

School Practitioner Community of Practice

(A network for sharing & exchange)

November 21, 2018

Topic for discussion

Are funding sources narrowing the focus of mental health in schools?

Where do you stand with respect to new directions for MH in schools?

Learning from the field

- >***Recent news stories about mental health in schools***
- >***Measuring School Climate***

Links to a few other relevant resources & other topics of concern

Note: Go to <http://smhp.psych.ucla> for links to other Center resources including

- >Upcoming initiatives, conferences & workshops
- >Calls for grant proposals, presentations, and papers
- >Training and job opportunities
- >Upcoming webcasts & other professional development opportunities

This resource is from the

Center for MH in Schools & Student/Learning Supports, UCLA

Recent Events Call for Special Attention to Aftermath Needs

See:

>*About Planning and Action for the Mental Health Needs of Students and School Staff in the Aftermath of a Disaster* – <http://smhp.psych.ucla.edu/pdfdocs/planningneeds.pdf>

>*Schools Helping Students Deal with Loss* – <http://smhp.psych.ucla.edu/pdfdocs/loss.pdf>

For more, see the Center's webpage on Responding to a Crisis –

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

Given shrinking education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see
<http://smhp.psych.ucla.edu/practitioner.htm>

Topic for Discussion –

Are funding sources narrowing the focus of mental health in schools?

We received the following series of questions from a journalist who is writing about funding sources for mental health in schools:

I am trying to figure out is how school mental health services are funded.... I know that in our state, Medicaid pays for most everything, and private insurance generally doesn't cover services at schools. So I am wondering what the set up is like elsewhere and how children with private insurance can still be served at school. ... Can outside providers bill Medicaid or private insurance for special education services? Or must districts do it and then reimburse providers? I should specify that in our state, outside providers are responsible for 99.999% of mental health care Medicaid billings in schools and that only 5 percent of school districts have in-house therapists already paid by the districts, which is why I'm curious as to how students with private insurance may be able to get services. I'm not sure if it is set up that way elsewhere.

We shared the questions with colleagues involved with mental health in schools; here is a sample of responses:

- (1) “Medicaid is a primary funding resource for school mental health services. Some states even use Medicaid to support school psychologists and school social workers with those dollars. Funding streams have traditionally separated school budget and community health services making blending difficult. In high poverty areas Medicaid pays for MH services and I believe the cost of clinical services attached to the schools is about 60%. Other interagency and community foundations also cover some costs. Special education related MH services should be covered in school budgets but this is not addressed with any regularity.”
- (2) “These modules are public and a great resource for states – <https://www.air.org/resource/funding-strategies-build-sustainable-school-mental-health-programs>. In a nut shell Medicaid and private insurance can be billed for direct services through an MOU co-located services on a campus. Agencies should build in teaming costs so that on campus providers can become part of the school culture. This can happen through free office space trade offs for every school day, .75 hour is given to teaming and consultation. (Consider funding staff positions; consider grants.)
IEP services will reimburse psychological services through medicaid. (School based claiming, service must be a related service on the IEP, is different than a provider claiming medicaid benefits from seeing a student)”
- (3) “One of my school districts adopted a policy that "mental health services" were not a function of public education and that all students needing that should be seen by providers outside of the school district. As a school psychologist, I couldn't do any kind of 'therapy', but I could advise students about factors having an effect on their educational progress. In my progress notes, I carefully indicated what I was teaching and why. In that state, all licensed educators were considered to be 'counselors' who could do advising. This seems to back up the idea that mental health has no place in education.
States vary in their certification/licensing rules for school service providers, and school districts sometimes stretch the requirements for who can provide what services (especially if there is a shortage of fully trained & supervised providers). So you probably can't say that just having the job title of, say, 'school psychologist' is enough to fully qualify someone to be an approved provider for Federal reimbursement funding. I don't know for sure, but I suspect in some areas a provider might need to also hold a private practice license in order to qualify for the school to bill Medicaid for services.”
- (4) “Private insurance does not pay for special education services. If a student is eligible for Medi-cal services then the district is reimbursed by the state for health related services including psychological assessments, IEP related counseling, psych services, nursing, speech therapy and so on. Then money comes back to the district who may then allocate the funds

for supplement, but not to supplant services provided in district. Children with private services that are not covered at school must be found eligible for services and then the IEP Team must determine that counseling services are required in order for the student to obtain educational benefit from their program. Or, for non-IEP services the district might contract with a community provider. If the district receives the Tobacco Grant or McKinney Vento funding that may be allocated for some of counseling service if district chooses. In California, the Local Control Funding is supposed to target the three high risk groups of low socio-economic, culturally diverse/English learner and special education. The governance committee may appropriate funds for such purpose as long as it is within the guidelines.”

Center perspective: Not surprisingly, for some time efforts to fund student/learning supports have gravitated toward seeking out and grabbing whatever external funding is available. Unfortunately, this trend is narrowing the focus of mental health in schools and further marginalizing efforts to transform student/learning supports.

While the continuing marginalized status of student/learning supports in school improvement policy makes seeking additional sources of funding for mental health services inevitable, it is undermining efforts to ensure that mental health in schools is not limited to therapy and personal counseling. Any overemphasis on services to treat mental health *problems* in schools usually is accomplished at the expense of school improvement efforts to promote healthy development, prevent a wide range of learning, behavior, and emotional problems, intervene as soon as problems appear, and establish effective interventions for commonly occurring behavior and emotional concerns. When funding is tied to specific services (e.g., medicaid), it creates a pernicious trend toward redefining and limited the nature and scope of mental health in schools. And, the roles of some school support staff are being redefined as they mainly become providers of fee-based clinical services.

Schools, of course, have long sought and received extramural funds designed to provide specific types of student/learning supports. (Seeking extramurally funded special initiatives is almost irresistible to budget starved schools.) While such special initiatives can help address a designated problem at a school, they have had a pernicious effect on fundamental school improvement efforts to enhance equity of opportunity for all students. For example: extramural project funding usually is for relatively small projects keyed to a relatively few students; a new initiative often ends up redirecting staff attention away from other important concerns and from system building – especially when budgets are tight; projects funded extramurally tend to be short-lived; special projects introduce piecemeal practices that further fragment what is already a too scattered approach to ameliorating problems. All these negative consequences are symptoms of “projectitis”.

Given all this, we caution that the current over-reliance on external funding is exacerbating the ongoing marginalization of efforts to make fundamental systemic changes to improve and enhance student/learning supports. School improvement policy needs to adopt a new direction for student/learning supports so that districts and schools move toward (1) unifying their interventions for addressing barriers to learning and teaching and (2) weaving together and reallocating all available resources to begin development of a comprehensive system of supports that enhances equity of opportunity for all students. (See *Improving School Improvement* – this free resource can be downloaded at http://smhp.psych.ucla.edu/improving_school_improvement.html.)

For more on funding for mental health in schools and for student/ learning supports, see our online Quick Find on

>*Financing and Funding* – http://smhp.psych.ucla.edu/qf/p1404_02.htm

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**Where do you stand with respect to
New directions for MH in schools?**

**Share with us whatever you want about this
or other related matters!!**

Send your responses to Ltaylor@ucla.edu

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Mental Health in Schools: Engaging Learners, Preventing Problems, & Improving Schools

To make this Corwin published work more accessible and at to reduce the price, the book is now available on ***itunes*** –
<https://itunes.apple.com/us/book/mental-health-in-schools/id1026143799?mt=11>

Description:

For many children, schools are the main or only providers of mental health services. This visionary and comprehensive book describes a new approach to school-based mental health – one that better serves students, maximizes resources, and promotes academic performance. The authors describe how educators can effectively coordinate internal and external resources to support a healthy school environment and help at-risk students overcome barriers to learning.

School leaders, psychologists, counselors, and policy makers will find essential guidance, including:

- An overview of the history and current state of school mental health programs, discussing major issues confronting the field
- Strategies for effective school-based initiatives, including addressing behavior issues, introducing classroom-based activities, and coordinating with community resources
- A call to action for higher-quality mental health programming across public schools – including how collaboration, research, and advocacy can make a difference

Also available from ***Microsoft Store*** –

<https://www.microsoft.com/en-us/p/mental-health-in-schools/fqqpff3h0qvlp?activetab=pivot:overviewtab>

Learning from the field

A few recent news stories about mental health in schools

>Minnesota agency awards \$33 million in school mental health grants (10/18/18). “...The Minnesota Department of Human Services on Thursday announced the 57 recipients of its School-Linked Mental Health program, who collectively will serve more than half of the state's schools. The money — \$11 million per year for each of the next three years — goes directly to the mental health professionals, who provide counseling and intervention services in school buildings. Under the last round of grants, the program reached students in 953 schools, but the state expects that to be up to 1,200 by mid-2021. ...”
<http://www.startribune.com/minnesota-agency-awards-33-million-in-school-mental-health-grants/497982671/>

>Louisiana: Grants to improve mental health services for students (9/17/18). “The state is getting \$9 million to help educators detect and address mental health problems among public school students, especially in alternative schools... The grant will help finance training for teachers to better recognize students with mental health issues and how to connect those students and their families with services....The grant is called the Advancing Wellness and Resilience Education. It is administered by the U. S. Substance Abuse and Mental Health Services Administration. The assistance will be run by the state Department of Education and the Louisiana Dept. of Health....”
https://www.theadvocate.com/baton_rouge/news/education/article_f6aafb70-ba98-11e8-86cd-9346fecaf07e.html

>Wisconsin: Grants to enhance mental health services in schools (7/23/18). “Sixty-four school districts and consortiums are sharing \$3.25 million in state grant funding to provide school-based mental health services. All of the funded projects involve collaboration with community mental health providers and other stakeholders to create comprehensive support systems for children, youth, and families....Grant funds may be used for a variety of services on a continuum from universal wellness activities for an entire school to intensive intervention for students in crisis. Grant proposals included activities to

- >develop and support student and staff social and emotional wellness,
- >increase staff capacity to create trauma sensitive environments,
- >provide training to staff and students to recognize mental health challenges and know how to advocate for themselves and others,

- >provide student support groups led by school and community mental health providers,
- >develop referral processes to ensure students who need additional support are referred to qualified providers,
- >create spaces in schools for community mental health providers to work with students, and
- >provide guidance to students and families to access multiple systems and supports.

<https://dpi.wi.gov/news/releases/2018/grants-expand-mental-health-services-schools>

>**Delaware: Schools win mental health grant** (9/26/18). “Some schools in Delaware will use a \$9 million federal grant to expand access to mental health services for students. Awarded by the U.S. Department of Health, the dollars will fund Project DelAWARE, a partnership between the state’s Department of Education and Department of Services for Children, Youth and their Families. ...The state plans to use the funding to increase awareness of mental health services and create a response system to help children in need. Additional in-school clinical staff will be hired, and there will be contracted support from outside providers.”

<https://whyy.org/articles/delaware-schools-win-9m-grant-to-improve-mental-health-services/>

>**Oklahoma: School Mental Health grants** (10/5/18). “State Superintendent of Public Instruction announced that the Oklahoma State Department of Education (OSDE) has received three federal grants totaling \$12.5 million to support districts in meeting the mental health needs of their students....In the largest of the grants, Project AWARE (Advancing Wellness and Resiliency in Education), the U.S. Department of Health & Human Services awarded \$8.6 million over five years for prevention, intervention and treatment services...The School Climate Transformation Grant, funded through the U.S. Department of Education, awards Oklahoma \$3.7 million over five years. Grant funding will include the development of five technical assistance centers... A behavioral specialist at each center will train 10 schools on transforming school climate ...The Oklahoma Prevention and Mental Health Project, a three-year, \$148,661 U.S. Department of Justice grant, will... include prevention curriculum, mental health awareness and health insurance campaigns, mental health screenings and training for teachers and families, and intervention and treatment services for students. To ensure the greatest possible number of students will be served, the grants will use a braided funding approach.”

<https://sde.ok.gov/newsblog/2018-10-05/hofmeister-announces-school-mental-health-grants-totaling-125-million>

A New York State law effective July 1, 2018 mandates student education about mental illnesses and mental health to all public and private school students in New York State. Similar legislation was proposed and failed in Florida in 2000. Info can be found at www.MHANYS.org

Learning from the field

Measuring School Climate Using the 2015 School Crime Supplement

from: *Institute for Education Statistics Newsflash* (10/30/18)

<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2018098>

Excerpt: *This new technical report examines the various facets of school climate including perceptions of school climate overall, school environment, school safety, and student engagement, by both student demographics and reported bullying or criminal victimization experiences. Key findings for student characteristics were as follows:*

- >*Overall school climate was scored higher by Asian students in comparison to all other racial subgroups....*
- >*The engagement domain of school climate was the only subscale of school climate with a gender difference, where females expressed higher scores than males, indicating increased engagement with the school and school activities*
- >*In the environment domain, Asian students reported the highest scores among all race categories, as did students whose family income exceeded \$50,000, indicating these groups of students had more positive perceptions of the school environment than other student groupings.*

>*In the safety domain, middle school students reported a higher score and felt safer at school and in the surrounding areas than high school students.*

>*For those students who reported being bullied, the differences in scores between bullied and not bullied was largest on the safety and overall school climate scales. For students who reported victimization, the largest differences were also on the safety and overall school climate scales....*

Other researchers have looked at bullying in school in relation to school climate characteristics, finding that students who feel teachers care about and respect them report that they are more often willing to seek help when witnessing or experiencing bullying and that students reporting positive school climates less often report being bullied.... In addition to overall school climate, a similar construct related to the domain of Engagement, school connectedness, is defined as including the sense of attachment and commitment a student feels as a result of perceived caring from teachers and peers, and has been associated with lower levels of student aggression and bullying in several studies that are based on student-reported data.... School connectedness was also found to work alongside other experiences as a protective factor for individuals, buffering the effects of exposure to violence or violent behavior in students.

Links to a few other relevant resources & other topics of concern

>Issue brief: *Medicaid in Schools* (2018)

<https://www.macpac.gov/wp-content/uploads/2018/04/Medicaid-in-Schools.pdf>

Excerpt: “Medicaid pays for health and related services provided in schools when covered services are provided to Medicaid-enrolled children and adolescents, or when services are provided to a child through his or her individualized education plan (IEP) under the Individuals with Disabilities Education Act . As part of the activities necessary to administer the Medicaid state plan, states may also provide Medicaid payments to schools for Medicaid outreach and enrollment activities, as well as other eligible, school-based administrative activities. Medicaid spending on school-based services and Medicaid-related administrative services was estimated to be \$4.5 billion in fiscal year 2016....”

>*State Variation in School-Based Disability Services Financed by Medicaid* (2016)

<http://journals.sagepub.com/doi/abs/10.1177/1044207316637545>

Abstract: “To understand the role of Medicaid in financing health services delivered through special education, program characteristics and covered services were compared from all 50 states and Washington, D.C. Data were collected from school-based fee schedules and policy manuals available through state Medicaid or education agencies. Except Wyoming, all states bill Medicaid for school-based health services, but there is substantive variation across states in services covered. The service categories most often covered by states’ Medicaid special education programs are speech-language/audiology, occupational/physical therapy, and behavioral health. Almost all states use a fee-for-service payment methodology to reimburse for services. Implications for the delivery of care to and health outcomes of students with disabilities are discussed.”

>*School Psychologists as Mental Health Providers: the Impact of Staffing Ratios and Medicaid on Service Provisions* (2017) <https://onlinelibrary.wiley.com/doi/full/10.1002/pits.21996>

Excerpt: “...In a recent survey of 31 states conducted by the National Alliance for Medicaid in Education (NAME), 63% of local school districts maintain eligibility to claim reimbursement for direct services, including behavioral and psychological counseling, special transportation, interpretation, and case management (NAME, 2014). However, states also reported many services were not available for reimbursement (e.g., eligibility for behavioral or psychological counseling) and practitioners were limited by degree, licensure, or credentialing standards within each state....”

>*Special Education Financing and ADHD: A Bitter Pill to Swallow*

<https://onlinelibrary.wiley.com/doi/full/10.1002/pam.22055>

Excerpt: “...Special education funding mechanisms can create an incentive for schools to classify children as requiring special education services or not. Substantial differences exist

in the probability of being diagnosed with ADHD based on the mechanism in place in a child's state of residence. An effect of similar magnitude is found when considering a child's probability of receiving medication treatment for ADHD. This is clear evidence of non-medically relevant state-level policies influencing the appropriate medical diagnosis and treatment of ADHD....”

>*Improving School Attendance through Collaboration: A Catalyst for Community Involvement and Change* <https://www.tandfonline.com/doi/abs/10.1080/10824669.2018.1439751>

>*Secondary school educational practitioners' experiences of school attendance problems and interventions to address them: A qualitative study*
<https://www.tandfonline.com/doi/pdf/10.1080/13632752.2017.1414442?needAccess=true>

>*Preventing Adverse Childhood Experiences* <https://vetoviolence.cdc.gov/apps/aces-training/#/top>

>*Practical Measures Schools Take to Support Pupils with an Eating Disorder*
<https://anorexiafamily.com/meals-anxiety-school-eating-disorder/>

>*Burnout among high school students, A literature review*
<https://www.sciencedirect.com/science/article/pii/S0190740914001261>

>*Youth engaged 4 change* <https://engage.youth.gov/>

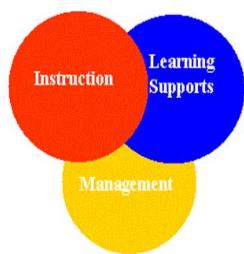
>*Suspension and Expulsion* <https://www.ecs.org/suspension-and-expulsion/>

>*Mental Health and Well-being in School Improvement Planning*
<https://drive.google.com/file/d/1GZow5ANB1OL71UJjrBTw23DNO3A32Ld2/view>

>*Supporting Staff Mental Health and Well-being*
https://drive.google.com/file/d/154qctZfCpdFnLUGyKXqrk3edBNPXPnN_/view

>*Building Meaningful Relationships to Support Mental Health in Schools*
<https://drive.google.com/file/d/1pQ7MU95Mxkx1hFiQnV4qTlcaf0CflvmP/view>

For information about the



National Initiative for Transforming Student and Learning Supports
go to <http://smhp.psych.ucla.edu/newinitiative.html>

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to enabling equity of opportunity, promoting whole child development, and enhancing school climate.

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

We post a broad range of issues and responses to the *Net Exchange*

on our website at <http://smhp.psych.ucla.edu/newnetexchange.htm>

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