

Ideas for Expanded School Mental Health Legislation

School Mental Health and Social Services Team Coordinators Piece

Part One: Changes to Elementary and Secondary School Counseling Grant Program

Expand the focus of the Counseling program to include the recruitment of School Mental Health and Social Services Team Coordinators. Any “qualified school counselors, school social workers, school psychologists, other qualified psychologists, or child and adolescent psychiatrists” as defined under the current law would be eligible to fill this role.

The position currently exists in most large urban districts according to the CDC School Health Policies and Programs study. The Act would define their role as providing “expanded school mental health” services and define that term in the law. Stacy Skalski with the National Association of School Psychologists, who served as one, defined the role as follows: to “supervise and mentor school-based mental health professionals, assist the school district in all mental health initiatives (prevention and intervention) and collaboration (intra-district, inter-district, and community), lead crisis response and threat assessment activities, lead all activities associated with recruitment, hiring and retention of school mental health providers, lead all program activities (ie. team meetings, professional development trainings, development of models for service delivery, evaluation of programs, etc.)” Other proposed duties include, to coordinate funding streams and to establish a concrete referral process.

Local community advisory boards (already in the statute) would define what they plan for the position in their application including any additional qualifications they require.

Currently, the advisory board has to contain the following members:

Parents, teachers, school administrators, counseling service providers and community leaders.

Changes would be made to the statute to expand or refine that requirement to include:

A community mental health representative, a pediatrician, a diversity of faith-based representatives, a juvenile justice representative and a child welfare representative.

They would have the added responsibility of drafting a “community mission statement” for the position with their application.

All applicants would be required to assure a diversity of funding for the position of the Team Coordinator.

For the position of Team Coordinator, the advisory board would be required to show a diverse funding base. Not less than 25% of the funding for the position would have to come from non-education resources and a commitment for the length of the grant would be required.

Rigorous evaluation of the program would be required.

The appropriations trigger would be lifted so grants could also focus on secondary students.

Part Two: Changes to National Center for Education Statistics

The Secretary would direct the National Center for Education Statistics to collect data about the presence of a Team Coordinator.

Part Three: Curriculum Development

The Department of Education would award a one-time grant to a university to develop a model curriculum to prepare potential or enhance the skills of existing School Mental Health and Social Services Team Coordinators. The curriculum would need to be developed with a broad base of stakeholders, especially child and adolescent mental health professionals, school-based mental health personnel, families, and school and health finance experts.

Joint Statement and Shared Agenda

Require that a joint statement be issued by the Secretary of Education with the Secretary of Health and Human Services about expanded school mental health services and their importance to student academic achievement and proper social and emotional development. The statement must specifically reference the final report of the New Freedom Commission on Mental Health and its recommendations related to schools.

Require the development of a long-term shared agenda document from Department of Education, working with their partners in the Federal Interagency Committee on School Health (SAMHSA, HRSA, CDC etc.) to include how they will implement the steps outlined in this Act and how they will improve existing related grant programs. Would also include what steps they will take to improve data collection about the availability of mental health services in schools or linked to schools and promising approaches.

Statute would require formal consultation with partners in the National Coordinating Committee on School Health.

Guidance on “Expanded School Mental Health”

Direct the Department to issue in coordination with CDC’s Child and Adolescent Youth Division, guidelines on expanded school mental health including what resources (federal/state/local and private including both education and health) schools can draw on. Also, the guidelines must specifically reference the final report of the New Freedom Commission on Mental Health and its recommendations related to schools. Guidelines are intended to build on existing “Health, Mental Health and Safety Guidelines for Schools” developed by the American Academy of Pediatrics and the School Nurses.

Expand Domenici-Kennedy Mental Health Integration in Schools Program

Reauthorize the Domenici-Kennedy Mental Health Integration in Schools grant program (over 100 communities applied for 20 grants this year). Allow Safe Schools/Healthy

Students grantees to compete (they cannot currently). Give priority to communities engaged in or past recipients of SAMHSA systems of care grants. Require a SAMHSA matching contribution (Education contribution in FY05 was \$5 M).

Data Collection

Modify statute of National Center for Education Statistics to include a focus on school health.

Require a temporary advisory council be established to be headed by the directors of the NCES and the National Center for Health Statistics. Each would appoint 10 members to a 20 member council.

[Note: Is prohibition in NCLB on collecting data on mental health needs in students worth revisiting.]

In-Depth Analysis of School Health Policies and Programs Study Data on Mental Health

Have the Department of Education and CDC award a limited number of grants to states to conduct an in-depth study of their results of the 2006 School Health Policies and Programs Study conducted by CDC as it relates to mental health in schools. State applications would be evaluated based on what they aim to learn from an expanded study. They would be required to commit resources as well. The study would be an in-depth evaluation of the survey results in the selected states including the programs used in schools and their effectiveness.

School Mental Health TA Centers

Expand linkages between existing TA Centers at Department of Education and the two national SAMHSA/HRSA-funded TA centers on mental health in schools (at UCLA and Maryland).

Require a Department of Education contribution equal to the current HRSA contribution (currently HRSA contributes \$900,000 per year for five years for the operation of the two existing centers) and use it to fund one new center to include a focus on rural issues or underserved geographic areas where school mental health efforts are in their infancy.

Exemplary Schools Initiative – Knowledge Exchange

Give each state (possibly through the Governor) and the District the opportunity to nominate three schools who demonstrate an exemplary expanded school mental health approach. Each school would receive an official designation from the Department of Education if approved and then be given nominal resources (example: \$50,000) to help disseminate what they know to other schools in state (ie. write up their approach, put on a conference/training, etc.) as well as to further expand and evaluate their programs especially as they relate to academic and social/emotional outcomes. [Question: Better combined with TA Center duties?]

Identification piece

Require the Department of Education to contract with the Institute of Medicine to issue a report on mental health screening tools commonly used in schools, including what is learned from such tools, whether they are valid and reliable, “the value in using schools as a screening site, the availability of remediation and follow-up for all students with positive results, and the cost of the screening programs.” [from Health, Mental Health, and Safety Guidelines developed by AAP/School Nurses.]

Anti-Stigma Coalition Campaigns in the States

Expand anti-stigma campaigns with funded collaborations between coalitions of a state mental health group, education group, parent group, and diverse faith-based groups. Each state could nominate one coalition to the Department of Education for approval (to catalyze state involvement).

Expansion of CDC Coordinated School Health Program

Enhance the role of CDC by giving extra incentive funding (possibly \$200,000 – currently states get \$400,000) to states with Coordinated School Health Programs (23 currently) who include in their focus expanded school mental health.

New Partners in CDC School Health Promotion Efforts

CDC funds partners to promote school health. Mandate that CDC fund one national parent group and one national faith-based partnership (a coalition of diverse national faith-based groups) to build support for expanded school mental health.

Finance Piece

Need Suggestions

Changes to the SAMHSA Statute

Put in statute role of the Center for Mental Health Services in improving school mental health, including expanding partnerships between SEA’s and mental health state agencies and expanding the identification of science-based approaches to expanded school mental health.

Institute new reporting requirements under the mental health block grant.

Use existing “Training Grants” language in SAMHSA statute which focuses on training school personnel and emergency responders to recognize signs of mental illness, reauthorize it (current authorization of \$25 M expired in 2003) and require it be funded through Projects of Regional and National Significance in SAMHSA.

Require study of cultural competence for school-based mental health providers. Possible grants based on findings.