School Mental Health Policy
Federal Programs & Funding Streams

Advancing School Mental Health Conference
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Agenda

- An overview of federal education programs that ***support the expansion of school health and mental health, a positive school climate, and community partnerships***

- How can you connect with state and local allies to build partnerships, coordinate programs and services within new and existing funding streams?

- How can you advocate at the state and local level for more funding and support for these programs and services, including Medicaid funding?

  (Hint: building partnerships & coalitions helps advocacy!)

References to Mental Health in Federal Education Policy and Guidance

▶ School Safety and Violence Prevention

▶ Addressing Disparate Discipline Practices

▶ Stemming the School to Prison Pipeline

▶ Promoting Equity, Disaggregated data

▶ Improving School Climate, "Conditions for Learning"

▶ Social-emotional development, behavioral interventions

▶ Trauma-sensitive practices,

▶ Effects of poverty, chronic environmental stressors (homelessness, foster care, etc.)

▶ Social determinants of health

-addressing SDOH/providing "healthy opportunities"

Federal Funding Opportunities for Mental & Behavioral Health Services in Schools

❖ IDEA: Individuals with Disabilities Education Act

❖ ESEA: Elementary and Secondary Education Act
  - ❖ Title I: expanded language for MH, PBIS, prevention, community-school coordinators, partnerships
  - ❖ Title II: MH awareness training
  - ❖ Title IV: SSAEG state formula & competitive grants

❖ HHS (SAMHSA, HRSA, CDC), DOJ grants

Must break out of silos to coordinate program funding
Braided/blended funding requires relationships, communication, linking resources...

Individuals with Disabilities Education Act (IDEA)

Part B: Grants to the States

Free and Appropriate Public Education (FAPE)
and Related Services

- ❖ Individualized Education Program (IEP)
- ❖ Services, Supports, and Accommodations, includes
- ❖ Functional Behavioral Assessment (FBA) and
  Behavioral Intervention Plan (BIP)

▶ "Early Intervening Services"

Sec. 619 Pre-school Program

Part C: Infants and Toddlers (0-3)

- ❖ Individualized Family Services Plan (IFSP)

Part D: Research, Professional Development

Elementary & Secondary Education Act (ESEA)

Every Student Succeeds Act (ESSA)

http://www.ed.gov/ESSA

❖ Federal oversight and discretion is shifted to State and Local Education Agencies (SEAs and LEAs)

❖ NCLB: high stakes assessments & punitive measures

❖ State accountability systems **must now also include at least one "non-academic" indicator of "school success"**

❖ State & district report cards must track **chronic absence, school climate (bullying/harassment) and discipline data**

❖ Office of Civil Rights Data Collection (OCRD)

➢ **Access to services is an equity issue!**

ESSA Title I: Schoolwide Programs

Title I: Improving Basic Program Operated by SEA/LEA

"Strategies to improve school conditions for learning"

(Learning conditions + working conditions = school climate)

❖ Schoolwide programs must be based on **comprehensive needs assessment**

❖ "Allowable use" for counseling and mental health services, MTSS, PBIS, **community MH partnerships**, mentoring, professional development

❖ Title I, Part D – "neglected, delinquent, or at-risk of dropping out": school-wide plans, prevention and early intervening services

Title I Schoolwide Programs, Part D

▶ **Dropout prevention programs** for "at-risk youth" *"at-risk of academic failure, has a drug or alcohol problem, is pregnant or is a parent, previous contact with the juvenile justice system, at least 1 year behind expected grade level, migrant or an immigrant, has limited English proficiency, is a gang member, has previously dropped out of school, or has high absenteeism rate."*

▶ **"Coordination of health and social services** (e.g., childcare, substance abuse counseling and mental health services) *if there is a likelihood that providing such services will help these children complete their education."*

ESSA Title I: Schoolwide Programs

❖ Title **I** Schools identified for Comprehensive or Targeted Support and Improvement must conduct a needs assessment

School based MH services, Community School Model are *allowable school improvement strategies!*

❖ Title **I** plans and reporting must describe how schools will address issues of school discipline, suspensions and expulsions, school climate, including bullying, and chronic absence.

❖ Plans must describe "…strategies that the school will be implementing to address school needs… through activities which may include…"

A Community School

Is a *strategy*, not a program, to align resources for equitable school and community improvement.

What the Four Pillars of Community Schools Look Like in Action

Enrichment activities emphasize real-world learning and community problem solving.

Parents, students, teachers, principals, and community partners build a culture of professional learning, collective trust, and shared responsibility using strategies such as site-based leadership teams and teacher learning communities

After-school, weekend, and summer programs provide academic instruction and individualized support.

Collaborative Leadership and Practice

Promoting interaction among families, administration, and teachers helps families to be more involved in the decisions about their children's education.

Expanded Learning Time and Opportunities

A dedicated staff member coordinates support programs to address out-of-school learning barriers for students and families.

Schools function as neighborhood hubs. There are educational opportunities for adults, and family members can share their stories and serve as equal partners in promoting student success.

Mi familia
My family

Mental and physical health services support student success.

Integrated Student Supports

Active Family and Community Engagement

LEARNING POLICY INSTITUTE

ESSA Title I: Schoolwide Programs

❖ "(I) counseling, school-based mental health programs, specialized instructional support services, mentoring services, and other strategies to improve students' skills outside the academic subject areas; ...

❖ "(III) implementation of a schoolwide tiered model to prevent and address problem behavior, and early intervening services, coordinated with similar activities and services under IDEA

School-Wide Systems for Student Success: Multi-Tiered System of Support

Academic Systems

Behavioral Systems

Tier 3/Tertiary Interventions   1-5%
- Individual students
- Assessment-based
- High intensity

Tier 2/Secondary Interventions 5-15%
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

Tier 1/Universal Interventions 80-90%
- All students
- Preventive, proactive

1-5%   Tier 3/Tertiary Interventions
- Individual students
- Assessment-based
- Intense, durable procedures

5-15%   Tier 2/Secondary Interventions
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

80-90% Tier 1/Universal Interventions
- All settings, all students
- Preventive, proactive

Illinois PBIS Network, Revised May 15, 2008. Adapted from "What is school-wide PBS?" OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Accessed at http://pbis.org/schoolwide.htm
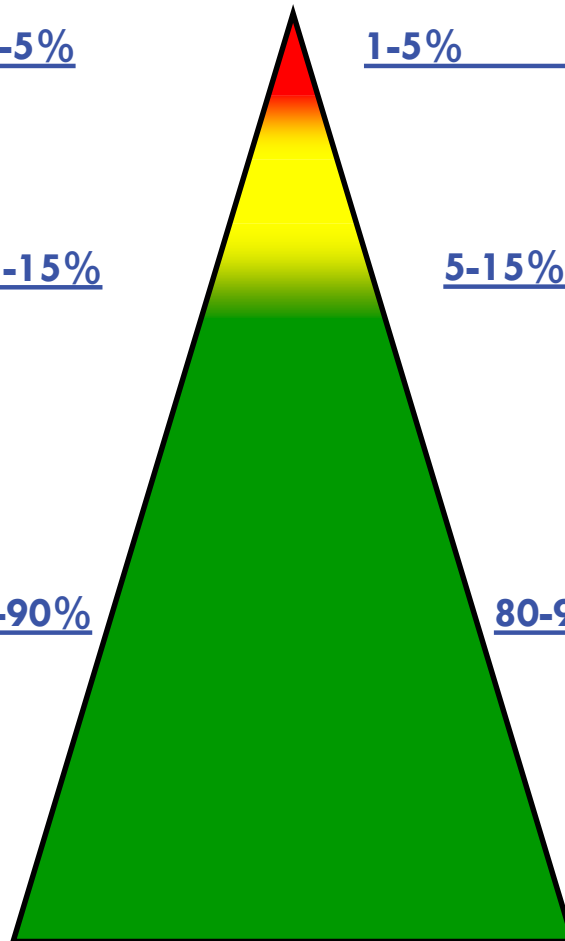
New Terminology in ESSA: SISP

❖ Specialized Instructional Support Personnel (SISP) = "pupil services" in ESEA and "related services" in IDEA

❖ "...school counselors, school social workers, school psychologists, & other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, & other necessary services.... as part of a comprehensive program to meet student needs."

❖ *"States and local education agencies are charged with conducting "**timely and meaningful consultation with... specialized instructional support personnel**.*"

N SISP℠

National Alliance of Specialized Instructional Support Personnel

Working together for school and student success

ESSA Title II: Professional Development

Title II: Preparing, Training and Recruiting High-Quality Teachers, Principals, or Other School Leaders

* "developing programs and activities that increase the ability of teachers to effectively teach children with disabilities, including children with significant cognitive disabilities, and English learners,"

* which "may include the use of multi-tier systems of support and positive behavioral intervention and supports, so that such children with disabilities and English learners can meet the challenging State academic standards;"

* Opportunities for MH Awareness, MH First Aid, trauma-informed care, suicide prevention, mindfulness & self care

THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC) MODEL

- Places the child at the center

- Takes a **comprehensive** approach to supporting learning and health

- Calls for greater **collaboration** across sectors

www.cdc.gov/healthyschools/wscc/index.htm

Title IV: 21st Century Schools

Title IV, Part A: Student Support and Academic Enrichment Grants (SSAEG)

▶ Consolidates the number of programs into new block grant; Distributes funds by formula to each state.

▶ Improve students' academic achievement by "increasing the capacity of states, LEAs, schools, and communities to provide students with **access to a well-rounded education, improve school conditions for student learning, and improve the use of technology**."

▶ Requires SEA to base LEA grants on state **<u>NEEDS ASSESSMENT</u> to better target funding based on district-level needs**, and requires LEA also conduct local needs assessment

Title IV A: Student Support and Academic Enrichment Grants

Schools or districts that receive an allocation **above** $30,000 must do a needs assessment and spend:

20% — **Well rounded education**
- STEM
- Music
- Art
- Physical Education

20% — **Safe schools**
- Healthy students
- Violence prevention
- School counselors
- Mental health

60%

The remaining 60% of funds can be spent on all 3 priorities, including technology

Technology*
- Materials/Prof Dev
- Equipment/Devices
- Digital Content

*some funding must go towards tech, with a 15% cap on infrastructure

Schools or districts that receive an allocation **below** $30,000

Spend money on activities in at least one of the three categories

Title IV: School Counseling and Mental Health

❖ **"School counseling"** is an inclusive term;

"expand counseling services through qualified school counselors, school social workers, school psychologists, other qualified MH professionals..."

❖ **"School-based MH Services Provider":**

"State licensed/certified school counselor, school psychologist, school social worker, or other State licensed/certified MH professional qualified to provide services to children and adolescents."
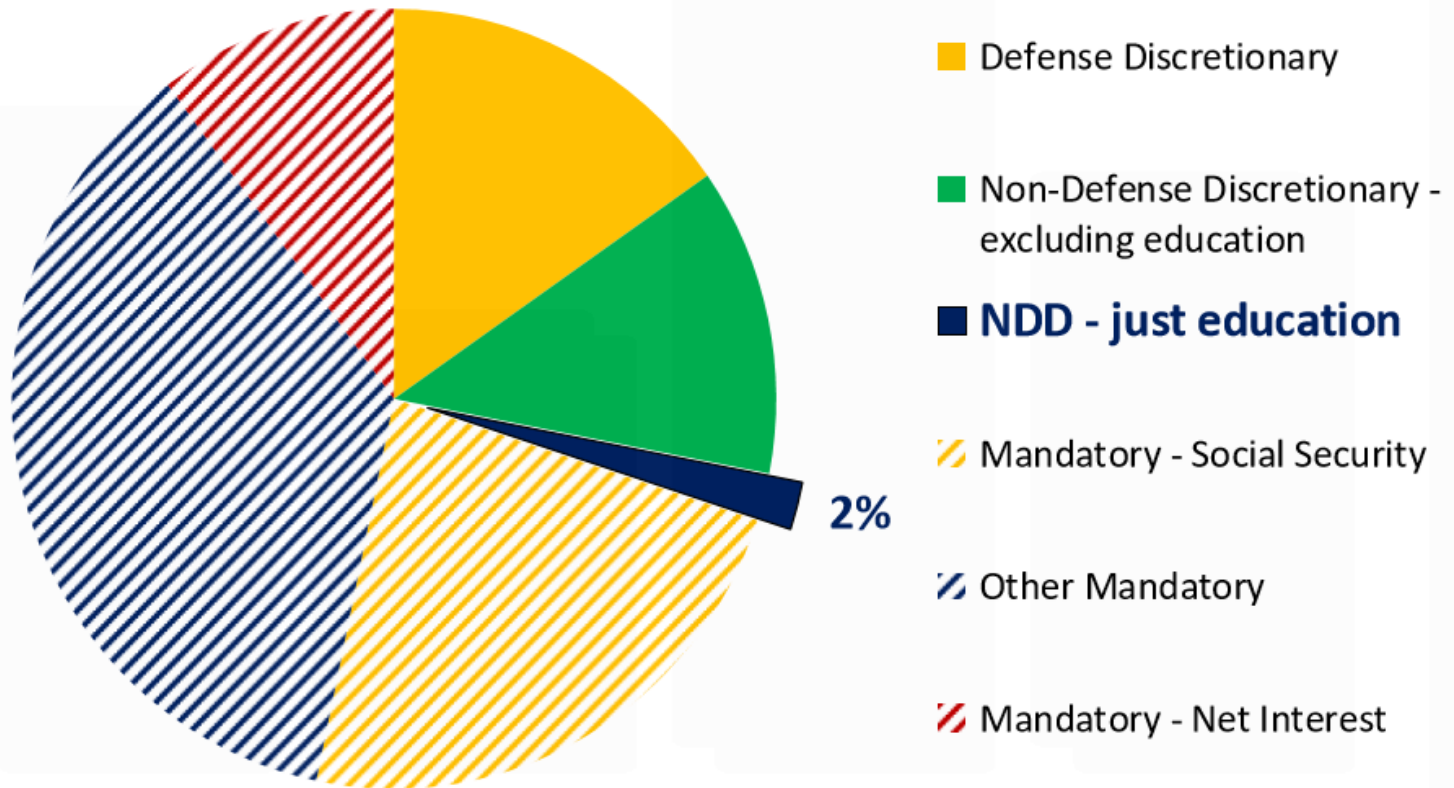
Title IV: 21st Century Schools

- ❖ **Title IV, Part B: 21st Century Community Learning Centers**
  - ▶ Grants for afterschool, before school, and summer learning programs, including expanded learning time activities

- ❖ **Title IV, Part E: Family Engagement in Educational Programs**
  - ▶ Statewide Family Engagement Centers to build capacity, effective implementation, and enhancement of family engagement policies and initiatives.

- ❖ **Title IV, Part F: National Activities**
  - ▶ **Promise Neighborhoods** discretionary grant program.
  - ▶ **Full Service Community School** discretionary grant.
  - ▶ Project School Emergency Response to Violence (**ProjectSERV**)
  - ▶ *Funded $15-20 million, **Mental Health Demonstration Grants**: hire and retain "teams of qualified school-employed mental health professionals, including school social workers, school psychologists, and school counselors"
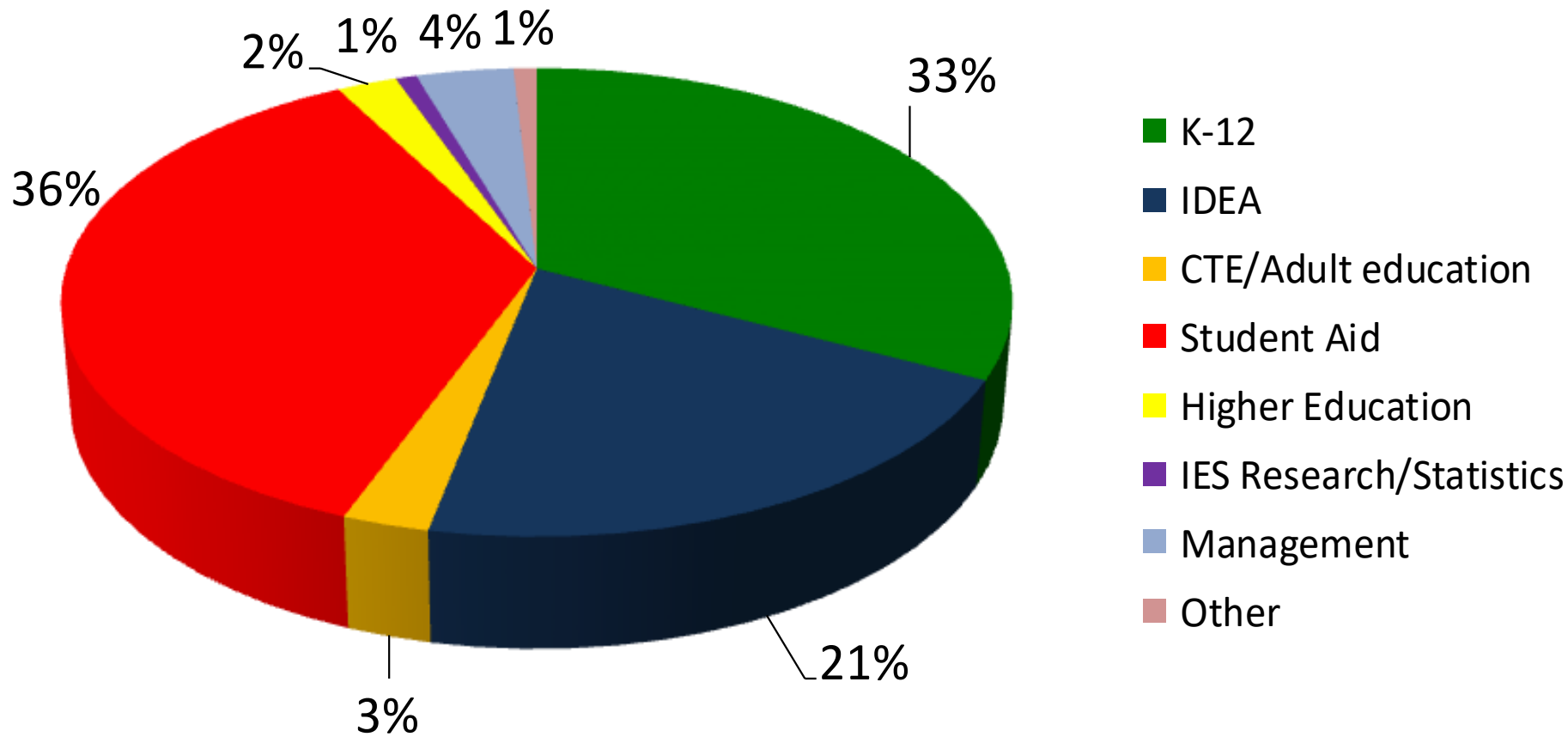
Authorization vs Appropriation

- *Authorization*: Enacts program into existence; may offer a "proposed" funding level or ceiling.

- *Appropriation*: Annual process to actually fund discretionary programs, 13 appropriation bills

- *Discretionary Spending*: Not Mandatory; Govt functions funded through annual appropriation.

- *NDD* = Non-Defense Discretionary

- *Continuing Resolution*: Stop-gap funding bill to keep government operating past fiscal year deadline of 9/30 (every October).

Education Accounts for Less Than 2% of All Federal Spending

2020 President's Budget Outlays by Category

Legend:
- Defense Discretionary
- Non-Defense Discretionary - excluding education
- **NDD - just education**
- Mandatory - Social Security
- Other Mandatory
- Mandatory - Net Interest

2%

SOURCE: CEF based on FY2020 OMB Budget

President's FY 2019 Education Department Discretionary Funding

- K-12 — 33%
- IDEA — 21%
- CTE/Adult education — 3%
- Student Aid — 36%
- Higher Education — 1%
- IES Research/Statistics — 2%
- Management — 4%
- Other — 1%

Education Funding: federal, state & local

States Provide Nearly Half of Public School Funding

Share of total K-12 education funding, 2016

Federal revenue — 8%

State revenue — 47%

Local revenue — 45%
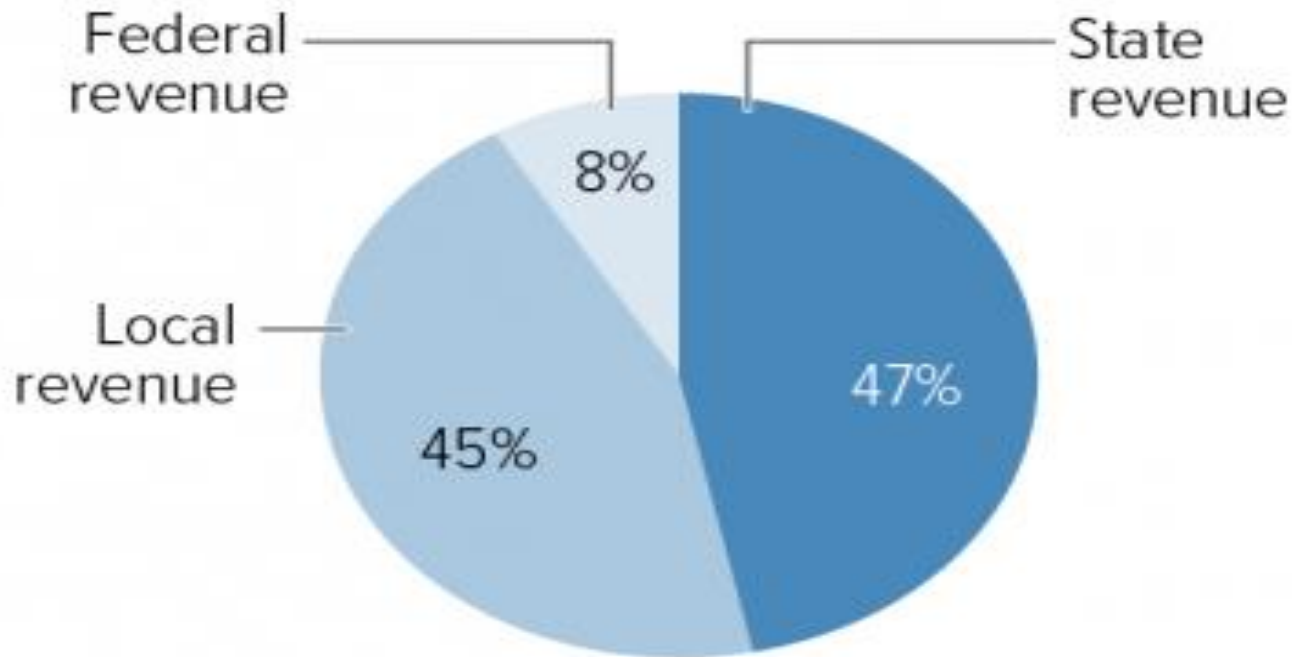
Source: Census Bureau, "Public Elementary-Secondary Education Finance Report, 2016 Data," May 2018

Higher Education

- Reauthorization of Higher Education Act (HEA): expand HEA-Title II, not just teachers and administrators, needs to address training, recruitment, retention, and professional development for all specialized instructional support personnel (SISP), including social workers

- Senate: Student Aid Improvement Act, S. 2557, does not address Title II

- House: College Affordability Act, expanded Title II to include "educators." The definition of "educators" includes specialized instructional support personnel.

- Addressing Professional Shortages "Pipeline": Building Social Work profession & loan forgiveness

Public Funds for Public Schools

▶ "Private school vouchers" - AKA scholarships, tuition tax credits, education savings accounts, portability.

▶ Private schools decide who to accept, what services to provide, and who no longer can attend.

▶ IDEA & most other federal laws do not apply if "voucher" is used.

▶ Low- & middle-income kids may not be able to afford private schools, even with vouchers.

▶ Rural kids have no access to private schools.

▶ Private schools lack accountability

▶ *Oppose all types of private school voucher programs that divert public funds from public schools.*

SAMHSA Grants and School Mental Health

SAMHSA's efforts in schools and college campuses include:

- Now Is The Time, Healthy Transitions, promoting Prevention & Early Intervention; Project AWARE (local and state grants;

- National Registry of Evidence-based Programs & Practices

- Safe Schools/Healthy Students TA and resources;

- Children's Mental Health Initiative; NCTSI - NCTSN

- Mental Health First Aid & Project Aware training for school personnel/adults;

- Garrett Lee Smith Campus Suicide Prevention Program;

https://www.samhsa.gov/school-campus-health/samhsas-efforts

https://blog.samhsa.gov/2017/09/06/back-to-school-with-behavioral-health-supports/

Medicaid serves millions of children

Medicaid
37.1 million

CHIP
8.9 million

Marketplace
1.1 million

Medicaid's Benefit for Children (EPSDT)

Early Periodic Screening, Diagnostic & Treatment

o Medicaid EPSDT program requires states to provide all recommended screening and medically necessary treatment for vision, hearing and developmental delays that keep kids from learning (e.g. "related"/SISP services)

o Cuts to Medicaid could put the program in jeopardy and leave students without the support they need.

o New state flexibilities added in legislation or **state waivers** could undermine or remove this protection.

o Oppose efforts to cut, cap, or block grant the current Medicaid program for children and families.

Medicaid in Schools

Kids = 44% of Medicaid beneficiaries, but only account for about 19% of Medicaid costs.

o U.S. schools receive $4B - $5B in Medicaid annually, for:

o IEP services and supports, mostly for students with disabilities, including equipment and technology/learning aides

o Administrative Claiming (Outreach, coordination, connections with services, etc.)

o Other health & medical services/screenings

o School nurses, social workers, counselors, therapists

Source: S. Pudelski, "Cutting Medicaid: A prescription to Hurt the Neediest Kids," AASA, January 2017.
J. Schubel, "Medicaid Helps Schools Help Children," Center on Budget and Policy Priorities, April 18, 2017
https://www.cbpp.org/research/health/medicaid-helps-schools-help-children

Revised CMS "Free Care" Rule

- **Schools now may be given the ability to access Medicaid for eligible services provided to any Medicaid eligible student** *as long as all other (9) Medicaid requirements are met.*

  Student is on Medicaid
  Medicaid eligible service
  Medicaid eligible provider
  Existence of approved rate
  Third Party Liability (TPL) met
  Auditable documentation
  Medicaid does not duplicate other payments
  State conducts appropriate oversight
  All other program requirements are met

- Changes must be made at the State level, via **State Plan Amendment (SPA)** Submitted to and approved by CMS

  12/15/2014, CMS to State Medicaid Directors Letter: Notification of change to its guidance on "free care"

Revised CMS "Free Care" Rule

Potential Medicaid Reimbursable Services
- Vision, Dental, Mental Health Screenings
- Chronic Disease Management
- Immunizations
- Acute Care Services
- Therapies
- Mental Health Services
- Other

07/01/19 CMS releases long awaited,
GUIDANCE TO STATES AND SCHOOL SYSTEMS ON ADDRESSING MENTAL HEALTH AND SUBSTANCE USE ISSUES IN SCHOOLS
https://store.samhsa.gov/system/files/joint_info_bulletin_school_based_services_final_508_6.28.19.pdf

Determining How Services Will Be Delivered

- Does the current Medicaid State Plan allow for schools to bill for non-IEP services?

- What services are currently being provided and who is paying for them?

- Does the school want to deliver health services or do they want to contract?

N A M E
National Alliance for Medicaid in Education, Inc.

Determining How Services Will Be Delivered

- Proposed reimbursement model?
- Will "free care" services be a Medicaid "carve-out" or will schools have to contract with Managed Care Organizations?

- Who are the current school-based health providers?

- What will be the process for quality assurance?

Considerations

- Navigating HIPAA & FERPA

- Strategies for "Parental Consent"
http://healthystudentspromisingfutures.org/events/upcoming-hspf-webinars

- Coordination of services/integrated student support (ISS) in and Out-of-School Time (OST), afterschool & Community-Based Organizations (CBOs)

- What "Memorandums of Understanding" (MOUs) will need to be in place?

  Resource:
  http://www.healthystudentspromisingfutures.org

Why should schools participate in Medicaid?

▶ Barriers to Teaching and Learning: When kids come to school with unmet health needs they struggle to learn.
"If you're too mad, or too sad, you cannot add."

▶ Special education/IDEA funding is inadequate; Medicaid can supplement this funding stream

▶ Inadequate local/state funding,
Not prioritized

▶ Medicaid funding can cover additional staff (i.e. school nurse, school social worker) for the entire school/district to benefit - not just the Medicaid eligible kids!

Medicaid in schools 101-
https://www.aft.org/childrenshealth-safety-and-wellbeing/childrens-accesscare/medicaid-schools

Student health
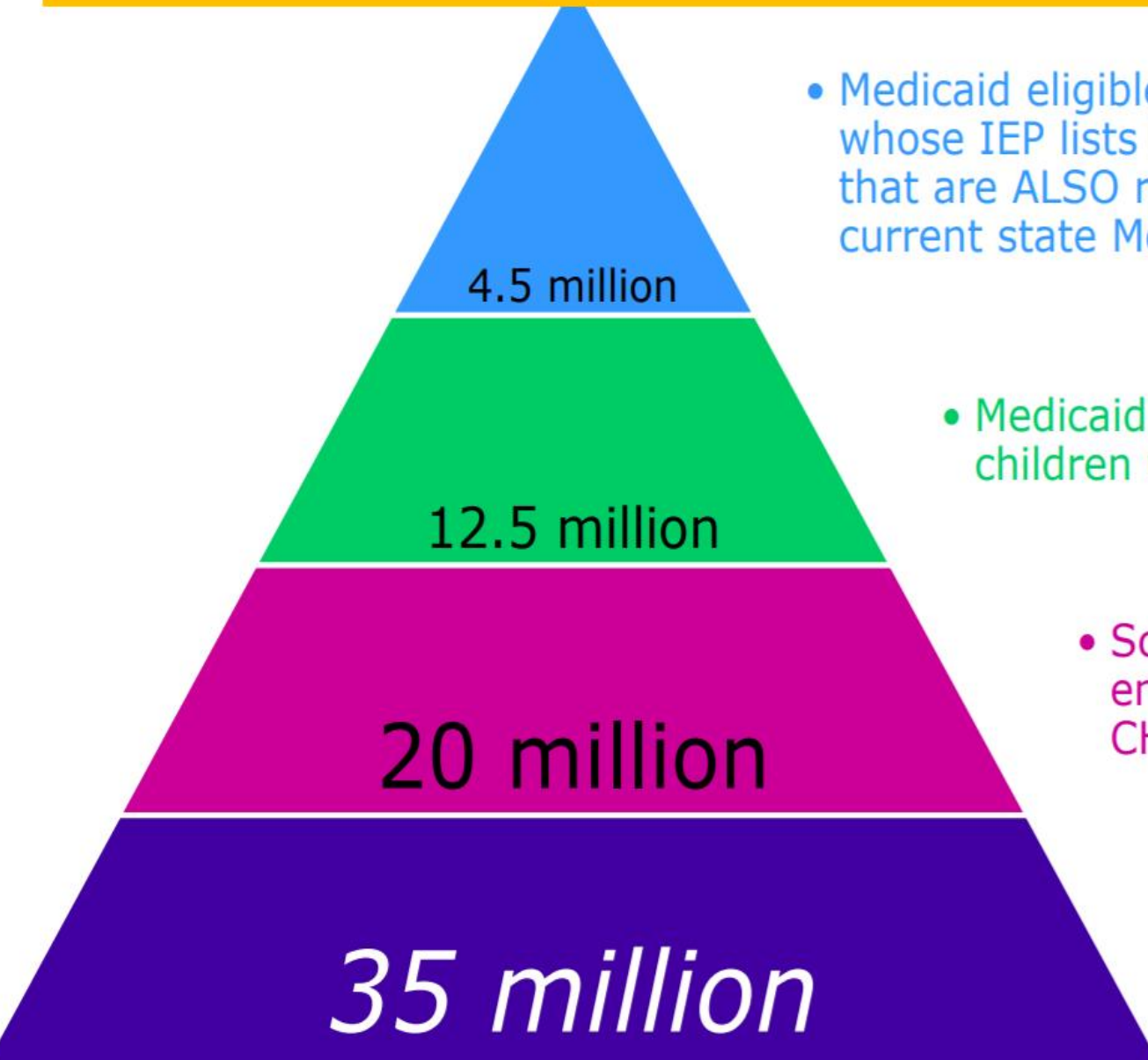
4.5 million — • Medicaid eligible, school-aged children whose IEP lists health-related services that are ALSO reimbursable under current state Medicaid policy

12.5 million — • Medicaid eligible, school-aged children with a clear health need

20 million — • School-aged children enrolled in Medicaid (or CHIP)

35 million — • Public school enrollment

High-Impact Opportunities

1. Help Eligible Students and Family Members Enroll in Health Insurance

2. Provide and Expand Reimbursable Health Services in Schools

3. Provide or Expand Services that Support At-Risk Students, including through Medicaid-funded Case Management

4. Promote Healthy School Practices through Nutrition, Physical Activity, and Health Education

5. Build Local Partnerships and Participate in Hospital Community Health Needs Assessments

School Safety – Violence Prevention

US Department of Education
2019 Grants "support locally tailored approaches to school safety."

I. PROJECT PREVENT $10 million
▶ To enhance LEA ability to identify, assess and serve students exposed to pervasive violence. Funds can be used to provide mental health services for trauma or anxiety; support conflict resolution programs; and implement other school—based violence prevention strategies.
  Project.Prevent@ed.gov

II. SCHOOL CLIMATE TRANSFORMATION $40 million
▶ Funds for LEAs to develop, enhance, or expand systems of support for schools implementing strategies to improve learning conditions and promote positive school culture for all students.
  LEA.SCTG19@ed.gov

III. MH SERVICE PROFESSIONAL DEMO GRANT $15mil
Funds to promote partnerships between colleges/universities and high-need school districts, to expand the pipeline of trained school-based mental health services providers.
Mental.Health@ed.gov

FCSS website https://www.ed.gov/school-safety

School Safety – Violence Prevention

US Department of Justice (DOJ): $100M in 2019

($75M for BJA, $25 COPS; *25% match requirement for grantees*)

I. BJA STOP School Violence Threat Assessment and Technology Reporting Grant

www.bja.gov/funding/SSVthreat18.pdf

▶ **School Threat Assessment & Teams:** Threat assessment for individuals, Security Surveys, Crime prevention through environmental design (CPTED) training and implementation, and/or **Target hardening prevention programs with the intention to limit access to school property to prevent acts of school violence**

▶ **Crisis Intervention Teams:** Coordination with law enforcement, school officials, and possibly other disciplines in the community (e.g. mental health providers)

▶ **Technology that addresses Anonymous Reporting:** Apps, Hotlines or Website development and implementation; Apps that can assist school personnel and students during an active shooter incident; Notification/sharing information with first responders

School Safety – Violence Prevention

US Department of Justice (DOJ):

II. BJA STOP School Violence ($25mil)

▶ **PREVENTION & MENTAL HEALTH TRAINING PROGRAMS**
www.bja.gov/funding/STOPMHT19.pdf

➢ Educate students and school staff on indications of behaviors that might turn into violence (including suicide), and/or

➢ Specialized training for school officials related to responding to related MH crises that may precipitate violent attacks on school grounds

III. **COPS** program for school security equipment & training of local law enforcement ($25 million)

All Programs are Required to be "Evidence-Based" and Demonstrate a statistically significant effect on relevant outcomes.

Joint Policy Recommendations for Safe Schools

A Framework for Safe and Successful Schools

1. Blended, flexible use of funding streams in education and mental health services

2. Improve staffing ratios to allow for a full range of service delivery & effective school–community partnerships

3. Develop evidence-based standards for district-level policies to promote effective school discipline and positive behavior

4. Fund evidence-based models of continuous, sustainable crisis & emergency preparedness, response, and recovery planning and training

5. Provide incentives for intra- and interagency collaboration

6. Support multi-tiered systems of support (MTSS).
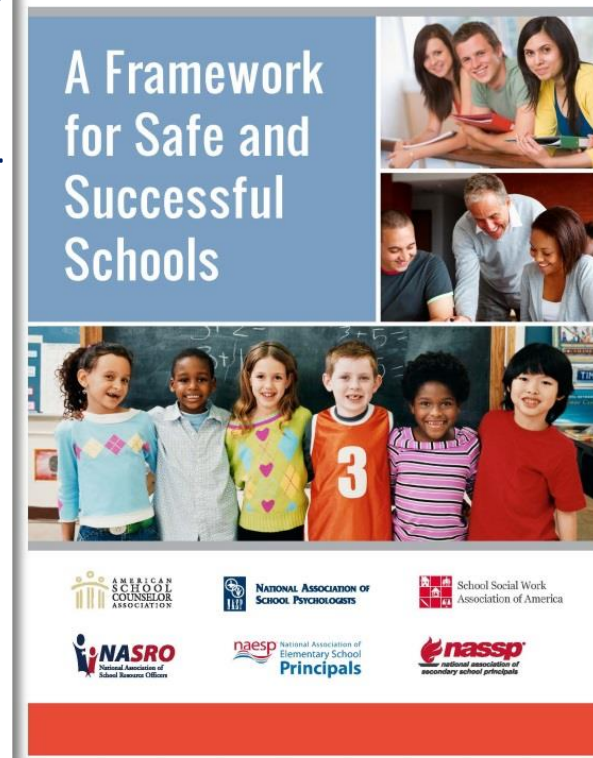
Joint Policy Recommendations for Safe Schools

COALITION FOR COMMUNITY SCHOOLS

1. Include full-service community schools as an effective initiative/strategy and allowable use of funds to **address school safety and climate.**

2. Promote model of updated research from Learning Policy Institute (LPI) on **4 effective and evidence-based components** of a Full-service Community Schools:

- Integrated student supports

- Expanded learning time and opportunities

- Family and community engagement, and

- collaborative leadership

Joint Policy Recommendations for Safe Schools

3. **DESIGNATE A COORDINATOR** to implement and facilitate effective school-community partnerships (can use Titles I and IV funding)

4.**INCLUDE STAKEHOLDERS** school site leadership teams: teachers, SISP, community partners, school administration, including other non-instructional staff, students, and parents

5. **COLLABORATIVE LEADERSHIP** includes representation from the school district, government agencies, parents, community groups, key service providers, and other community stakeholders; and serves to facilitate policy, resource alignment and provision to support, strengthen a safe and supportive environment.

COALITION FOR
COMMUNITY
SCHOOLS

IEL Institute for Educational Leadership
Leading Across Boundaries

Joint Policy Recommendations for Safe Schools

6. **NEEDS ASSESSMENT** Encourage all schools to conduct a thorough needs assessment of students, staff, families, and communities to identify the academic, physical and mental health, and resources needs of students and the community.

7. Promote **POSITIVE DISCIPLINE PRACTICES**, training and implementation of trauma-informed care and restorative practices

8. Include **families, community partners and community residents** in planning and implementation, recognizing the unique roles they play to help keep students safe and support their social and emotional well-being

COALITION FOR COMMUNITY SCHOOLS

IEL Institute for Educational Leadership
Leading Across Boundaries

FFPSA Background

- The Family First Prevention Services Act (FFPSA) was passed by Congress in February 2018 in the omnibus spending bill

- The FFPSA was primarily motivated by:
  - Increasing pressure on the foster care system as a result of the opioid epidemic
  - A frustration with previous "reactionary" federal funding structures
  - An over-reliance on congregate care for children in foster care
- FFPSA makes changes to Title IV-E and IV-B of the Social Security Act to allow federal funds to be used for foster care prevention services and limits payments to congregate care institutions

Title IV-E

- Title IV-E of the Social Security Act is a federal program that currently provides funding to states and tribes for:

  - Maintenance payments for children in foster care

  - Foster care administration costs

  - Training for child welfare staff and foster parents

  - Children with special needs receiving adoption services

- Title IV-E is funded by federal and state/local matching funds at a 50/50 match rate

Voices

FFPSA Overview

Title I: Investing in Prevention and Family Services

Title II: Ensuring the Necessity of a Placement That Is Not in a Foster Family Home

Title III: Continuing Support for Child and Family Services

Title IV: Continuing Incentives to States to Promote Adoption and Legal Guardianship

Title I: Prevention and Family Services

- Eligible services include:
  - Mental health services
  - Substance abuse services
  - In-home parent skill-based programs
    - These include parent training, home visiting, and individual/family therapy
- These services are available to:
  - A child who is a candidate for foster care at **"imminent risk"** of entering the system
  - A child in foster care who is pregnant or parenting
  - Parents or kin caregivers who need services to prevent the child from entering foster care

Voices
For Virginia's
Children

JJDPA & RHYA

Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA)

- ▶ strengthens national standards by reducing the placement of youth in adult jails and decrease racial and ethnic disparities

- ▶ promotes the use of alternatives to incarceration; supports the implementation of trauma-informed, evidence-based practices;

- ▶ elimination of dangerous practices in confinement, including eliminating the use of restraints on pregnant girls;

- ▶ improves conditions and educational services for incarcerated youth; and for special youth populations, trafficked youth and Tribal youth;

- ▶ includes a two-year reauthorization of the

Runaway and Homeless Youth Act (RHYA) – Also needs long-awaited programmatic updates, as nearly 62% of youth experiencing homelessness have been arrested and 44 % have been detained.

Addressing Poverty

Simulated Programs and Policies

Program and policy options tied to work:

- Expand the Earned Income Tax Credit (EITC)
- Expand child care subsidies
- Raise the federal minimum wage
- Implement a promising training and employment program called WorkAdvance

Modifications to existing provisions relating to immigrants:

- Increasing immigrants' access to safety net programs

Modifications to existing safety net programs:

- Expand Supplemental Nutrition Assistance Program (SNAP)
- Expand the Housing Choice Voucher Program
- Expand Child Supplemental Security Income (SSI) levels

Policies used in other Countries:

- Replace Child Tax Credit with a nearly-universal child allowance
- Introduce a child support assurance program that sets guaranteed minimum child support amounts per child per month

Build Strategic Relationships

Key Decision-Makers

Allied Partners/Coalitions

Grassroots & Grasstops

Getting to the Decision-Making Table

➢ **State Level**

▶ Contact State Department of Education, State Medicaid office, Departments of Health, Child Welfare, State legislators, House and Senate, and Governor's office

▶ Get involved in conversations, taskforces for state plans, state peer review teams

▶ state and regional professional associations, local union

➢ **Local & School District Level**

▶ Contact your council members, school boards, elected members of local government, school superintendents and administrators

▶ Convene with local allies (traditional & nontraditional), local agency leaders, law enforcement

Find Allies & Build Coalitions

- **Identify local community groups and like-minded organizations**
  - Find partners who share your vision, Get and offer support on mutual issues
  - Have long-term relevance to your goals and are willing to work through challenges
  - Show solidarity & share a message
  - Help you make progress with diverse and important stakeholders who are relevant to implementation
- **Organize a convening, mechanisms to share information**
  - Engage broad group of fellow stakeholders & community members
  - Seek to build School-Community Mental Health Partnerships
  - School-Justice Partnerships: Preventative Discipline, Restorative Justice/Practices

Effective Relationships require intentionality and ongoing nurturing.

Show Them the Data

Educational Outcome Data

o Report cards, accountability systems data (absenteeism, discipline, school climate, etc.)

www.childtrends.org/publications/using-policy-to-create-healthy-schools

o State (SEA), District (LEA) & building-level data

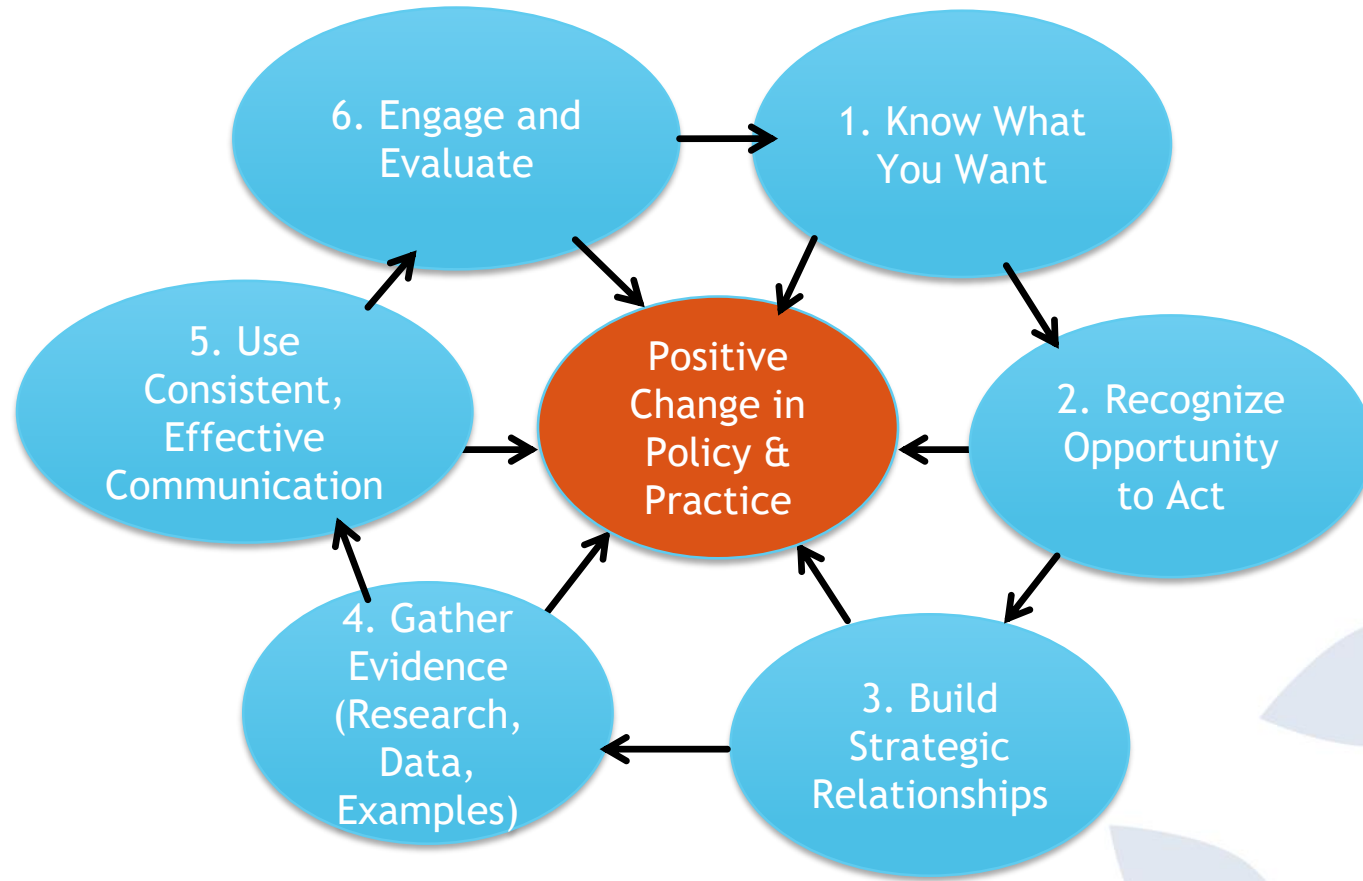**Other states**: NASBE State Policy Database on School Health https://statepolicies.nasbe.org/health

Demographic and Survey Data

o Kids Count http://datacenter.kidscount.org/

o CDC https://www.cdc.gov/vitalsigns/ACEs/

o YRBS http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Office of Civil Rights Data Collection

o CRDC http://ocrdata.ed.gov/

Key Components of Effective Advocacy

Your Role as an Advocate

❖ To educate staff/policymakers about resource and mental health needs in your state/district/community and the importance of coordinated MH services.

❖ Tell your stories, share state/local data.

❖ Remember: They work for YOU

   You are a constituent, you live/work in their district/state and vote

❖ YOU are the expert; offer yourself as a resource

❖ MESSAGE and PERSISTENCE

Advocating for Coordinated School-Mental Health Programs

Connections
Communication
Collaboration
RELATIONSHIPS

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