Presenters and Disclosure

Donna Behrens
Center for Health and Health Care in Schools
George Washington University
School of Public Health and Health Services

Barbara J. Parks, LICSW
D.C. Department of Mental Health
Clinical Program Administrator
Prevention & Early Intervention Programs

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Workshop Goals

• Participants will be able to describe the three featured school mental health program’s finance plans
• Participants will be able to identify common core elements that contributed to the business planning success of the three school mental health programs
• Participants will be able to describe the Washington DC school mental health financing approach to their services
The availability of mental health services remains insufficient to help many children who need care.

Only 20 percent of children with diagnostic disorders saw a mental health specialist.

Only 40 percent of children diagnosed with a serious emotional disorder saw a specialty mental health clinician.

Fewer than ten percent of children receiving mental health services got them for more than three months.

Schools fill a gap
School Mental Health

- Ten years ago the President’s New Freedom Commission on Mental Health also recognized the important role schools play in providing a continuum of mental health services for children.
So how do we scale up and sustain SMH?

• Barrier – financing
• 3 Case studies -- how programs developed sustainable funding
  • Bucks County
  • Washburn Center
  • Washington DC School Mental Health Program
How do we fund SMH?

• Primarily grant and government funded
• Some third party reimbursements
• No “one size fits all” or “app” for developing sustainable business plan
Where to begin: sustainability plan

- examination of the school community to be served (the market)
- gaps in services (gap analysis)
- how the program will address the gaps (what services will be offered by whom and where),
- a definition of program goals
- the sources (revenues) and use (expenses) of funds
Putting things together

• The right people to make it happen
• The right pieces in place
  – Know the 3 E’s
Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories

- 3 Communities
- Key Informant interviews
- Program administrators, local mental health providers, Medicaid officials
Washburn Center for Children in Minneapolis, Minnesota

- SMH in 18 schools, 3 school districts
- Serve any student enrolled in the school
- Integrated continuum of care
- Provide consultation and training
Their Business Plan

• Braided funding strategy
  – Third party reimbursement
  – Support from local school districts
  – County funding for uninsured
  – State school mental health grants
Contractual Elements

• Of base salary, 2/3 generated by 3rd party reimbursement and 1/3 non billable
• Remaining salary covered by state, local and foundation grants
• School provides in kind
• Therapist does ~ 15 billable hours and has ~ 9 hours per week of non billable services over 46 weeks per year
History of the DMH School Mental Health Program

- Started in Summer of 2000 with a Safe Schools Healthy Students Federal Grant- Charter Schools-17 schools
- Funding has been provided solely by local funds from City Government since 2003 (current budget 4.6 mil)
- From 2006-2009 program expanded-currently in 58 schools
- Most recent expansion came without any funding resources.
- FY10 expectation for third party billing
School Mental Health Program Model

- Follow Public Health Model
- Provides an individualized plan for each school of Prevention, Early intervention and Intervention services - gen educ.
- Places one DMH mental health professional in each school (can be full-time or part-time based on criteria)
DC DMH School Mental Health Program
Reducing Barriers to Learning

Levels of Intervention

• **Primary Prevention**: Intervention strategies for all students to PREVENT mental health, behavioral, and social issues before they occur. Services include school-wide interventions, classroom-based interventions, and mental health promotion activities for example, prevention of substance abuse, sexual abuse, and violence.

• **Early Intervention Services**: These services are provided at the first occurrence of emotional, behavioral, or social concerns (e.g., Primary Project).

• **Treatment Services**: Treatment is provided for students with a variety of problems, including depression, substance abuse, disruptive behavior, anxiety, peer relational problems, grief and loss, trauma, and family issues. Services include individual, family, and group counseling.

• **Crisis Services**: Interventions are provided for urgent situations and needs. Services include crisis debriefing, grief counseling, and psychiatric referrals.

• **Parent/Family Support**: Educational, supportive, and treatment services are provided for families.
Significant Changes

• SY 08-09
  – Expand with no new resources- Shift to Tiered Model
  – Emphasis on additional funding sources (Third Party billing)

• SY 09-10
  – Economic recession reduces available local dollars*
  – SMHP budget reduced (1 million reduction, 20% overall)
  – Options- Revenue enhancement and or cuts in services

• With the help of data SMHP made some difficult decisions
Considerations when billing for services in schools

- Creating a billing infrastructure
- Consent
- Philosophy
- School environment
Family Service Association of Bucks County Pennsylvania

- **Background**
  - Serving community mental health needs since 1953
  - 1988 began providing SMH

- **Who is served**
  - 9 Elementary schools, 2 middle and 1 high school
Their Business Plan

- Negotiated with state for school sites to become outpatient mental health sites
- Negotiated with Medicaid behavioral health MCO
- County Children and Youth Agency provides grant to cover non-billable services including home visits and some case mgmt
Contractual Elements

• All part time providers
• Work school year with summers off
• Services provided - individual and family counseling on site
• Psychiatric evals and med initiation and review – referred to main offices
• Available for teacher consultation and meetings as needed
Critical Elements in Successful Business Planning

• Establish Contracts
• Develop strong collaborations and partnerships
• Collect good data and invest in evaluation
Lessons from the 3 Case Studies

• They left no money on the table
• They used clout as needed
• They adopted a “no margin, no mission” approach to their program
• They invested in billing infrastructure
• They knew the 3 E’s essential to third party reimbursement
Links to documents on CHHCS website:

www.healthinschools.org


Barbara J. Parks, LICSW  
Clinical Program Administrator  
Prevention & Early Intervention Programs  
D.C. Department of Mental Health  
821 Howard Rd. SE  
Washington, D.C. 20020  
202-698-1871-Office Phone  
http://dmh.dc.gov/  
barbara.parks@dc.gov

Donna Behrens, RN, MPH, BSN  
Associate Director  
Center for Health and Health Care in Schools  
School of Public Health and Health Services  
The George Washington University  
2121 K Street, NW, Suite 250,  
Washington, DC 20037  
t 202-466-3396  
www.healthinschools.org  
dbehrens@gwu.edu