

Blending, Braiding, Billing, and Believing: Sustainable Funding Strategies for School Behavioral Health

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Objectives

- Provide an overview of different funding mechanisms available (school, local, state, and federal)
- Review best practices in funding Community-Partnered School Behavioral Health (CP-SBH)
- Provide examples of diverse funding strategies being used to support school-behavioral health at local and state levels

Introduction

- One of the most common technical assistance questions in the school behavioral health field
- Developing and sustaining school behavioral health funding streams is an ongoing struggle at local, state, and national levels
- Developing funding streams that match service delivery provision is especially difficult

Leverage Available Resources

- CP-SBH programs face many challenges with sustaining funding
- Programs must identify ways to enlarge their funding pool
- Conduct comprehensive examination of existing funding opportunities

School-Community Partnerships

- Partnering with an already existing outpatient behavioral health program expands available services to students and leverages existing funding resources and billing infrastructure.
 - CP-SBH programs have the staff, capability and connections to serve children in schools.
 - Outpatient programs have the structure, mechanisms, and status/credentialing needed to bill for services.

Funding Mechanisms

- School
- Local
- State
- Federal

Funding: School Level

- Principal discretionary dollars
- Funding from PTA/PTO for supplies/EBP purchase
- Private donations (endowments)

Funding: Local Level

- General Revenue (education purposes)
- Categorical Revenue (targeted for specific student population in need of supplemental services)
- Taxes
- Private Foundations/Private Donors
 - More Flexible with Prevention/Mental Health Promotion
 - Open Society Institute, Baltimore funded Conflict Resolution Programs
- Community Businesses

Funding: State

- Mental Health Block Grants
- Grant Programs to develop School Behavioral Health infrastructure (Minnesota)
- Children's Health Insurance Program
 - Provides health coverage to nearly eight million children in families with incomes too high to qualify for Medicaid but who can't afford private coverage

Funding: State

- State Funding: include school-based health and behavioral health services in their state budgets.
 - Services can be financed partially by state allocations or by implementing specific programs (e.g. Positive Behavioral Interventions and Supports, Social-Emotional Learning).
 - Some also come with budgets to supplement general money for school mental health programs
 - State health initiatives and state taxes (e.g. tobacco tax, property tax)

Funding: Federal

- Block Grants
- Project Grants
- Legislative Earmarks
- Direct Payments

Funding: Block Resources

- Fixed amount of funding based on population, unemployment, and demographics
- State determines appropriate use of funds, including to support school behavioral health programs
- For example, the following grants can support school behavioral health services:
 - Community Mental Health Services Block Grants
 - Block Grant, Social Services Block Grant,
 - Juvenile Accountability Block Grant, Education
 - Block Grant, Early Childhood Block Grant
 - Community Development Block Grant

Funding: Grants

- Discretionary grants awarded through a competitive process to fund discrete projects over a specified period of time. Several have a portion of funds can be allocated for advancing school mental health
 - Healthy Communities Program (Bureau of Primary Health Care)
 - Safe Schools/Healthy Students Initiative (SAMHSA)
 - Project Aware (SAMHSA)
 - Project Prevent (SAMHSA)
 - Safe and Supportive Schools (U.S. Department of Education)
 - School Climate Transformation (U.S. Department of Education)
 - Project SERV (School Emergency Response to Violence; U.S. Department of Education)
 - Developing Knowledge about What Works to Make Schools Safe (National Institute of Justice)
 - Title XX Social Services Block Grant
 - Preventive Health and Health Services Block Grant

Funding: Earmarks

- Provide funding over one fiscal year and are not competitive
- Public or private agencies are eligible
- Hard earmarks are written into legislation and specify recipients and amount of funding. They are legally binding
- Soft earmarks are found in the text of congressional committee reports. They are not legally binding but are customarily acted upon as if they were binding

Funding: Direct Payments

- Federal Assistance provided directly to individuals who meet eligibility requirements
- Fee-for-Service: Third-party payers including State Children's Health Insurance Programs, Medicaid, and commercial insurance provide support for school mental health through fee-for-service reimbursements.
 - There are disadvantages to this funding including:
 - Large bureaucratic and administrative load required to recover funds.
 - Necessity of diagnosing students for fee reimbursement
 - Lack of reimbursement for many activities included in school mental health framework
 - However, fee-for-service revenue is an integral part of long-term financial success for school mental health services.

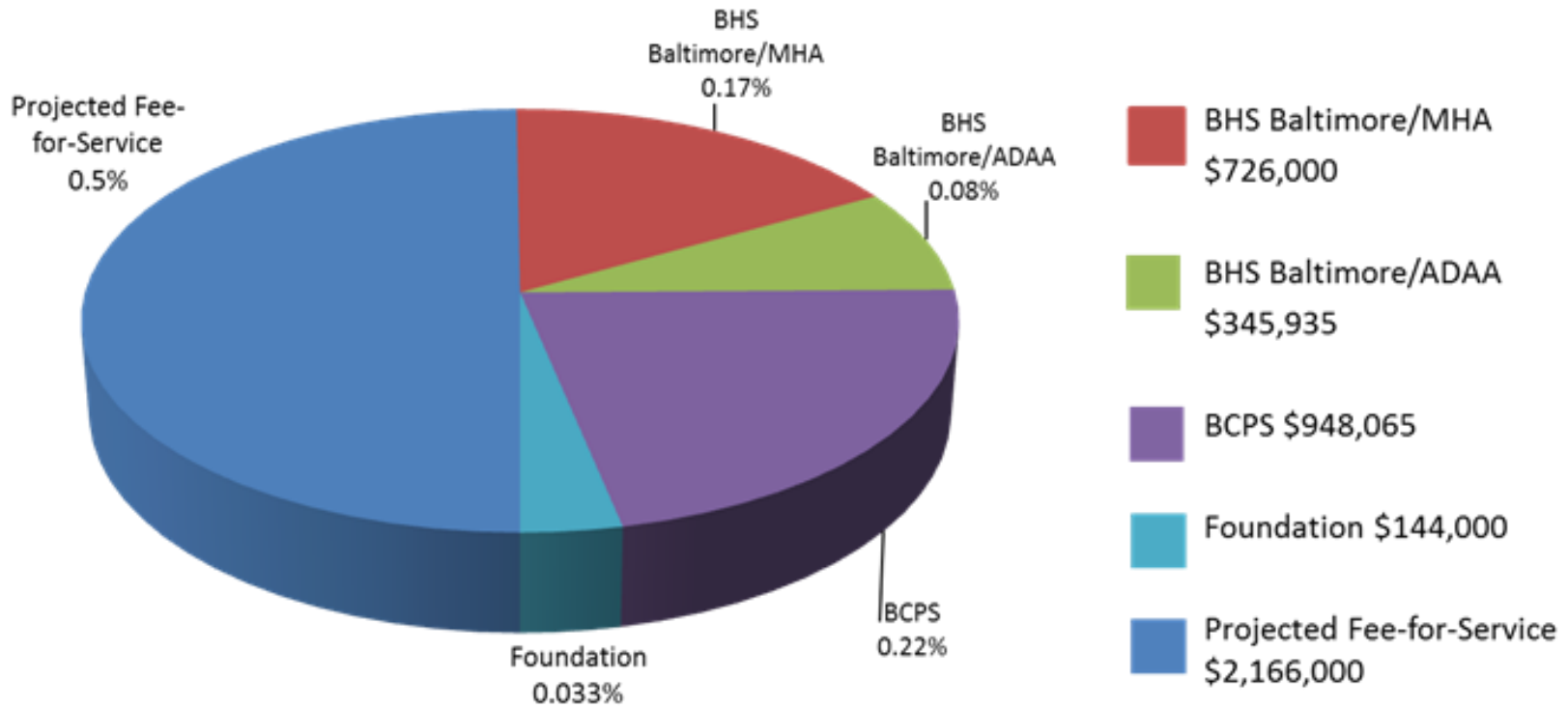
Education Funds

- School Mental Health Programs may consider aligning goals with education priorities
 - Potential for direct education funding for mental health promotion and early intervention.
- Example: Ohio and North Carolina, Federal education funds were used to support the implementation of EBPs (Price & Lear, 2008)
 - Title I (Part D: Children and Youth who are Neglected Delinquent or At-Risk)
 - Title IV (Part A: Safe and Drug-Free Schools and Communities; Part B: Twenty-First Century Community Learning Centers)
 - Title V (Promoting Informed Parental Choice and Innovative Programs)

Baltimore City Expanded School Mental Health Network

- Exemplary of a blended funding model that has pooled and leveraged funding from multiple sources.
- Approximately 45% of the funding for Baltimore City's CP-SBH programming is earned directly from fee-for-service.
- The City of Baltimore provides an additional 40% of funding through city taxes, Baltimore City Public Schools, and specific line items in the municipal budget. Grant money from several sources supplements these services.

FY 15 Funding Strategy ESMH



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



Where to begin developing a 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



How to go about 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
(7 MPS schools)
- 1 of 5 partners serving 32 schools
- 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

- Seen as “one program” serving 32 schools not “32” different programs
- Partners that understand each others’ “business”
- County and State level support for school mental health
- Data to back up and contextualize SMH stories



More Keys to Success

- 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 (\$45 mil of 5 yrs)
- 36 grantees, ~800 schools
- FY 2015 – ~13,000 per year served
- Created three new Medicaid benefits
- One benefit – Clinical Mental Health Care Coordination



Washington DC

History of the DBH

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 6.9 mil)
- From 2006-2009 program expanded & another current expansion is occurring in SY14-15, will be in total of 71 schools.
- 2009 expansion came without any funding resources.
- FY10 expectation for third party billing
- Billing remains an expectation

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 general education setting
- Program places one DBH 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

- SY 11-14
 - Changes with MCO providers and requirements for reimbursement



Considerations when billing for services in schools

- Creating a billing infrastructure
- Understanding of third party payer requirements
- Consent
- Philosophy
- School environment



Critical Elements in Successful Business Planning

- Establish Contracts
- Develop strong collaborations and partnerships
- Collect good data and invest in evaluation



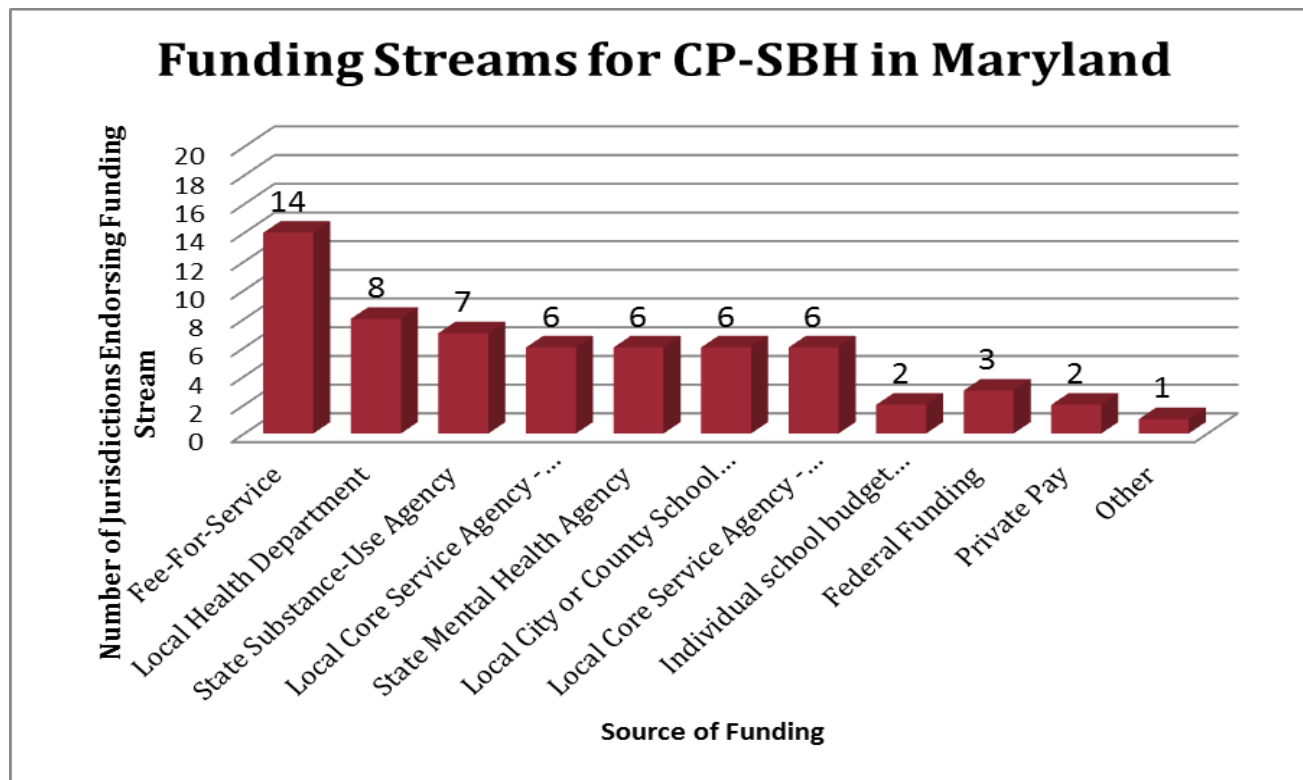
Going Forward...

Don't get comfortable – things change

- Feed your political champions
- Cultivate new champions
- Acknowledge and reward them
- Pay attention to changing health care trends
- New MCO contracts



Diverse Funding Example



Best Practice Funding Considerations

- Seed Money
- Utilize Evidence-Based Practices and Programs
- Evaluate and Document Outcomes
 - Demonstrate Connections Between Mental Health and Academic Functioning
 - Return on Investment

Best Practice Funding Considerations

- Matching Funding to Service Delivery Across Multiple Tiers
- Cross-Training and Sharing of
- Professional Development Expenses
- Ongoing Monitoring of Policy and New Funding Opportunities (Education, Behavioral Health, Health, Climate/Safety, Juvenile Justice)

Leveraging Funding

- Develop relationships with other agencies (e.g., community mental health centers) or professionals (e.g., child psychiatrists)
 - Gain access to categorical funding that school behavioral health programs are not typically eligible to receive
 - Example: School behavioral health program that is not eligible for Medicaid funding
- Outpatient agencies, along with school behavioral health programs can collaborate to create a full continuum of integrated mental health services for students and their families

Reversal of Free Care Rule

- **December 2014 Guidance Letter from Center for Medicaid and Medicare Services**
 - Ensure that Medicaid payment is allowed for any covered services for Medicaid-eligible beneficiaries when delivered by Medicaid-qualified providers
 - Related to Medicaid payment for services covered under a state's Medicaid plan to an eligible Medicaid beneficiary that are available without charge to the beneficiary (including services that are available without charge to the community at large, or “free care”)
- **Reverses 1997 rule that Medicaid would not pay for services provided free to the general public**
 - If school district provided free vaccinations to all its students, that district could not bill Medicaid for immunizing Medicaid-eligible children
 - Schools could work around the rule by
 - Charging non-Medicaid children for the same services, generally by billing their private insurers or, if they had no insurance, charging their families directly
 - Placed a burden on the schools, which are not equipped to handle insurance billing
 - Many private insurers do not recognize schools as providers of medical care

Resources

- Measurement of Economic Costs need full title for white paper
- School Mental Health Sustainability: Funding Strategies to Build Sustainable School Mental Health Programs, Technical Assistance Partnership for Child and Family Mental Health
- Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories, Center for Health and Health Care in Schools
- School Mental Health in the United States (SAMHSA)
- NASBHC Funding for School Based Health Centers Under the Affordable Care Act
<http://csmh.umaryland.edu/Resources/Funding/SMHfunding.html>
- Measurement of Economic Costs in School Programs for Children and Youth
<http://csmh.umaryland.edu/Resources/Briefs/index.html>