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Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration




National School Mental Health Learning Collaborative Virtual Learning Session Transcript

This transcript corresponds to one of five recorded Virtual Learning Sessions, part of the MHTTC National School Mental Health Learning Collaborative. The recorded Virtual Learning Sessions took place between April and August 2019. Each Virtual Learning Session is about 75 minutes long and includes a deeper dive into some of the content from the MHTTC National School Mental Health Curriculum, which focuses on core components of comprehensive school mental health.




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Welcome to Virtual Learning Session 5: Funding and Sustainability

Please click on the link in the chat: <http://bit.ly/VLS5sign-in>
to sign in and so we can send you materials for this and
upcoming sessions.




I wanted to welcome everyone to our fifth and final learning session, part of our National School Mental Health Learning Collaborative that has been underway since March. We're really excited about this fifth session on funding and sustainability. I would like to ask folks to please click on the link in the chat and sign in, so we can send you materials for this and upcoming sessions, and also document your presence here. We will be providing a certificate to folks who complete our survey at the end of today, and so we want to know who you are, and that you're here. I want to tell you that SAMSHA is very interested in this initiative in particular, and is always asking us at least for numbers, we don't give them names, but for numbers of folks who were on the call, and in this session.

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Reminders

- **If you are using audio through a telephone line**, please mute yourself. You can unmute yourself using *6.
- **If you are using computer audio**, you can unmute yourself by click on the microphone icon to the right of your name on the participant list.
- If you have any questions during the presentation, please enter them in the chat box.
- We have an evaluation at the end of this session. We appreciate you taking the time to provide feedback!



Some reminders, if you are using audio through a telephone line please unmute yourself, or you'll come in as muted. You can unmute yourself using *6. Or if you are using computer audio, you can unmute yourself by clicking on the microphone icon to the right of your name on the participant list, or sometimes down in the lower left corner of the zoom screen. If you have any questions during the presentation, put them in the chat box. We also have an evaluation at the end of the session, and we really appreciate you taking the time to provide feedback. This evaluation today is going to be an evaluation of the whole set of virtual learning sessions. So we would really would like to hear from you about how you found it, what feedback you have, good or bad. We want to know, so we can make our trainings and learning collaborative better in the future.

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We're really excited to announce that our National School Mental Health Curriculum is now live on the MHTTC website. So that's going to include the trainer manual, the participant manual, and the slide decks. There's 8 slide decks in the curriculum. Those are all live on the website, downloadable for free, able to be used by anyone, but particularly used in the development and movement forward of any school mental health services that you have going on. Either at the state level, district level, or building level. This is the curriculum that we previewed to people during our in-person session in Maryland in March, and it is now up on the website, and available for use. We'll also be posting both the video recording of these virtual learning sessions as well as the transcripts from each of the five sessions. We're pretty excited, it's been up for a few weeks now, and the first week we had over 300 folks download the curriculum, so we're really excited. Please pass it on, let people know about it, we would like to have as many people as possible using it. We are so thankful to our partners at the National Center for School Mental Health for their excellent, amazing, hard work on this curriculum. As well as on our whole collaboration with them this year. We're just so thankful to have you all, Elizabeth, Nancy, Sharon, and your whole team who partners with us.

Slide 4

The screenshot displays the MHTTC website's 'Find Your Center' page. At the top, the MHTTC logo is shown with the tagline 'Mental Health Technology Transfer Center Network' and 'Powered by Lighthouse Research and Health Equity Services'. Below the logo is a navigation bar with links: YOUR MHTTC, TRAINING AND EVENTS, RESOURCES, PROJECTS, and COMMUNICATION. The main heading is 'Find Your Center'. A subtext explains: 'To jump to a specific center, click the center's name. To save a center as your default center, select the center by clicking the photo, then click the Save button at the bottom of the page.' Below this, a section titled 'Centers Across The Network' features three center cards. Each card includes a photo, the center name, and contact information.

Center Name	Photo	Contact Information
National American Indian and Alaska Native MHTTC	Two circular images showing cultural patterns	University of Iowa College of Public Health 140 W Riverside Dr Iowa City, IA 52246 United States 319.335.6664 nainstro@mhttcnetwork.org
National Hispanic and Latino MHTTC	Group of people smiling	Universidad Central del Caribe Lanuel, Av. Sta. Juana Bayamon, PR 00960 United States 787.785.5290 hispaniclatino@mhttcnetwork.org
New England MHTTC	Scenic landscape with mountains	PRCH 319 Pack Street New Britain, CT 06053 United States 867.467.8844 newengland@mhttcnetwork.org States Served: CT, ME, MA, NH, RI, VT


We want to remind everyone to connect with the MHTTC in your regions. Our network is composed of ten regional centers. So, each of you has a regional center that provides training and TA services. In general, for mental health, but also specifically for school mental health. If you go to our website which is www.MHTTCnetwork.org, you can click on the left corner that says “Your MHTTC,” and “Find Your Center,” which is the screen view you have right here. Choose which Regional Center is affiliated with your state or territory. In addition, we have two National Focus Area Centers, one on American Indian and Alaska Native populations, and one on Hispanic and Latino populations. So, if you need special or specific resources related to those populations, please check out their websites as well. All the centers have trainings and TA available on a range of topics. I think with that on the next slide I will turn things over to Elizabeth, to get started on the agenda. Thanks everyone, we are very glad to have you here.



Agenda

- Funding and Sustainability Overview
 - Definition, Indicators and Key Resources
- District Example – Hennepin County/Minneapolis Public Schools
- State Policy Analysis – Southeast MHTTC

National School Mental Health Curriculum



Thanks so much Heather. Thank you so much for having me present on this virtual learning session. My name is Elizabeth Connors, I am an assistant professor at Yale University, and at the National Center for School Mental Health. I'm also part of the team that developed this school mental health curriculum. We're so excited to talk to you about funding and sustainability today. To really start off the learning session, we wanted to return to some of the materials that are already in the curriculum. I was there with those of you who were able to attend the March meeting where we walked through many of the components of it, but it was very quick. We thought it would best to start with really an overview of funding and sustainability in terms of definitions, some of the key indicators, and the resources, that you can access in the curriculum. We're also going to overview a new informational bulletin, that just released last month from CMS and SAMSHA related to Medicaid funding. We wanted to make sure that you have access to that and know what is contained in it. And then, the stars of the show really are our guest presenters today. We have Dr. Mark Sander who is a senior clinical psychologist at Hennepin County in Minnesota, and also the Director of School Mental Health there at Hennepin County and Minneapolis Public Schools. He is going to be sharing a district example of how funding and sustainability has really evolved in their district in Minnesota. Then, wrapping up the call we have the fortune of hearing from Dr. Janet Cummings who is an associate professor in the Department of Health Policy and Management at Emory University in Atlanta, GA. She is also the Deputy Director and school mental health lead of the Southeast MHTTC. They've done a lot of work in understanding state policies that pertain to school mental health, that could be

leveraged for funding and sustainability. So, she's going to tell us a little bit about her state policy analysis at the end.



**What do we mean by
School Mental Health
Funding and
Sustainability?**

Strategies to optimize financial and non-financial assets needed to maintain and improve your school mental health system over time.

National School Mental Health Curriculum

The slide features a title in bold purple text on the left, a definition in black text on the right, and a decorative graphic of overlapping colored bars in the bottom right corner. A thin vertical line separates the title from the definition.

First to start off, what do we really mean by school mental health funding and sustainability?

This is a pretty broad topic, as it pertains to school mental health, and many of us first think of the financial assets that we need to, for example pay for provider salaries and services that are provided, and although that's true, the definition of funding and sustainability is much broader. It really refers to all of the strategies that you would need to optimize your financial and non-financial assets, needed to maintain and improve your school mental health system over time. So, funding is intended to cover the cost of your school mental health system, and it doesn't have to go directly to the school. It could be a funding partnership with the community, or other partners to provide services to students, and families. If you think holistically about this system, what kind of funding do you need to support that? And then in terms of sustainability, this is really an ever-evolving concept. The goal of sustainability is to ensure that your operational structures, and your capacity is sound, but also that your system can grow and adapt to match all the changing needs of your students, their families, schools, communities, and other systems over the course of time.

Quality Indicators

Funding and Sustainability

Used best practices to:

- Use **multiple and diverse** funding and resources to support full continuum of school mental health
- **Leverage** funding and resources to attract potential contributors
- Have strategies in place to **retain staff**
- Maximize expertise and resources of partners to support ongoing **professional development**

Had funding and resources to support:

- **Tier 1** (mental health promotion) services
- **Tier 2** (early intervention) services
- **Tier 3** (treatment) services

Maximized reimbursement for eligible services

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This is a list of all of the quality indicators that are included in funding and sustainably, and we're going to go through each one of them piece by piece. For each of these indicators, we will also talk about some best practices resources and helpful tips. We're not going to go as much in depth as the curriculum does, we're going to kind of hit on some of the high points. These are basically the indicators that you would look to, for school mental health funding and sustainability. You'll see that they include using multiple and diverse funding and resources to support a full continuum of school mental health. You'll hear today about this recurring theme, about the importance of having a diverse funding portfolio, building in a lot of various partnerships to find and sustain your school mental health systems, and not sort of putting all your eggs in one funding basket so to speak. So, starting with multiple and diverse funding is very important for that. Also related were going to talk about leveraging different funding and resources that you can use to attract potential contributors, making sure you have strategies in place to retain your staff, and maximizing expertise, resources of partners to support ongoing professional development, and continuing education. We will also touch on how to make sure that you have funding and resources to support a full continuum, a multi-tiered system of support, from tier one, to tier two, and tier three, as well as maximizing reimbursement for eligible services.

Slide 8

Quality Indicator

To what extent did your district/school **use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?**

Best Practices

- Use diverse funding - different levels, types, and systems
- Ensure funding and resources align to support full continuum of care
- Establish and use process to:
 - Develop, evaluate, and update financing plan
 - Regularly monitor new funding opportunities and policies

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First, in terms of having multiple and diverse funding resources to support this full continuum, this is really an essential component for building and maintaining a high-quality school mental health system. As I mentioned you never want to have all of your funding eggs in one basket, and so to constantly be thinking about who our new partners, collaborators, or funders could be. There might be different levels that you think about in terms of the funding, so for example the school level, the local level districts, state, and federal. There are also lots of different types of funding, which the next slide goes over in detail. So, for example, think about grants, third-party reimbursements, cost sharing, private foundations, and block grants. What are those funding types that maybe you're not tapping into that you could start exploring? Also thinking about the different systems involved, so the education system, health services, Department of Behavioral, Health systems, public health, substance use, juvenile justice, and child welfare. Where do these different funding systems fit into your funding picture? And of course, you don't just want a variety of different funding sources that don't align to your particular continuum of care. So, it's very important to outline what it is that you're looking to fund. I have some tools to share with you a bit later on that can help you walk through that, so you make sure your different funding resources are aligned to your specific continuum of care. Because you want to really establish and use a process to develop, evaluate, and update you're financing plan. So you can change it up and evolve as you need to over time. As well as regularly monitor potential new funding opportunities on the horizon.

Explore Diverse Funding Opportunities

- School
- Local/district/county
- Tribal
- Territory
- State
- Federal
- Private foundations, donors



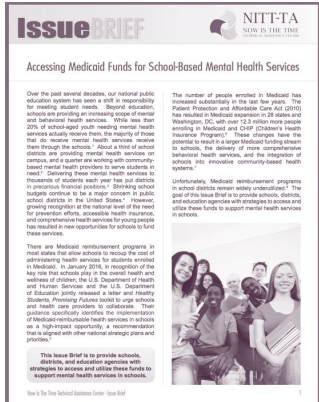
National School Mental Health Curriculum

So this is just the list as I mentioned of funding sources that you might consider if you're looking to diversify. There's just so many different examples within each of these, they're practically endless, but I'll just give you a couple. At the school level, you could think about principal discretionary levels funding from your parent teacher organization or private donation. At the local level there could be general revenue, categorical revenue, taxes, or community businesses to support school mental health. At the state level there are often block grant programs to develop school behavioral health infrastructure, your chip program children's health insurance program, state health initiatives, and again state level taxes, that could be that could be levied. Also, in terms of federal there are project grants that of course come and go, but they can be very useful to implement some new programs and build some capacity. And then of course private foundations and donors, to really support any pilot projects, or promotion activities.

Accessing Medicaid Funds for School-Based Mental Health Services

Issue Brief provides strategies to access and utilize Medicaid funds for school mental health.

Resources



(NITT-TA, n.d.)

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This is a really nice issue brief that we wanted to make sure to call your attention to. It was actually designed by the Now is the Time Technical Assistance Center and it provides school districts and education agencies with strategies to access and utilize Medicaid funds to support school-based mental health services. It really makes the important point that Medicaid reimbursement is widely underutilized in school districts. I've often heard of Medicaid referred to as a necessary evil, in terms of school based mental health. You want to make sure that if you're going to use Medicaid reimbursement, that you're really maximizing all the types of services, and the amounts of funding, that you can reimburse for. You don't want to leave anything on the table, and really understand all of your options. Step one in this document actually recommends researching your state plan, so we will hear a little bit later in the call from Janet, about some ways to do that to understand about whether there is changes to your Medicaid state plan, or just other policies in your state that could be very relevant. This document also goes over a lot of different hurdles that you might be facing related to Medicaid and they give really practical solutions. It's a quick read, we highly recommend it, and it's in the curriculum.

The slide is titled "Quality Indicator" in a purple header. The main content is divided into two sections. On the left, a text box asks "To what extent did your district/school **leverage funding and resources to attract potential contributors?**". On the right, a section titled "Best Practices" lists three bullet points: "Establish and use an agreement that specifies funding and resources", "Regularly seek partners with funding or non-financial resources to contribute", and "Establish and foster relationships with diverse agencies and organizations". The slide features a decorative graphic of horizontal bars in green, red, blue, and yellow on the right side. The footer text "National School Mental Health Curriculum" is located in the bottom left corner.

Quality Indicator


To what extent did your district/school **leverage funding and resources to attract potential contributors?**

Best Practices

- Establish and use an agreement that specifies funding and resources
- Regularly seek partners with funding or non-financial resources to contribute
- Establish and foster relationships with diverse agencies and organizations


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Next, as you think about leveraging funding and resources to attract potential contributors. The idea here is to use leveraging as a multi-party arrangement, in which costs of a program are shared by involved parties. And specifically, that the funds are resources given by one source, are basically dependent on another source also giving funds or other resources. So basically, one funder agrees to provide a certain amount, on condition that the other funder is going to provide something. So an example of this can be, the city Behavioral Health Authority might commit funds to some portion of tier 1 services in the school district, so prevention services, if the school district also commits a portion, or some kind of professional development. It could be entirely different resources that they are providing, but they are conditional on one another. It can be really beneficial to leverage your arrangements like this, to attract different contributors who might be interested in supporting your school mental health system. So for this, of course you're going to want to establish and use an agreement that outlines what has been agreed-upon, and regularly seek partners that may have financial or not financial assets that could be beneficial to your system. And keep those relationships strong, attend to establishing and fostering those relationships. That will be very helpful in the leveraging process.



Leveraging Funding Resources

- Conduct a comprehensive scan of existing funding opportunities
- Establish partnerships with community mental health programs, and other agencies and organizations to expand available services, resources, and infrastructure
- Develop an MOU that documents agreed upon services
- Think beyond dollars and consider exchanging services, training, or resources



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So here are just a few other tips about leveraging funding resources. You may want to start with a comprehensive scan of existing funding opportunities. You probably want to do this regardless if you're going to think about a funding plan overall, and again going into establishing partnerships with new partners. Maybe you already have and/or as long as you have some that are new, and a memorandum of understanding or an MOU to document what has been agreed-upon. Still really thinking beyond just dollars and cents, but consider exchanging services, training, and resources, that may be non-financial that can be helpful.

The slide is titled "Quality Indicator" in a purple header. The main content is divided into two sections. On the left, a question is posed: "To what extent did your district/school have strategies in place to retain staff?". On the right, under the heading "Best Practices", a bulleted list of 11 strategies is provided. At the bottom left, the text "National School Mental Health Curriculum" is visible.

Quality Indicator

To what extent did your district/school have strategies in place to retain staff?

Best Practices

- Provide ongoing professional development
- Regularly recognize accomplishments and personal milestones
- Practice open communication and provide opportunities for anonymous input
- Offer flexible work schedules
- Provide and evaluate staff wellness activities
- Engage staff to provide input on how to optimize staff retention
- Provide supervision and peer support
- Provide opportunities for career advancement
- Provide incentive-based pay
- Ensure salary is fair and there are opportunities for growth

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The next indicator is really about making sure you have strong strategies in place to retain staff. This is a great example of a very central resource to your system that you want to make sure that you are supporting, for sustainability purposes. There are so many best practices related to staff retention. Which is of course so important to student, family, school staff relationships, having that trust, and it's also very cost-effective. Not only does turnover and staff really influence the relationships and school climates the building, but it can be quite costly if you re-training new staff on initiatives, protocols, curriculum, also just on boarding in general. So, paying attention to your staff retention policies and strategies is really important, and there's a variety of best practices listed here, to just give you ideas about things that you can do.

Resources

Moving Beyond Self-Care: Organizational Factors

The Organizational Self-Care Checklist

- Training and Education
- Support and Supervision
- Employee Control and Input
- Communication
- Work Environment

Sample Items Include:

- ☐ The organization provides all employees with staff management trainings
- ☐ The work environment is well-lit
- ☐ The organization offers an employee assistance program (EAP)
- ☐ The organization provides opportunities for staff to provide input into practices and policies
- ☐ Staff members have regularly scheduled team meetings

(Guarino et al., 2007)
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We did also want to highlight organizational factors, and thinking about beyond just individual staff self-care, which is one of the best practices listed for retaining staff. It is important to consider broader organizational factors that could be contributing to staff well-being, and potentially reduce burn out. This is one assessment by Karen Guarino and colleagues that you can use to assess some of these organizational factors, and inform some action steps or quality improvement goals, to improve staff retention. It basically considers five categories, training in education for your staff, support and supervision, employee control, input communication, and work environment. You can see the sample items there on the right hand side. So, thinking about staff retention. There is a nice district example in the curriculum of this where a school based mental health program had a multi-pronged approach to staff attention. Which included things like leveraging federal loan forgiveness programs, and making sure that clinicians were connected to those opportunities and supported in their applications. This was something that really helped them, as well as providing really strong development. If you're talking about mental health providers, they typically all need continuing education units, or other continuing training or professional development to maintain their licensure. So, if the school or community partners can provide that during their workday, it's extremely beneficial. Then even down to some of the more basic things like making sure you're just celebrating staff accomplishments and milestones regularly. For example, in staff meetings.


Quality Indicator

To what extent did your district/school **maximize the expertise and resources of all stakeholder groups** to support ongoing professional development activities?


Best Practices

- Poll school staff members, community providers, students, and caregivers about expertise
- Offer professional development activities that use the diverse knowledge and skills of stakeholder groups
- Train school and community employed mental health providers together
- Engage youth and family leaders and advocates in professional development as trainers and learners
- Use diverse professional development mechanisms

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So, the next indicator is about maximizing expertise and resources of all stakeholder groups. Again, we know that professional development is critical for staff to be able to perform at their highest level of functioning. So, you want to think about what expertise you have out there to really maximize your professional development opportunities. There are some ideas here that you could start with which starts with asking folks who are recipients of professional development activities, in terms of not only what they're interested in receiving training on, but what is their expertise. Because in many cases you look at the system as a whole, there is so much knowledge and expertise of those of us who are part of the system that you can sometimes leverage that to have staff training with one another, and really expand the skill set of everybody as a team. So, really making sure that you're tapping into the diverse knowledge and skillset of all of the stakeholder groups, and partners that you have. Also thinking about engaging youth, family leaders, and advocates as trainers and leaders themselves. As well as learners in professional development.



Examples of Maximizing Expertise

- Community mental health providers training teachers on identification of mental health problems
- School psychologists training community mental health providers on school language and policy
- Youth and family members training school-based mental health providers effective ways to engage and support student mental health
- Training school staff as trainers of an evidence-based mental health practice to train the larger community mental health workforce



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There are some concrete examples here just to get you thinking. One is that community mental health providers may be able to train teachers on how to identify mental health problems. The second point, is for school psychologist to perhaps train mental health providers on school language, and policy. If you happen to have community mental health providers for whom being in the school setting is relatively newer for them professionally. Youth and family members could train school based mental health providers on effective ways to engage, and support student mental health from their perspective, right? What's helpful for them, what's not helpful, and what are some other factors related to their engagement? And also, training school staff as trainers of an evidence-based school mental health practice, to train the larger community mental health workforce.

Quality Indicators


Funding and Resources for a Multi-Tiered System of Support

To what extent did your district/school have funding and resources to support:

- Tier 1 (mental health promotion) services?
- Tier 2 (early intervention) services?
- Tier 3 (treatment) services?

To what extent did your school maximize reimbursement opportunities for eligible services?

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The next indicator is on funding and resources for a multi-tiered system of support. This is really about putting it all together and looking at all of your tiers. What is the vitality of funding and sustainability, for all of these components? As well as really maximizing reimbursement opportunities for eligible services, which are not just tier 3 services.

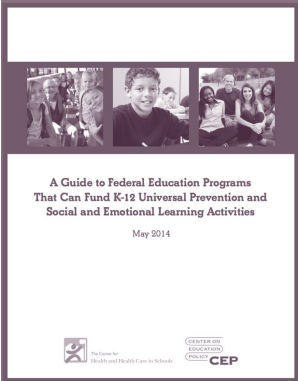
Slide 18

CE1

Resources

A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities

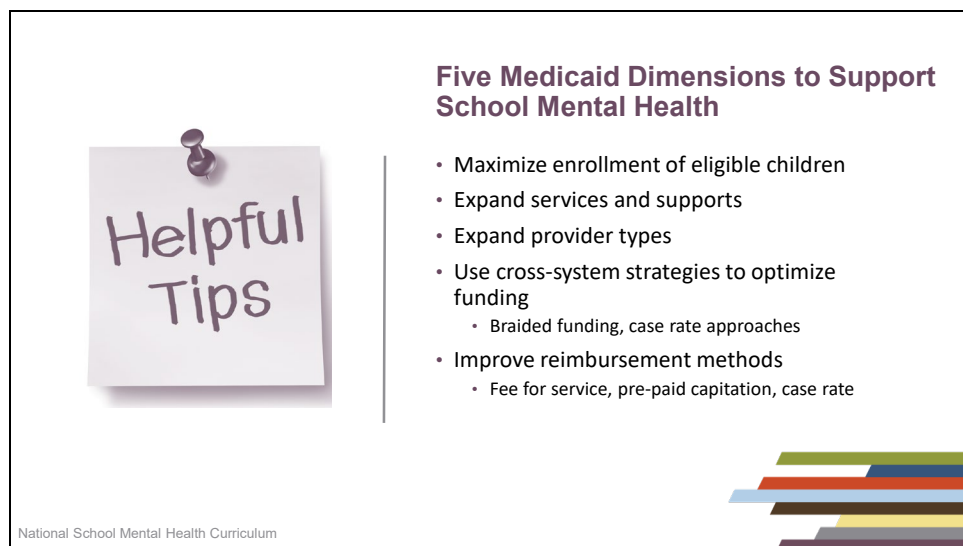
The Guide aims to help districts be aware of and increase their use of federal education funds to implement prevention efforts in elementary and secondary schools.



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(Center for Health and Healthcare in Schools, 2014)

To underscore that point, we also wanted to share this resource, because federal education funding is sometimes overlooked by school districts who are searching for sources of support for prevention. This guide was developed by the Center for Health Care in Schools at George Washington University. It's intended to help districts take advantage of funds by identifying k-12 grant programs in the Department of Education. Specifically, it provides really excellent detail on different elementary and secondary education act programs that provide appropriation for prevention related activities.



Helpful Tips

Five Medicaid Dimensions to Support School Mental Health


- Maximize enrollment of eligible children
- Expand services and supports
- Expand provider types
- Use cross-system strategies to optimize funding
 - Braided funding, case rate approaches
- Improve reimbursement methods
 - Fee for service, pre-paid capitation, case rate

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There are links to all of these resources in the curriculum, but we can also make sure that you have links as well. In terms of maximizing the reimbursement opportunities through Medicaid, here are several different dimensions that can be explored for school mental health, if you're thinking about Medicaid specifically. So, first is maximizing the enrollment of eligible children, by assisting, for example, with enrollment and Medicaid and CHIP (The Children's Health Insurance Program). You also want to expand covered services and support, to see if you might be able include teacher consultation, parent support, case management, and prevention approaches. Mark might touch on this a bit later, but you might have to do an amendment to your state plan depending on State Medicaid regulations, in order to expand coverage to some of the services and support. Whereas some of these are going to be written in. So, that's definitely something to look into. You also want to create new provider types when relevant. For example, parent support partners, or graduate trainees, if you want to be able to leverage Medicare dollars for that. Also using cross system strategies optimize funding. School mental health can be supported with braided or blended funding, or case rate model if you're using different child serving systems that are a part of that. So, it's something to look into and see if that's the way to maximize. And then of course, improving reimbursement methods and all these various ways, such as fee for service, pre-paid capitation or case rate.

5-Step Process for Strategic School Mental Health Financing and Sustainability

1. Clarify what you will need, by when
2. Map current funding and resources
3. Determine gaps in needs versus existing resources
4. Select financing strategies and funding sources
5. Make and execute a financing action plan



The image shows a desk with a laptop, a small potted plant, and a hand-drawn diagram titled 'FINANCE'. The diagram illustrates a flow from 'funding' to 'needs', with 'gaps' in between. The desk also has some papers and a pen.

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If you want to think about this as a five-step process for strategic school mental health financing and sustainability, this might be a way to go about it. As part of the National Center for School Mental Health National Quality initiative, we did some virtual trainings, and resources that were developed in collaboration with The American Institute of Research, to help districts develop a strategic financing and sustainability plan. Just because there are so many components here. This is the five-step process that we developed collaboratively with them to kind of get a better understanding, and plan for sustainability of school mental health. This is intended to be a continuous improvement process, that school district would primarily lead with their input. First, you'll want to clarify what you will need, and by when, that's obvious right. Then you'll map your current funding and resources to figure out what you're currently working with. Which will then help you determine gaps in needs, versus your existing resources. Then you're going to go about selecting your financing strategies. You're going to go about selecting your financing strategies and your funding sources based on this. At this point you can kind of reflect and say, which partners are not at the table? Could we use the leveraging better? Do we need to be billing Medicaid? Are there components of our system that really need more funding? Are there non-financial assets within the system that we can be tapping into better? And then finally executing a financial action plan.

Financing for What? Worksheet

Strategies and activities, services and supports that we want to develop and sustain	Over what time period will we develop, implement and sustain?	At what scale and pace will we build and sustain them?		
		Year 1	Year 2	Year 3
Infrastructure Investments				
Services and Supports				
Workforce Development				
Consultation/TA				
MIS				
CQI Processes				
Etc., Etc...				

Resources

(NCSMH, 2018)

Here are some worksheets, if you want enthusiast of the worksheets. Sometimes it just helps make it a little bit more concrete, and yours may, or may not, end up looking like this. For example, if you wanted to clarify what you will need, and by when, this is something you could use. You'll have to figure out what exactly you would need to pay for, the different kinds of services and support, your infrastructure needs, your operation and any costs. As well as to figure out over what time period you would want to do that, in terms of building and sustaining.

Funding Resource Mapping Worksheet

Strategies/ Activities	Source of Funds	Amount	Restriction on Uses of Funds, if any	Expected Timeframe Funding is Available
Infrastructure Investments				
Services and Supports				
Training, TA, Consultation				
Management and Administration				

Resources

(NCSMH, 2018)

Next, of course you would want to map your resources. So what you already have to work with, the source, the amount, is there any restrictions, operational spending, and that sort of thing.

Funding Gap Analysis Worksheet

Resources

Strategies/ Activities	Year 1			Year 2			Year 3		
	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap
Infrastructure Investments									
Services and Supports									
Evaluation/ Data Collection									
Management & Administration									

(NCSMH, 2018)

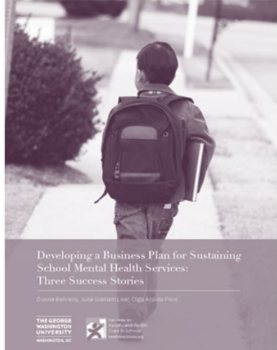
And then finally, figuring out where are those gaps between needs and resources. Is it by different services and support? Is it by different sub populations or fiscal year? This is a worksheet that you can use, borrow, and tweak, what have you, if it's helpful to borrow as you think about putting together a funding and sustainability plan.

Developing a Business Plan for Sustaining School Mental Health Services

This document describes how three communities and their lead mental health agencies have worked with schools and other local and state agencies to develop sustainable programs.

(Behrens, Lear, & Price, 2012)

Resources



Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories



Center for Health and Healthcare in Schools, George Washington University

THE GEORGE WASHINGTON UNIVERSITY

National School Mental Health Curriculum

This document is also another one that is useful to check out. It's developing a business plan for sustaining school mental health services. Also put together by Center for Health and Healthcare in Schools by George Washington University. It really describes how three communities and their lead to mental health agencies work with schools, and other local and state agencies to develop sustainable programs. You'll hear another example from Mark in just a few moments.

NEW: Joint Informational Bulletin on School Based Services from SAMHSA and CMS

Joint Informational Bulletin

DATE: July 1, 2019

FROM: Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use
Calden Lynch, Acting Deputy Administrator and Director Center for Medicaid and CHIP Services

SUBJECT: GUIDANCE TO STATES AND SCHOOL SYSTEMS ON ADDRESSING MENTAL HEALTH AND SUBSTANCE USE ISSUES IN SCHOOLS

Together, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS) are issuing this Joint Informational Bulletin (Bulletin) to provide the public, including states, schools, and school systems, with information about addressing mental health and substance use issues in schools. Specifically, this guidance includes examples of approaches for mental health and SUD¹ related treatment services in schools and describes some of the Medicaid state plan benefits and other Medicaid authorities that states may use to cover mental health and SUD related treatment services. Additionally, the guidance summarizes best practice models to facilitate implementation of quality, evidence-based comprehensive mental health and SUD related services for students.

Background

There is an urgent need to identify children and adolescents who have or are at risk for mental disorders, including SUDs, and connect these children and adolescents with other services they need. Schools can fill a critical role in both identifying such children and adolescents and connecting them with treatment and other services they need.^{2,3} An estimated ten percent of children and adolescents in the United States have a serious emotional disturbance (SED),⁴ yet approximately 80 percent of those children and adolescents with an SED do not receive needed services.^{5,6} Approximately 80 percent of children and adolescents with mental health diagnoses have unmet mental health needs.⁷

Substance use rates among adolescents remain concerning, with over 16 percent of adolescents ages 12 to 17 reporting illicit drug use during 2017,⁸ and more than 31 percent of adolescents endorsing use of tobacco or alcohol during the same timeframe.⁹ Further, during 2017, four percent of 12 to 17 year olds met criteria for a substance use disorder,¹⁰ with 82.5 percent of those adolescents not receiving needed care.¹¹

PEP19-SCHOOL-GUIDE

Before I hand it over to him though, we really wanted to let you know about this new joint informational bulletin that came out on school-based services. It was just released last month from SAMHSA and CMS. It's about 20 pages of reading, it's very approachable and we recommend it. In case your bedtime reading list is already a little long, we took the liberty of distilling the main parts over the next few slides, just for your reference, so you know what it contains and have a better sense of whether this is something that you want to sink your teeth into.

Joint Info Bulletin on School Based Services

- **Schools fill an urgent need** to identify, connect and support students in need of mental health and/or substance use services and supports
- **Best practice models funded by Medicaid and non-Medicaid sources:** 1) MTSS (PBIS, ISF, RtI), 2) CSMHS, 3) Mental Health Literacy, Counseling, Psychological and Social Services Coordinators, 4) School Resource Officers, 5) Crisis Intervention Teams, 6) Behavioral Health Aides and Peer Supporters, 7) Workforce and Rural Setting Considerations
- **Various funding sources** can be used to pay for a full continuum of services, best practice strategies to retain staff, evidence-based practices to maximize return on investment, the evaluation and documentation of outcomes, costs to apply for grants
- **State-level strategies** for Medicaid and other financing for school-based mental health services
- **Medicaid** coverage requirements, state plan benefits and other Medicaid authorities

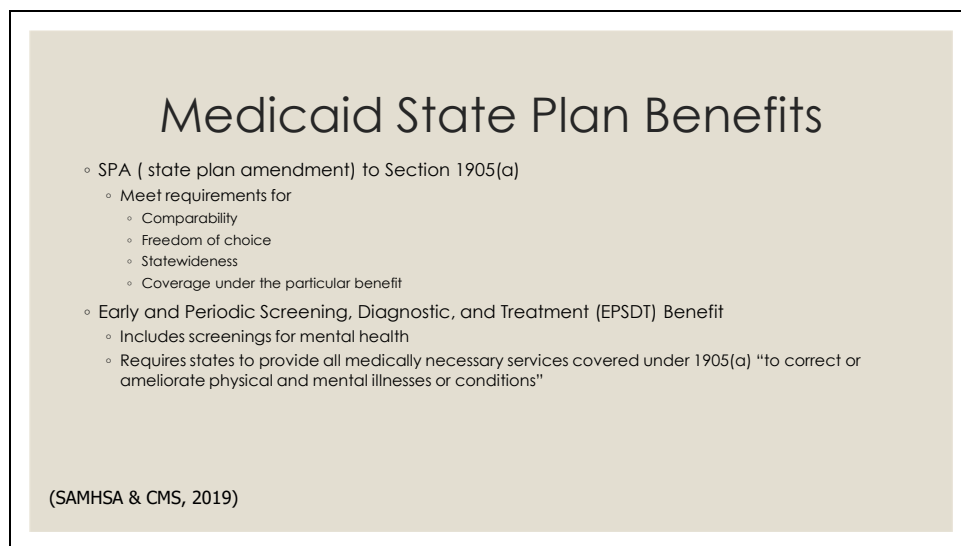
This basically overviews what was contained in the bulletin. Think about it as an outline, one of the things that's really nice, is it just how it starts out of the gate justifying how important schools are to fill, in an urgent need to identify, connect, and support students to mental health and/or substance-abuse services. So, it really kind of just calls that out in the forefront. I think that's always wonderful to see, to reinforce all the hard work that you all are doing day-to-day in schools. Then it goes on to outline several best practice models funded by Medicaid, and non-Medicaid sources. Some of them are listed here. You might be a part of these models. You might be the developer of these models. You might be implementing these models, but I wanted to list them for you to check out, because it's nice to see these evidence-based, and best practice models highlighted by SAMSHA and the CMS. They also talk about various funding sources that can be used to pay for a full continuum of services, and also pay for best practice strategies to retain staff. So we see some of those themes from the indicators coming into this document. As well as evidence-based practices to maximize return on investments, evaluating and documenting outcomes, which we all know cost money, and staff time. Then also cost to apply for grants. So, it kind of goes through different funding sources. There are some state level strategies, and then really readable detail about Medicaid coverage requirements plan benefits, and other Medicaid authorities.

State strategies
for financing
school based
mental health
and substance
use services
through
Medicaid and
other sources

(SAMHSA & CMS, 2019)

STATE	DESCRIPTION
Alabama	Alabama Departments of Education and Mental Health developed cross system funding to support school-based mental health programming. ⁴⁵
Arkansas	Developed administrative procedures to finance a school-based mental health program. Arkansas also formed a state-level collaboration between their Departments of Education, Mental Health-Behavioral Health, and Juvenile Justice for shared funding of school-based services, ⁴⁶ and a comprehensive manual of Arkansas's approach to school-based mental health within their State is available online. ⁴⁸
California	Passed the "Mental Health Services Act," which levies a "1% income tax on personal income in excess of \$1 million" ⁴⁹ to support mental health initiatives, including comprehensive school-based mental health systems.
Florida	Utilized a SAMHSA Project AWARE ⁵⁰ grant to produce a "Universal Screening Planning Packet," designed to guide schools in implementation of broad-based mental health screening so that students may receive further support and mental health services when indicated.
Louisiana	Used Medicaid state plan authority in LA 15-0019 to cover the services of a licensed nurse in the school setting for Medicaid-eligible students with an "individualized health plan" thereby not limiting the nursing services to services in an Individualized Education Plan (IEP).
Massachusetts	Amended their Medicaid state plan to cover services within Individual Health Care Plans, Individualized Family Service Plans, Section 504 plans, or services otherwise deemed medically necessary. The state plan amendment MA 16-012 was approved on July 17, 2017 and was effective on July 1, 2016.
Michigan	IDEA revisions expanded counseling sessions for students at elevated risk for mental health concerns (i.e., "Tier 2") and for those with existing mental health needs (i.e., "Tier 3").
Nevada	The governor's state-funded block grant called "Social Workers in Schools" began in the 2015-2016 school year, and provides full-time social workers to address mental health/behavioral health issues identified on school climate surveys. Through "Social Workers in Schools," the Department of Education's Office for a Safe and Respectful Learning Environment has placed over 225 social workers in 170 schools over the past two years. ⁵¹
South Carolina	Department of Education created a "Psychosocial Behavioral Health Rehabilitative Medicaid Standard" for students in Tiers 2 and 3 to enhance coverage for school-based services. ⁵² South Carolina also developed a recurring line item in the state budget to ensure funding for rural communities to develop school mental health programs. ⁵³
Tennessee	Johnson City designated school mental health funding for case managers in schools to provide Tier 2 and Tier 3 level services. ⁵⁴

I encourage you to check out these different state strategies for financing that are highlighted in the bulletin. They're a great reference for what might be possible, modifiable, or replicable in your own state. So, I think it's helpful to see what has been achieved in other states, and how it might relate elsewhere.

A presentation slide with a light beige background and a black border. The title "Medicaid State Plan Benefits" is centered at the top in a large, black, sans-serif font. Below the title is a bulleted list of requirements for a State Plan Amendment (SPA) to Section 1905(a). The list includes: "SPA (state plan amendment) to Section 1905(a)", "Meet requirements for" (with sub-bullets: "Comparability", "Freedom of choice", "Statewideness", and "Coverage under the particular benefit"), and "Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit" (with sub-bullets: "Includes screenings for mental health" and "Requires states to provide all medically necessary services covered under 1905(a) 'to correct or ameliorate physical and mental illnesses or conditions'"). At the bottom left, in a smaller font, is the citation "(SAMHSA & CMS, 2019)".

Medicaid State Plan Benefits

- SPA (state plan amendment) to Section 1905(a)
 - Meet requirements for
 - Comparability
 - Freedom of choice
 - Statewideness
 - Coverage under the particular benefit
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit
 - Includes screenings for mental health
 - Requires states to provide all medically necessary services covered under 1905(a) "to correct or ameliorate physical and mental illnesses or conditions"

(SAMHSA & CMS, 2019)

There's also then some very detailed Medicaid information. As I mentioned earlier, so I'm not going to go over this in exhaustive detail. You do have in your slides an outline, if you wish to refer back to them, but basically it explains that since there is no distinct Medicaid state plan benefits for school based mental health services, states can submit a state plan amendment (SPA), to ensure that services provided are covered by Medicaid. So, to some of you listening this is old news, and maybe you've already done this, and amended your Medicaid plan. To others this might be newer information, so we wanted to share it as some kind of foundational information for everyone to have. States have to provide coverage for mandatory services and include a description of the state's payment for those services, but states might elect to include optional services as well. There are some requirements listed here for state plan amendments, which are described in detail. For example, comparability is making sure that all enrollees receive the same amount, duration, and scope of services. So, there are some things that your state plan amendment should really adhere to. Then, it also reviews early and periodic screen diagnostic and treatment benefit, EPSDT, to cover school based behavioral health counseling under the rehabilitative services benefit as part of the 1905(a)13.

Mandatory Section 1905(a) Benefits

- Physicians' Services Benefit
 - Can be provided in a school
 - Psychiatric services could be covered under this benefit
- Federally Qualified Health Center (FQHC) Benefit /Rural Health Clinic (RHC) Benefit
 - Must be areas with a shortage of home health agencies
 - Includes mental health and substance use treatment services
 - FQHC could provide covered school-based services and be a SBHC

(SAMHSA & CMS, 2019)

Some other mandatory benefits to be aware of our physician services. These can be used as leverage to cover school based psychiatric services for example, and also federally qualified health centers or rural health clinics. So, if you're in an area with a shortage of home health agencies or things that would kind of fit with an FQHC Mandatory benefit, this could be leveraged as well.

Optional Section 1905(a) Benefits

- Rehabilitative Services Benefit
 - Broad enough to cover individual and group counseling or peer support services in schools
- Other Licensed Practitioner Services Benefit
 - Allows those who are not physicians to provide covered services such as counseling, testing, and to administer medication
- Clinic Benefit
 - Organized and operated to provide medical care to outpatients by or under the direction of a physician or a dentist ; could be at or near a school
 - Services must be furnished at the clinic
- Prescription Drug Benefit
 - Allowing for SUD treatment and prescribed medication during the school day
- Case Management Benefit
 - Gain access to needed medical, social, educational, and other services

(SAMHSA & CMS, 2019)

There are a number of optional benefits that states could cover that could also be used to support school-based mental health. Some of you may be familiar with some of these, and these will vary a little bit by state, but it's important to kind of know what's mandatory, and what's optional.

Medicaid Payment for School-Based Services

- Fee-for-service/claim-based payment
 - Establish a fee schedule and the provider submits a request for payment
 - Not commonly used because schools do not have medical claim billing systems
- Recognized cost reimbursement
 - Most common
 - Reconciled cost methodology
 - Detailed documentation required at service provider and district levels
- Medicaid Payment for Services without Charge
 - Services are reimbursable even if there was no charge to the beneficiary
 - Includes services outside of a child's IEP

(SAMHSA & CMS, 2019)

Keep in mind that states need to outline a methodology for payment in the reimbursement section of their state plan amendment, even though you don't have to justify the coverage of services, because those are listed as optional. There's just a variety of different payment methods that you could choose to outline, depending on what makes sense.

Other Considerations and Regulatory Requirements


- Medicaid Qualified Providers
 - Schools and practitioners must meet Medicaid provider qualifications and requirements
- Collaborations with Community Providers Within or Near Schools
 - Seek technical guidance for compliance with federal standards
 - School-Based Health Centers must operate under a Medicaid benefit such as the FQHC or Clinic benefit
- Medical Reimbursement for Telehealth/Telemedicine
 - Not a distinct service; subject to same Medicaid requirements
 - Won't cover startup cost
 - Either students or providers can be housed at the school

(SAMHSA & CMS, 2019)

So finally, there are some other considerations to keep in mind. For example, providers have to be qualified to work for Medicaid, and meet all the requirements associated with such a position. And while the service coverage for school based plans are included in many state plans, you'll definitely want to seek some guidance to make sure that how you're operating, whether it's a school based health center, or other set up for your system, is within federal guidelines. And finally, telemedicine might be a really useful medium for areas where it's difficult to get providers in the same room as students. Medicaid reimbursement for telemedicine can also be an option. I think finally I'd like to say it's important to think about all the different kinds of providers that could be providing Medicaid reimbursable services. So, if you're thinking broadly about everybody in your system, this could include school employed mental health providers, or related services personnel, including school psychologists, school social workers, psychiatrist who are based in the school, or other mental health providers that could be providing billable services. Who are community partners at school embedded, and then other trainees or health providers in the building that could be delivering reimbursable services? We wanted to make sure that you have access to that document, it is in the box folder, so you can download the PDFs there. With that, I'm going to wrap up and hand it over to Mark so he can tell us a little bit more detail about how they've done funding and sustainability in Minneapolis.

Multiple and Diverse Funding: Hennepin County/Minneapolis

- Fall 2004 – MPS SMH starts with SS/HS grant
 - 7 pilot schools
 - Full time therapist at each school = \$30,000 for consultation + 3rd party revenue
 - Data collection and evaluation were key components
- 2007/2008 – Governor MH Reform
 - SMH one of the pieces (\$4.7 mil/year for 5 years) for consultation, collaboration, & serving the uninsured and underinsured (to leverage 3rd party revenue)



Thanks, so much Elizabeth, hey everybody. I want to start by setting up how we have structured school based mental health in Minneapolis. Minneapolis public schools, back in 2004, partnered with two mental health agencies, and through that partnership, those two agencies embedded therapists at seven different schools. We had a full-time therapist at each school and through a Safe Schools Healthy Students Grant, provided \$30,000 for what we called ancillary services. Which were treatment related consultation and treatment related care coordination with professionals outside of the school, and then also being at meetings, MTSS meetings, mental health team meetings, those kinds of things. A large part of the revenue for the therapist came from third-party reimbursement, either through public or private insurance. Then lastly, because we really believe that when we embed someone in the school, they need to be able to do it regardless of their ability to pay. So Hennepin County stepped forward as local health authority, and provided some not to exceed contracts, to cover the cost for the uninsured. So, again you got to have, Elizabeth talked about this earlier, a very diverse funding portfolio. You got to think about who should be paying for what, based on either interest, or their responsibility as a player in the system. Another point which is been really important data collection and evaluation. These were really key components, so related to data collection, we're not doing a research study, so this is really about service delivery first, and then collect data on that service delivery. So, our data collection wasn't super rigorous, but it was also provided for peer reviewed papers. So it was good, but then again that data was critically important for the next bullet, which was in 2007/2008, our governor of the time was really interested in doing some mental health reform.

We had some data on our program, and school-based mental health became one of the five key reform initiatives. The governor and the legislator put \$4.7 million a year for five years to help pay for that consultation, collaboration, and providing services for the uninsured and underinsured. The idea was that we need to leverage third-party revenue first. Third-party revenue was at least half to 75% of the funding for each of the programs, and then the grant funds were used to fill in some of the gaps.

Multiple and Diverse Funding: Hennepin County/Minneapolis

- Piloting a financing strategy at the local level (MPS)
 - Identify necessary services and who is benefiting and engaging those stakeholders (school districts, health plans, county government)
 - Collecting program effectiveness data but also looking at individual components (i.e., treatment-related consultation, care coordination)
- 2008/2009 - Piloting expansion and engaging high level state-wide leadership group
 - MH providers with grants are serving ~470 schools
 - High Level Leadership Group examined state grant program
 - Each stakeholder group developed their own commitments to help sustain and expand SMH in MN

One of the things that we did in Minneapolis in the beginning is we started small and seven schools. We really focused on not only how do you create this service delivery system, but also what's it going to cost. What are the really important services that are necessary to make this program successful? And then with that, some of those things were the teacher related consultation collaboration with outside providers, being able to be embedded in the school, be at meetings, and be visible. And what happened for all of that, we believe, is that it really helps build the capacity of schools to support individuals with mental health concerns, whether they are subclinical or really deeper end. As we were realizing what the critical services were, we were also started thinking about, who's benefiting from these services? And how do we engage these stakeholders? And these were school districts health plans, county, and state governments. Then like I talked about before, collecting program effectiveness data was critically important. Really looking at how much teacher consultation, consultation to social workers, and to administration we are providing. We found of all of those ancillary services 40% or more were related to teacher consultation, consultation with school social workers, and consultation with administration. So, that really helped us move forward with this really needs to be part of the state grant program. In 2008/2009 when the state grants came out, that was what part of our program was. So, in 2009 when the grants came out, it went to about 20 mental health agencies. They were serving 470 schools. A couple years after the launch of the program, we assembled a high-level leadership group, this had the department of human services, department of education, a number of superintendents, local county leadership, as

well as our five main health plans in our state. We had about five meetings, which lasted about an hour and a half each. We really talked about school mental health and how it worked, and the stakeholders each developed their own commitments to help sustain and expand school mental health.

Multiple and Diverse Funding: Hennepin County/Minneapolis

- Due to Success: 2013 funding increased to \$9.4 and now \$11 million per year!
- 2013 – Clinical Care Consultation Medicaid Benefit created!
 - Great news – and ...
 - Took a couple of years to implement
 - Required documentation may be limiting
 - https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_198190
- MPS – 50 schools, Hennepin = 170; State-wide= ~1100


Take Home Message: *Have your data and communication plan always ready because you never know when the opportunity will present itself*

Due to the success, five years later in 2013, the funding for school-based mental health was doubled by our state legislature. They were like “this is working great,” because of the data we were showing them. And, one of the pieces of data that I think was really powerful was, we were able to show them over each of the five years, 50% of the students we were serving had never received mental health services before, and of those individuals who are receiving services for the first time, over 40% were seriously emotionally disturbed. Which means that they were at risk for out of home placement the next year. These are individuals that have significant mental health issues, and for whatever reason couldn’t get into community-based care. Now we’ve got over \$11 million per year, and this past session that just ended in May, there was some more money put in. We’re really expanding services in Minnesota. One thing that also happened in 2013, was the addition of a Medicaid benefit, which is called clinical care consultation. This is the consulting to teachers, and also to individuals out in the community. This is great news. For individuals were really looking into diving into their adjusting their estate plan with Medicaid, here are some things to keep in mind, this took a couple years to implement. DHS worked really hard, but these kinds of changes can take a really long time. Some of the documentation required to access this benefit, is limiting providers access again, so we’re still working through really being able to maximize this benefit. So, it’s critically important, but it also takes some time. The link below is to an explanation of this benefit, and if you’d like to talk to DHS in Minnesota would be happy to talk to you about this Medicaid benefit, and how they went through it. So big picture, kind of zooming back, we started with seven schools back in 2004, now we’re currently

in 58 Minneapolis public schools, over 170 across Hennepin County which has over 20 school districts. And across the state were now in over 1100 schools, from 470 back in 2008. Again, a lot of this has been driven by the way that the state has provided these grants and also school district stepping up and wanting to pay for that consultation services. So, for me the big take-home message is make sure you have your data and communication plan always ready because you never know when the opportunity will present itself to really start moving these programs forward. Thanks so much. [Elizabeth] Thank you so much Mark, that's really helpful. Does anyone have any questions or feedback for Mark? You're welcome to type it in the chat, and I just wanted to point out as a reminder, this is a model of a community partnered School behavioral health system. We recognize, of course, comprehensive school mental health systems really include both school, and school based community support. This presentation is really about that community partner's piece, and it's part of the bigger funding picture, for comprehensive school mental health. Thanks for sharing this Mark and if folks have questions that come to mind even throughout Janet's presentation, please feel free to type them in the chat. Mark if you're willing if you could type your email address in the chat, that would be fabulous, so people can reach out to you online if they wish. Ok, handing it over to Janet now so she can tell us about state policy and school mental health.

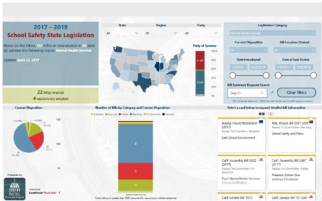
State Policy & School MH

Where to find updates




State Legislature

Discussions with
state leaders



Other Databases



News Sources

Thanks so much Elizabeth. I am Janet Cummings, I'm the school mental health lead at the Southeast Regional Mental Health Technology Transfer Center. One of the things we've been working on is trying to understand what the policy landscape around school mental health is in our region. I'll give you a bit of an overview on some of what we've learned, but before I do that I just wanted to say a couple of words about some of the resources that we been using to learn about these policies, either pending legislation, recently enacted legislation, or executive actions. In case you have an interest in trying to learn more about what's happening in your state, or in your region. So, the state legislator for each state, usually has a database that you can use to search for bills and different parts of the process. Some of the search terms we been using are mental health, and school safety, because a lot of times language around school mental health is embedded in legislation that addresses school safety more broadly. We've had discussions with leaders in our region. Some of what we've learned about is the very important recently enacted legislation. Our state leaders told us that this had just happened, and they were actively working on trying to figure out next steps about implementation. I'm going to in the next slide present some links to a couple of additional data bases, you may have an interest in using. In some cases where maybe it's an executive action, or legislation has not yet happened, we used news sources, just using Google to kind of try and find out what's happening with school mental health in a particular state. That's actually been a helpful resource as well.

Policy Databases

National Conference of State Legislatures

- <http://www.ncsl.org/research/education/education-bill-tracking-database.aspx>
- <http://www.ncsl.org/research/education/school-safety.aspx#LegTracking>

National Association of State Boards of Education

- <https://statepolicies.nasbe.org/health>

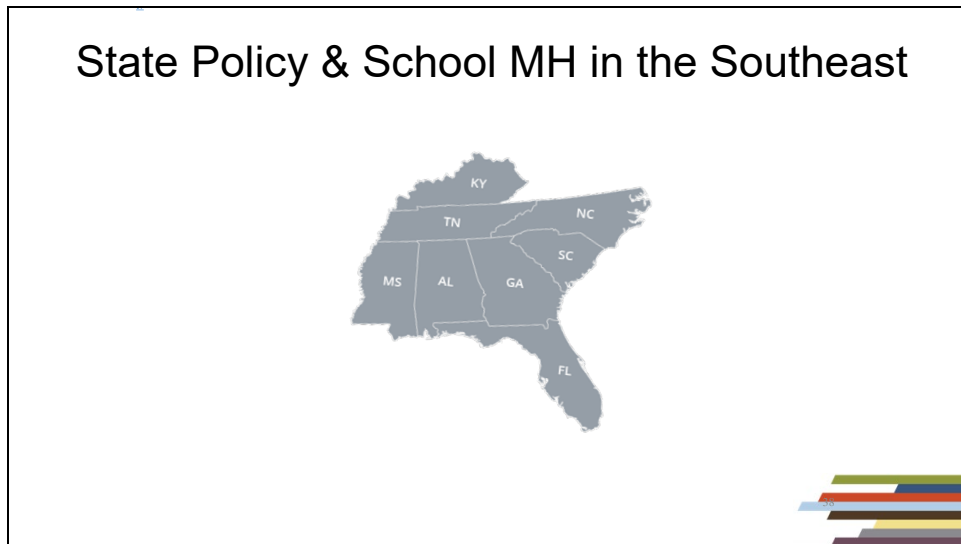
Child Trends

- <https://www.childtrends.org/publications/using-policy-to-create-healthy-schools>
- <https://www.youtube.com/watch?v=dkVoZuxfe3E&feature=youtu.be>

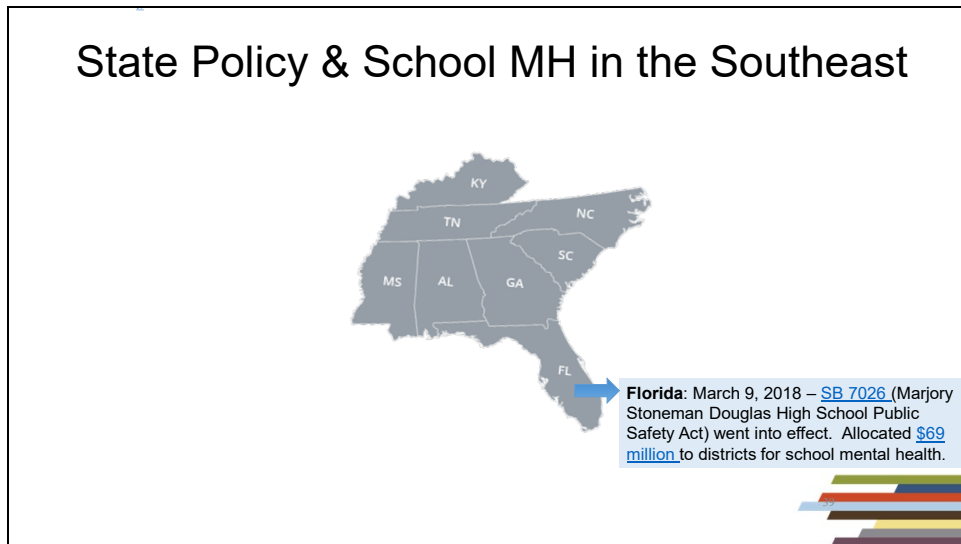
Mental Health America

- <https://www.mentalhealthamerica.net/issues/current-mental-health-legislation>

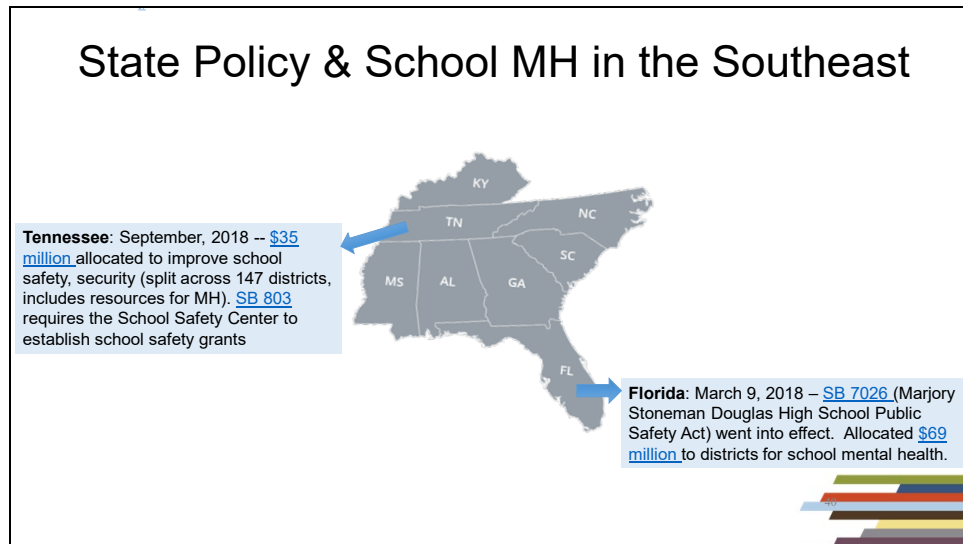
Here are a couple of policy databases that may be of interest the National Conference State Legislators and the National Association of State Board of Education. They both have interactive maps, and you can click on a state and see what's happening within a particular topic area. The child trends have state profile reports, and the link here to mental health America includes a list of current federal mental health legislation, with links to some of the exact language.



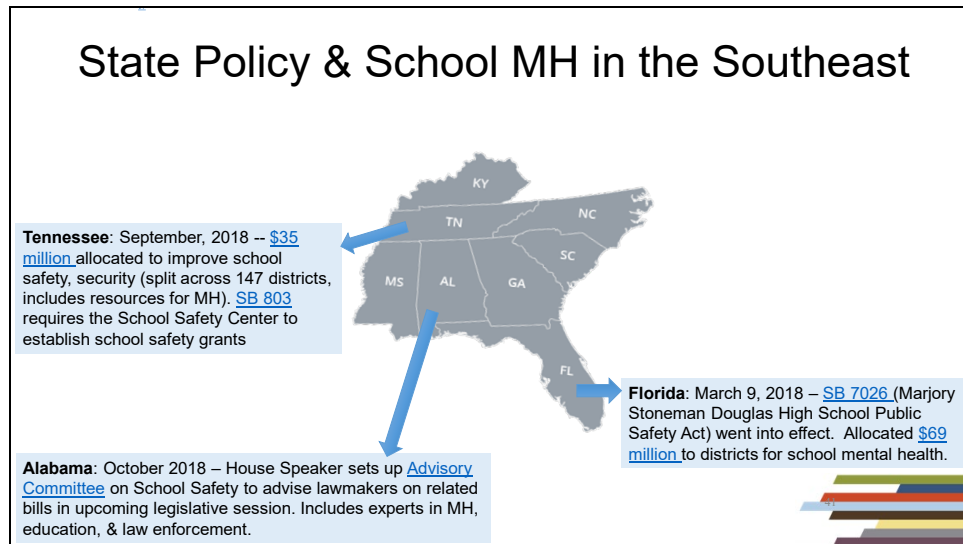
So what does the current policy landscape and region for look like with regard to school mental health? I'll say in our region, and I think this is probably true in a lot of states and regions, a lot of the policy action has happened or has picked up ever since the parkland shooting. So we'll start with Florida.



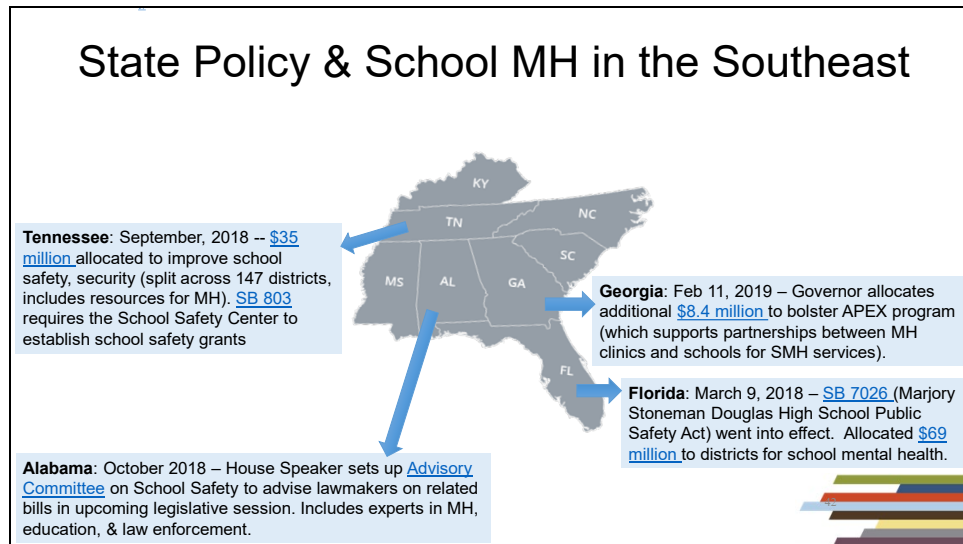
In March of 2018, SP7026 for Marjory Stoneman Douglas High School Public Health Safety Act went into effect. This was a massive legislation, both in terms of all the pieces that were addressed, and in terms of the resources that were allocated to the legislation. Sixty nine million dollars were earmarked for mental health services, and this was allocated to districts all across the state for school mental health.



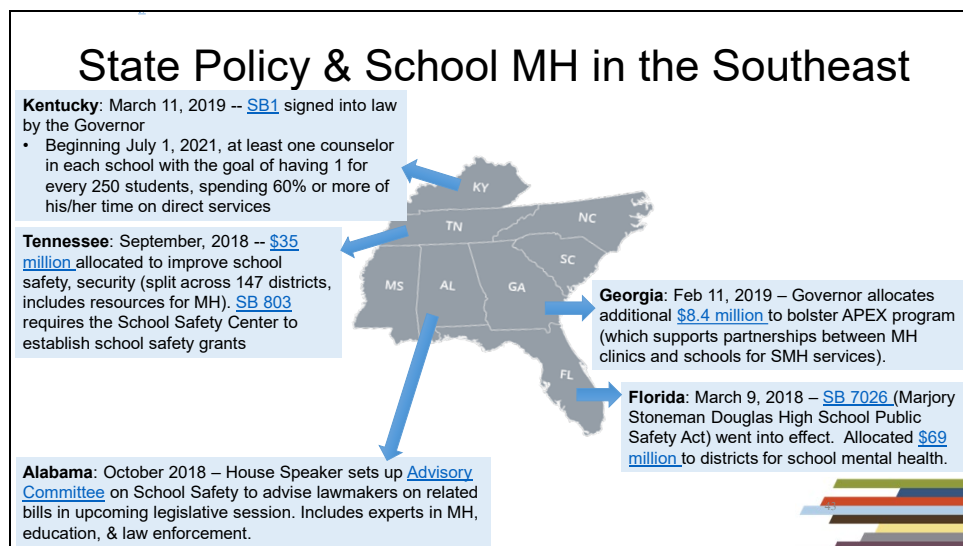
Then in Tennessee, later that same year, September 2018. Tennessee allocated 35 million to improve school safety and security. This had within it some resources related to school mental health. Again, these resources were split across the 146 districts. There is also another more recent law, the SB803 which established the safety grants, and funded programs related to school safety. Some of these include topics such as violence prevention programs, conflict resolution, and a number of other topics as well.



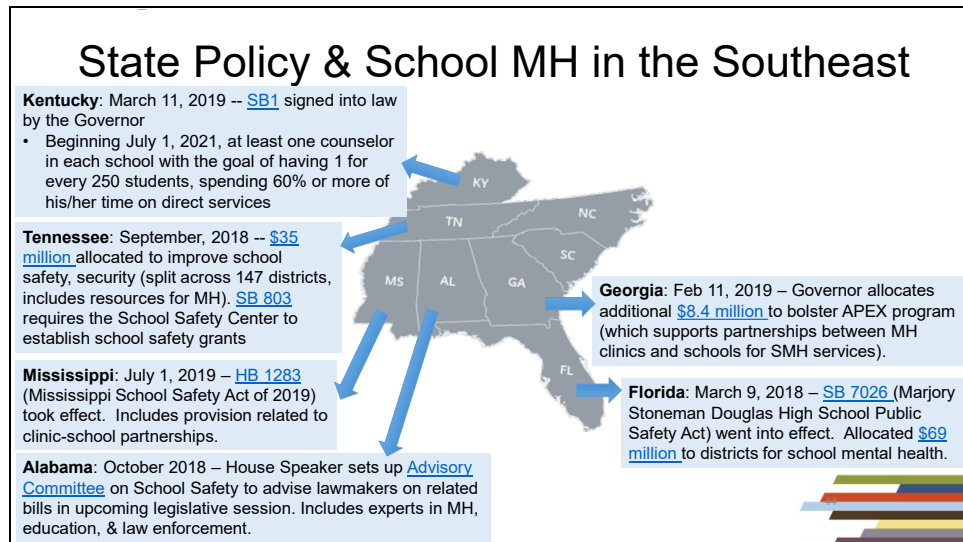
In Alabama, and as you see here I'm going chronologically. Alabama has not yet passed legislation, however school safety legislation has been discussed. In October 2018 the house speaker set up an advisory committee with experts from education, law enforcement, and mental health. The purpose of this committee was going to be to advise lawmakers on bills coming up, and the subsequent legislative session on school safety. We're continuing to monitor what's happening in Alabama.



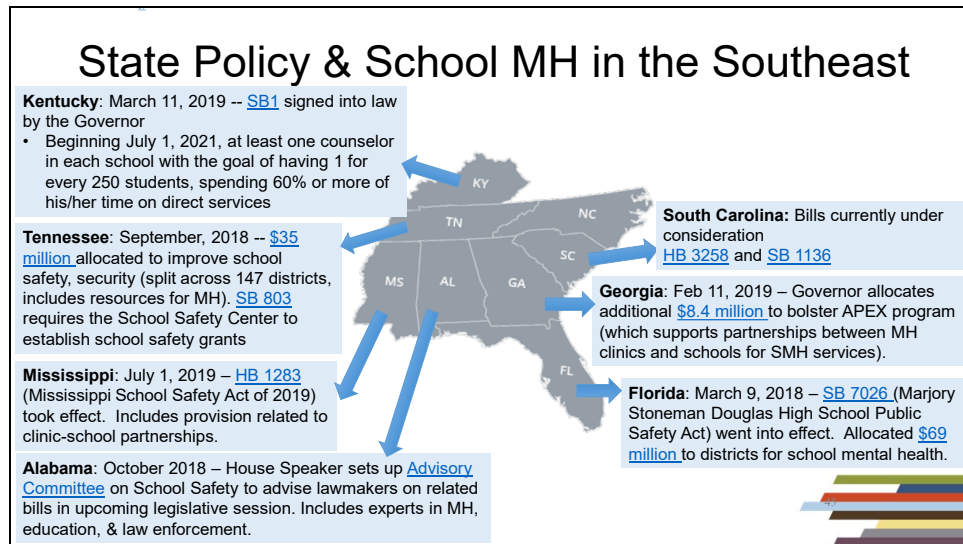
In Georgia, this slide refers to shortly after Governor Kent came into office in February 2019. He decided to allocate an additional \$8.4 million to a program, called APEX program which supports partnerships between health clinics, and schools, for the provision of school mental services. I'll actually say a little bit more about the APEX program after I cover the policy landscapes of other states.



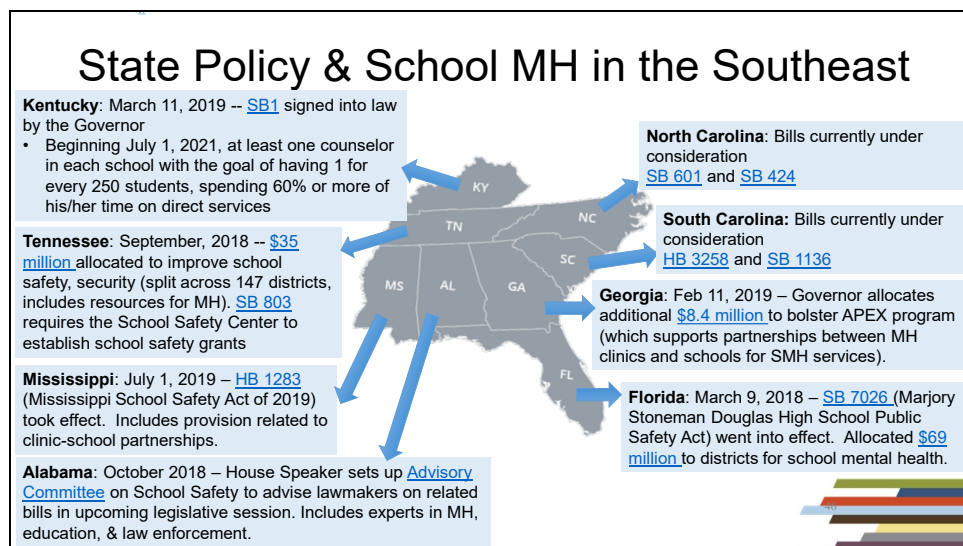
The next day state we'll look at is Kentucky. Kentucky recently passed another comprehensive law in terms of the extent to which the law addresses mental health and some of the specific language about requirements. For example, beginning July 1, 2021 at least one counselor in each school, with a goal of having one for every 250 students, spending 60% or more time on direct services. That language is quite specific. For other states where there is currently legislation being considered around school mental health, or for those of you who are in the states who know this type of legislation is moving through the process, I encourage you to check out the hyperlinks I've embedded into the slides that will be shared. Check out the language in Kentucky's law, they provide some nice examples on how to get some very specific language into the legislation.



In Mississippi they also recently passed a fairly comprehensive law and it included a provision related to clinical school partnerships.



I'm just going to wrap up very quickly with North and South Carolina. Both states have pending legislation relating to school safety, and both of them have language embedded in them that happens to your address components of school mental health.



And same thing in North Carolina. Two laws are currently being considered. The SB424 has language about funding school counselors and school psychologists over three years for example. So, this gives you a sense that there is just a lot happening at the state level both in terms of legislation that's either being considered, very recently enacted, or programs that have been funded where there continues to be additional resources invested into those programs. Part of my take-home message, after getting a sense of what the policy landscape looks like in our region, is that this is just really incredible time to be working. Building off of Mark's presentation, having data ready, having your talking points ready for when the opportunity presents itself. The policy and landscape is just very much at a place where there are opportunities for those types of conversations to really influence what happens next. I want to say a little bit more about the APEX program.

Georgia APEX Program

- Creates partnerships between community-based mental health providers and local schools to provide school-based mental health services
- Funded by the Georgia Department of Behavioral Health and Developmental Disabilities
- Timeline
 - Began as a pilot in August 2015
 - Now in its fourth year of operation
- After the partnerships are established, many services (Tier 3) billed through Medicaid.
 - Goal has been to expand partnerships to more schools, and then use Medicaid revenue as a source of funding to help sustain the program.

The Georgia APEX program was a program that began as a pilot in the 2015/2016 academic year. It is funded by the Georgia Department of Behavioral Health and Developmental Disabilities. The idea behind that program is that the department would give grants to all of the Public Safety Net providers in the state, and a few private providers that serve a lot of children enrolled in the Medicaid program. These grants would be used to help support these organizations to go and develop partnerships with the schools, to have a conversation, to create the relationships, and get memorandums of understanding in place to have those partnerships. Then the idea was a sizeable portion of what would then be delivered would ultimately be billed through Medicaid. So, all of these partnerships provide tier 3 services, and the partnerships around schools, in which a large portion of the child population is enrolled in Medicaid. These grants can also be used to support tier 1 tier 2 services that are not covered by the Medicaid program.


Georgia APEX Program

	Year 1 (AY 2015 – 2016)	Year 2 (AY 2016 – 2017)	Year 3 (AY 2017 – 2018)	% Change from Year 1 to Year 3
# of Schools Served	136	203	396	191%
# of Students Receiving First Time Services	2,419	2,822	3,464	42%
# of Service Encounters	22,640	40,044	60,318	166%

Sources:

- https://www.cartercenter.org/resources/pdfs/health/mental_health/school-based/apex-year2-rpt.pdf
- https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/imported/DBHDD/Home/APEX_Year%203%20Brief%20%26%20Years%201%20to%203_Summary_01.2019.pdf


Here, you can see how the program has grown since the first year. This is some data for the first three years of the program. It started in 136 schools, serving 2400 students who were receiving services for the first time. Then as the program has continued I think there's been some data to show that especially with the number of students receiving services for the first time, number of service encounters, that it is having a positive impact in the state. There have been more recent investments. In 2018, Governor Deal added 403 million, to an existing 9.5 million budget. And then again, as I said when Governor Kent came in and got into office, he added an additional 8.4 million. Part of the idea behind these additional investments would be to take the program, help expand it to more schools, and then again once these partnership our in place, Medicaid becomes an important piece of the sustainability of funding. Organizations would then bill Medicaid for those tier 3 services. So, I would be happy to leave my email if anyone has any follow-up questions. I've also included links here for the people who are interested in the APEX program, please check out these wonderful resources at the bottom. They have a lot of information about the history of the program and what's happened with the expansion of the program. I think they'll both be great resources for you, so thank you so much.


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Thank you so much Janet. When you first told me about the program I thought it was a nice example of policies actually being leveraged, and really translating to real actual services being provided for students. The other aspect I like about it is funding that relationship building, and the foundational work that it takes, for schools and their partners to get to know one another. I think it's a really innovative idea and I think it could even be a potential ask of funders whether you're leveraging or braiding. Whatever you're doing to really seed the funding for the staff time that goes into building those relationships that are so foundational. Thank you so much for sharing and with that we want to move towards wrapping up our call. We are so grateful to Mark and Janet for their presentations. And yes, Janet if you could put your contact info in the chat, that would be fabulous. In case folks want to follow up with you about the policy analysis about the Georgia APEX program. I do you see that there is some additional comments in the chat some more clarification about Marc sanders presentation. Leila Fitzgerald also added they're currently in 400 plus schools year after year. So thank you for all the activity in the chat. I think as an adult learner it's always great for us to be viewing the webinar, and checking out what's happening in that chat. We very much intentionally ended this presentation component of this last session early today, and that is because we don't want you to disconnect. We actually want you to use these remaining 15 minutes to complete the evaluation that's going to be posted in the chat box. As Heather mentioned at the beginning of the evaluation, of the entire series of learning sessions is absolutely pertinent, and of very high interest to you SAMSHA. We appreciate you taking the time and going and completing that evaluation. We want you to


provide honest feedback and there's contact information provided on the evaluation. That will be used to send you a certificate of participation from the MHTTC network coordinating office. I do want to hand it back to Felicia and Heather, in case there are any other housekeeping details that I missed related to the evaluation link, or anything else to wrap up the call today.


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Thank you Elizabeth, I think it's just me here, I think Heather is not back just yet. I think if everyone would just be able to fill out the evaluation. I have posted the link into the chat box and I will stay here until about 1:15 pm so that the chat can stay open for everyone with that link, for those who need a second to copy and paste it or follow it to a browser. So I will have that open and will be here until 1:15.

Thank you all very much, we hope you all have a wonderful rest of your day, and we thank you in advance for completing the evaluation to let us know your thoughts on the learning sessions provided. Thank you.

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