



**School Practitioner
Listserv**

A Weekly Community of Practice Network
for Sharing and Interchange



October 20, 2014

Request

>What does school mental health cost?

Initial Responses from Colleagues

>About Funding Mental Health in Schools

Featured Center Resource

>Resources Related to Funding Concerns

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**Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu**

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R equest

“I have been participating on a subcommittee to the mental health commission for our state. We have been tasked with coming up with specific action steps and suggestions to implement some of the recommendations that the mental health commission presented to our governor's advisory council. One of those recommendations included providing increased mental health services in schools, and our group is looking for any information related to funding levels of mental health services in schools. For example, we would like to know:

- is there any information about a national average for per pupil spending specifically for mental health services in schools?
- have any states or regions collected data regarding funding of mental health services in schools, either on average per pupil or any data that could be used to approximate an average?
- are there any best practice recommendations regarding what would be considered an adequate level of funding to provide mental health services in schools?
- has there been any research regarding levels of funding for mental health services (i.e. some type of average; what might be considered an adequate level, best-practices level, or even minimum versus preferred levels and what you get for your investment)? We have identified a few articles on studies that have applied a cost-benefit analysis but what we need is basically a cost estimate.

I know these are rather vague and general requests and I recognize that funding of mental health services in schools (along with service delivery models) varies greatly across the nation. What we are hoping to do is make a recommendation to the commission regarding what long-term, permanent (not grant dependent) funding of mental health services in schools would, or should, look like in our state. Then we can come up with a plan for how, exactly, those services will be funded at that level. The thought was that if we could present some kind of national or best-practice average on spending per pupil to justify what we are asking the state to do it would help give our argument merit (i.e. this is what other states are already doing); help increase the state's overall per pupil spending (and therefore help improve our image); while also mandating that the spending be shared equally among school districts that are housed in widely diverse settings (i.e. the rural counties would get the same level of funding that our urban or suburban counties would get). This way of calculating funding would also address the problem of population growth that is often an issue in large cities and some of our counties."

Initial Response from Colleagues

As we usually do with such complex requests, we asked colleagues with some experiences related to the topic for their responses. Here is what we have received so far:

(1) "This is one of those simple questions that defies simple answers. The main difficulty is that the financing for mental health services in schools is so fragmented that it is nearly impossible to get a comprehensive picture of spending levels. Probably the two chief sources

of funding are special education and Medicaid, but additional financing comes from SAMHSA, through the block grant, and various federal, state, and local programs.

The special education portion is very difficult to identify, because schools generally do not separately report special education spending on mental health care and do not track mental health care services at the individual-student level. Rather, mental health spending is included in larger special education budgets. Another difficulty is that spending on mental health prevention activities is difficult to separate from spending on individual services. So, the bottom line is I really don't know and have not seen any credible estimates of school spending on mental health."

(2) "We are definitely at a tipping point around MH in schools in our state. We are beginning to work with an inter-departmental team to integrate SEL into CCSS. We got support from AIR (*Great Teachers and Leaders*) to work with us on this initiative. We are thrilled to be moving in this direction. We also just got awarded the Project Aware and School Climate Trans. grants. (while we are finishing up the S3 and beginning the SSHS grants) It's a busy time in our small little Coordinated School Health & Safety Unit, but good! Anyway, I'll try to answer the question(s) below as best as I can or at least provide some info related to them.

We also had a Gov. Mental Health Commission here (led by the Lt. Gov actually) and I sat in on a couple of those subcommittee meetings. One thing that was discussed at our meetings was the potential to 'tier' funding for schools based on the need of the district/community. So more funding would be appropriated for schools/students in inner cities, for example, than for those in suburban communities. No specific funding amounts were discussed but I do like the idea of varying allocations based on need (not necessarily per pupil?). It seems to me it would make more sense to think thru how much it would cost to have MH professionals available in schools vs. how much per pupil would be needed? So thinking \$80K or whatever for a MH prof. salary and then how/if they can bill for services and generate revenue.

I believe I read somewhere that there should be 1 MH provider for every 250 students? Additionally, I can add that at my MDCH job (I work on contract with the Child and Adolescent health centers aka School based health centers) we recently developed a "Behavioral Health" only model to our program. Meaning that we would provide funding to schools for just mental health services vs. a full blown clinical program. We allotted \$100,000 for each of those models, which includes a full time licensed, mastered level MH provider for 40 hours a week. That funding covers their salary, benefits, and any other expenses that come from maintaining a space in the school building.

Also, out of our Gov. MH Commission, the Gov allotted \$2 million to the CAHC program to expand our services through a HUB project...Where a high school would have a full clinical health center (including a MH provider) and then the surrounding 3-5 middle/elementary schools would have a smaller health center with a RN and a MH provider. With that funding we can draw down Medicaid match dollars and are able to fund 3 HUB projects.

Lastly, at MDCH, we allocate approximately \$175,000 to each CAHC which includes a

30hr/wk mid level medical provider and a .5 FTE MH provider. Many of these centers bill and generate revenue to help off set their operational costs but that is the base funding we provide.

I share that to provide you with some actually funding amounts in hopes that that helps the inquirer get an idea of what we are spending here in Michigan to provide MH services to students in schools (especially in high risk areas)."

(3) "This is a tough one! I don't believe we have ever attempted a comprehensive accounting of how much funding is going toward mental health services in schools but recognize that districts pull from their General State Aid, IDEA, Title I, etc. They also receive some reimbursement for residential placement for students with disabilities (which may include students with SED). We also are promoting that schools leverage partnerships with community organizations to provide a continuum of mental health services. In regards to this person's question about what would be an adequate level of funding per pupil, it's contextual.

Some communities are going to have much greater needs than others. Communities that have higher levels of poverty, violence, and mobility are likely going to require more funding per pupil (which will likely create a more complicated formula). My suggestion would be for them to look at their state demographics as well as the number of estimated students in their state who may need mental health services along the continuum. What mental health services are other state systems providing? Looking across the entire continuum, where are the gaps in services? How many students may need the services that currently aren't being provided consistently across the state? What might some of those services cost? I think that taking an internal look at their state's needs is going to be a better indicator of what they should recommend for per pupil spending than looking to other states. Plus, I don't know how many states collect data in this area. To my knowledge, we do not.

On a side note, our state focuses on the promotion of mental wellness and uses a very integrated approach that often looks at strengthening pedagogy with an emphasis on promoting the development of the whole child in a safe, caring, and participatory learning environment. In the system they are looking at developing, where would the demarcation be between funds dedicated for mental health services and those funds allocated for teaching and learning? "

(4) "I have some very good resources to suggest – *Funding Strategies to Build Sustainable School Mental Health Programs* – a series." See

http://www.tapartnership.org/docs/SMHSeries_1.pdf

http://www.tapartnership.org/docs/SMHSeries_2.pdf

http://www.tapartnership.org/docs/SMHSeries_3.pdf

http://www.tapartnership.org/docs/SMHSeries_4.pdf

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Center response:

Mental health in schools is about much more than expanding therapy, counseling, and related services to a few additional students. In fact, limiting the focus to providing such services actually can hinder efforts to enhance equity of opportunity for all students to succeed at school and beyond. As they move forward, state Commissions not only need the information requested, they need to consider what it means to pursue their mission in the context of schools and their education mission. Commissions need to understand, that, while mental health problems are long-standing concerns for schools, addressing the many factors involved in causing and correcting these problems is not a high priority in school improvement policy and practice. Indeed, all student and learning supports are marginalized in current school improvement policy. As advocates for mental health in schools consistently find, school policy makers readily agree there is a need, but the evidence is that they do not integrate a potent approach to the matter as part of their school improvement agenda. To deal with this reality, we have found it essential to embed mental health concerns into a broad student and learning supports framework that fits more comprehensively and equitably with the mission of schools (which, of course, is to educate all students). We lay this out in many Center products; for example, see the brief online overview *About Mental Health in Schools* at <http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Our approach has been well-received by various states and districts that currently are moving in the direction of embedding mental health into a comprehensive approach that is fully integrated into school improvement policy and practice. See

>**Transforming Student and Learning Supports: Trailblazing Initiatives!**
<http://smhp.psych.ucla.edu/pdfdocs/newsletter/summer14.pdf>

It is in this context that we have highlighted a financial strategy that emphasizes capitalizing first on existing dollars expended by schools to address learning, behavior, and emotional problems. See, for example:

>**What will it Cost? - No New Dollars!**
<http://smhp.psych.ucla.edu/summit2002/whatwillitcost.pdf>

>**Example of Funding Stream Integration**
<http://smhp.psych.ucla.edu/toolkita6.htm>

We hope this perspective is shared with MH commissions along with more specific information on mental health funding.

Listserv Participants

What else would you suggest? How do you estimate the resources needed to build a unified and comprehensive system of student and learning supports, which includes promoting positive mental health, early intervention, and effective treatment when needed?
Send response to Ltaylor@ucla.edu

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Center featured resource **Resources related to funding concerns**

The Center tries to maintain a constant focus on information about financing and funding student and learning supports and on cost-benefit analyses. For example, see the following online clearinghouse Quick Finds:

- > *Financing and Funding* – http://smhp.psych.ucla.edu/qf/p1404_02.htm
- > *Cost-Benefit Analyses Relevant to Addressing Barriers to Learning and Mental Health in Schools* – <http://smhp.psych.ucla.edu/qf/costbenefitanalysis.htm>
- > *Example of Funding Stream Integration* – <http://smhp.psych.ucla.edu/toolkita6.htm>

Also see the Center Brief:

- > *Rethinking District Budgets to Unify and Sustain a Critical Mass of Student and Learning Supports at Schools* – <http://smhp.psych.ucla.edu/pdfdocs/financebudget.pdf>
- > *Funding Sources-Surfin' for Funds* – <http://smhp.psych.ucla.edu/pdfdocs/fundfish.pdf>

*Please share relevant resources ideas, requests,
comments, and experiences!*

Send to ltaylor@ucla.edu

**Note: Responses come only to the
Center for Mental Health in Schools at UCLA for
possible inclusion in the next week's message.**

**We also post a broad range of issues and responses to the
Net Exchange on our website at**

<http://smhp.psych.ucla.edu/newnetexchange.htm>

and to Facebook (access from the Center's home page <http://smhp.psych.ucla.edu/>)

For Recent Previous Postings, see <http://smhp.psych.ucla.edu/practitioner.htm>