STATE OF SCHOOL MENTAL HEALTH
Highlights from Briefing

INTRODUCTION

- In recent decades, student mental health services and supports have increasingly been integrated into education systems. Many districts, schools and communities have partnered to promote student wellness and social emotional competence, and to identify and address mental health problems. As part of these efforts, school-based staff are trained to identify, refer to mental health professionals, and effectively work with and respond to students with mental health needs, including youth exposed to traumatic stress.
- These partnerships reflect a growing movement toward **"comprehensive school mental health systems" (CSMHSs)**, strategic collaboration between school systems and community programs that provide a full array of evidence-based, tiered services (universal mental health promotion, selective prevention, and indicated early intervention). This integration may enhance wellness and reduce the prevalence and severity of mental illness of children, particularly in the most vulnerable communities.

THE NEED

- There is an increased understanding of the inextricable link between positive mental health and learning, and a recognition that home, school, and community environments have a role in mental health outcomes.
- Universal mental health promotion activities in schools include an emphasis on social and emotional competencies, reinforcement of positive behaviors, character development, and problem solving. The last decade has documented the positive impact of such programming, both on long-term psychosocial outcomes of students and on academic performance.[1, 2]
- In addition to mental health promotion, schools play an integral role in identifying and supporting students with mental health problems. It is estimated that up to 79% of school-age youth have unmet mental health needs.[3] These unaddressed concerns impact classroom functioning and reduce on-task behavior. With approximately one in five students having a mental illness and one in ten demonstrating challenges in daily functioning related to mental health concerns, it is essential to address these needs to reduce barriers to learning and promote student success.

WHY SCHOOLS?

- Integration of mental health into education offers tremendous promise for promoting the health and well-being of all students and the whole school community. Integration of mental health services for those students who need care can help address gaps in mental health care, and is a key factor in improving academic success. In addition to enhancing access to care, providing mental health services and supports in schools offers a host of benefits including: greater follow-through with care, ability to see students in their natural environment, ability to engage key socialization agents, opportunities for mental health screening and early identification, and opportunities to offer a full continuum of mental health supports

KEY FEATURES OF EFFECTIVE SCHOOL MENTAL HEALTH

Key features of CSMHSs include family-school-community partnerships and delivery of mental health services in a multi-tiered system of supports (MTSS).

Family-School-Community Partnerships

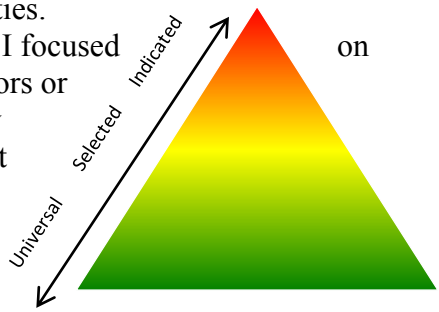
To promote student mental health, schools, community partners and families, must be committed to working together to addresses the interconnected academic, social, emotional, and behavioral needs of *all* students. This integration requires that school partners are open to having community partners (e.g., community behavioral health providers, child-serving agency workers, advocates, health care providers) and families engage in all aspects of the CSMHS, including team meetings. It also requires that community partners have the necessary funding to be able to support clinician time in non-billable meetings without jeopardizing fiscal sustainability.

Readiness requires a willingness to move beyond a "walled" model in which only school-based staff is part of a child's support team to one that includes community partners and other meaningful individuals in a child's life. In forming such partnerships, it is necessary for these partners to review overlapping priorities and needs and to consider how working together could be beneficial to meeting the goals of each partner group. For instance, it may be important for school- and community-employed staff to discuss how their responsibilities are similar and distinct, how they will collaborate to facilitate seamless referral pathways and comprehensive care, and how they will avoid "turf battles." Ideally, consideration should be given to the unique requirements/mandates and strengths/limitations of each discipline or stakeholder group.

Beyond school and community provider collaboration, the concept of school-community partnerships reflects schools as a core component of the broader system of child, youth, and family mental health. Schools serve an important role in the continuum of care, with a strong focus on promotion and prevention, and often as the first site where youth with mental health challenges are identified and treated. Comprehensive school mental health systems are also uniquely positioned to address community-specific issues such as responding to the mental health needs of immigrant children or addressing the needs of children living in communities impacted by opioid addiction. Consider, for example, the role of schools in communities with high levels of violence and trauma. Not only may schools offer a mechanism for mental health promotion, including offering students a source of connectedness and safety, they may serve a preventive role by implementing violence prevention programming and emergency preparedness for when community violence does occur. Schools may also serve in a screening role to identify students at greater risk for violence exposure and the deleterious effects of exposure, and may leverage internal resources and community partnerships to provide extra support and possibly treatment for students suffering from anxiety, depression, or post-traumatic stress in the aftermath of violence exposure. In addition to partnerships between schools and communities, a tenet of quality school mental health is the full engagement of youth and families. As stated in the principles of Systems of Care,[4] this engagement involves *"ensuring that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation."*

With respect to youth engagement, this moves the work away from adult-led activities with little to no youth input or understanding toward youth-initiated and shared decision making with adults about school mental health programming and services. This shift in levels of engagement is illustrated in Roger Hart's Ladder of Participation.

Delivering Mental Health Supports within a Multi-tiered System of Supports (MTSS)
Many schools deliver instructional or behavioral intervention to students in varying intensities, also known as a multi-tiered system of supports (MTSS), to address the academic needs of the larger student body and not just students with identified disabilities. Prevention is an underlying principle at all three tiers, with Tier I focused on preventing occurrences of problems, Tier II preventing risk factors or early-onset problems from progressing, and Tier III individually intervening to address more serious concerns that impact student daily functioning.



Matching the range of academic, behavioral, and social needs within a school involves layering of interventions from a universal curriculum to targeted group programming and, for some students, adding on highly individualized interventions that are linked to the lower-tiered structures, instruction, and preventative measures. Integrating existing MTSS programming with CSMHSs has several benefits:

- Many existing initiatives share the common elements of MTSS, such as Problem Solving/Response to Intervention [RtI], Positive Behavior Support [PBS], Continuous Improvement Models [CIM], Lesson Study, and Differentiated Accountability.
- Consistent with an RtI process, MTSS increases the likelihood that youth will be identified, referred, and access school mental health interventions.
- Earlier access to less intensive evidence-based academic and behavioral interventions promotes better student outcomes across settings and may reduce the need for more intensive supports.
- Active progress monitoring of both academic and behavioral interventions establishes greater likelihood they are delivered with fidelity and is associated with improved student outcomes.

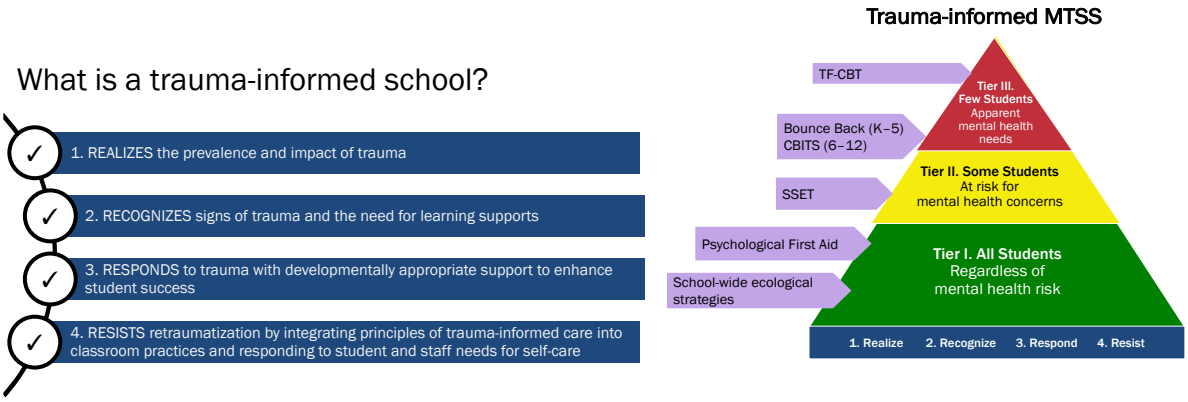
The MTSS approach ensures that all students are included in the service array, including students in both general and special education, and that all students will have at least some exposure and access to mental health programming and/or services. The number of tiers in a MTSS can vary, though many districts employ a 3-tiered model:

Universal services and supports (Tier 1) are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness designed to meet the needs of all students regardless of whether they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level.

Selective services and supports (Tier 2) to address mental health concerns are provided for groups of students identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as "prevention" or "secondary prevention" services.

Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health "intervention" or "tertiary" or intensive services.

MTSS also allows for the installation of practices to support specific target populations, such as trauma-exposed youth. For example, trauma-informed schools frameworks are increasingly adopting MTSS as a foundational framework for installing interventions across the continuum of mental health supports. The principles of a trauma-informed school serve as a foundation to install a continuum of evidence-based, trauma-informed services within an MTSS.



Positive Behavioral Interventions and Supports (PBIS) and School Mental Health

In 1996, the reauthorization of the Education of Individuals with Disabilities Act legislated an increase in technical assistance supports to state and local education agencies that would enhance the education of students with emotional and behavioral problems in schools. As a result, the National Center on Positive Behavioral Interventions and Supports was established, and over the last 16 years has refined and validated a behavior support and technical assistance framework designed to improve the adoption and implementation of evidence-based behavioral interventions. This framework has core features that align well with SMH: (a) universal screening, (b) continuous progress monitoring, (c) team-driven data-based coordination and problem solving, (d) evidence-based behavioral interventions that are integrated into a continuum of support, (e) sustained and scalable implementation fidelity, and (f) cultural and contextual responsiveness (www.pbis.org, Center on Positive Behavioral Interventions and Supports).[5, 6] In recent years, the positive behavior support framework has proven to be useful for enhancing the selection, organization, and delivery of evidence-based behavioral practices and systems in schools and more importantly for improving how SMH services can be organized.[7]

What Schools and Districts Can Do to Advance Quality and Sustain School Mental Health

The national Center for School Mental Health (https://csmh.umaryland.edu) has developed a set of quality and sustainability performance standards to guide districts and schools as they work to advance school mental health. These standards reflect best practice strategies for systematically developing, improving, and sustaining multi-tiered, evidence-based mental health supports and services in schools. Performance standard domains and indicators are synthesized below.

School Mental Health Quality Assessment Performance Indicators

Teaming

- Have multidisciplinary team
- Avoid duplication and promote efficiency
- Use best practices for meeting structure and process
- Promote data sharing among school mental health team members
- Connect to community resources when need cannot be fully addressed in school

Needs Assessment/Resource Mapping

- Conduct comprehensive student mental health needs assessment
- Use needs assessment to inform school mental health planning and implementation
- Conduct resource mapping to identify school and community services and supports
- Use resource mapping to inform school mental health services and implementation

Screening

- Screen for mental health concerns to identify and refer students for additional supports

Evidence-Based Services and Supports

- Reach of Tier 1, 2 and 3 services and supports, respectively
- Extent Tier 1, 2, and 3 services and supports are evidence-based, respectively

Evidence-Based Implementation

- Have system to determine whether a service or support was evidence based
- Extent to which evidence-based supports and services fit with strengths, needs, cultural considerations*
- Use best practices to support training and implementation of evidence-based services/supports

Student Outcomes and Data Systems

Have system that shows:

- Improvement in academic functioning for Tier 1, 2, & 3 services, respectively
- Improvement in psychosocial functioning for Tier 1, 2, & 3 services, respectively
- Referrals to and follow-through with school-based and community services
- Number of students placed outside of district because of mental health

- Number of student inpatient psychiatric hospitalizations

Data-Driven Decision Making

- Use district data to determine selection of mental health interventions for students
- Have a system to monitor individual student progress across tiers
- Aggregate student mental health data
- Disaggregate student mental health data
- Monitor fidelity of intervention implementation

* One facet of high quality comprehensive school mental health is the extent to which programs and services are **culturally and linguistically competent**. This indicator of quality is rooted in the Systems of Care core value that indicates that systems should be *culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.*[4] The extent to which school mental health systems are culturally competent reflects the degree to which they are "respectful and responsive" to the health beliefs and practices, and cultural and linguistic needs, of diverse populations groups (www.samhsa.gov).

School Mental Health Sustainability Assessment Performance Indicators

Funding and Resources

- Use multiple and diverse funding and resources to support a full continuum of services
- Maximize leveraging of funding and resources to attract an array of funders
- Have adequate funding to support services and supports at each tier
- Use best practice strategies to retain staff

Resource Utilization

- Maximize the expertise and resources of stakeholders to support professional development
- Maintain or have access to a regular updated mapping or listing of school/community resources
- Monitor policy at local, state, and federal levels that impact school mental health funding
- Utilize third party fee-for-service mechanisms to support services

System Quality

- Use evidence-based services and supports
- Use best practices to inform ongoing district data-based decision-making
- Meaningfully involve youth and families with school and community partners in CSMHS

Documentation and Reporting of Impact

- Document impact of CSMHS on educational/academic outcomes
- Document impact of CSMHS on emotional/behavioral outcomes
- Document impact of CSMHS on sustainability factors
- Report overall impact of CSMHS

System Marketing and Promotion

- Disseminate findings to community
- Broadly market CSMHS to school district leadership
- Broadly market CSMHS to non-education community partners

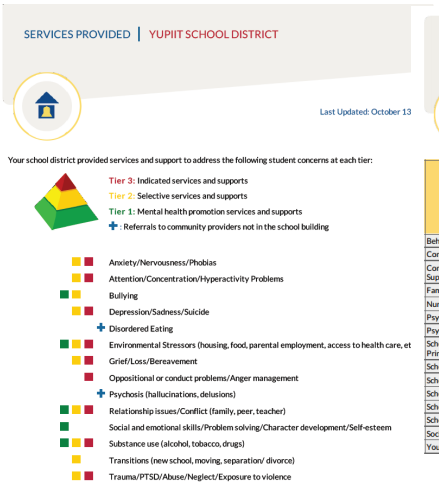
National School Mental Health Census and Performance Measurement System
www.theSHAPEsystem.com

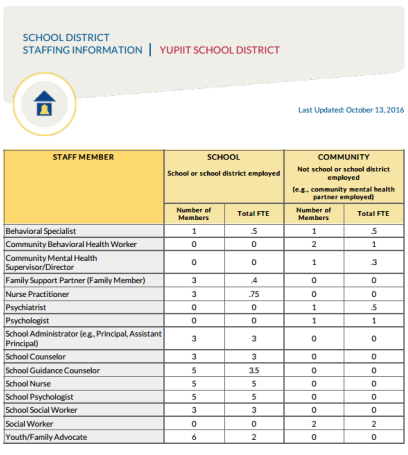
The Center for School Mental (CSMH) in collaboration with the School Based Health Alliance (SBHA) is funded by the Health Resources and Services Administration to lead the National Quality Initiative (NQI), an effort to advance accountability, excellence, and sustainability for school health services nationwide. The CSMH leads efforts to advance Comprehensive School Mental Health Systems (CSMHS), while SBHA has as its focus school-based health centers. The National Quality Initiative has advanced the development of a national CSMHS census and performance measures for CSMHS quality and sustainability. Through its NQI efforts the CSMH has worked to advance a culture of accountability and quality improvement through a user-friendly, free, online National Performance Measurement System (**The SHAPE System, www.theshapesystem.com**) to document Comprehensive School Mental Health System performance. The SHAPE System allows schools and districts to work as a multidisciplinary team to identify strengths and challenges in CSMHS and to use resources, including best practice strategies and action planning to advance high-quality school mental health practice for all services and supports. The CSMH has used a comprehensive and strategic approach to test and inform the continuous improvement of the online performance system and action oriented resources and has tested and refined innovative strategies to advance school mental health quality and sustainability using a Collaborative Improvement and Innovation Network with 25 school districts throughout the country.

SHAPE can be used by CSMHSs at the state, district, and school level to:

1) Document service array and multi-tiered services and supports
2) Advance a data-driven mental health team planning process to support school mental health
3) View, print, share and review free customized reports that document strengths and gaps of the CSMHS
4) Access action-oriented and targeted resources to help advance school mental health quality and sustainability

The School Health Assessment and Performance Evaluation (SHAPE) System (www.theSHAPEsystem.com) provides a tool for districts and schools to document their staffing and service array within a MTSS. Upon registration, district and school teams may complete the School Mental Health Profile to generate a synthesis of school- and community-employed mental health support staff and the types of services offered to students at each tier of supports.





STAFF MEMBER	SCHOOL (School or school district employed)		COMMUNITY (Not school or school district employed (e.g., community mental health partner employed))	
	Number of Members	Total FTE	Number of Members	Total FTE
Behavioral Specialist	1	.5	1	.5
Community Behavioral Health Worker	0	0	2	1
Community Mental Health Supervisor/Director	0	0	1	.3
Family Support Partner (Family Member)	3	.4	0	0
Nurse Practitioner	3	.75	0	0
Psychiatrist	0	0	1	.5
Psychologist	0	0	1	1
School Administrator (e.g., Principal, Assistant Principal)	3	3	0	0
School Counselor	3	3	0	0
School Guidance Counselor	5	3.5	0	0
School Nurse	5	5	0	0
School Psychologist	5	5	0	0
School Social Worker	3	3	0	0
Social Worker	0	0	2	2
Youth/Family Advocate	6	2	0	0

Funding and Sustaining School Mental Health

Creating feasible and sustainable funding models for CSMHS, including mental health promotion and early intervention, is a critical and ongoing priority for school mental health at local, state, and national levels. Estimates suggest that the yearly cost of behavioral health services delivered in all settings to exceed $11.68 billion or $172 per child.[8] Funding streams are primarily supported through public sources (i.e., federal, state, and local government), insurance companies, managed care companies, charitable groups, and foundations. Having the data and understanding financing of CSMHS can help to inform needed policy refinements to support a continuum of mental health supports. Examples of States revising policy to improve CSMHS policy and coverage for services include:

Michigan: IDEA Medicaid was revised to include Tier 2 & 3 mental health counseling sessions by school professionals

South Carolina: The Department of Education developed a Psychosocial Behavioral Health Rehab Medicaid Standard for Tiers 2 and 3 counseling and their Department of Mental Health supplies state legislative reoccurring funds to support rural CSMHS.

California: The "Mental Health Services Act" (MHSA) funded CSMHSs through additional tax, and local ownership of CSMHS program development to fit local needs

To sustain the delivery of CSMHSs, programs most frequently braid or blend funding from multiple distinct sources and must learn how to appropriately maximize funding within each funding mechanism to achieve a fiscally viable model of funding.

CSMHS Funding Best Practices

- Create multiple and diverse funding and resources to support a full continuum of services
- Maximize leveraging and sharing of funding and resources to attract an array of funders
- Increase reliance on more permanent versus short-term funding
- Have adequate funding to support services and supports at each tier
- Use best practice strategies to retain staff
- Utilize third party fee-for-service mechanisms to support services
- Utilize evidence-based practices and programs
- Evaluate and document outcomes, including the impact of services on academic and classroom functioning
- Use outcome findings documenting impact on academic and social-emotional-behavioral functioning to inform school, district, and state-level policy impacting funding and resource allocation for CSMHSs

Both public and private resources have grown considerably over the past two decades to create school-based outposts for behavioral health services. Most recently, federal, state, and

local support for school-based health services reached unprecedented levels following the traumatic events in Newtown, Connecticut. Through several federal projects (e.g., Project AWARE, Promoting Student Resilience, School Climate Transformation, Project Prevent) federal dollars were allocated to support Mental Health First Aid training and improved screening and referral of students with mental health needs to improve their access to trauma-informed care, conflict resolution, and violence prevention. Similarly, federal support totaling $200 million from the Affordable Care Act spurred more than 500 communities to build and expand school-based health.

Overview of common funding opportunities

Funding Stream	Description
Federal Grants	Several **federal grants** have been created in which a portion of funds can be allocated for CSMHSs. These include the *Healthy School, Healthy Communities* program (Bureau of Primary Health Care), *Safe Schools/Healthy Students Initiative* (Departments of Education, Justice and Health and Human Services), *Title XX Social Services* block grant, *Preventive Health and Health Services* block grant, and the *Maternal and Child Health* block grant.
State Funding	Some states have begun to include school-based health and behavioral health services in their **state budgets.** For example, services can be financed partially by state allocations (e.g. budget line item) or by implementing specific programs (e.g. Safe and Drug Free Schools) that also come with budgets to supplement general money for school behavioral health programs. State health initiatives and state taxes (e.g. tobacco tax, property tax) may also offer some support for school behavioral health services.
Fee-for-Service	Third-party payers including State **Children's Health Insurance Programs**, **Medicaid**, and **commercial insurance** provide support for school behavioral health through fee-for-service reimbursements. Though there are disadvantages to this line of funding including the large bureaucratic and administrative load required to recover funds, the necessity of diagnosing students for fee reimbursement, and the lack of reimbursement for many activities included in CSMHS (e.g. consultations with parents and teachers, classroom observations, and case management), **fee-for-service revenue is seen as an integral part of long-term financial success for school behavioral health services.**
Outpatient Behavioral Health Funding	**Partnering with an already existing outpatient behavioral health center** is an excellent way of facilitating the ability to bill a broader array of public and private insurance programs for services. Outpatient programs have the structure, mechanisms, and credentialing needed to bill for services.
Solicited Funds	Many CSMHSs obtain at least some of their funding from private **donors**, **private foundations**, and **federal agencies**. This source of funding can comprise a portion of a general budget or they may be solicited to fund specific initiatives as part of broader school behavioral health services.
Pooled, blended, or braided funds	Relying on **multiple funding streams** through a pooling, blending or braiding of sources in an important component of successfully funding school behavioral health. This is a key component to **ensure that the services continue even if one of the funding sources should end**. An additional advantage of this approach to funding is that services tend to be more comprehensive since funding sources often differ on which services, providers and clientele are covered.

Beyond funding, the sustainment of school mental health systems requires the cross-stakeholder development of a **compelling state vision and shared agenda** – one that can inspire local action – and a strategic action plan and infrastructure to carry out the agenda. Several states and communities have established School Mental Health "Communities of Practice" or Committees to advance shared goals that support student mental health.

Conclusion

Integration of mental health into the education system has the potential to offer our nation's youth a comprehensive array of mental health supports and to remedy many of the shortcomings of our traditional approaches to youth mental health. Federal, state and local investments in school mental health reflect an acknowledgement of this potential, with MTSS becoming a regular part of the dialogue among educators. A systematic and streamlined partnership between schools and communities to support a full continuum of mental health supports in schools can lead to better mental health for all students and increased access, earlier identification and intervention and ultimately better outcome for those students with mental health challenges. This vision reflects a great reliance on the natural supports for students, including families and educators, and less reliance on an already scarce specialty mental health system.

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