Presenters and Disclosure

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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 Minneapolis and Washington DC school mental health program’s sustainability plans
• Participants will be able to identify common core elements that contributed to sustainability and financing of the featured school mental health programs
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.


• The availability of mental health services remains insufficient to help many children who need care.
Schools fill a gap
So how do we scale up and sustain SMH?

- Big Barrier: sustaining and financing
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
How do we fund SMH?

- Primarily grant and government funded
- Some third party reimbursements
- No “one size fits all” or “app” for developing sustainability 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
  - Eligible services
  - Eligible clients
  - Eligible providers
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
Some Keys to Minneapolis Success

• State level support for school mental health
• Data to back up and contextualize SMH stories
• Data to guide SMH policy making
• Data allows SMH to tell their story
• Help with developing the “narrative” for stakeholders
• Telling the story from different voices (schools, parents, students, counties, etc.)
• Getting stories out by different vehicles
Big Changes in Minnesota

- Significant investments this session by legislature
- Increased state grants by 50% this year; 100% next year
- FY 2015 – ~13,000 per year served
- Created three new Medicaid benefits
- One benefit – Clinical Mental Health Care Coordination
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 treatment services - all in gen education setting
• Program places one DMH mental health professional in each school (can be full-time or part-time based on criteria)
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
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


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