

## **Worksheet for Discussion at Project Directors Meeting in Orlando, Jan 2009 Sustaining Mental Health Services**

Table I: Development Process – How do I begin plans to develop a sustainable MH program?

### **What are the potential funding streams?**

- % free/reduced lunch students (Example: If % > 65 = potential reimbursements from Medicaid to sustain SMH program)
- % of students with private insurance
- % of students with Medicaid or Managed Care
- Seed Funds: Federal/state grants from school district?
- What are the requirements for service populations in SD federal/state funds? (Title I, II, IV)?
- Community foundation funds?
- Local tax revenues

### **What should I consider in developing a stable program?**

- How many years will it take for the MH program (FTE) to be sustainable?
- What is the reimbursable rate per year for services to the MH agency?
- Track revenue input yearly with MH agency and compare to program costs
- Do you have a process for transitioning the funding base for MH counselor services over the 4 year grant and sustaining past the grant period?
  - Example: 100% Yr 1; 75% Yr 2; 50% Yr 3, 25% Yr 4

### **What type of MOA and/or contract will I need to develop?**

- State specific tasks for school and MH agency
  - Services: Billable (treatment) verses non-billable (prevention)
  - What you are paying for? Salary/fringe, travel, supplies?
- Specify shared costs, requirements for reimbursements, invoice requests
- Would your agreement set up a Medicaid double-billing situation?
  - Is the school already a Medicaid vendor?
  - What type of Medicaid services does the school provide and do any of these co-exist with MH services?
  - How would you tease out MH service vs. educational?
- Invoices:
  - How will invoices be paid? Dates, time lines, documentation?
  - Does the school district have access to billing clerk or company that bills for Medicaid reimbursements?

## Table II: Programs Being Offered in Year One – Now What Do I Need To Do To Sustain SMH?

### **How do I know the MH programs are working in my school and school district?**

- Do you collect data from MH counselor through use of a log sheet to capture various types of services and activities (prevention, early intervention, treatment)
  - # of students with private insurance receiving services
  - # of students with Medicaid or Managed Care receiving services
  - # of early intervention services for at-risk students
  - # of prevention services provided at school by MH counselor
  - # of treatment sessions provided at school by MH Counselor
  - # of treatment services provided in the community by MH counselor/agency
  - What are the functional outcomes for the students that receive MH services at school?
  - Do you collect a satisfaction survey for program participants (students, parents, faculty, administrators)

### **What do I need to do to plan toward increasing MH services in my school district?**

- Do you use program outcome data to determine need for program/service revisions?
- Do you have a process for regularly reviewing MH services data and quality of services being delivered?
- Does your core management team meet regularly to review and to advise on program process and strategies for improvements?
- Do you meet regularly with the MH agency supervisor to determine program need and/or revisions? If not, how would you plan to meet? How often?
- Obtain information from MH agency on costs of MH FTE:
  - Begin discussions related to the cost to MH agency for MH FTE and services that are reimbursable (treatment) vs. not reimbursable (prevention/early intervention).
  - What does the MH agency obtain in reimbursements by the MH counselor for services in schools?
  - Track revenue input yearly with MH agency and compare to program costs
  - Do you have a process for transitioning the funding base for MH counselor services over the 4 year grant and sustaining past the grant period?
    - Example: 100% Yr 1; 75% Yr 2; 50% Yr 3, 25% Yr 4

### **How do I use outcomes to sustain the MH program in the school district?**

Do you have a communication plan to share outcomes of SSSHS programs with community, school district, school board, school staff, students and parents?

Do you share functional outcomes with school staff for students' successes: academic increases, behavioral decreases in discipline referrals, suspensions (ISS, OSS), etc.?

### Table III: I Have Good Programs – How Do We Maintain What We Have Developed?

#### **How do I obtain buy-in from my school board and community to sustain?**

- Do you have a communication plan to share outcomes regularly with your school board?
- Do you have a structured plan for data collection on your MH program?
- Do you collect satisfaction surveys on all participants in the MH program? (students', parents, teachers, guidance, assistant principal, nurse, principal, psychologist, social worker, etc.)
- Do you have data on each program to show what is working and what is not?

#### **How will I fund the MH programs at the end of the SSHS grant?**

- Do you have a plan how the school district could blend funding streams and/or cost share through contract with the local MH agency(s)?
- Do you have a plan how the school district could provide funding for a portion of a MH FTE?
- Obtain information from MH agency on costs of MH FTE:
  - Discuss related cost to MH agency for MH FTE and services that are reimbursable (treatment) vs. not reimbursable (prevention/early intervention).
  - What does the MH agency obtain in reimbursements by the MH counselor for services in schools? Track revenue input with MH agency and compare to program costs
  - Do you have a process for transitioning the funding base for MH counselor services and sustaining past the grant period?
    - Example: 25% per year cost of MH FTE to provide prevention services on site at school and obtain reimbursements for the MH services obtained by students and their parents/guardian?

#### **How do I develop a continued MOA and/or contract with the MH agency at grant end?**

- Do you have a plan to meet with the MH agency to review your MH contact and/or agreement?
- Do you have an idea of the specific tasks needed by the MH counselor on site at school and/or through the community MH agency?

If yes, then ...

- ✓ Specify shared costs, contractual agreements, requirements for reimbursements
- ✓ Specify services that you would like to maintain on site at school and in the community (obtain both treatment and prevention services?)
- ✓ What you are paying for? Salary/fringe, travel, supplies?
- ✓ Consider if the school is a Medicaid vendor and ask yourself "Would your agreement set up a Medicaid double-billing situation?" How would you tease out MH service vs. educational service?
- ✓ Invoices: How will these be sent to the school district? What is listed on the invoice?
- ✓ Will you need a district intervention log to capture various types of services and activities (prevention, early intervention, treatment)
- ✓ Will you continue requirements for data collection as a result of your funding source?
- ✓ Re-negotiate on an annual basis

## **SUSTAINING SCHOOL BASED MENTAL HEALTH SERVICES**

### **Models of Service Delivery for Indicated Interventions**

• *School-financed student support services, in which school districts hire professional staff to provide traditional mental health services*

• *Formal connections with community mental health services, in which formal agreements are made between schools and school districts and one or more community agencies to provide mental health services and to enhance service coordination; the service can be co-located within the school as well as provided at the community agency*

• *School-district mental health units or clinics, in which districts operate and finance their own mental health units and mental health clinics that provide services, training, and/or consultation to schools, or districts organize multidisciplinary teams to provide a range of psychosocial and mental health services*

• *Comprehensive, multifaceted, and integrated approaches, in which districts bring multiple partners (e.g. community-based organizations) together to provide a full spectrum of services for children and youth with mental health needs. This approach would include such models as Systems of Care in which an array of mental health and wraparound services are provided to children with mental health problems and their families via partnerships among various child-serving systems*

### **Mental Health Services Categories**

- Assessment for emotional or behavioral problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing)
- Behavior management consultation (with teachers, students, family)
- Case management (monitoring and coordination of services)
- Referral to specialized programs or services for emotional or behavioral problems or disorders
- Crisis intervention
- Individual counseling/therapy
- Group counseling/therapy
- Substance abuse counseling
- Medication for emotional or behavioral problems
- Referral for medication management
- Family support services (e.g., child/family advocacy, counseling)

### **Data for Planning Purposes**

- Know your # free/reduced lunch students, which may = Medicaid eligible
- Know what % of students have Medicaid and/or private insurance
- Know the various grant or funding resources that your district has access to for funding behavioral health programs for students, such as Special Education funds

- Carefully negotiate a contract with MH provider [public or private agency(s)]
- Know what you are paying for? Avoid a blanket invoice...hours per MH worker should be itemized on a monthly basis with back up logs to support the invoice
- Is the school already a Medicaid vendor?
- Know your state Medicaid regulations or where to access them.
- Does the district have access to billing clerk/company for reimbursements

### **Steps Toward Transition to Fund SMH**

- Begin collecting data from the beginning of your grant.
- Use a data collection intervention log for SMH services that are delivered and list them on the log sheet as “billable” and “non-billable”.
- Collect funding data and analyze costs to determine where to blend funds or cost share. This will allow you to do yearly projections.
- By the end of the grant you will know your funding base, reimbursements and cost for prevention and intervention services needed to continue in your school district.

### **Examples of Services that may not be directly funded**

- Travel between schools and to meetings
- Teacher consultation
- Teacher/staff training
- Participating on student referral teams
- Parent meetings
- IEP/Student planning meetings
- Student groups (with non-billable students)

### **Federal Programs that Provide Support for School MH Services**

Elementary and Secondary School Counseling Program  
 Safe and Drug Free Schools and Communities State Grants  
 Mental Health Integration in Schools  
 Individuals with Disabilities Education Act  
 Safe Schools/Healthy Students  
 Systems of Care

### **Website links**

CMS – Medicaid information: <http://www.cms.hhs.gov/home/medicaid.asp>  
 Refer to your state website for Medicaid plan - specific regulations in your state.  
 SCHIP: <http://www.cms.hhs.gov/home/schip.asp>

FORECAST OF FUNDING OPPORTUNITIES UNDER THE DEPARTMENT OF  
 EDUCATION DISCRETIONARY GRANT PROGRAMS FOR FISCAL YEAR (FY 2009)  
[www.ed.gov/fund/grant/find/edlite-forecast.html](http://www.ed.gov/fund/grant/find/edlite-forecast.html)

HHS Grants Forecast FY 2009 - The Department of Health and Human Services’ Grants Forecast database – see SAMHSA.  
<https://extranet.acf.hhs.gov/hhsgrantsforecast/index.cfm>