Understanding and Advancing Comprehensive School Mental Health Systems

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MISSION
To strengthen the policies and programs in school mental health to improve learning and promote success for America’s youth

• Established in 1995. Federal funding from the Health Resources and Services Administration.

• Focus on advancing school mental health research, training, policy, and practice at local, state, and national levels

• Shared family-schools-community agenda.

• Co-Directors: Nancy Lever, Ph.D. & Sharon Hoover, Ph.D. [http://csmh.umaryland.edu](http://csmh.umaryland.edu), (410) 706-0980

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Mental Health Needs of Youth

• Around 20% of youth present with an emotional/behavioral disorder

• Around 10% present with significant impairment

• Only 16 to 33% receive any services

• Low income and minority youth have even greater difficulty accessing mental health services

• Of those who DO receive services, over 75% receive those services in schools

(Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008, Rones & Hoagwood, 2000)
What School Mental Health is NOT
Comprehensive School Mental Health Systems – Key Components

1. A full array of tiered services (behavioral health promotion, prevention and intervention)

2. Builds on existing school programs, services, and strategies

3. Focuses on all students, both general and special education

4. Collaborative family-school-community partnerships to address barriers to learning

5. Evidence-based practices and address quality improvement

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Multi-tiered System of Support

CSMHSS contain three tiers, which are based on the principles of prevention and address the range of academic, behavioral, and social needs of a school’s student body.

CSMHS Definition - US Department of Health and Human Services, 2018
MTSS School-Community Partnerships

Kathy Short, 2016, Intl J. of Mental Health Promotion
Why School Mental Health?

• Greater **access** to all youth → mental health promotion/prevention

• **Less time lost** from school and work, less stigma

• Greater **generalizability** of interventions to child’s context

• Clinical **efficiency and productivity**

• **Cost effective**

  • **When done well associated with improved school outcomes:**
    • academic achievement and graduation rates
    • discipline referrals
    • attendance
    • teacher retention
    • school climate
School Health Services
NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health
Elements of School Mental Health Quality

- Teaming
- Needs Assessment / Resource Mapping
- Screening
- Evidence-Based Services and Supports
- Evidence-Based Implementation
- Data-Driven Decision Making
Elements of School Mental Health Sustainability

- Funding and Resources
- Resource Utilization
- Quality
- Documentation and Reporting Impact
- Marketing and Promotion
Best Practice Financing Strategies

- Create **multiple and diverse funding and resources at each tier** to support a full continuum of services
- Maximize **leveraging and sharing** of funding and resources to attract an array of funding partners across education, behavioral health, juvenile services, child welfare and other child serving systems and programs
- Increase **reliance on more permanent** versus short-term funding
- Use best practice strategies to **retain staff**
- Use economies of scale to maximize efficiencies
- Utilize and **maximize third party reimbursement mechanisms** (i.e. Medicaid, CHIP, private insurance) to support services
- Utilize **evidence-based practices and programs** (cost effectiveness; return on investment)
- Be sure to **evaluate and document outcomes**, including the impact on academic and classroom functioning
- Use **outcome findings to inform** school district, community partner (e.g. collaborating systems) contributions, and state-level policy impacting funding and resource allocation.
Seek Grant Funding as Part of Funding Picture

- **Public**
- **Formula grants** (ESSA “titles,” OJJDP)
- **Block grants** (e.g. community development, SAMHSA MH and SUD, child care)
- **Discretionary/Program grants**
  (e.g. Garrett Lee Smith Suicide Prevention; Project AWARE; SAMHSA Systems of Care; SAMHSA Healthy Transitions; HRSA Workforce Development)
- **Private** (philanthropic, business)

**Best uses of discretionary grants include:**
- Venture capital to launch innovations
- Small-scale demonstrations of “a better way”
- A way to shift to a *new* “business as usual”
- Time-limited bridge to sustainable funding streams
Maryland Children’s Behavioral Health Coalition Organizations

- Advocates for Children and Youth
- Behavioral Health Systems, Baltimore
- Catholic Charities
- Community Behavioral Health Association
- Disability Rights Maryland
- Licensed Clinical Professional Counselors of Maryland
- Lighthouse, Inc
- Maryland Coalition of Families
- Maryland Occupational Therapy Association
- Maryland Psychiatric Society
- Mental Health Association of Maryland
- NAMI-Maryland
- University of Maryland, Center for School Mental Health
Recommendation 1

DEDICATED STATE AND LOCAL SCHOOL SYSTEM STAFFING

• Require funding to establish at least one full time position at MSDE and an office with at least one full-time staff member dedicated to school mental health in every LEA. Ensure these positions are adequately resourced
Recommendation 2

SCALING OF SCHOOL BEHAVIORAL HEALTH SERVICE AVAILABILITY IN ALL JURISDICTIONS

- Ensure the availability of behavioral health services and supports, encompassing both mental health and substance use needs, appropriate to the school setting
Recommendation 3

SYSTEMATIC SCREENING AND IDENTIFICATION OF STUDENT NEEDS

• Develop comprehensive, systematic screening to identify and support students with behavioral health needs using an evidence-based measurement approach
Recommendation 4

STATEWIDE SYSTEM OF ACCOUNTABILITY AND OUTCOME MEASUREMENT

- Build on existing school mental health outcome measurement to develop an integrated and uniform district and state level data measurement system to evaluate and demonstrate results, and inform policy decisions.
Recommendation 5

BEHAVIORAL HEALTH TRAINING FOR SCHOOL PERSONNEL

• Ensure the availability of accessible and low cost behavioral health training for school system and school-linked personnel
Contact Information

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