



# Increasing and Sustaining School Mental Health Services

## Integrating mental health and education to improve child outcomes

### SUMMARY

From January 2011 through April 2012, the [Center for Health and Health Care in Schools](#)<sup>1</sup> researched strategies to increase the number, quality, and sustainability of school mental health services and programs. Through a series of site visits, key informant interviews, literature reviews, and conversations with stakeholders, the center developed insights into priorities for children's mental health and the role of school mental health in meeting societal objectives. Findings have been, and continue to be, shared with public officials, researchers, and program developers.

### Key Results

- Based on the research and analysis conducted during this project, The Center for Health and Health Care in Schools published four reports:
  - *Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories*, based on case studies of three school mental health programs—Bucks County, Pa., the District of Columbia, and Minneapolis—that represent best practices in sustaining school mental health services.
  - *Behavioral Health at School: Where We've Been; Where We're Going: An Eleven State Perspective* (in draft form as of October 2012), based on a survey of 39 representatives of governors' offices, state mental health agencies, education, and health departments, and child advocacy organizations in 11 states<sup>2</sup> to

---

<sup>1</sup> The Center for Health and Health Care in Schools is a nonpartisan policy and program resource center within George Washington University's School of Public Health and Health Services that has worked with RWJF to increase access to health and mental health interventions for children through school-connected programs. Most recently, initiatives have included *Caring Across Communities* to expand school mental health programs in 15 sites and prior to that, *Caring for Kids: Expanding Dental and Mental Health Services through School-Based Health Centers*. For more information see Program Results for [The Center for Health and Health Care in Schools](#) and [Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth](#).

<sup>2</sup> The surveyed states were Arizona, Connecticut, Florida, Georgia, Massachusetts, Minnesota, New Mexico, North Carolina, Oregon, Texas, and West Virginia.

determine how they define publicly-funded children's mental health issues and the role of schools in providing mental health services.

- *Thought Leader Dialogue: Advancing Integrated Mental Health and Education Research*, based on a conference that convened 34 mental health and education researchers, education leaders, and public and private funders on September 21, 2011 (Charleston, S.C.).
- *The Impacts of School-based Behavioral and Emotional Health Interventions on Student Educational Performance*, an annotated bibliography of 12 peer-reviewed studies or reviews published between 2001 and 2011 linking behavioral health interventions with students' educational outcomes.

## Key Findings

Project Director Olga Acosta Price, PhD, director of the Center for Health and Health Care in Schools, identified the following key findings from this work. They were published in *Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories*.

- **While a plan to sustain mental health services for children should be tailored to the state and the community, common elements that contributed to the effectiveness of the school mental health programs in Bucks County, Pa., the District of Columbia, and Minneapolis are:**
  - Maximizing all possible financial sources of support for mental health services, including public and private insurance, in-kind contributions from the school systems, and grants from public and private entities to subsidize nonbillable services
  - Engaging influential individuals and/or organizations that helped bring insurance providers to the table to negotiate
  - Serving all students in need of mental health care regardless of ability to pay, and setting clear productivity expectations for clinicians around maintaining a balance of billable versus nonbillable services
  - Investing in an administrative infrastructure to support billing capacity
  - Knowing the eligible services, clients, and providers of the commercial and public insurers that cover the students they serve

## Conclusion

Project Director Acosta Price reported the following conclusion to RWJF:

- **Children's mental or behavioral health has not historically belonged to any particular local, state, or federal agency. Thus, there has been limited**

**government leadership to assure that a functioning system of preventive and treatment services responds to children’s needs.** Neither federal nor state leaders have made support for children’s mental health a priority.

## Funding

The Robert Wood Johnson Foundation (RWJF) provided a \$714,372 grant to George Washington University (Washington) to support the project.

## CONTEXT

Between 14 and 20 percent of all children and adolescents have a mental health problem, according to a 2009 National Academies study.<sup>3</sup> Yet, very few children and adolescents with mental health disorders receive help, according to a study in the *American Journal of Psychiatry*.<sup>4</sup>

### The Role of Schools in Mental Health

Among the many problems caused by poor mental health is that it prevents students from effective learning. Schools can play a role in promoting prevention and treatment of mental health problems for their students. School mental health services, developed over the past 30 years, have shown great promise in improving the functioning of students with, or at high risk of developing, mental health problems.

According to the center, barriers to the widespread adoption of high-quality, school mental health services and programs, include:

- Limited understanding of:
  - How to finance these services and programs
  - The factors essential to supporting mental health services and programs in schools
  - The relationship between mental health functioning and academic outcomes
- The absence of outcomes data for school mental health services and programs

---

<sup>3</sup> O’Connell ME, Boat T and Warner KE, Editors. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. 2009. The National Academies Press. Available [online](#).

<sup>4</sup> Kataoka SH, Zhang L and Well KB. “Unmet Need for Mental Health Care Among US Children: Variation by Ethnicity and Insurance Status.” *American Journal of Psychiatry*, 159(9): 1548–1555, 2002. Available [online](#).

## RWJF and the Center for Health and Health Care in Schools

Established with funding from RWJF, the center is a nonpartisan policy and program resource center that works to strengthen the well being of children and youth through effective health programs and health care services in schools. It is based at the George Washington University School of Public Health and Health Services.

Read the [Program Results](#) about the establishment of the center and its program, Caring for Kids: Expanding Dental and Mental Health Services through School-Based Health Centers.<sup>5</sup> The center also managed the RWJF national program *Caring Across Communities: Addressing the Mental Health Needs of Diverse Children and Youth*.<sup>6</sup> Read the [Program Results](#) for more information.

## THE PROJECT

The Center for Health and Health Care in Schools explored strategies to increase the number, quality, and sustainability of school mental health services and programs through:

- A literature review
- Ongoing review of federal and state education and health policies and practices
- Interviews, online surveys, conversations, and meetings with stakeholders in school mental health, including members of key federal agencies (e.g., Department of Education, Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services), state government, advocates, funders, researchers, educators, and mental health practitioners
- Visits and interviews with people involved with school mental health programs in Bucks County, Pa., the District of Columbia, and Minneapolis
- Co-sponsoring, with the Center for School Mental Health,<sup>7</sup> a conference on school mental health research.

---

<sup>5</sup> Caring for Kids served as a resource center (primarily Web-based) on school health services for school nurses, staff of school-based health centers, school administrators, teachers, researchers, parents and school children from February 2001 to August 2005.

<sup>6</sup> *Caring Across Communities* brought school-connected mental health services to immigrants and refugees at 15 sites in eight states from 2007 to 2010.

<sup>7</sup> The Center for School Mental Health at the University of Maryland School of Medicine works to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

## RESULTS

- The Center for Health and Health Care in Schools developed and disseminated four reports based on the research and analysis conducted during this project, including:
  - *Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories*, based on case studies of three school mental health programs—Bucks County, Pa., the District of Columbia, and Minneapolis—that represent best practices in sustaining school mental health services. The three programs have developed strategies and systems to secure sustainable, long-term funding for these services.
  - *The Impacts of School-based Behavioral and Emotional Health Interventions on Student Educational Performance*, an annotated bibliography of 12 peer-reviewed studies or reviews published between 2001 and 2011 linking behavioral health interventions with students’ educational outcomes.
  - *Behavioral Health at School: Where We’ve Been; Where We’re Going: An Eleven State Perspective*, in draft form as of October 2012, based on a survey of 39 representatives of governors’ offices, state mental health agencies, education, and health departments, and child advocacy organizations in 11 states<sup>8</sup> to determine how they define publicly-funded children’s mental health issues and the role of schools in providing mental health services.
  - *Thought Leader Dialogue: Advancing Integrated Mental Health and Education Research*, based on a conference that convened 34 mental health and education researchers, education leaders, and public and private funders on September 21, 2011 (Charleston, S.C.).

These documents are (or will be) posted on the center web site that continues to receive about 2,200 visits weekly. They have also been promoted through the center’s weekly *Insider* publication, and its Twitter account, Linked In and Facebook pages.

See [Findings](#) for more information.

- **The Center for Health and Health Care in Schools and the Center for School Mental Health convened mental health and education researchers, education leaders, and public and private funders at a conference to develop a coordinated school mental health research agenda held on September 21, 2011 (Charleston, S.C.).** Leading researchers in the school mental health field attended, including Marc Atkins, PhD, (Institute for Juvenile Research, University of Illinois, Chicago), Steven Evans, PhD, (Center for Intervention Research in Schools, Ohio University), Kimberly Hoagwood, PhD, (Columbia University and the New York State Office of Mental Health), Bradley Stein (RAND Corp), and Roger Weissberg (CASEL—Collaborative for Academic, Social and Emotional Learning). In all, 34 people

---

<sup>8</sup> The surveyed states were Arizona, Connecticut, Florida, Georgia, Massachusetts, Minnesota, New Mexico, North Carolina, Oregon, Texas, and West Virginia.

representing approximately 30 universities, research organizations and funding entities participated.

See the section in this report: [Findings on Developing a School Mental Health Research Agenda](#) and the report *Thought Leader Dialogue: Advancing Integrated Mental Health and Education Research*.

- **Center staff helped develop relationships among mental health practitioners and educators and among researchers, policy-makers, and mental health practitioners—a process that will be essential in building the school mental health field.** Staff:
  - Served as a facilitator among individuals or organizations that have not traditionally collaborated
  - Promoted school mental health programs among mental health organizations that have not worked in schools
  - Brought together groups with similar agendas but different target populations

The center also deepened its relationship with organizations that are interested in federal and state education and health policies, including the Collaborative for Academic, Social, and Emotional Learning<sup>9</sup> and Broader, Bolder Approach to Education.<sup>10</sup>

## FINDINGS

### Findings on Sustaining Mental Health Services

Source: *Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories*.

- **While a plan to sustain mental health services for children should be tailored to the state and the community, common elements that contributed to the effectiveness of the school mental health programs in Bucks County, Pa., the District of Columbia, and Minneapolis are:**
  - Maximizing all possible financial sources of support for mental health services, including public and private insurance, in-kind contributions from the school systems, and grants from public and private entities to subsidize nonbillable services

---

<sup>9</sup> A Chicago-based organization, the Collaborative for Academic, Social, and Emotional Learning is a not-for-profit organization that works to advance the science and evidence-based practice of social and emotional learning.

<sup>10</sup> Broader, Bolder Approach to Education is a national campaign that acknowledges the impact of social and economic disadvantage on schools and students and proposes evidence-based policies to improve schools and remedy conditions that limit many children's readiness to learn.

- Engaging influential individuals and/or organizations that helped bring insurance providers to the table to negotiate
- Serving all students in need of mental health care regardless of ability to pay, and setting clear productivity expectations for clinicians around maintaining a balance of billable versus nonbillable services
- Investing in an administrative infrastructure to support billing capacity
- Knowing the eligible services, clients, and providers of the commercial and public insurers that cover the students the school-based programs served
- **The planning process for sustaining a school mental health program requires a critical examination of:**
  - The school community (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

The planning process has four major steps:

- Identifying the right people who can make things happen (representatives of insurance carriers the program hopes to bill)
- Managing the billing process
- Getting the right pieces in place (eligible services, eligible clients, and eligible providers for each insurer and providers that are set up to provide and bill for mental health services in schools)
- Maintaining healthy working relationships with school staff, providers, and insurers

## Findings From the Annotated Bibliography

Source: *The Impacts of School-based Behavioral and Emotional Health Interventions on Student Educational Performance*

- Very few studies measured education outcomes. Of the more than 200 studies covered in the articles analyzed, only 11 assessed changes in education outcomes, such as grades, test scores, or attendance.
- Evaluating the impact of behavioral health interventions on educational outcomes appears to be understudied and an important area of research to expand.

- Collaboration between the behavioral health and K-12 education fields may be enhanced when research studies measure both education and behavioral health outcomes.

## Findings on State Perspectives of Behavioral Health at School

Source: *Behavioral Health at School: Where We've Been; Where We're Going: An Eleven State Perspective* (draft as of October 2012)

- **The following key themes are relevant to most states.**
  - Funding by state governments focuses on services for seriously emotionally disturbed children and adolescents.
  - In states where children's mental health became a priority and services have increased, the main reason for the change has been a lawsuit that challenged existing practices.
  - Media coverage that highlights the consequences of untreated mental illness<sup>11</sup> briefly raises the visibility of mental health issues in children and adolescents but does not attract more resources or services to drive system change.
  - Schools are seen as a desirable place to locate preventive and mental health treatment programs.
    - The essential school leaders (principals, district personnel, and senior teachers), however, are often not at the table to discuss how the educational and behavioral health systems can collaborate. Even when school leaders are invited, they are often discouraged from providing meaningful input.
    - Developing successful partnerships between community and school mental health programs is another challenge.
  - When developing a school mental health program, it is important to determine who will be in charge. Some states support local control and defer to community or regional preferences in policy-making and program development.
  - Representatives of state education and mental health agencies have little sense of the role of special education as a provider of mental health services, despite the widely-held view that it is through special education that schools have become the leading provider of children's mental health services.

---

<sup>11</sup> For example, the shootings in Tucson, Ariz., on January 8, 2011 and Virginia Tech on April 16, 2007.

## Findings on Developing a School Mental Health Research Agenda

Source: *Thought Leader Dialogue: Advancing Integrated Mental Health and Education Research*.

- **Researchers strongly agreed that the school mental health research agenda needs an overhaul.** A paradigm shift is needed, from focusing on how mental health products (screening tools, issue papers, etc.) are used to how providing school mental health services in schools solves problems.
- **To ensure that research on school mental health is useful, education and mental health researchers must choose research questions and produce findings that benefit both the education and mental health fields, lead to common definitions of wellness, and achieve clarity on how to measure specific components of wellness.**
- **Ultimately, the collective research must produce timely, provocative papers that focus on outcomes that the public values.**

## CONCLUSION

Project Director Acosta Price reported the following conclusion to RWJF.

- **Children’s mental or behavioral health has not historically belonged to any particular local, state, or federal agency. Thus, there has been limited government leadership to assure that a functioning system of preventive and treatment services responds to children’s needs.** Neither federal nor state leaders have made support for children’s mental health a priority.

## LESSONS LEARNED

1. **Interviewing stakeholders, although very time consuming, provides valuable details and nuanced responses that cannot be obtained through surveys.** By interviewing a variety of stakeholders in school mental health, project staff members were able to understand how policies are working, or not working in real life and more accurately identify successes and challenges in the field. (Project Director Olga Acosta Price)
2. **Use semistructured interviews to shape the discussion and learn important information that would not be provided with very structured interviews.** Semistructured interviews enabled project staff to learn about critical challenges facing particular sites that they would have otherwise missed, while still enabling cross-site comparisons.
3. **Get multiple perspectives when interviewing stakeholders.** Project staff learned that a mental health or government agency’s mandate and an individual’s role within that agency can color the perspective provided. By interviewing multiple people from

each agency, staff developed a more realistic view of how effectively school mental health programs were being implemented. (Project Director Olga Acosta Price)

## **AFTERWARD**

Based on project findings, RWJF decided to focus its work in school mental health on social and emotional learning: a process for helping children and even adults develop the fundamental skills for life effectiveness. These skills include recognizing and managing emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically. Social and emotional learning helps prevent depression, suicide, substance abuse, gang violence, and other high-risk behaviors.

### **Building Capacity for Social and Emotional Learning in Schools**

RWJF funded the Center for Health and Health Care in Schools and the Collaborative for Academic, Social, and Emotional Learning to work together to build capacity to implement social and emotional learning programs in schools.

The collaborative is implementing social and emotional learning programs in eight school districts, with funding from the NoVo Foundation. Using these school districts as a learning laboratory, the center and the collaborative are working together under separate RWJF grants that started in May and July 2012, respectively.<sup>12</sup>

The center is serving as a resource center to develop tools and approaches to support social and emotional learning programs in schools by:

- Identifying and describing organizational components of school districts and state governments that facilitate school-based social and emotional learning programs
- Identifying policies and practices that contribute to the implementation and sustainability of such programs
- Identifying opportunities to institutionalize social and emotional learning programs within schools and government

The Collaborative for Academic, Social, and Emotional Learning's grant focuses on financial strategies for the long-term sustainability of social and emotional learning and other mental health programs in schools nationwide. In partnership with the center, the collaborative is:

---

<sup>12</sup> Grant ID # 69869 to The Center for Health and Health Care in Schools is for \$1,496,603 from May 2012 to April 2014. Grant ID # 70029 to the Collaborative for Academic, Social, and Emotional Learning is for \$496,202 from July 2012 to April 2014.

- Developing a financial tool to identify, allocate, and redirect resources for social and emotional learning programs and practices and other priorities
- Training consultants to use the tool
- Developing cost models for implementing social and emotional learning

The center and the collaborative will also work together to build public support for social and emotional learning programs in schools, including by creating products with findings for dissemination to state education departments, school districts, policy-makers, funders, and others.

---

**Prepared by: Darl Rastorfer**

Reviewed by: Lori De Milto and Molly McKaughan

Program Officer: Wendy L. Yallowitz

Program Area: Vulnerable Populations

Grant ID #: 68467

Project Director: Olga Acosta Prince, PhD (202) 466-3396; joaprice@gwu.edu

---

## BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

### Reports

Behrens D, Lear JG, Price OA. *Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories*. Washington: Center for Health and Health Care in Schools, 2012. Available [online](#).

The Impacts of School-based Behavioral and Emotional Health Interventions on Student Educational Performance. Washington: Center for Health and Health Care in Schools, 2012. Available [online](#).

*Thought Leader Dialogue: Advancing Integrated Mental Health and Education Research*. Washington: Center for Health and Health Care in Schools, 2012. Available [online](#).