



## National School Mental Health Best Practices: Implementation Guidance Modules 'Always and Now' Learning Series Module 7: Funding and Sustainability

### Presenters:

**Dr. Nancy Lever**, Co-Director National Center for School Mental Health; Associate Professor, University of Maryland School of Medicine

**Ashley Harris**, Director of Whole Child Supports and Strategic Partnerships, Georgia Department of Education

**Lynn Beshear**, Commissioner (2017 – 2020), Alabama Department of Mental Health

**Dr. Adam Wilk**, Policy Lead, Southeast MHTTC School Mental Health Initiative, Emory University

### Participant Question & Presenter Response

**Q1** *What tools and or surveys do you suggest using to collect data?*

**A1** (AH) In the GaDOE model, we start with asking students what they need to be successful in schools. We then create surveys for staff, families, and community members to find out other potential barriers to student success, but to also assess what assets exists in that community. Once this is complete, we look at both health and academic data to understand the true impact on student outcomes. Health data is generally county based but can be scaled to zip codes as well.

(NL) Check out the screening and assessment library on the School Assessment and Performance Evaluation System, the SHAPE System ([www.theShapeSystem.com](http://www.theShapeSystem.com)) and check out the School Climate Compendium from the National Center on Safe Supportive Learning Environments: <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium>

**Q2** *For Tier 1 Mental Health Support, are you recommending that school districts and schools use funds that would otherwise go towards instructional?*

**A2** (AH) Each school/district will align their resources according to their needs and plans. If schools have identified various student support services as a need, discussions should be had at the local level to determine what funds can be used. Ideally, we are looking for funding that would be new sources of funding that could complement current instructional dollars for academics.

I agree with this recommendation. As with most states, Alabama has tremendous disparity between rural and urban and primarily poverty schools. Engaging local



business and civic leadership through the partnerships among MHCs and LEAs can best tell the local story and needs. People like being part of solutions, especially for children, so putting the local face on it can go a long way. (Lynn Beshear)

**Q3** *Please share more about how to best utilize the EPSDT for school based mental health services!*

**A3** (AW) Our SE MHTTC School Based Mental Health team has put together two resources specifically about EPSDT. One provides basic information about the benefit: <https://mhttcnetwork.org/centers/southeast-mhttc/product/financing-school-based-mental-health-services-early-and-periodic> and the other explains one leading theory as to why EPSDT is often underutilized in school mental health: <https://mhttcnetwork.org/centers/southeast-mhttc/product/why-early-and-periodic-screening-diagnostic-and-treatment-epsdt>  
You would need to contact Kim Hammack at the AL Dept of Mental Health for Alabama-specific strategies on this [Kim.hammack@mh.alabama.gov](mailto:Kim.hammack@mh.alabama.gov) (LBeshear)

**Q4** *How do school mental health professionals attempting to bill Medicaid deal with all the regulations with regards to treatment, planning, etc? How do you monitor and handle those kids that are receiving mental health treatment being billed to Medicaid through community mental health centers to avoid fraudulent or double billing?*

**A4** (NL) Regulations related to billing Medicaid are quite comprehensive and time consuming. Organizing training, monitoring systems to keep track of deadlines, and creating templates/guidelines to help support treatment planning and other regulations can help providers. In terms of avoiding duplication, communication and collaboration with school, family, and community stakeholders is essential to know who is doing what and when.  
Alabama DMH receives specific training on Medicaid billing through its very productive relationship with AL Medicaid. It's all about building those trusting ongoing working relationships.

**Q5** *How do you support those that do not qualify for Medicaid or CHIP (either undocumented and don't qualify for Medicaid or the family has private insurance)?*

**A5**



(NL) There are opportunities for billing using private insurance, but it does involve lots of work to panel clinicians. In establishing MOUs or proposal requests, it can require that for every X number of students serviced with MA need to provide X services to support undocumented or not qualifying students. Also, you can look to private foundations and other funding opportunities to specifically consider how to better support youth without insurance.

AL MHCs that have the SBMH partnership through DMH receive \$50K to launch a program and then to cover those children

### Additional Resources:

- Access the COMPLETE National School Mental Health Best Practices: Implementation Guidance Modules resource, free of charge, [here](#).
- For information about local, state, and regional school mental health training and technical assistance activities, access your MHTTC Regional Center [here](#).
- The SHAPE System, developed by the [National Center for School Mental Health](#), is a free, private, web-based portal that offers a virtual workspace for school mental health teams at school, district, and state levels to document, track, and advance quality and sustainability improvement goals as well as assess trauma responsiveness. Click [here](#) to learn more.
- The Georgia Department of Education's useful resource cataloguing possible uses of funds under different Titles and Parts of the Every Student Succeeds Act (ESSA) is available here: [https://www.georgiainsights.com/uploads/1/2/2/2/122221993/wholechild\\_mentalhealth.pdf](https://www.georgiainsights.com/uploads/1/2/2/2/122221993/wholechild_mentalhealth.pdf)
- Links to a few relevant resources prepared by the Southeast MHTTC's School Mental Health team:
  - Will Medicaid Pay for this Service?: <https://mhttcnetwork.org/centers/southeast-mhttc/product/will-medicaid-pay-service-key-constraints-medicaid-reimbursement>
  - The EPSDT Benefit in Medicaid: <https://mhttcnetwork.org/centers/southeast-mhttc/product/financing-school-based-mental-health-services-early-and-periodic>
  - Financing SMH Services during a State Budget Crisis (webinar recording and slides): <https://mhttcnetwork.org/centers/southeast-mhttc/product/financing-school-based-mental-health-services-during-state-budget>
- A full list of the products prepared by the Southeast MHTTC's School Mental Health Initiative is regularly updated here: <https://mhttcnetwork.org/centers/southeast-mhttc/product/southeast-mhttc-school-mental-health-product-catalogue-0>
- Center on Budget and Policy Priorities (CBPP) report on Medicaid changes during the COVID-19 pandemic: <https://www.cbpp.org/research/health/state-medicaid-changes-can-improve-access-to-coverage-and-care-during-and-after>

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