



IMPROVING HEALTH AND MENTAL HEALTH IN SCHOOLS
National Quality Initiative



SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

Funding and Sustainability of School-Based Health Centers and Comprehensive School Mental Health Systems:

Innovations from the School Health Services National Quality Initiative

As part of the School Health Services National Quality Initiative, the [School-Based Health Alliance](#) (SBHA) and the [National Center for School Mental Health](#) (NCSMH), with guidance from the Health Resources and Services Administration's Maternal and Child Health Bureau, worked with states to increase state policies and programs that promote quality, sustainability, and growth of school-based health services, specifically school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs).

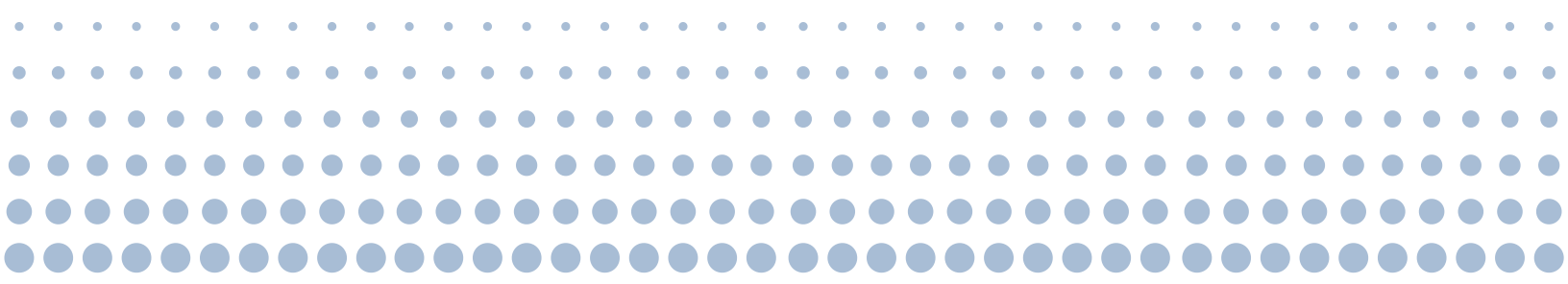
We hosted a three-year, quarterly learning community of 24 states, the District of Columbia, and the Bureau of Indian Education and Indian Health Service. Participants included representatives from state departments of education, health or public health, and mental/behavioral health; Title V/Medicaid; other state-level agencies or organizations such as SBHC state affiliates and managed care organizations; and family organizations, youth, and other leadership.

This document highlights shared policy or practice innovations, lessons learned, and resources related to telehealth and telemental health.

SBHCs: School-based health centers complement existing school health services by facilitating access to primary care and often behavioral health, vision, and other services through school-community partnerships for children and youth nationwide who experience barriers to accessing care because of discrimination, their family income, or where they live.

CSMHSs: In strategic partnership between schools, families, and communities, comprehensive school mental health systems use a multi-tiered system of support framework (MTSS) to promote positive school climate, social and emotional competencies, and mental health and well-being, while reducing the prevalence and severity of mental illness.

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Topic Overview



Funding and sustainability refer to the strategies to optimize financial and nonfinancial assets needed to maintain and improve school health systems, including SBHCs and CSMHSs. To maintain long-term programming, these systems depend on reliable funding to cover costs. Because funding streams are regularly changing, states, districts, schools, and SBHCs must develop strategies that account for economic and political shifts. In addition to reliable **funding**, school health systems must also focus on other components of **sustainability** to ensure that operational structures are sound, and that the system can respond to the changing needs of students, families, schools, and communities.

Funding for CSMHSs necessitates using multiple and diverse sources, which often must be blended and braided to be used strategically. States play a critical role in accessing various funding streams to support implementation of school mental health at the local level. Meaningful collaboration between partners at the state-level can open opportunities for joint and strategic funding. State entities should ensure that funding mechanisms cover services and supports across a multi-tiered system of support. Beyond funding itself, states should use systematic approaches to developing and disseminating best practices to sustain high-quality school mental health services.

Sustainability is also critical for SBHCs, with best practices including creation of an SBHC business plan with financial performance metrics that consider, among other things, the program's cost, expected patient volume by the provider, and payer source. All direct and indirect program expenses, including staffing, facilities, pharmacy, administration, billing, care coordination, and health promotion, are considered in monetizing services. Successful SBHCs generally have a diverse funding portfolio, most often including in-kind partner donations (space), patient revenue (coding and billing), and supplemental grants.

According to findings from SBHA's 2022 National Census of School-Based Health Centers, while the primary funding for SBHCs is typically reimbursement from insurance billing (74%), many SBHCs receive federal (55%) and state (48%) government support. Diversified funding sources, such as dedicated state funding administered through a state program office at a department of health or education, helps SBHCs have the flexibility to support students and families through engagement in non-billable services, including addressing social needs. Based on SBHA's School-Based Health Center Policy Assessment, as of Fiscal Year 2022, 20 states provided dedicated funding to SBHCs.

Innovations Spotlight



Washington

Working Group Persistence and Collaboration Generates Buy-in and Pays Off with First State Funding for SBHCs

SBHCs have been serving students in Washington for more than 30 years., but it wasn't until the late 2000s that SBHCs opened in rural communities outside King County. Washington now has 70 SBHCs sponsored by more than 25 healthcare organizations in more than 25 school districts across the state. About half are in the Seattle/King County metro area and half are outside King County.

The first SBHC pilot in Washington was in Seattle in 1989, which led to the first Seattle Families and Education levy funding for SBHCs the following year. This levy funding has continued to grow and support King County SBHCs. In 2016 King County passed the Best Starts for Kids levy, which included funding for additional SBHCs in the Seattle/King County metro area. However, no statewide funding was available to support the growing number of SBHCs outside King County.

In the last five years, Washington saw significant growth and increased interest in SBHCs across the state. Given the momentum, the Washington School-Based Health Alliance (WA SBHA) proposed a bill in the 2020 state legislative session to form an SBHC work group to bring stakeholders together to develop a cohesive path forward for the state. Though that bill failed, in fall 2020 Rep. Monica Stonier convened an SBHC work group in partnership with WA SBHA. Between August and December, the work group brought together more than 30 state-level SBHC stakeholders, including legislators from both parties, state agencies, and associations representing families, schools, and healthcare. The work group identified challenges to the expansion and sustainability of the SBHC model statewide and opportunities to address these challenges in a [final report](#). Bringing people together around the table as part of the work group got people on the same page and built buy-in for the bill proposed in 2021 to establish statewide support and funding for SBHCs through the Department of Health. The process brought key players from state-level organizations working in health and education and others, including school districts, together to educate, increase awareness, and answer questions and concerns about SBHCs. The work group intentionally included voices that were hesitant or had questions about SBHCs, which ultimately made things much smoother in the next legislative session because it removed barriers and increased support for the 2021 bill and future steps.



[House Bill 1225](#), passed during the 2021 legislative session, created a state program office for SBHCs at the Department of Health that will provide SBHC planning, startup and operating grants; monitor and evaluate grantees; partner with a statewide nonprofit organization to provide SBHC training and technical assistance; and help coordinate with other state agencies and entities in support of SBHCs in collaboration with local communities. In 2022 the Department of Health developed a decision package, used to construct the state budget request, that included supplemental funding for the program in support of behavioral health services in SBHCs, which was included in the final legislative budget. The Program Office released the first Request for Proposals in March 2022 and awarded the first statewide grants in July 2022.

In the 2023 legislative session, additional core SBHC funding was included in the final FY24-25 state budget.



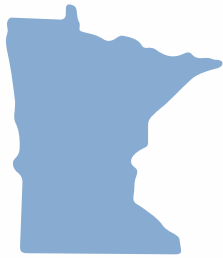
Pennsylvania

Reducing Silos and Streamlining Funding to Support Equitable Social-Emotional Wellness Practices Statewide

Prior to 2021, the Pennsylvania Department of Education (PDE) funded several separate initiatives through 29 Intermediate Units that serve as connectors between school districts, PDE, as well as technical assistance providers. These intermediaries focused time on various subjects (e.g., bullying, school climate, equity, emergency management, and the student assistance programs), which led to significant silos. Participation in the School Health Services National Quality Initiative spurred conversation within PDE on how to reduce silos, streamline funding, and take an integrated approach. As a result, all Intermediate Units now have Social Emotional Wellness Leads who collaborate and get guidance from PDE to focus on building trauma-informed, equitable learning environments in their districts.

PDE has expanded the lessons learned during the National Quality Initiative and is currently collaborating with federal partners to develop a document entitled *Planning Guide for Intermediate Unit Social-Emotional Wellness Leads: Frameworks, Tools, and Resources to Support a Strategic, Evidence-Based Approach to Social-Emotional Wellness Programming*. This planning guide directly aligns with PDE's [Accelerated Learning Cycle of Continuous School Improvement](#), which provides a systematic process and technical support for school communities to develop a strong foundation for academic achievement and social/emotional well-being. PDE will partner with Intermediate Unit Social-Emotional Wellness Leads during the 2023/2024 school year to roll out the new planning guide, with the goal of every school district and student in Pennsylvania receiving needed services and supports.

The development of the Social Emotional Wellness Lead position and the new planning guide has been a multiyear process, with direct support and feedback from the Leads, the Intermediary Units, and the districts they represent. This systematic process has resulted in a systemic and sustainable approach to deliver equitable, social-emotional wellness practices throughout the state's 500 school districts, 3,287 schools, and 120 charter schools.



Minnesota

Using Outcomes and Advocacy to Grow Appropriations for a School-Linked Behavioral Health Program

The School-Linked Behavioral Health program is one of the primary components of Minnesota's state-level school mental health work. This program aims to increase accessibility to mental health services for children and youth who are uninsured or underinsured; improve clinical and functional outcomes for children and youth with a mental health or substance use disorder diagnosis; and improve identification of mental health and substance use issues for children and youth. Through the program, community mental health agencies provide child and family services, including assessment and treatment, teacher consultation, care coordination, and schoolwide trainings.

The program was born out of the Minnesota Mental Health Action Group, comprised of stakeholders across the state, that identified that access to mental health services statewide for students was a significant issue. Advocacy helped propel investment from the Minnesota legislature in the School-Linked Behavioral Health Program and resulted in funding for the Department of Human Services to provide grants to schools and providers throughout the state beginning in 2008.

Because of the demonstrated success of the program, appropriations for the program have significantly increased since its inception. Funding has increased from about \$4 million to approximately \$17.5 million. In the first round of funding (2008-2012), the grant program provided funding for 22 grantees to serve about 150 districts and 450 schools. In the 2018-2022 grant cycle, the program served 308 school districts and 1,158 schools.

One unique aspect of Minnesota's approach is the requirement for school staff and mental health providers to submit a co-written application. Within the application, potential partners must outline what aim to "give" and "get" through the partnership and commit to developing an understanding of their complementary roles in achieving their goals. This requirement aims to encourage relationship building and sustaining partnerships.

The program design and implementation has demonstrated great success. Key outcomes of the program include coordination of care, with services delivered where the kids are; increased access and sustained engagement in treatment; and evidence-based mental health services from highly trained mental health professionals regardless of students' insurance status.

Minnesota's School-Linked Mental Health program was featured in the U.S. Department of Education's publication, Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs, and was highlighted for using "exceptionally promising" (p. 64) practices.



For more details on the School-Linked Behavioral Health Grant policy, please visit [this page](#) of the Minnesota Legislature website.

Lesson Learned



While there are many pathways for school health services, including SBHCs and CSMHSs, to approach funding and sustainability, integral to long-term success is demonstrating and communicating the compelling case that these modes are uniquely suited to help the broader health and education systems achieve their objectives. State leaders can support funding and sustainability by gathering key players, and leveraging data both on successes and barriers to generate buy-in.

Resources



➤➤➤ [School Mental Health Quality Guide: Funding and Sustainability](#)

This guide provides information about funding and sustaining school mental health systems, best practices, action steps, examples from the field, and resources.

➤➤➤ [SBHC Core Competencies](#)

The School-Based Health Alliance, in partnership with our state affiliates and experts from the school-based health care field, developed a set of seven core competencies that represent the knowledge, expertise, policies, practices, and attributes that we hope every SBHC can achieve in pursuing student wellness. SBHC staff and administrators can use these as a framework to achieve excellence in delivering care in a school setting. While each school and SBHC may be at different stages of implementation, these guiding principles and core competencies help to encourage high-quality and optimal healthcare in schools.

➤➤➤ [Quality Counts: Sustainable Business Practices QI Toolkit](#)

Within SBHA's Sustainable Business Practices QI Toolkit, we discuss how utilization, reimbursement, and efficiency all affect sustainability. This toolkit approaches sustainability using a quality improvement framework to monitor and work to improve sustainable business practices.

➤➤➤ [SBHA's State Policy Maps](#)

Explore whether and how SBHC-specific funding is allocated by state. The maps share findings from SBHA's School-Based Health Center Policy Assessment, including funding details and eligible SBHC model types in addition to definitions of SBHCs and alignment with National Performance Measures for SBHCs by state.



»»» [State Funding for Student Mental Health](#)

This Policy Brief from the Education Commission of the States explores and describes common sources of funding that states use to support K-12 school-based mental health programming. It includes a 50-state scan that displays how each state funds student mental health services.

[Healthy Students, Promising Futures](#)

»»» Healthy Students, Promising Futures, a project through the Healthy Schools Campaign, offers a wealth of resources related to school Medicaid programs. These resources aim to help states and school districts expand access to Medicaid-funded school health services.

Suggested Citation



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