by mental health and medical practitioners improved outcomes and experiences for individuals who needed comprehensive support. Practitioners implementing the PC-IC approach look to a) set personalized goals for the individual, b) identify and align the system of care needed to meet those goals, c) acquire the necessary delivery of care, and d) evaluate if goals were attained due to the integrative approach to care.

Collaboration is an important aspect of school counseling as put forth by the American School Counselor Association (ASCA) in the ASCA National Model (ASCA, 2019) and is emphasized in school counseling literature (Gibbons et al., 2010; Hamlet et al. 2011; Oehrtman, 2022; Wilder, 2018) as well as in the ASCA Ethical Standards (ASCA, 2022). Ethical Standard A.6., under the *Appropriate Collaboration, Advocacy and Referrals for Counseling* states that school counselors should “Collaborate with all relevant stakeholders, including students, school faculty/staff and parents/guardians, when students need assistance, including when early warning signs of student distress are identified (ASCA, 2022, p. 3)”. Appling et al. (2019) found that administrative support for collaboration among SSS professionals greatly helped clarify the roles and duties for each discipline while increasing communication between practitioners and strengthening work culture.

Most notable, Epstein's *school-family-community partnership model* (Epstein, 1995)

highlights the importance of the collaborative relationship between the school, family, and community to support the shared interest of the students' academic, personal, and social development (ASCA, 2019). Epstein's model was adapted later for school counseling practitioners by Bryan and Holcomb-McCoy (2004) and was later revisited using an equity-based approach in 2019 (Bryan et al., 2019). Each model consists of seven stages and four guiding principles including democratic collaboration, empowerment, social justice, and a strengths-based focus — all of which provide important considerations for SSS personnel who consistently work to establish and foster strong student and faculty partnerships. These guiding principles from Epstein (1995) school-family-community partnership model and Bryan et al. (2019) adaptation of the model serve as the theoretical underpinning for the CCAMS model. The CCAMS model is the conceptual blueprint to design and develop a departmental representation of the Epstein's (1995) and Bryan et al.'s (2019) concept of collaborative work between disciplines located in a centralized space.

Student Support Services: A Fragmented State

For years this traditional model of separate programming has been accepted as the standard for how schools have designed and delivered their mental health and support services (Mellin et al., 2010; Mellin et al., 2011; Weist et al., 2012). Schools do their best to offer academic, medical and mental health services under one roof (Borg & Drange, 2019; Bruns et al., 2004), but in some cases this is not possible. Some schools can provide school-based services while others station these services at a district or county level (Shelton & Owens, 2020; Slade, 2003). This latter approach leads to the fragmentation of services (Eiraldi et al., 2015; Salm, 2014; Swick et al., 2018). When SSS practitioners are dispersed throughout the school building or district, potential barriers to effective and efficient service arise (Atkins et al., 2010). The present-day, fragmented model of student support services lacks interdisciplinary communication, collective curriculum design, and collaborative delivery. School support practitioners can be caught off-guard or underprepared to rapidly and successfully address issues brought on by school crises or natural disasters (Sokol et al., 2021).

Over time, researchers have raised awareness around the issues that result from a fragmented model of support services in schools (Griffin & Farris, 2010; Rosenblum et al. 1995; Taylor & Adelman, 2000; Valentin et al., 2013; Weist et al., 2001, 2012). There are various reasons why these disciplines have mainly worked in isolation for decades. Rosenblum et al. (1995) attributes support workers having to be at multiple sites during the school week or even within the same school day. Weist et al. (2001) found that the fragmented approach was perpetuated by work schedules, student need, and limited time, all of which ultimately impeded interdisciplinary work. Yet, these barriers that have mainly dissuaded collaboration, for Mellin (2009), Taylor and Adelman (2000), and Welch et al. (1992) have long called for the consolidation of resources to create comprehensive frameworks for intervention, engage in unified planning, and mobilize the services of an integrative program.

CCAMS Department: From Fragmentation to Centralization of Services

The fragmented approach is outdated and inefficient. The CCAMS model recommends unifying and centralizing SSS professionals to be housed in one department. Figure 1 depicts how the increased proximity promotes collaboration, coordination, and efficient access (See Figure 1; Mellin et al., 2010). Only recently have some schools adopted a collaborative model toward

student support services to provide resources such as dental, healthcare, sexual hygiene and literacy, and access to food resources (Kanters et al., 2014). Visualize the CCAMS department as one would of any other standard department in a school building (e.g., math, English, science departments, etc.).

The distinction the CCAMS department would have compared to traditional departments would be the inclusion of various disciplines working in a centralized location conducting collaborative work so pupil services can be accessible and integrated. The CCAMS department is not grounded by the traditional hierarchical structure of management and trickle-down delegation of work from administrators. The CCAMS department would be structured in a way where each discipline would conduct their assigned tasks and duties in accordance with their training and expertise working as a committee between each other. However, with each SSS discipline being housed in a centralized location would lend itself to cooperative interdisciplinary work with their counterparts as well. In the CCAMS department format, the role of the director of the CCAMS department would be the coordination of each student service to they are able to work seamlessly and collaboratively while connecting practitioners to the necessary resources needed for effective service delivery, rather than the director serving in the role of one who delegates tasks from the traditional a top-down hierarchical structure.

Models like CCAMS are supported by researchers such as Adelman (1996) who has long advocated for the unification and centralization of support services for students to increase response time and efficiency. Adelman proposed six areas where centralizing support services and program offerings can benefit students. Those areas are a) classroom-based learning, b) gaining student and family assistance, c) prevention of crises and response to crises, d) assistance with academic and career transitions (e.g., progressing from one grade to another, postsecondary plans), e) earlier involvement in home issues, and f) community outreach to increase community involvement (e.g., recruiting volunteers, mentors, and referrals). Even at the higher education level, Guy and Eimer (2016) evaluated a streamlined program implemented at Rasmussen College in 2014 where the *one-stop support model* (OSSM) was instituted to improve student access to financial aid, library and learning services, and academic affairs. Students who used the OSSM rated it as helpful and efficient (Weist et al., 2012). The CCAMS model aligns with Rasmussen College's OSSM model which demonstrates that when student services are consolidated and centralized, it results in greater student access and usage of these services.

The CCAMS model also aligns with the ASCA National Model (2019) in its focus on collaboration across disciplines, which is a major theme of the model. Further, the CCAMS model's focus on comprehensively supporting students (i.e., in all areas of life, not just academics) is ASCA-aligned. The CCAMS department would require schools to make logistical adjustments in their buildings and move these disciplines closer together. That means finding or creating office space on one floor or area of the school building that could sufficiently support each team. Moreover, the CCAMS department would require updated technological and software support to increase information-sharing for efficiency (Bates et al., 2019; Mellin & Weist, 2011). The CCAMS department's interdisciplinary approach would offer administrators a viable option to respond to anticipated future educational disruptions such as school violence (e.g., fights, active shooter, bullying), emergency services (e.g., medical emergencies), unexpected student/faculty deaths, political and school climate issues (e.g., gang violence, riots, activism), and student mental health crises response all in a "one-stop-shop" (Weist et al., 2012).

More discussion will be had around the benefits that can originate from the CCAMS department model for practitioners, students, their families, the school and the community as a

whole.

School Counselor as Director of CCAMS Department

We recommend that the CCAMS department be led by the Director of School Counseling, who possesses an advanced leadership certification, or if their school or counseling department does not have a director, the position can be held by a certified school counselor who has completed ASCA U's *School Counselor Leadership Specialist Training* (ASCA, n.d.). School counseling department heads are uniquely trained as not only mental health professionals, but also as coordinators and as collaborators that ensure holistic support of all students at the whole school, small group, and individual level (ASCA, 2019). If the school counselor who desires or is assigned to lead the CCAMS department does not possess an advanced certificate, the aforementioned ASCA U training, which is available to all counselors on the American School Counselor Association website, is an excellent option to prepare for a leadership role.

School counselors, by the nature of their work, often act as transformational leaders (Hilts et al., 2022; Mason et al., 2023). Through academic training and professional practice, school counselors implement a comprehensive school counseling program that requires them to maintain organized documentation while also providing various levels of tiered support to encourage and motivate students. School counselors also collaborate with various stakeholders internally and externally. The ability to be organized and connect with students, colleagues, families, and community-based supports makes school counselors most prepared to lead the CCAMS department because doing so would require extensive knowledge and coordination of the various resources that are included within the department. We recognize that there are administrative and district level leaders that should remain responsible for the supervision, evaluation, training, and provision of professional development resources of each individual department. At the school level, however, the day-to-day functioning, including the coordination and collaboration of each specialty within the department, should be done by a school counselor or school counselor department chair. With the addition of a leader who has the vision to organize collaboration between school and community-based support, student support professionals will no longer have to work in silos.

School counselors are trained to provide consultation when needed (ASCA, 2019; Baker et al., 2009). Oftentimes, school counselors know their students more holistically than a teacher might, giving them insight into how to best support a student in the classroom. As such, the *Collaborative-Interdependent* and *Triadic Dependent* models of consultation are often used by school counselors and will serve the school counselor well as the CCAMS department head. The collaborative-interdependent model of consultation allows each department specialization to collaborate with and consult one another in solving various school issues effectively by relying on one another's expertise. This is different from the triadic-dependent model where the counselor assumes the role of the expert on an issue, the person seeking assistance is the consultee, and the student is the client (Idol et al., 1995; Keys et al., 1998). In either consultation model, the school's counselor as head of the CCAMS department acts as a bridge to help address and resolve issues as they arise.

Additionally, the CCAMS department head (i.e., school counseling director) will need to effectively collaborate with many disciplines in the school including teachers, administration, nurses, school psychologists, and school social workers to ensure students are receiving holistic support to promote success within the school setting. This may require the ability to connect with

external resources including community-based organizations, mental health therapists, hospitals, and business owners, to ensure student access to supports not readily available within the school building. As the individual who establishes these connections with internal and external resources, the CCAMS department head will bridge the gap between students and services, thereby acting as a liaison. This amalgamation would allow student support personnel to pool their skills and resources to better serve students, families, and communities.

Lastly, many school counselors are adept with administrative skills and have the potential to effectively lead and coordinate the CCAMS department. They possess strong interpersonal and managerial skills, are often familiar with various virtual programs, and can be adaptable with their schedule. School counselors must maintain open communication with teachers, administrators, parents, and other student services departments (Mullen et al., 2019). It is school counselors' responsibility to connect with all key stakeholders in a student's life to ensure that they are receiving the support needed to be successful. Counselors typically work on a team alongside teachers and school administrators, while also connecting with outside resources, such as community members and other community-based organizations (Epstein & Van Voorhis, 2010). High school counselors typically build lasting relationships with local businesses and college representatives to support students in their post-secondary planning. Furthermore, managing caseloads of hundreds of students requires dexterous skills and knowledge of what resources are needed to support those students (Shi & Brown, 2020).

Benefits of the CCAMS Model for Practitioners

One difficult aspect of working as school support personnel is the often-siloed nature of the work (Cholewa & Laundry, 2019; Short et al., 2018). This lack of collaboration across school-based disciplines also extends to stakeholders within the larger school community (Dieker, 2001; Meyer & Barefield, 2010; Short et al., 2018). A collaborative approach, by comparison, leads to greater continuity of care, better case conceptualization, alternative perspectives on cases, and ultimately creates an opportunity to reach more students (Appling et al., 2019). An intentionally collaborative approach to student cases (i.e., the CCAMS model) may also serve to mitigate common complaints of student support personnel like role conflict and role ambiguity.

Role conflict and ambiguity stem from incompatible or inconsistent expectations between various stakeholders (Khanal & Ghimire, 2022) or a lack of clarity (Blake, 2020) about what role(s) school support personnel hold in the school. These experiences are found in disciplines from school psychology to school counseling, school nursing, and social work, among others (Brown & Sumner, 2013; Jameson & Bowen, 2020; Kim & Lambie, 2018; McCabe & Hagan, 2023). The CCAMS department centralizes student support to ensure that support personnel are only brought into cases relevant to their discipline and eliminates distractions caused by irrelevant or mismatched referrals. Though it may seem like a small benefit, the reduction of irrelevant referrals can have a real impact. Extant literature (e.g., Cohen et al., 2017; Mark et al., 2017) discusses how workplace distractions cost time and lead to higher error rates. The CCAMS department's ability to "buy back" wasted time is especially important given that some school support personnel hold caseloads of, on average, over one thousand students (Best et al., 2021; NASP, 2020).

The school counseling director who leads the CCAMS department can therefore be likened to a 911 dispatcher who receives a call (referral), and then enlists the services of pertinent emergency services (team members). From a practical standpoint, the MTSS pyramid (see Figure

2) is an apt analogy for how the CCAMS Department would run. Tier 1 within CCAMS would consist of whole-team meetings, wherein all personnel would discuss students being served by all members of the team. Tier 1 meetings may also feature discussions on whole school or district policies that affect the team. Finally, these meetings may serve as a place for planning school-wide events and services hosted by the CCAMS department (e.g., Children’s Mental Health Awareness Week, school-wide character curriculum, etc.).

Another Tier 1 component of CCAMS would be its ability to act as a “one-stop shop” for community-based organizations and their access to families. It is common practice for specialized disciplines to meet separately and in different parts of the school building (which may lead to errors in continuity of care and redundancy). Instead at the Tier 1 level, colleagues from all disciplines are centrally located which may increase their efficiency, level of collaboration, and rapid delivery of services (Short et al., 2018).

Tier 2 within CCAMS would consist of subgroup interdisciplinary meetings with more pointed foci that does not require all department programs to attend. For example, the school counseling team meeting with the social work team. One Tier 2 service within CCAMS would be pointed services for affinity groups. For example, school data may show institutional equity gaps for a subgroup of students. Therefore, practitioners of the CCAMS department with a particular expertise from specific disciplines may join these groups to create a task group aimed at addressing these academic and personal issues. Moreover, Tier 2 meetings can offer the opportunity for specific practitioners (i.e., school psychologist, school counselors) to discuss student caseloads about who may be receiving targeted services from certain programs in the CCAMS department.

Tier 3 in the CCAMS perspective would entail discipline-specific meetings between team members of a program (i.e., smaller, more pointed meetings than in Tier 2, school counselors meeting as a team). Meetings at the Tier 3 level are designed to be exclusive where colleagues from the same discipline meet to discuss highly targeted interventions and services for students and families who have unique needs pertaining to student achievement, postsecondary transition options, and access to mental health supports. Examples of Tier 3 case would look like members of the social worker team meeting to discuss outside options for a student to receive therapy services who expressed thoughts of self-harm and suicide ideation.

Ideally, as the leader of the CCAMS department—the school counseling director—would remain updated on the agenda items and outcomes of each meeting held in the department. Although these tiers formally outline how the CCAMS department personnel would collaborate, the opportunity for some meetings to occur organically, impromptu, and informally is also possible due to proximity.

Using Caleb as an example, his enrollment could serve as an impetus for the CCAMS department to consider school-wide changes that support all immigrant students, or for the broadcasting of information to the school-wide community about access to outside resources (e.g., housing, food, health care, and/or employment resources; Tier 1). Separate task-groups may be created to tackle each of these initiatives (Tier 2).

Regarding Caleb’s academic goals and performance, his low reading fluency might require testing to rule out a learning disability (school psychologist), whereas his medication needs may entail services from the school nurse. Caleb’s post-secondary aspirations can be explored with a school counselor, while the on-site community-based organizations coordinator may work with Caleb’s family to provide neighborhood resources that will help with acclimation to the new area. These professionals would collaborate on the most efficient means of serving Caleb holistically (Tier 2). In the current iteration of Caleb’s case, the social worker and parent coordinator may be

made aware of him, but would not likely be part of the regular meeting about him. Finally, the consultations between support personnel (Tier 3) on the services provided to Caleb would occur, but would not require input from the entire department.

The MTSS pyramid as an analogy for the CCAMS model shows its dynamic, adaptive, and tailorable nature and demonstrates how the CCAMS department interacts as both a unit, and as individuals within the school system, all based on the changing needs of the students being served and the school at large. The CCAMS model ensures that all team members are informed, but not bogged down by cases or initiatives for which their expertise or perspectives are not additive. Further, the CCAMS model provides a consistent and reliable space for collaborative data collection, analysis, and dissemination across the school community through the implementation of CCAMS department meetings (Tier 1).

Benefits for Stakeholders

The CCAMS department could have pragmatic benefits to students, families, school administrators (i.e., principals, board of education), and community members (Adelman, 1996; Epstein & Van Voorhis, 2010; Griffin & Farris, 2010). SSS practitioners continuing to work independent of each other means students and families may struggle to access the resources needed for support, being bounced around to various offices and buildings. Consider Caleb and his family who need not only academic support in his transition to Derrydale High School, but contact with the nurse for medication distribution, connection to the school social worker and Parent Coordinator for resources outside of school, and potentially a conversation with the school psychologist about testing for either a 504 plan or special education services. The CCAMS department, with the unification and centralization of SSS, would serve as a navigation point for Caleb and his family allowing them to easily connect with each of these professionals in one space.

The aforementioned MTSS framework provides a structural depiction for the application of the CCAMS model in supporting various external stakeholders (see Figure 3). At a Tier 3 level, students would have access to 360 degrees of proactive support services. Students would be able to visit the CCAMS department in their school to have one-on-one meetings with any student support personnel within the department. A centralized location may offer students the ability to register for academic support services (i.e., tutoring, after-school programs, volunteer programs), receive medical attention, and obtain mental health support all in one-stop. For example, Caleb might visit his school counselor to discuss his plans to apply to college to study engineering. He could then visit with the school nurse to take his medication and stop by the school social worker with an update on how his family is transitioning.

At a Tier 2 level, the CCAMS department would provide families with seamless and continuous communication between disciplines that address social and emotional, academic, and familial issues. Parents/guardians can gain information and access to community resources (i.e., food banks, free/affordable healthcare, family services, legal services) by making a call to one department. Caleb's family, already in conversation with the Parent Coordinator, could then meet with the school social worker and be connected with various community-based organizations that would be able to assist with housing, food, and employment opportunities for his parents.

Lastly, at a Tier 1 level, members of the CCAMS department would be at the forefront in assisting school officials in designing and developing crisis response policies and procedures for the school and district (Brown, 2020; Brown & Han, 2023). One centralized department benefits the school by having student and family records housed in one place where records can be updated,

accessible, and easily retrieved when needed by teachers and other staff members. Data collection and records-sharing would be an integral technological component in CCAMS department where SSS practitioners can access, store, update, and maintain records in real time through the school's learning management system (i.e., Naviance, PowerSchool, etc.). When families visit the school and make requests for records or student transcripts, the CCAMS department enables seamless access to these documents without families making multiple stops in various locations.

Additionally, members of the community, including local businesses can form partnerships and cooperative agreements with the school to offer students employment, internship, and mentorship opportunities (Coller & Kuo, 2014). Furthermore, the CCAMS department can foster relationships with local community organizations, cultural centers (Duquette et al., 2023), faith-based centers, and offer referrals for therapeutic support to students and families. The department could house a community outreach bulletin, sharing information about events, resources, and activities within the school and in the larger community where the public could take part in.

Implications for the CCAMS Model and Department

We previously enumerated the benefits of the CCAMS department for practitioners, the school, and its stakeholders. In addition, we offer several implications for the CCAMS department for SSS professionals considering utilizing the CCAMS model to redefine their direct and indirect delivery of services at their schools (ASCA, 2019; Peabody et al., 2018). Schools that currently have SSS personnel dispersed throughout the building or district could see improved productivity from this streamlined model (Kern et al., 2017; Kutash et al., 2011). Accessibility to these school services would see a boost in usage among students and their families due to the centrality.

The CCAMS department's interdisciplinary design opens the door for SSS professionals along with administrators to cooperatively design educational policies, form critical response teams, draft procedures and guidelines for crisis response, and improve response to educational disruptions such as a pandemic or natural disaster (Elbedour et al., 2020; Simonsen et al., 2014). Schools with an interdisciplinary team that adapts services based on circumstances are less likely to be caught off guard when traditional educational services are disrupted. According to Elbedour and colleagues (2020), schools should have a crisis management plan (CMP) to address school crises and student psychological trauma. They recommend schools to have effective CMPs that are designed with clear plans, direct communication, protocols for immediate response, and protocols and procedures for various crises.

A department that operates under the CCAMS model can immediately implement new directives handed down by state legislators and school administrators due to the cooperative relationship that exists among disciplines. Less practitioner burnout could come from consolidating academic, medical, mental health, and social services due to workload-sharing (Schilling et al., 2017; Weist et al., 2006). Research has shown burnout rates along with counselor impairment has been on the rise for decades (Bardhoshi et al., 2014; Fye et al., 2020; Gunduz, 2012; Holman et al., 2019; Kim & Lambie, 2018; McDaniel et al., 2023; Mullen & Gutierrez, 2016; Mullen et al., 2018), but has seen more of an uptick since COVID-19 introduced new demands on school mental health professionals (Akgul et al., 2021; Villares et al., 2022). Many of these challenges were unexpected and overwhelming leading to some SSS professionals leaving the profession (Lücker et al., 2022; Savitz-Romer et al., 2021).

Lastly, the CCAMS department would be set up to comprehensively serve diverse and underrepresented students and their families, such as Caleb and his parents who immigrated from

Honduras. If Caleb and his family had entered a school that applied the CAMMS model amongst their SSS practitioners, most of their needs would have been addressed in one place. The CCAMS department could benefit diverse individuals like Caleb by providing academic testing based on his English proficiency, scheduling of classes based on his credits, counseling services around to help with assimilation, housing, healthcare, and employment resources within the community, and registration for ELL classes in the school (and in the community for his parents). For schools implementing the CCAMS model, these services could all be accessible to diverse individuals like Caleb in one location, one department.

Historically, students and families of color have been met with more barriers and challenges with access to academic, mental health, healthcare, and social services which has created a gap in access and success compared to their White counterparts (Carter et al., 2017; Jones et al., 2021). The CCAMS department could dissolve some of these barriers traditionally faced by communities of color and diverse individuals (e.g., religious minorities, LGBTQ youth).

Historically, students and families of color have been met with more barriers and challenges with access to academic, mental health, healthcare, and social services which has created a gap in access and success compared to their White counterparts (Carter et al., 2017; Jones et al., 2021). The CCAMS department could dissolve some of these barriers traditionally faced by communities of color and diverse individuals (e.g., religious minorities, LGBTQ youth), by providing holistic support and services through the centralized model. The CCAMS model would allow for information sharing and data utilization between disciplines empowering students and their families who use these services. Previously outlined, the centrality of services is the primary purpose of the CCAMS department to serve as a hub of resources that interconnects academic, personal, social, medical, and career needs of the students and families who access it. Students of color and other diverse individuals will be able to find health services, counseling services, trauma informed care, and any additional supports through the CCAMS department.

Accessibility to these services may remove common barriers students and families of color historically face due to such reasons as income level, residential status (urban, deep rural), access to public transportation, along with logistical challenges attempting to locate these services individually. Moreover, the CCAMS department would use ongoing data collection to assess its effectiveness by identifying gaps in services, continued assessment of progress, along with ongoing refinement of current interventions. This accountability would ensure the support services offered are personalized to the specific needs of diverse communities to achieve long-term impact. Lastly, the CCAMS department can manage community-based partnerships that connect students and their families to resources to meet their “non-academic” needs with access to faith and religious organizations, intensive mental health therapy services, cultural centers, and resources for LGBTQ+/queer individuals and their families.

Limitations & Challenges to the CCAMS Model

The CCAMS Model posits streamlined provision of student support services (SSS) through the creation of a CCAMS department run by a Director of School Counseling. Notably, the utilization of the model assumes adequate personnel to meet the needs of students and communities. Realistically, this may not be the case for all schools, especially in light of how high many caseloads there are for school support personnel (ASCA, 2022; Best et al., 2021; NASP, 2023), and the fact that many already feel overwhelmed especially in a post-Covid era (Bardhoshi et al., 2014; Lee et al., 2021; Shernoff et al., 2016). Though the CCAMS model is designed to ultimately

boost efficiency and promote timesaving, it may be a tough sell initially for professionals who already feel stretched thin.

In a similar vein, the CCAMS model will likely be ineffective or impossible without meaningful administrative support. The job of school administrators is complex and demanding (Bush, 2018). School principals balance the needs and priorities of school personnel, families, students, and communities simultaneously while simultaneously overseeing duties for profession that they may not be entirely knowledgeable of (Blake, 2020; Mahfouz, 2020; Pregot, 2021). The multifaceted, multidisciplinary nature of the CCAMS model requires a deep understanding of the roles of school support personnel, including where their roles align and overlap as well as where they are unique from one another. Even though administrators will not be directly providing interventions through the model the smooth operation of the CCAMS department is contingent on leadership that has a strong basis of understanding its members, and the leadership capacity to oversee the day-to-day duties as assigned.

Another practical element of the CCAMS Department that would vary from school to school is the hierarchy within the team. In the United States, the supervision of SSS can vary widely, with some members (e.g., school psychologists, school social workers) being supervised by district-level leadership (Mitchell, 2023), and others (e.g., school counselors) with building-level leadership (i.e., principals) (Evans Zalewski, 2022). Even so, while this is commonly the case, it is not always the case (see Goodman-Scott et al., 2020). The suggestion of the school counselor as the head of the CCAMS Department is not meant indicate that the school counselor is a supervisor to other members of department, but rather the point person for organizing and reporting out of the team. As with the suggestions above, school personnel would need to consider the particulars of the hierarchies and relationships within their schools, and the implications implementation of the CCAMS model as provided here would have and adjust accordingly.

In terms of leadership of the CCAMS department, a significant amount of responsibility would fall on the school counseling director, which as discussed above may feel like additional responsibility coupled with no real power or authority. Though school counselors receive some training, these individuals may not be adequately prepared to run a department of such varied professions. While the discussed ASCA U Training will be a helpful first step, school counseling directors should also ensure that they have a strong grasp and understanding of the typical roles and responsibilities of the members of the CCAMS department to alleviate the aforementioned role ambiguity and role conflict (Brown & Sumner, 2013; Jameson & Bowen, 2020; Kim & Lambie, 2018; McCabe & Hagan, 2023). A good starting point for this would be researching the professional organizations of members of the CCAMS department (see Association of Family and Conciliation Courts, n.d.; National Association of School Nurses, n.d.; National Association of School Psychologists, n.d.; School Social Work Association of America, n.d.).

Schools and districts hoping to adopt the CCAMS model and department may also run into some logistical challenges. From a practical standpoint, some support personnel work across multiple schools (e.g., School Psychologists, School Nurses; Goforth et al., 2016; Willgerodt, 2018). Their role within the CCAMS department would have to be negotiated and tailored based on when they are present in each of their schools, and considerations made if there are no school days where all CCAMS members are present. Further, some of these positions may simply not exist in all schools. The lack of staffing often leads to existing personnel taking up the slack by “wear multiple hats” and expanding their duties and responsibilities which is additionally overwhelming with an already limited number of professionals present in the building.

Another challenge to this conceptual model centers on physical space—ideally the CCAMS department would all be within an office suite or have their respective offices nearby one another to boost efficiency in collaboration. We recognize this may not be logistically possible due to available space in some school building, and to the architectural design of certain school buildings which may not allow the necessary level of proximity.

Lastly, the CCAMS model is theoretical in nature and has not yet been tested empirically. Though it has some semblance of face-validity given its strong grounding in extant literature, it is important that adequate data are collected and analyzed to ensure that the CCAMS approach is truly a timesaver and benefit for students and communities.

Future Directions

The CCAMS model is a conceptual design for professional consideration and has not been empirically tested. Researchers looking to understand the effectiveness of this model should conduct a study in a school setting. In a school setting, we can identify the level of impact a CCAMS department model can have in different types of schools as it pertains to student demographics (race, income level), location (rural, urban, suburban), school size (small, medium large), and funding (Title I, public and private donors, grants).

Further, we would like to gain a deeper understanding on how a CCAMS department model could meet the needs of diverse students (e.g., students with disabilities, students of color, varying cultures and citizenship statuses), along with understanding what benefits CCAMS department might have on postsecondary transition planning (Strear et al., 2019), college and career readiness curriculum development and implementation (Hines et al., 2019). Finally, a deeper understanding of the outcomes of centralizing SSS services on student retention, persistence, and graduation rates is of great interest. Researchers could consider conducting a longitudinal study that follows a cohort of students who received services under a CCAMS model approach and its impact on their wellness, achievement, persistence, retention, and feelings of support over their school tenure.

Similarly, the CCAMS model as put forth in this article assumes the existence of school support personnel commonly found in many schools within the United States. By nature of the three of us (authors) having practiced in the U.S.A., there may be unintentional-bias and/or tunnel-vision in our perceptions of school-based leadership hierarchies and support personnel. For international audiences interested in adapting the model to their own leadership structures we suggest a more flexible lens, focusing more on the overarching tenets of the model (e.g., integration of services, increased access) as opposed to a rigid implementation of roles for SSS.


Conclusion

It is critical that school administrators, educators, and other student support service professionals continue to consider how COVID-19 and the pandemic impacted our education systems (Barnová et al., 2020), affected our students, and changed the way we must support them. The pandemic posed new and unprecedented challenges for educators and SSS personnel to find ways to continue to support students and their families. New ideas must emerge to address how our educational systems continue to transition from their traditional models of teaching and learning, to more inclusive and collaborative models, such as our conceptual CCAMS model and department. Student support professionals should reject working the more traditional way of working in silos,

and embrace a collaborative interdisciplinary model that can holistically meet students' needs (Better-Bubon & Schultz, 2017).

The formation of a CCAMS department is a deviation from the traditional fragmented model of delivering services in schools that have long frustrated students and their families. Merging the student support services into a centralized location will increase access, streamline service delivery, decrease turf issues (Mellin & Weist, 2011), integrate communication and information-sharing (Mellin & Weist, 2011), expedite policy creation and implementation, and increase interdisciplinary work. Adopting the CCAMS model may potentially grow the school-family-community relationship that Epstein (1995) and Bryan et al., (2010, 2012) suggest to be the key to increasing student and parent school involvement. The CCAMS model is not novel nor innovative, but offers a functional and cooperative service delivery approach. Schools and school counselors choosing to implement this model to form a CCAMS department will truly demonstrate a pioneering vision to the development and achievement of their students.

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