

Sustaining Mental Health Services Through Sales Tax Initiatives

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History of Sales Tax Initiative

- ▶ From 2005 to 2007, most Missouri communities experienced reduced funding in mental health and substance abuse services for children and youth, due to budget cuts
 - ▶ The needs of children and families in St. Louis County exceeded the resources
 - ▶ Concerns/problems were addressed by a coalition of forty-four committed local nonprofit agencies
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History of Sales Tax Initiative

- ▶ The coalition was spear-headed by a steering committee consisting of members from the Family Mental Health Collaborative
 - BJC Behavioral Health
 - Provident Healthcare
 - Jewish Family and Children's Services
 - Lutheran Family and Children's Services
 - Catholic Family and Children's Services

History of Sales Tax Initiative

- ▶ A needs assessment survey was conducted
 - ▶ The survey gave the agencies the data that St. Louis voters needed to support the initiative
 - ▶ *Missouri State Statutes RSMO 67.1775 and 210.861* allows communities to create a community children's service fund for ten specific mental health and substance abuse service areas through a referendum.
 - ▶ The ¼ cent sales tax campaign was launched in 2008
- 2010 Needs Assessment Summary Analysis Report for St. Louis County Children's Service Fund (See handout)

History of Sales Tax Initiative

- ▶ The idea for launching such a referendum was based on four surrounding counties having passed local tax measures to support children and youth mental health
 - ▶ The four counties were showing improved outcomes:
 - ✓ Reduced crime rates
 - ✓ Increased school performance
 - ✓ Decreased child abuse reports
 - ✓ Increased business productivity
 - ✓ Improved healthcare outcomes
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History of Sales Tax Initiative

- ▶ The coalition of forty-four agencies collected over 58,000 signatures in order to place the $\frac{1}{4}$ cent sales tax measure, also known as *Proposition 1 and Putting Kids First* initiative on the ballot in 2008
 - ▶ The initiative passed on November 4, 2008 with a 62% approval rating
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History of Sales Tax Initiative

- ▶ The Initiative created a community children's service fund to provide mental health and substance abuse services for children and youth ages nineteen and under in St. Louis County.
 - ▶ Voters made a clear choice that supporting children and families is essential, especially in difficult economic times
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History of Sales Tax Initiative

- ▶ Any providers could apply for the funds, but they had to meet a certain set of criteria pertaining to mental health and substance abuse
 - ▶ The providers had to secure MOU's with agencies that would be providing mental health and substance abuse services to youth 19 and under
 - ▶ Hence, the agencies that were funded had expertise in mental health and substance abuse
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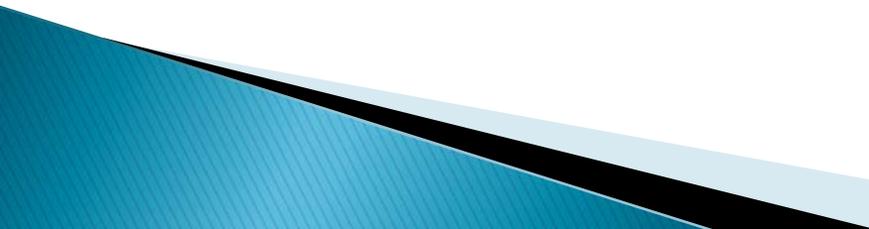
Services Available Through The Fund

- ▶ The fund generates about \$35 million annually and includes the following 10 categories of services that are eligible for funding:
 - 1) Individual, Group, and Family counseling
 - 2) Outpatient Psychiatric Services
 - 3) Home and Community–Based Interventions
 - 4) School–Based Prevention Services (alcohol and drug usage, sexual abuse, sexual harassment, and handling conflicts w/o violence)
 - 5) Outpatient Substance Abuse Treatment
 - 6) Transitional Living Services
 - 7) Temporary Shelter Services
 - 8) Crisis Intervention Services
 - 9) Services to Unwed and Teenage Parents
 - 10) Respite Care Services
 - **The funding is perpetual**

Sustaining Mental Health Services

- ▶ Secured a MOU with BJC Behavioral Health
 - 1) Up to 20 hours, weekly, of Psychiatric Sessions – direct contact with students
 - 2) School-based diagnostic evaluations (available for all HSD students)
 - 3) Referrals for continuity of care
 - 4) BJC is reimbursed through the St. Louis County Children's Service Fund for services provided to HSD
- ▶ We are currently working with BJC to add Psychiatric Assessment (indirect services) to their renewal RFP (12 month increments)

Sustaining School Mental Health

- ▶ A BJC Behavioral Health Clinical Nurse Specialist will provide School Consultation Services for HSD students:
 1. Consultation services to teachers and care teams concerning individual students with mental health needs
 2. Consultations to parents– providing support, resources and education
 3. Liaison with medical providers to assist in communication with schools and parent
 4. Assistance with development of therapeutic programs
 5. Co-facilitator of Family Support Groups
 6. Educational presentations on childhood mental health disorders
 7. Collaboration with the BJC Child Psychiatrist and referring HSD staff to implement mental health services in the HSD
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Partnership With Other Mental Health Providers

- ▶ **Lutheran Family and Children's Services**
 - Provide a full-time mental health counselor for a high needs school
 - Individual, family and group counseling
 - Consultations and referrals
 - Access to a child psychiatrist
 - Adoption Focused Mental Health Services
- ▶ **Safe Connections**
 - Trauma related services
 - Support group for relationship issues – therapeutic
 - Guys Group – program for young men

Cost Analysis for Sustaining Mental Health Services At Present Level

- ▶ Psychiatrist (20 hours per week) : \$180,000
- ▶ Afterschool School-Based Therapists (10) – \$65,000
- ▶ Number of students served – January 2009 through June 2011 –
 - As of June 1st 2011, 594 students have been referred to the psychiatrist, social workers or both since the beginning of the program.
- ▶ Florissant Psychological Services: \$35,000
 - Number of students served – January 2009 through June 2011 – 438

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In Conclusion...

1. Review additional state funding resources such as **Children's Trust Fund** and contact local/state director to discuss potential funding options
 2. Connect with your **local legislators** on state statutes that can be used to provide funding for school-based mental health programs
 3. How does **your vision/mission** merge with the Children's Trust Fund vision/mission in your state? How do they merge with the platform of the local legislators?
 4. Share program and **evaluation data** to support need for funding streams for school mental health programs
 5. **Communicate...communicate... communicate** your successes with state legislators and other state level directors who are vested in children's mental health related services
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