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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

The Center for Health and Health Care in Schools
Sustaining Comprehensive Interventions: Maximizing the Benefits of a Public Health Approach

Safe Schools/Healthy Students
Leadership Academy
January 24, 2013
Why a public health approach?

- Behavioral health interventions traditionally designed to assist those with intensive needs
- Public health aim is to optimize mental health for all

COLLECTIVE AIM:
*Create supportive environments, AND reduce risks, AND help build individual capabilities*
Public Health Interventions: Considering the 4 Ps

- Programs
- Practices
- Policies
- Partnerships

PREVENTION AND PROMOTION
Useful Frameworks

Conceptual Frame:

- Tier 1 -- Universal: Promote health
- Tier 2 -- Selective: Prevent problems
- Tier 3 -- Indicated: Treat problems
- Re/Claim health
Prevention on the Radar: 2009 IOM Report

“Transformational changes will be needed in school systems to respond to opportunities. The school setting represents one of the best opportunities for prevention interventions, whether universal, selective, or indicated.”
Advancements to Celebrate

• Improvements in knowledge of ‘what works’
• Institutions and organizational structures from which to build
• Policies that support good health outcomes
• Innovative partnerships and successful collaboration
• LIMITED: Strategies for sustaining advancements proven to be effective
“When public health works, it is invisible.”
What does success look like?

- Program Evaluation and Reporting Data
- Don’t Forget To Tell Your STORIES
- Who is the messenger sharing the impact?
Universal & Selective Strategies

Interventions to

— creating better environments
— Reducing risk factors
— strengthening capacities
Explore, Invite, Connect...REPEAT

- Local Initiatives
- Regional Networks
- Academic Hubs
- State Priorities

Allies and Advocates
Example of Bright Spot:

- Massachusetts: Behavioral Health and Public Schools Task Force
  - [http://www.doe.mass.edu/research/reports/0811behavioralhealth.pdf](http://www.doe.mass.edu/research/reports/0811behavioralhealth.pdf)

- Defined behavioral health as social, emotional, mental, and behavioral well-being of all students
Case Study: Illinois

Children’s Mental Health Act of 2003

• Children’s Mental Health Partnership
• Children’s Mental Health Plan
• Partnerships
  – early childhood, education, mental health, juvenile justice, health, human services, substance abuse, violence prevention, corrections, university researchers
Illinois was first state to adopt K-12 Social and Emotional Learning Standards in 2004

Illinois has developed state wide leadership teams and training infrastructure to support SEL

SEL is now part of staff development training
Bright Spots:

- CASEL CDI project -- building district-level support for social and emotional learning
  - Anchorage, Alaska
  - Austin, Texas
  - Cleveland, Ohio
  - Chicago, Illinois
  - Oakland, California
  - Sacramento, California
  - Washoe County, Nevada

www.casel.org
Where are the opportunities to fund school-connected universal and selected programs?

- **Affordable Care Act (ACA)**
  - Prevention and Public Health Fund, Community Transformation Grants
- **HHS/SAMHSA**
- **ESEA:**
  - Discretionary Grants
  - Title I
- **HUD Grants:**
  - Using housing as a platform for improving quality of life
State MH/SA Block Grants

• Grants given to States to allow them to address their unique behavioral health issues.

• One of four priorities: Fund prevention - universal, selective and indicated prevention activities and services for persons not identified as needing treatment
Tier 3: Indicated Services

- Estimates that between 14 - 20% of children and (MEB) disorders annually
- President’s New Freedom Commission on Mental Health stresses important role of schools
Schools fill a gap
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
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
Critical Elements in Successful Business Plan

- Contracts
- Collaboration and partnerships
- Data and evaluation
Findings from 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
Final Points

• School Mental Health as a public health approach: sensible but not a comfortable fit-
  We ALL need to stretch new muscles
• “Unlikely allies are often the most effective allies”
• Looking at individual change AND school, neighborhood, home, and community change
• Finding shared language
• Business Planning- NOT a dirty word
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