Filling Your Funding Pond to Support Multi-Tiered School Mental Health Services

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Workshop Objectives

- Understand five-step strategic approach to finance comprehensive (multi-tiered) school mental health service system.
- Be able to identify primary, ancillary and potential funding streams for CSMHS in your state/community.
- Learn how other states and communities are capitalizing on new (Medicaid, ESSA) opportunities to support SMH services, and how you can undertake similar efforts.
“It Takes A Village…”

Wisdom of Whole School, Whole Child, Whole Community Approach:

- Poverty, disability, discrimination, illness, instability inhibits learning
- Student health, mental health, well-being affects learning success

Student Mental Health Needs Are Both Prevalent *and* Costly

- One in five students experience MEBD
- Many with significant mental health needs receive no care
- At least some mental health problems are preventable
- Poorly addressed mental health problems bear great costs
- Much at stake for schools, communities, service systems!
Funding Tops List of SMH Challenges
(Sharon Hoover PhD, CSMH 2018)

☑️ **Limited, variable funding**

☐ Difficulties with system integration (Mental Health-Education)

☐ Poor practice selection

☐ Gaps in training, particularly related to working schools, engaging families, evidence-based practice

☐ “C.O.W. Therapy” – Crisis of the Week

☐ Poor implementation support

☐ Limited accountability of providers and services provided

☐ Lack of good data metrics and infrastructure
Partnering for Student Success Makes Sense

*When health, mental health, social services, public safety systems share effort with schools:*

- Generate cost-effective approaches
- Generate long-term positive outcomes
- Magnify one another’s successes
- Avoid frustration of disjointed, fragmented, and “blaming-shaming approaches”
Strategic Financing in a Nutshell

Five Step Process:

1. Form school mental health partnership funding team
2. Clarify what funding you will need, by when
3. Map current funding and resources
4. Select financing strategies and funding sources
5. Make and execute a financing action plan
Step 1:
Form School MH Partnership Funding Team

*Multi-faceted membership should reflect:*

- technical (financial and regulatory) and programmatic (best practices) expertise
- Diverse students and family perspectives
- Empowered representatives of partnering sectors (e.g. public/primary/behavioral health, public safety/justice, social services)
Step 2: Clarify Funding You Need, by When?

**What SMH Capacities Are Required?**

- Awareness
- Screening, early detection
- Early intervention
- Treatment
- Support (including family)
- Follow-up/aftercare
Step 2: Clarify Funding You Need, by When?

- Services and Supports
- Infrastructure needs
  - Informed/engaged leadership
  - Adequate staffing
  - Appropriately skilled staff
  - Supportive operations, materials, space
- Unique costs of “ramping up”
- Other costs?
Step 3: Map Current Spending, Resources

- Ongoing funding streams, amounts
- In-kind resources, contributions
- Complimentary spending by other systems
- Infrastructure components that will persist
- Operational spending that will persist
- Grant funds/one-time funds?
- What else?
Map Current Spending: Public Revenue Sources

Federal Funds:
- Medicaid/CHIP
- Education
- Child Welfare
- Etc.

State Appropriations:
- General Formula
- Targeted Funding Programs

Local Taxes:
- General Formula
- Targeted Funding Programs/Initiatives

https://schoolfinancesdav.wordpress.com/
Health Care/MH Coverage for Children:

- Medicaid
- NC Health Choice
  (Children’s Health Insurance Program – a.k.a. CHIP)
- Private Insurance
  (Employer-Sponsored, Individual Marketplace – including ACA subsidies)
- Uninsured
  (4.4% of NC children, per NC IOM 2017 Report Card)
- Other Health Care Resources
Medicaid/CHIP Options:

- EPSDT
  *(Early Periodic Screening, Diagnosis and Treatment)*
- Medicaid Administrative Claiming
- Reversal of Free Care Rule – State Examples:
  - New Hampshire
  - Massachusetts
  - Florida
- Whole Population Options
Where K-12 Education Funding Comes from:

**Federal funds** (12% of elementary/secondary education in US)

http://www2.ed.gov/about/overview/fed/role.html

☑ ESSA, Title I: $13.3 billion;
   Title IV – Part A SSAE = $1.1-billion

☑ IDEA, Part B, Grants to States (Ages 3-21): $11.1 billion

☑ IDEA, Part C, Early Intervention Services (Birth-3 y.o.)

**States and localities:**

☑ 44% from state funds,

☑ 35% from local governments,

☑ 9% from private sources, primarily for private schools.
Where K-12 Education Funding Comes From

**Whole USA**
- State Funds: 44%
- Local Revenues: 35%
- Federal Funds: 11%
- Private Sources (e.g. tuition): 9%

**North Carolina**
- State Funds: 60.0%
- Local Revenues: 31.8%
- Federal Funds: 10.3%
- Private Sources (e.g. tuition): 9%

http://www2.ed.gov/about/overview/fed/role.html

No. Carolina Department of Public Instruction, 02-17
http://www.ncpublicschools.org/docs/fbs/resources/data/highlights/2017highlights.pdf
Step 4:
Select Financing Strategies and Funding Sources

Basic financing strategy options include:

- Redeploy existing resources
- Refinance to maximize public funds
- Optimize private insurance resources
- Create new funding structures
- Raise new revenues
The Grantsmanship Center

Top Giving Foundations in North Carolina

https://www.tgci.com/funding-sources/NC/top

- Bank of America
- Duke Endowment
- Golden Leaf Foundation
- Foundation for the Carolinas
- Burroughs Wellcome Fund
- Kate B Reynolds Charitable Trust
- Oak Foundation

Community Foundations in North Carolina

https://www.tgci.com/funding-sources/NC/community
Step 5: 
Make and Execute Your Financing Plan

- Scan environment for opportunities, threats
- Select the most promising financing strategies
- Prioritize selected strategies for action
- Identify specific action steps
- Generate support for plan
- Be persistent and dynamic
- Revisit your financing plan regularly, PRN
The North Carolina Story
Gentle Pressure Applied Relentlessly, *because*...

- NC ranks 50th in children who did not receive needed mental health treatment (Commonwealth Fund Scorecard on State Health System Performance, 2018)
- NC high school students who attempted suicide in the past year = 9.3% *(up 86% from 2011)*
- Past-year major depressive episode among adolescents ages 12-17 = 12.3% *(up 52% from 2011)*
- Adolescents ages 12-17 with major depressive episode who received treatment = 40.5% (NC Child Health Report Card, NC-IOM, 2018)
State-Level Scale-Up of School Mental Health Supports in North Carolina

- Summer, 2015 - NC SMHI convened at NCDPI
- Winter, 2015-16 – statewide environmental scan
- Spring, 2016 – recommendations for policy and legislation developed
- Fall, 2016 – game-changing election
- Spring, 2017 – State Board of Education [SBOE] Policy
- Fall, 2017 - NCSA-SMH; SMHI Regionalization
- February 14, 2018 – Parkland, FL
- Spring/Summer, 2018 – SHAPE Pilot support; SAMHSA Project AWARE submission
- Fall, 2018 – State-funded School Mental Health and Safety Grants; Project AWARE grant awarded!
NC DHHS Division of Mental Health Partnership

NC DHHS, Division of Mental Health engaged with SMHI from beginning; critical in:

- Clarifying Behavioral Health players: DMH (set policy), LME-MCOs (manage services), and Providers
- Encouraging local school partners to look beyond campus for services, supports, and resources
- Supporting family partners in advocating for multiple roles for family members in the process.
NC SMHI Recommendations

**What:**
Create a Continuum of Supports and Services

**How:**
Make it Sustainable

**Who:**
Engage Stakeholders
Layering of Integrated Support for ALL Students
NC School Mental Health Successes

- NC SBOE Policy SHLT-003
- NC General Assembly Session Laws 2018-5 & 2018-32
- National Coalition for the State Advancement of School Mental Health (NCSA-SMH) participant
- SAMHSA 2018 Project AWARE award
- SMH = 2018 most-requested professional learning topic by school and district leaders
NC’s Unique Opportunities to Rock It

- Provider shortages, especially in rural areas
- Disparities in system capacity and agility
- Local control
- Charter school expansion/philosophy
- Shifting state political landscape
- Scale-up transition from state-level to regional improvement zones
- Limited resources for building/borrowing/sustaining infrastructure
What We’re Learning Statewide

- Study state SMH landscape/infrastructure and SHARE FINDINGS
- Make/protect dedicated space for mission-focused collaboration across agencies and stakeholders
- Craft policy/legislation recommendations for wide-ranging support (i.e., that would be impossible not to get behind)
- Include barriers and solutions in recommendations
- Use structures poised and agile enough to provide needed-now communications/recommendations
- State-wide recommendations focus on building:
  - frameworks / infrastructure
  - implementation drivers
  - systematic selection criteria
What We’re Learning Locally

- Create buy-in and readiness with needs assessment data
- Collaborate with other districts (especially for specific resources)
- Use PDSA cycle; celebrate small steps/successes
- Leverage local resources - universities, businesses, health care systems
- Make needs known to state agencies
The NC School Mental Health Initiative (NC SMHI) is a partnership of concerned citizens with the collective purpose of ensuring that all children in North Carolina have access to mental health and substance use services.

STUDENT • SCHOOL • PARENT • COMMUNITY

It is the mission of this partnership to provide implementation and monitoring support to ensure that public school students in North Carolina have equitable access to a full continuum of high-quality and well-coordinated socio-emotional/behavioral health services.
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