

**Element 4b:** Train school staff in all schools to recognize mental health issues as well as other issues related to trauma and coordinate access to needed mental health and other services for students, as part of effort to increase school safety.

**Baseline:** SB 1265 of 2018 requires each LEA to appoint a mental health services coordinator to ensure students are properly referred, maximize external funding, and develop plans to deliver services to students.

**Assumptions:**

2 staff at MSDE to coordinate with school behavioral health coordinator and staff in LEAs. One would be support staff.

SB1265 required each LEA to have at least one licensed behavioral health coordinator. Because this is current law existing resources would be used.

Assumed \$25,000 per LEA to train school staff to recognize student behavioral health issues. Assumed \$100,000 for LEAs to implement any coordination with the MSDE health coordinator.

Existing resources are sufficient for screening students to identify behavioral health needs.

Providing access to behavioral health programming and services assumes increasing the ratio of guidance counselors, psychologists, social workers etc. to industry recognized ratios: 500–700 students per psychologist, 400 students per social worker, and 250 students per guidance counselor. (Note: social workers are currently staffed at better ratios than industry standard). Because these ratios are already accounted for in the APA recommended base per pupil amount and the compensatory education weight, this item has no additional cost.

Existing resources are sufficient for schools to develop partnerships with community resources and experts.

Increase State funding of school based health centers to \$9 million beginning in fiscal 2021.

- In the late 1990's the State committed to providing \$6 million to expand SBHC.
- \$2.5 million in State funds, along with other funding sources, supports 83 SBHCs in FY19.
- Adjusted for inflation the original State commitment equates to \$9 million.
- This additional \$6.5 million would support up to 216 additional SBHCs in combination with other funding sources that exist currently.

	<b>Year 0 (FY 2020)</b>	<b>Year 1 (FY 2021)</b>	<b>Year 5 (FY 2025)</b>	<b>Year 10 (FY 2030)</b>
MSDE staff to coordinate	\$150,000	\$150,000	\$150,000	\$150,000
Licensed health coordinator in each LEA	NA	NA	NA	NA
Trained staff in each LEA	\$700,000	\$700,000	\$700,000	\$700,000
Screening students	NA	NA	NA	NA
Industry recognized ratios	NA	NA	NA	NA
School based health centers	\$6,500,000	\$6,500,000	\$6,500,000	\$6,500,000