



Why Expanded School Mental Health?

Needs, Barriers and Moving Forward

DEFINITION

Expanded school mental health (ESMH) is a comprehensive system of mental health services and programs that builds on core services typically provided by schools. The framework includes the full continuum of prevention, early intervention and treatment. It is the model recommended by the President's New Freedom Commission and emphasizes shared responsibility and funding; services for all students; meaningful involvement of parents and youth; evidence based practices and programs; and continuous quality improvement.

NEED

- 14 -20% of youth experience a mental, emotional or behavioral disorder each year but less than half receive treatment¹
- The impact of mental health and substance use in West Virginia totaled more than \$3.5 billion in 2006 - 6.7% of the State's gross domestic product²
- In West Virginia, 40-60 children under age 12 are placed in residential facilities each year at a cost of about \$4 million.³
- Mental health conditions are the costliest childhood conditions. Average Medicaid expenditures are five times higher than for Medicaid children in general⁴.
- 50-75% of incarcerated youth have diagnosable mental health conditions⁵
- It costs \$83,000 per year to incarcerate one youth in a WV Division of Juvenile Justice Facility.⁶

WHY EXPANDED SCHOOL MENTAL HEALTH?

- ESMH is linked to improved student outcomes: academic achievement, attendance, behaviors, high school completion rates and college and career readiness.⁷
- ESMH reduces the need for out-of-school services and placements⁸ by increasing access to community services and supports.
- Half of all adult mental health disorders start by age 14, making schools the best source for early identification and intervention.⁹
- Preventing one student with a serious mental illness from dropping out of school translates into cost savings of \$41,369.¹⁰
- Several studies have documented decreased costs in health and social services when children with serious mental illness receive effective community based care.¹¹
- A 5% increase in WV's high school graduation rate for males could save \$100 million each year in crime related costs.¹²
- Preventing one youth from incarceration would cover the costs of mental health services in 2-3 schools.

PROGRESS

In 2006, the West Virginia Departments of Education (WVDE) and Health and Human Resources (DHHR) established a formal agreement to work together to improve and expand school-based mental health services. A state level interagency steering team recommended adoption of the Expanded School Mental Health Model. Some of the progress:

- The Bureau for Behavioral Health funded five entities to implement ESMH in twelve schools in seven counties. After the first year of full implementation those schools have documented improved behavior and attendance, improved mental health status and reduced involvement with the juvenile justice system¹³

- The WVDE revised and implemented several programs and policies to be consistent with best practices in ESMH including WVBE Policies 4373, 2315, 2510; WVDE Early Warning System, Community Schools, Innovation Zones.
- Technical assistance, consultation and a website devoted to ESMH through the Marshall School Health Technical Assistance Center.

BARRIERS TO EXPANSION

Over 100 schools in West Virginia have on site mental health services through a community provider. Many more schools would like to have such services. While ESMH has potential to identify and intervene early, schools are often overwhelmed by the need and the lack of resources to meet the need. Barriers include:

- Lack of a dedicated funding stream;
- A shortage of mental health professionals eligible for third party reimbursement;
- A lack of local infrastructure to support communication between schools, community providers and families.
- Lack of insurance reimbursement for some services, such as parent/teacher consultations.

RECOMMENDATIONS FOR NEXT STEPS

- Continue to support a state level interagency infrastructure to further develop a statewide plan for expansion of ESMH to more schools.
- Allow local school leadership teams and Student Assistance Teams time during the school day to plan and coordinate with community providers.
- Identify potential funding through existing and new sources;
- Develop incentives, such as matching grants, for schools and communities to collaborate in developing comprehensive models of school based services;
- Analyze issues related to Medicaid and private insurance reimbursement that discourage providers from working in schools;
- Extend insurance reimbursement for mental health therapy to licensed professionals not currently covered.
- Use tele-psychiatry to reach rural areas for specialty and consultative services;
- Address school counselor ratios and roles.

¹ *The Impact of School Mental Health: Education Social, Emotional, Behavioral Outcomes*. (2013). Retrieved from Center for School Mental Health. University of Maryland, <http://csmh.umaryland.edu/Resources/Reports/CSMH%20SMH%20Impact%20Summary%20July%202013.pdf>.

² *Realizing Our Potential*, WV Comprehensive Behavioral Health Commission, Nov. 2008, <http://wvcbhc.org/archives.htm#reports>

³ Rishel, C., Morris, T, Colyer, C. Gurley-Calvez, T. (2014). *Preventing the residential placement of young children: A multidisciplinary investigation of challenges and opportunities in a rural state*. Children and Youth Services Review, 37,9-14

⁴ *Faces of Medicaid Webinar*. (2013, Nov). Retrieved from Center for Health Care Strategies, Inc: http://www.chcs.org/usr_doc/FACES_Webinar_Nov_2013_Final_rev.pdf

⁵ *Mental Health Needs of Youth and Young Offenders*, Coalition for Juvenile Justice, <http://www.juvjustice.org>

⁶ Charleston Gazette-Mail, August 16, 2014

⁷ *The Impact of School Mental Health: Education, op.cit*

⁸ Ibid.

⁹ Rishel, et al.

¹⁰ Stroul, B. P. (2014). *Return on investment in systems of care for children with behavioral health challenges*. Georgetown University, Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health, Washington, D.C.

¹¹ Ibid.

¹² Charleston Gazette, September 17, 2013

¹³ *WV Expanded School Mental Health Pilot Programs: 2012-2013*, WV School Health Technical Assistance Center, Marshall University, https://livewell.marshall.edu/mutac/?page_id=96

