

The Role of System of Care Communities in Developing and Sustaining School Mental Health Services

Issue Brief

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Introduction

In these challenging economic times when communities are tasked with “doing more for less” to meet the mental health needs of children, youth, and families, it becomes necessary for systems to collaborate and distribute their resources (financial, human, business) across all community agencies. At the same time, schools are tasked with using existing funds for programs aimed at improving academic performance. Community agencies that address the mental/behavioral health challenges are also overwhelmed with shrinking dollars to address the increasing needs of our young people. Communities are asked to integrate various finance systems to support key services for children, youth, and their families and determine how to sustain or expand programs and services with the seemingly unyielding challenges of doing so with shrinking dollars. Because students spend most of their day in school, it is crucial to develop partnerships among schools, mental health providers, and community systems to support school-based services in order to assist students in a natural setting.

Today’s schools work under increased expectations to improve student outcomes (e.g., increase academics, graduation rates, school attendance; decrease violence such as fighting, bullying). Research shows the importance of addressing nonacademic barriers to student achievement through evidence-based practices that address a student’s social and emotional learning environment.¹ Schools and communities that work to develop strong school-family-community partnerships through the system of care (SOC) approach will discover opportunities to integrate the work and develop school wide approaches to create positive learning environments and address the academic, behavioral, and mental health support needs of students. Based on current research showing the great disparities in the availability of mental health services for youth in our nation, it is imperative that schools and communities develop an array of mental health and support services to address the clinical and functional needs of children, youth, and their families. Child- and youth-serving systems that incorporate the SOC approach to integrate services and resources into the schools find that they can develop and sustain school mental health services with the various financing mechanisms available in their community. This brief provides strategies used by schools and communities in developing and financing school-based mental health programs and services.

A System of Care Approach

An SOC approach develops a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other behavioral challenges. The SOC community is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs to help them function better at home, in school, in the community, and throughout life.² This brief focuses on the school and community connection and the role of SOC in

developing and sustaining an effective, coordinated network of supports and services in schools for children, youth, and their families. SOC communities typically focus on 12 guiding principles.³ This brief focuses on 4 of these principles:

- Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and support for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports.
- Ensure that families, caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and Nation.
- Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
- Incorporate or link with mental health promotion, prevention, early identification, and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.

Unmet Mental Health Needs of Children and Youth

Numerous studies and reports have documented the effects on children and youth when their mental health needs are unmet. Kessler states that almost half of all Americans will experience symptoms of a mental health condition, mental illness, or addiction at some point in their lives and that the onset of these disorders begins by age 14.⁴ According to the U.S. Surgeon General, 11 percent of youth have been diagnosed with a mental illness, and two-thirds of youth who have a condition are not identified and do not receive mental health services.⁵ It is heartbreaking to realize that less than one in five children and youth with a diagnosable mental health problem actually receives the treatment he or she needs.⁶ Children from ethnic/racial groups also have higher rates of unmet mental health needs: (1) 88 percent of Latino children do not receive mental health treatment, have the highest rate of suicide, and are less likely than others to be identified by a primary care physician as having a mental disorder;⁷ (2) African American children/youth are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care;⁸ and (3) 85 percent of children in the child welfare system have mental health needs and are more likely to be placed out of their home environments so that they can have access to mental health treatment.^{9,10,11} Additionally, SAMHSA's 2013 short report on programs that address youth and young adults ages 18–25, states that “1.3 million had a disorder so serious that their ability to function was compromised” and that compared with their peers, these young people are more likely to experience homelessness, be arrested, drop out of school, be unemployed, or have a substance use disorder. These young people are “significantly less likely to receive mental health services as compared with other adults.”¹²

These disparities create a substantial impact on the children, youth, and families in our communities and our nation. SAMHSA Administrator Pamela S. Hyde clearly reported on these mental health needs of children and families to a Senate subcommittee on children's mental health:

When persons with mental health conditions or substance use disorders do not receive the proper treatment and supportive services they need, crisis situations can arise, affecting individuals,

*families, schools and communities. We need to do more to identify mental health and substance abuse issues early and help individuals get the treatment they need before these crisis situations develop. And we need to help communities understand and implement the prevention approaches we know can be effective in stopping issues from developing in the first place.*¹³

One reason that children and youth do not receive treatment is that early screening policies and practices to determine mental health challenges are not in place at service entry points for all children and youth in our communities. Training for professionals on the use of primary screening tools is needed for all child- and youth-serving agencies and organizations, as well as the incorporation of these screening tools into existing programs. Early identification of mental health challenges for children and youth will create an SOC for early intervention and treatment. Another reason that children and youth do not receive mental health treatment is lack of access. Early intervention and treatment programs can be located in childcare facilities, schools, community centers, after-school programs, and other places that children and youth frequent.

Another major reason that children, youth, and young adults do not receive mental health treatment is the prohibitive cost. When young people are inadequately screened and their conditions are not addressed, the expense is greater than when these conditions are treated early. According to the latest data on spending (2009), the estimated annual cost for treating mental health problems in children is \$8.9 billion,¹⁴ which accounted for 6.3 percent of all health spending in 2009.¹⁵ When a youth does not obtain treatment for a mental health problem until he or she is age 14, the treatment can be very costly, especially if residential or specialized out-of-home care is needed, and can potentially cost over \$250,000 a year per child.¹⁶ It is interesting to note that residential treatment centers are used by only 8 percent of children and youth, yet those costs make up nearly one-fourth of the national expenditures for children's mental health treatment.¹⁷

*The question must be asked ...
How can we better identify and provide mental health services for children and youth and sustain these services in our schools and communities?*

In a 2013 study by the Office of Adolescent Health, adolescents stated they would feel more comfortable accessing health care services through school-based clinics and liked the idea of accessing a range of health and social services in a single location.^{18,19} Building mental health programs in schools provides a safe and supportive environment for children, youth, and their families to access early intervention and treatment. Schools, families, youth, and community partners can work together to develop a coordinated, comprehensive plan of evidence-based programs, activities, and services that address the various mental health needs of students, provide student and family supports and resources, and promote positive learning environments for all. SOC communities typically develop key partnerships (public agencies, families, youth, and nonprofit organizations) that address these mental health challenges and can bring services and resources into the schools that will advance their priorities (e.g., increased achievement, attendance, and high school completion). SOC communities also have the unique ability to assist schools with their priorities through an excellent venue to provide early intervention and treatment services for students and their families.

Over the past 20 years, several national centers have done extensive research in school programs that promote the development of a comprehensive school mental health (SMH) program model that addresses prevention, early intervention, and treatment.²⁰ The goal of promoting whole-school mental health programs is to develop schools that are safe and healthy and provide a positive school climate for students to grow

and learn. A mentally healthy student is a student who attends school ready to learn, is actively engaged in school activities, has supportive and caring connections with adults and young people, uses appropriate problem-solving skills, has nonaggressive behaviors, and adds to the positive school culture.

The purpose of building SMH programs is to develop a coordinated, comprehensive plan of evidence-based programs, activities, and services that addresses the various mental health needs of students, provides student/family supports and resources, and promotes positive learning

However, key findings from a recent study by the Center for Health and Health Care in Schools reports that “obtaining adequate and consistent funding is the major challenge to securing high-quality children’s mental health services...wise use of resources is essential...quality programs and services depend on sufficient and sustained funding.”²¹ This brief provides community organizations (mental health, child welfare, juvenile justice, youth organizations) with information and strategies to develop sustainable school mental health programs and services and answers the following key questions to consider when implementing and financing school mental health programs:

1. What are the challenges to developing partnerships between mental health agencies and organizations and the schools?
2. What is the connection between the community and school mental health programming?
3. How can communities overcome these challenges through creative financing strategies?



What are the challenges to developing partnerships between mental health agencies and organizations and the schools?

School and Mental Health Agency Partnerships

Although schools and mental health agencies have a shared purpose to support children and youth in their development toward successful lives, schools focus on factors affecting academic achievement and mental health agencies work toward improving mental/behavioral health outcomes in home, school, and community settings. While schools and community agencies have complementary missions, goals, and objectives, their programs, services, and accountability systems are typically disconnected and fragmented; they speak different “languages”; and operate in different cultures. Schools and mental health agencies that have taken the time to incorporate SOC values into their work, and to understand each other’s mission, goals, objectives, operational system, and cultures, typically work well together to create integrated programs and procedures to meet the needs of all children, youth, and families in their schools and communities.

It is important to include the family and youth voice when developing school mental health programs. Families and youth who share their personal experiences also have credibility with child- and youth-serving systems because they can bring broad thinking and strategies to the table that are youth and family friendly, easier to navigate, and more cost-effective to help schools develop mental health programs.

These efforts come with challenges as both schools and mental health agencies face the realities of developing and implementing programs with decreased funding and fewer professional staff while continuing to address administrative mandates. Communities that are inclusive of all community and school partners have been successful in sharing and blending their resources to build successful programs and services to meet the needs of children and youth and have found success in accomplishing the missions, goals, and objectives of all entities.

Partnerships formed between schools and mental health agencies must consider the differences in their respective systems in order to work together to create a shared vision and mission in developing comprehensive SMH programs and services. Some of the typical differences between school and mental health agency systems include mental/behavioral health terminology, issues of confidentiality and information sharing, staff perceptions of each other's role in the school, diagnostic processes, service provision, licensure requirements, continuing education, and funding.

Differing Definitions

Counseling: Schools and community agencies have different definitions of counseling and the type of professional certification that is required to provide this service in a school or a community. The definition and roles of each professional must be discussed and defined for the school setting and be clearly understood by all school staff in order to develop a successful SMH program. Financial mechanisms that support the counseling role of school and mental/behavioral health professionals in schools and agencies often differ in the type of certification, service definition, and reimbursement rates.

Emotional Behavioral Disorders (EBD): Schools and community mental health agencies define EBD differently. The educational system defines a student having EBD as eligible for special education services under the federal Individuals with Disabilities Education Act (IDEA) in various classifications. The mental health agency defines a student as having "emotional and/or behavioral disorders" on the basis of an assessment that results in a mental health diagnosis listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), usually accompanied with functional impairment, and recommendations for a treatment plan to address the symptoms of the mental health diagnosis. The school provides funding for education assessment of students to determine whether they need services under IDEA, and the mental health agency provides funding for assessments of emotional and/or behavioral disorders.

Confidentiality and Information Sharing

To facilitate communication protocols and information sharing among all parties (school and agency staff, families and youth) it is important that school and mental health professionals clearly understand the confidentiality requirements of all partner agencies and that accurate information on regulations be shared with family members. It is imperative to incorporate the various confidentiality rules and regulations to be successful in long-term planning for program sustainability. Some of the important confidentiality rules to be aware of include the Health Information Portability and Accountability Act of 1996 (HIPAA),²² the Substance Abuse and Confidentiality Federal Law and Regulations (42 C.F.R.),²³ and the Family Educational Rights and Privacy Act (FERPA).²⁴ These laws regulate information sharing for SMH partners and must be reviewed so that all relevant parties understand how schools and mental health agencies can work together on behalf of the student and family while adhering to confidentiality regulations and guidelines. Schools and community mental/behavioral health agencies need to develop policies concerning how information will be shared between school staff and community agencies.

Defining Roles and Understanding Differing School and Community Systems

As schools begin to develop a SMH program, there is often a misperception of the roles and responsibilities of the school mental health counselor and the school guidance counselor. Schools and mental health agencies need to clarify and define the roles and responsibilities early in the process of development to use the counselor skill set best suited for the SMH program. Guidance counselors typically provide individual, group, and parental counseling related to educational needs. In some settings, guidance counselors have advanced counseling skills and have obtained state/national certification or licensure as a professional counselor and can provide therapeutic counseling services. In these instances, a guidance counselor may have developed mental health programming in a school and provides individual, group, or family therapy on site at the school.

Mental health counselors have master's and/or doctoral degrees and are licensed clinical counselors trained in providing mental health treatment. The mental health counselor may have specialized skills in a treatment area such as Trauma-Informed Cognitive Behavioral Therapy or Family Therapy. SMH counselors provide the same type of services on-site at a school that they provide in a clinical setting.

Building an understanding between school and community agencies deepens the awareness of school and community members about the issues and complexities faced by child-serving agencies. Creating partnerships among schools, mental/behavioral health, and other community agencies must consider the differences in each system to ensure cross-system collaboration as they work together to create a shared vision and mission in developing comprehensive SMH programs and services and building the system with sustainable funding mechanisms. The potential success of these partnerships outweighs the challenges to creating a system of services and programs that will enhance the lives of children, youth, and their families.

Building a Coordinated School and Community Intervention Team

Key components of developing integrated SMH services include coordinating student support/intervention teams (SITs), collaborating with and sharing information among school and community partners, and developing sustainability strategies. The development of a SMH program is an excellent opportunity for SOC communities to bring key partners to the SIT, including parents and youth who have experience and credibility with child- and youth-serving systems and to obtain their assistance in setting realistic goals and objectives and anticipating the issues and challenges that a young person may experience. Parents and youth who have personal experience and have successfully reached their goals can bring a wealth of information and a perspective that professional service providers do not have. SITs are then able to develop integrated SMH programs that incorporate early intervention as well as interventions for students in need of more structured or therapeutic services. These SITs meet regularly with school and community partners to develop an individualized intervention plan for each student.

Each agency, organization, and school takes responsibility to develop and create funding strategies to support interventions such as care management, social work services, and early intervention groups. When SOC values and principles are integrated into the SIT, a spirit of collaboration within the team creates a sense of community ownership and partnership that promotes the ability to talk openly and honestly about the funding mechanisms that are available to support these interventions and services, as well as gaps in services.

Another purpose of the team is to develop protocols to share information and protect student confidentiality. Schools often develop SITs to address various problems and issues that a student may be experiencing (e.g., academic, behavioral, emotional challenges). Student support staffs often meet weekly to identify students who need additional supports in academic, social, and emotional realms. SITs provide identification, screening, and assessment of individual-, school-, and family-related problems; develop a student intervention plan, which may include participation in an intervention group, counseling, behavior intervention plan, and so on; and make referrals to a community provider for treatment, if needed. The SIT leader provides oversight to ensure that the intervention plan is implemented; consults with teachers, school staff, and community providers; and follows up on student progress with the team. The SIT provides continued support to ensure that appropriate and accessible services and resources are provided to meet the diverse needs of individual students.

In an effort to develop and provide a comprehensive intervention plan, it is important to include all individuals who work with the students, such as school staff, community professionals, parents, and family advocates. The school becomes the central place for the intervention team to meet and brings the community partners together to provide comprehensive interventions and a coordinated student care plan.

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## **What is the connection between the community and school mental health programming?**

### **The Importance of Community Providers in Developing an Integrated School Mental Health Program**

Schools cannot do this work alone and must partner with community agencies and organizations to develop an environment for supporting students that will also enhance students' ability to learn. It is important to create a system of linkages and supports between the child-serving agencies and programs in which the community providers and school staff provide an array of resources and services. The school becomes a place where students can learn academic and social skills and school staffs have the tools and resources for appropriate student interventions. Although schools and mental health agencies have different purposes (education vs. treatment), each has a wealth of professional skills that can be merged into an integrated system of programs, resources, and services that will positively affect children, youth, and families. SMH program development must be built on the strengths of both education and community agencies. Schools in which community partners work together to create this positive environment are able to develop a system of integrated SMH programs and services.

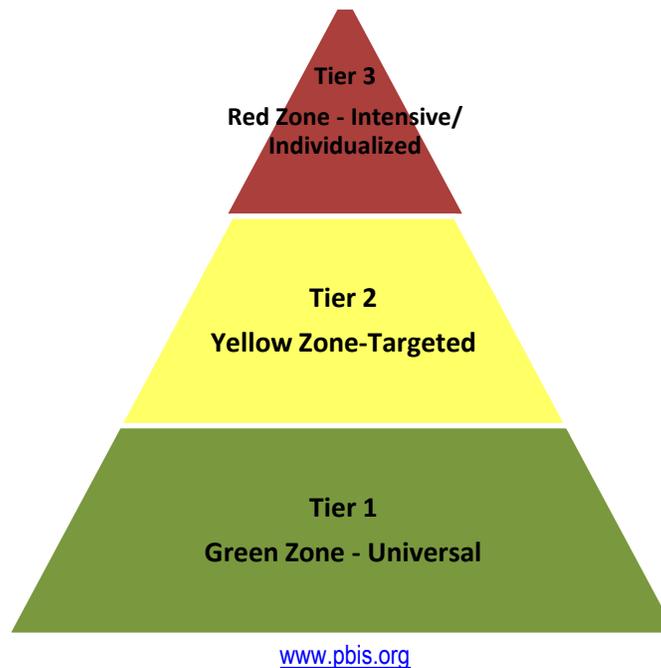
An article by the Center for Health and Health Care in Schools (CHHCS) reports that the work of integrating children's mental health services into schools has been paramount in recognizing the importance of community partnerships to implement these programs and services. CHHCS states that "these partnerships have been promoted by: (1) those who want school-community mental health collaborations to address the unmet needs of seriously emotionally disturbed children; and (2) those who want to expand school-based preventive and early intervention programs as a way to create emotionally healthy school environments and support early identification of children with behavioral health needs."<sup>25</sup> Creating a positive student support system must include both of these strategies, and the community-school partnership is a key component of accomplishing this task.

SOC leaders and schools that work together to develop strong school-family-community partnerships have many opportunities to integrate their work and have developed positive school learning environments that address the academic, behavioral, and mental health support needs of students. Schools that have worked collaboratively with community partners have found that they can enhance academic success of individual students.<sup>26</sup> This partnership can help students improve attendance, learn appropriate behaviors, increase social skills, and decrease discipline problems. Schools also find that their school wide truancy<sup>27</sup> and discipline rates are significantly improved, they obtain higher rates of high school graduation, and they develop a positive school environment in which students can learn and be successful both in school and in the community.<sup>28</sup>

### **Building an Integrated System of Student Supports**

Community agencies and organizations are important partners in developing an integrated system of student supports for the most at-risk students. Many schools have successfully developed school wide Multi-Tiered Systems of Supports (MTSS) that are built on evidence-based models of interventions for all students, such as Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RTI).<sup>29</sup> However, schools often struggle with providing early intervention strategies (care management, student intervention teams to address behaviors or mental health challenges, targeted student groups), providing services, and addressing the needs of students who may be at risk for developing mental or behavioral health challenges or have a mental health diagnosis. SMH programs encompass more than clinical services. Integrating mental health promotion, prevention, and early intervention is critical in meeting the emotional and academic needs of all students. SOC partners bring a wealth of information and supports to the MTSS model and can assist schools with understanding how a community-wide systems approach can address the mental/behavioral health challenges and ensure the availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and support for students in our schools.

The MTSS approach will be used to describe strategies that community agencies and schools can use to develop an environment of student supports and programming that integrates three distinct areas of focus: Tier 1: Universal interventions and supports (green zone); Tier 2: Targeted interventions (yellow zone); and Tier 3: Intensive/Individualized intervention/treatment (red zone). For purposes of this discussion, the three areas are designated by zones with least intensive to most intensive interventions:



## Enhanced Environment and Broad Mental Health Promotion

**Green Zone (Tier 1):** Schools and community agencies often develop partnerships to build whole-school models of student supports. The universal level of prevention provides evidence-based learning approaches and curricula and interventions to address the needs of all students. The chosen approach aims to increase student achievement by promoting a positive school climate and providing social-emotional learning strategies and supports for all students. Some examples of whole-school model programs and approaches are Positive Behavioral Interventions and Supports (PBIS), Too Good for Drugs/Violence (TGFD/TGFV), and Promoting Alternative Thinking Strategies (PATHS). Often school and community partners (mental health, substance abuse prevention, juvenile justice, family and youth organizations, etc.) provide cross-training opportunities for staff and co-lead classroom groups on the topics of prevention (drug use, aggression, social skills, problem solving, suicide prevention, etc.). Once these universal prevention approaches are embedded into the school curriculum and a process for continued professional development for current and new staff is in place, these programs are easily sustained through minimal funding by the school and community partners.

Building relationships between community agencies and school leaders is very important in developing a positive student support system. Some strategies that have been successful follow:

- Develop a mental health advisory team consisting of representatives from the school, community agencies, and family organizations (parents and youth representatives) to develop policies and implementation strategies to support a comprehensive school-community team.
- Create and develop a shared vision, mission, goals, and objectives.

- Build mutual respect, trust, and relationships among school staff, parents, youth, and community agency partners through building understanding among the group, listening to one another's values and goals, and working together to develop the best resources and services for the students and families in our community.
- Clearly define the roles and responsibilities of school staff and school partners (school mental health counselor, juvenile justice probation officer, school resource officer, case manager, parent and youth organizations, peer-to-peer paraprofessionals, etc.).
- Develop a communications and social marketing plan to share outcomes with all stakeholders.
- Use start-up dollars (grant, county funds, school/agency funds, etc.) to develop the evidence-based programs in the schools and community programs. Then determine the potential funding streams to sustain the program, including materials and staff training (blended funding by school and community agencies to support cross training, professional development; and curriculum materials such as student workbooks, etc.).

## Prevention and Early Intervention

**Yellow Zone (Tier 2):** Targeted/early intervention programming for selected students may include small groups that focus on areas such as anger management, grief and loss, social skill development, and mentoring; after-school programs for at-risk students; other targeted interventions such as short-term one-on-one counseling from a school counselor, social worker, or school resource officer (SRO); and adult- and peer-led youth court and mediations. Research conducted in 2013 showed that this level of early intervention is the most difficult for schools to sustain because of the uncertainty about the responsibility for continued funding.<sup>30</sup> However, schools and community partners that are fully committed to reaching students early to prevent a more serious mental health challenge use a variety of local, state, and foundation funding to sustain these efforts. Some strategies for developing and sustaining yellow zone activities follow:

- Schedule regular meetings of the SITs to determine and address service needs, gaps, staff roles, responsibilities, and assignments for specific student supports and interventions. The team should consist of diverse staff who represent the students they are serving and staff from the school and community agencies/organizations.
- Develop a process for student referrals and protocols between the school and community agencies.
- Develop follow-up and service coordination activities.
- Provide cross-training and professional development opportunities for school and community professionals to invest in skill areas needed to provide interventions for students in the school.
- Develop memoranda of agreements (MOAs) and/or contracts among school and community agencies to define the scope of work of each entity.

## Intensive Interventions

**Red Zone (Tier 3):** Intensive/Individualized interventions and treatment for students who have indicated-level emotional/behavioral challenges and/or a mental health diagnosis require an integrated plan of

treatment and continuity of care between the school and community agencies. This plan may include wraparound service planning, care management, individual and family services, substance use treatment, job coaching, mentoring, community service, and support from a juvenile justice probation officer to help these students remain in school. This level of intervention is usually the easiest to sustain owing to available funding mechanisms through Medicaid and third-party payers. Some strategies for developing and sustaining red zone activities follow:

- Community leaders and the school/community advisory team work to determine funding needs and gaps in funding and discuss strategies to integrate current funding streams to sustain services.
- Community leaders work with the mental health oversight agency (state and/or regional) and the community mental health agency to develop systems and policies that establish reimbursable funding streams to sustain effective and successful services. For example, community and school leaders report student outcomes to the state oversight agency inform it about cost-effective strategies that increase positive outcomes for students and typically decrease service costs for state and community agencies. In turn, state and community leaders look for cost-effective funding mechanisms that will sustain effective programs and services and decrease higher-cost programs and services. State leaders may use this information to revise and/or create new policies and funding mechanisms to sustain these successful programs.
- Communicate program outcomes through social marketing campaigns to inform and influence state and local governments to develop recurring financing strategies to sustain cost-effective SMH programs and services.

Developing and sustaining programs and activities in each of the three zones can be challenging; however, success can be realized when schools and community agencies work together so that multiple systems share the financial responsibilities.

### **The Importance of Leadership**

The connection between school and community leaders is a major determining factor in securing financial support. All these leaders must be sufficiently informed to understand the components of various funding mechanisms and to capably navigate both local and state systems to financially maintain successful SMH programs.

To build and sustain a continuum of SMH programs and services, designated leaders from school and community agencies/organizations should work together as a mental health advisory team. Among its typical functions are the following:

- Mental health advisory team leadership and state representatives from mental health, education, and various child- and youth-serving agencies discuss available funding sources or potential funding mechanisms in their respective agencies and consider other funding streams that might be developed to sustain the SMH services program. They might develop a state and local committee to
  - discuss available resources and gaps in resources;
  - review SMH data to determine current funding streams and gaps in funding streams; and
  - develop recommendations (e.g., adding new reimbursement codes to the current menu of services for SMH) to assist in sustainability efforts.
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- Mental health advisory team leadership discusses SMH funding needs and options with city, county, and private sector representatives. Collectively, community leaders, local government, local agencies/organizations, schools, families, youth, and advocates must prioritize the development of systems to promote mental health in schools. The leadership must attend to, and may need to enhance, the political will of the community to sustain effective SMH programs.
- Mental health advisory team leadership works with state and local government representatives to determine the typical percentages of local and state budgets that are allocated for child and youth issues and make recommendations to dedicate and develop additional needed funding.

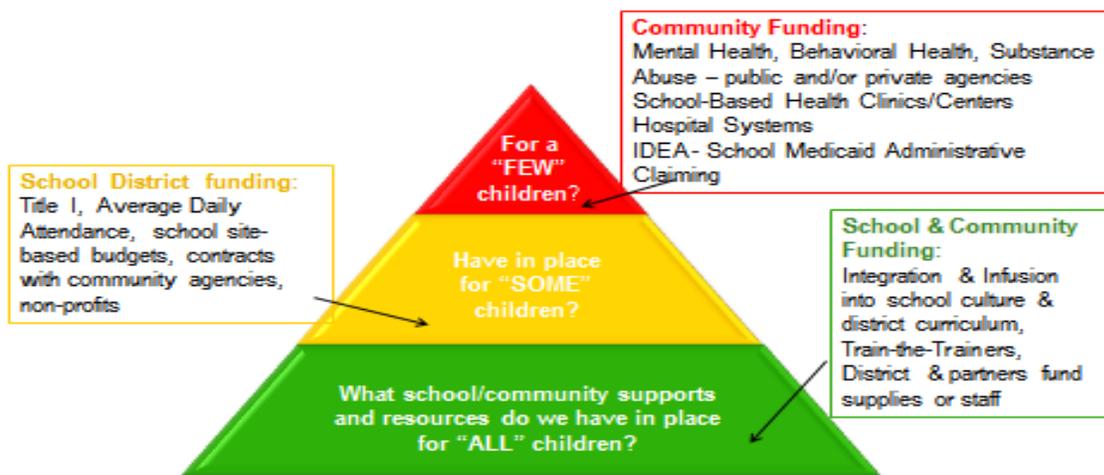
Mental health advisory team members are primarily drawn from the community agencies and organizations that address various mental/behavioral health issues. Team members should represent youth and families, schools, mental health agencies, substance use prevention/intervention programs, health services providers, juvenile justice systems, law enforcement personnel, community nonprofit organizations, cultural organizations, faith-based entities, and more. Consequently, the involvement of those with expertise in family and youth engagement and in culturally and linguistically competent services and supports is essential to the development of effective SMH programs.

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How can communities overcome these challenges through creative financing strategies?

In response to diminished state and local funding, many communities have been innovative in their efforts to sustain SMH programs. Reflecting their broad-based commitment to SMH programs, communities can leverage their resources and work to sustain programs and services that are family driven, youth guided, and culturally and linguistically competent to meet the mental health needs of all students. The next section discusses some typical strategies to fund SMH programs that are depicted in the following graphic.

Typical Strategies to Fund School Mental Health Programs



Successful Funding Strategies to Sustain SMH Programs and Services

Shared Funding

- **Public and private agencies:** The mental health agency has the ability to receive reimbursement from Medicaid/CHIP³¹ and/or insurance payers for services in Tier 3 (intensive/individualized) interventions. Most SMH revenues will typically come from those payment mechanisms. The school mental health counselor will typically, however, also spend approximately 10 percent of his or her time on some aspects of Tier 1 (universal) and Tier 2 (targeted) interventions, such as consultation, training, and co-facilitation of groups with school staff. The SMH counselor's tasks, roles, and commitment of time spent on Tiers 1 and 2 interventions levels needs to be specifically stated in a contract or MOA between the school and the community mental health agency.
- **Fee-for-service and third party funding sources:** Through a process of resource mapping,³² the community will need to determine the populations to be served in the SMH program (e.g., Medicaid, third-party payers, self-pay). Mapping strategies focus on the resources already present in the community and build on the strengths within a community.
- **Some questions to ask:** *What services and supports do these students need? What services are available that could be provided for students? What students need these specific services? Who are the providers of these services in our community?*

It is important to find public and/or private child and youth service providers (mental health/behavioral health/substance use) that can serve students whose mental health support needs are at the Tier 3 level. It is optimal, then, to build the SMH program with agencies that are qualified providers within Medicaid/CHIP, private insurance, and any managed care organization networks. Financing strategies must also determine the availability of local, state, and/or foundation funding to provide mental health services to students who lack private or public coverage for services from the community's providers.

Prior to SMH program development, community leaders should discuss with the mental health agency specific details of the envisioned SMH program and determine the type of services the agency can offer. If services will be paid through annual contracts, the mental health advisory team should reassess the availability of reimbursement for specific services on an annual basis to continually sustain the program. Grant funds are often used for initial program development and intervention services, whereas treatment services should be reimbursed through various third-party payer, Medicaid/CHIP, and/or local or state funding set aside for this purpose.

In summary, community and school leaders need to understand the mechanics of basic funding for community mental health agencies and behavioral health organizations to build a program that is

Important areas to understand when developing school-community partnerships to fund SMH programs:

- Mental health agency service system (e.g., services and supports that can be provided and not provided)
- Funding reimbursement for specific services and supports
- Services and supports that are not reimbursable through Medicaid, Managed Care Organizations, insurance, or other third-party payers

sustainable through current reimbursable funding streams. These leaders also need to understand SMH services that are not reimbursable so that they can begin outreach efforts to school-community collaborations to assist with funding. It is not unusual to find that services in the universal and targeted levels of the three-tiered SMH continuum are much less likely to qualify for predominant funding sources than those in the intensive level. Keep in mind these key points about typical funding streams for mental health agencies:

- The state health and human service agency sets the state Medicaid rates: Each state sets requirements for and approves its Medicaid/CHIP providers, assigns a Medicaid provider number, designates reimbursement codes and diagnosis codes that are reimbursable, provides service descriptions and reimbursement rates/fees.
- Funding programs/services
 - Mental health providers, both public and private, receive reimbursement for services provided through various sources (e.g., Medicaid/CHIP, insurance, self-pay). Reimbursement rates provided to mental health providers are based on state revenues and, in the case of Medicaid, on statewide per capita income in comparison to the federal poverty level (FPL). As a consequence, reimbursement rates vary by state.
 - The insurance reimbursement rate is determined by the insurance company, and a “customary” rate is approved for specific services.
 - The public mental health agency usually provides services for impoverished and other low-income populations with Medicaid/CHIP funds. It secondarily relies on local/county and/or state funding, to the extent it is available. However, state funding and local funding vary from one place to another, and over time within the same state or locality, and it is important to discuss whether the public mental health agency receives local/state funding.
 - The current primary funding mechanisms will undoubtedly be affected by the Affordable Care Act (ACA) enacted into law March 2010,³³ which makes preventative care more accessible and affordable for many Americans. Many significant changes have already taken effect, and more will become effective beginning January 2014.³⁴ It will be important to discuss the ACA funding changes with your community and state leaders. Click the following link to find information about your state healthcare marketplace: <https://www.healthcare.gov/what-is-the-marketplace-in-my-state/>.

Various types of SMH contracts between schools and mental health agencies have been established, such as these:

- School contracts with public mental health agency (e.g. agency obtains financial support through state and/or county funds). Typical funding streams include Medicaid reimbursement at a state designated service rate, federal/state supported children’s health insurance (CHIP), state appropriations and/or county funds.
- School contracts with private mental health provider agency (e.g. financial support through private insurance funding streams).
- School contracts with public health agency (e.g. financial support through federal, state, and/or county/local funds, health department, school based health clinics/centers, hospitals, etc.).

Often school and community partnerships include contractual agreements to share the cost of service. Grant funding obtained by the school may provide seed dollars for start-up costs incurred to develop SMH programs. Each year, the program cost is assessed by the school district and mental health agency to consider the funds to be contracted in succeeding years.

Pennsylvania, the District of Columbia, and Minnesota are examples of successful SMH programs. Each has developed sustainable funding by maximizing third-party reimbursements, as described in the brief “Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories” (2013).³⁵ Twenty-four SOC expansion planning grantees in SAMHSA’s Children’s Mental Health Initiative provide many promising strategies to expand mental health services for children, youth, and families³⁶, such as these:

- Developing a fiscal infrastructure for billing
- Developing SMH policies and procedures
- Working with the state Medicaid agency to obtain approval for SMH service provision at school sites, and/or to obtain a Medicaid waiver to support service provision
- Working with a state’s managed care organization(s) to provide early intervention and treatment services in the school using the Medicaid Rehabilitation option
- Developing psychiatric medical oversight for supervision of staff on-site at the school as required by state law
- Developing billing systems through Medicaid/CHIP and third-party payers
- Finding additional revenues through public (city, county tax revenues) and private grants and foundations to support the SMH services that are not covered under any other funding mechanism

Strategies like these will take time and demand persistence by community and school leaders. They will, however, be well rewarded when the development of comprehensive programs addresses the mental health needs of students and their families as early as possible.

The School Medicaid Claiming Guide (*state department of education/school district*): State education departments have CMS-approved guides that specify opportunities and parameters for reimbursement by Medicaid for costs of particular services (speech and occupational therapy, nursing, counseling, social work services, etc.) and activities in schools. A state’s guide may contain reimbursement codes for mental health and behavioral health reimbursement. If a reimbursement code is not already established, school and community leaders should schedule a meeting with the state department of education and/or Medicaid office to discuss benefits of SMH and advocate for a funding code to be developed:

- The [Arkansas School Mental Health Network](#) developed a state policy manual delineating procedures to finance approved SMH health programs in Arkansas public school districts ([Arkansas School Mental Health Network Policy and Procedures Manual](#)).
- As an example of what effective discussions among state agencies can produce, Michigan has developed an SMH Medicaid service standard that provides psychological testing, counseling, case management, and social work services under IDEA and defines the service and professional credentials for service provision for at-risk students. (See www.michigan.gov/mdch. Go to “More Topics, Medicaid Provider Manual” [3rd bullet], and review section titled “School Based Services”, p. 1401.)
- South Carolina’s Department of Health and Human Services developed a [Medicaid Rehabilitative Behavioral Health Services Provider Manual](#), which is available to schools and agencies to enable them to claim reimbursement for SMH services.

County referendums to increase funds specific for SMH: Several states have garnered community support for SMH services by working with local government officials to obtain an additional sales tax to fund SMH programs. Examples follow:

- California's Mental Health Services Act (the "millionaire tax")
http://www.dmh.ca.gov/prop_63/mhsa/docs/MHSAafterAB100.pdf;
- Washington State's "one-tenth of 1 percent" county referendum
<http://www.cityoftacoma.org/Page.aspx?nid=1104>
- Proposition 1 "quarter cent sales tax" in [St. Louis County, MO](#) that fund mental health initiatives

Community coalitions: Community businesses can form a coalition to fund SMH prevention and intervention programs through fundraising events and donations to the coalitions.

- **School, community, and business partnerships:** The mental health advisory team can work with community partners to garner funding for SMH staff positions through the city or county funding to support SMH prevention programs and intervention services.
- **Nonprofit organizations:** Community partners can form a nonprofit organization to open up a new stream of funding opportunities, such as hiring a grant writer and having prevention staff work in nonprofit agencies and organizations.

State/county Temporary Assistance for Needy Families³⁷ (TANF) funds: Since 2008, many states have lacked funding to deploy sufficient staff to develop prevention programs. To overcome that limitation, SMH prevention and early intervention programming in Tiers 1 and 2 interventions (e.g., program staff salaries for social workers, paraprofessionals, and after-school programs) have, in some cases, been effectively supported through TANF funds. SMH program data can be shared with local social service agencies that work with at-risk populations to justify and secure TANF funding. Community leaders can meet with local social service agencies that administer TANF programs for children, youth, and families to discuss local data concerning the needs of this population and conceptualize funding possibilities for prevention programs.

State supported legislative line item for School MH: Community leaders can share outcome data with state-level mental health and education departments, health and human services, and mental health advocacy organizations. Those organizations can educate legislative committees so that they can address the need with appropriations for SMH programs and services. Many communities have directly influenced state Medicaid programs by demonstrating cost savings (Medicaid and third-party payer reimbursement systems) from prevention and early intervention approaches by sharing outcomes data stemming from strategies to provide SMH programs for children, youth, and their families. South Carolina, for example, dedicated funding for SMH programs and services in rural and underserved communities through a legislative budgeted line item for recurring dollars to the state mental health department.

Grants, foundations and business community: Many schools and communities work together to apply for grants to develop, expand, and sustain SMH programs and services. Federal agencies publicize grant opportunities on www.grants.gov. Users must register before applying for federal grants. Another resource, www.FindYouthInfo.gov, a collaborative partnership among 19 federal agencies, has a customized grant search tool that simplifies finding federal opportunities that specifically target funding for youth programs on the grants.gov website.

Some examples of recent grant opportunities from federal agencies include these:

- [Safe Schools Healthy Students Grant](#)
- [Readiness and Emergency Management for Schools \(REMS\) Grant](#)
- [Elementary & Secondary School Counseling Grant](#)
- [OJJDP grants \(mentoring/truancy/MH/JJ/SA\).](#)

Examples of recent grant opportunities from private sector benefactors include these:

- [National Association of School-Based Health Centers](#)
- Health foundations such as [Blue Cross Blue Shield](#) (e.g., Blue Cross Blue Shield of South Carolina Foundation funded \$200,000 for SMH Services in Orangeburg County Schools, 2009–2012)
- Local businesses that fund a portion of SMH positions

School districts fund universal interventions through recurring federal and local funds:

- Comprehensive Children’s Mental Health Initiative, [System of Care](#)³⁸ Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families (SAMHSA)
- Title I, IV, IDEA
- District and individual school budgets
- Nonprofit partner organizations.

Another option that schools have found successful is to realign staff roles to incorporate Tier 2 supports into their job description and daily tasks. This strategy allows the provision of various school mental health supports for students during the regular school day.

Volunteers and university internships:

- [AmeriCorps/VISTA](#)
- Master and/or bachelor level interns: Schools form partnerships with universities and colleges to obtain SMH staff at no cost, or by paying a limited stipend to assist the interns with school tuition.

Formation of Mental Health Centers by Tribal Mental Health and Treatment Centers: These centers, formed to serve the tribal population to address the cultural differences and stigma associated with mental health have been successful in reaching the tribal community.

- Program development information:
<http://www.promoteprevent.org/search/node/tribal%20mental%20health>
- Grant opportunity information:
<http://www.tapartnership.org/SOC/CommunityHealthServices.php?id=history>

Conclusion

Each state and community has a unique system to fiscally support SMH programs and services. It is imperative that school and community leaders work together, and with state Medicaid agencies, local governments, community foundations, and other partners to find ways to sustain their SMH programs. Leaders must invest time and be persistent to learn about their state’s unique funding landscapes so that they can secure and develop fiscal mechanisms to support the early intervention and treatment needed for

students at risk and in need of mental health services. Through the SOC approach, states and communities can forge solid commitments to build strong fiscal foundations required to accomplish that aim. Communities that integrate school and community programs that incorporate mental health promotion, prevention, early identification, and intervention into SMH programs and supports and services with sustainable resources will be instrumental in reducing mental health disparities and building positive mental health for children and youth.

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