



WISCONSIN SCHOOL-BASED MENTAL HEALTH



CESBMH

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WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?

Comprehensive school mental health programs work to address the mental wellbeing needs of students via culturally-responsive services throughout a continuum of levels:

LEVEL 1:
UNIVERSAL EDUCATION,
PREVENTION

LEVEL 2:
TARGETED
GROUP SUPPORTS

LEVEL 3:
INDIVIDUALIZED
SERVICES

**Individualized services = access to clinical therapy & consultation for students with more complex challenges.*

This continuum of services helps students navigate life's challenges with **resiliency** using various strategies:



- Conflict resolution
- Self-regulation
- Communication of needs and boundaries
- Mindfulness
- Mental health literacy

Programs and services are implemented by school staff, including school counselors, social workers, psychologists, administrators, nurses, and special educators.

Supports may also include licensed mental health therapists available on-site or via telehealth during the school day. Classroom teachers and parents are key collaborators.



Quality programs also include **continuous data collection** & review as part of the program in order to foster **ongoing improvement**.

While there are a number of examples of Wisconsin schools and districts that demonstrate this level of comprehensive support, many schools and districts are in different phases of implementation.

WHY IS IT NEEDED?

Comprehensive school mental health supports the mission & purpose of schools: learning! Young people who receive appropriate mental health supports have improved academic achievement and are more likely to graduate. 1



Nearly half of Wisconsin high school students report anxiety. 2
More than one-fourth feel depressed.

In the wake of the **COVID-19 pandemic**, Wisconsin students report **increased levels of stress, anxiety, and depression**. Many Wisconsin students expressed a need for more mental health resources at their school, specifically counselors, therapists, and psychologists. 3

"If I had free access to mental health resources through my school, I would take advantage of it." – WI student 3



In an analysis comparing pediatric healthcare claims from 2019-20, two Wisconsin findings stand out:

- **Intentional self-harm** claims for the 13-18 age group **increased more than 100%** from March 2019-2020.
- Wisconsin ranked among the **top 5 states** in the nation for the most **intentional self-harm** claims ages 6-22. 4

Experiences of mental health challenges and the likelihood of receiving treatment differ among children in **diverse populations**. For example, **11% of Black children needed but did not receive treatment in 2018**, as compared to 2% of white children. 5 6

School-based mental health services increase accessibility, reduce barriers, and improve equity of access to promote well-being and achievement.

WHY IS IT EFFECTIVE?



Public school students spend most of their time at school. Because of this, teachers & school counselors are often the **first to identify** or hear about mental health challenges.



For many families, it is **easier** to have students access care at school than it is at home or after school. Transportation, student extracurricular involvement, and caretaker availability can all be barriers to accessing care outside of schools.



Connecting mental health services to academic goals can help **destigmatize** therapy and create a special **incentive** for families to engage.

HOW DO WE KNOW?

- ✓ Outcomes are measured in many areas, including **academic performance, standardized testing results, attendance, behavioral referrals and suspension, and psychosocial data**.
- ✓ A 2017 study demonstrated that Wisconsin students receiving school-based mental health services were significantly **more likely to show growth** on the START Math test than students in the study's control group. Additional findings included **increased attendance, decreased days of suspension, and improved results** on the Strengths and Difficulties Questionnaire. 7



NEEDS & NEXT STEPS



WORKFORCE

Widespread **workforce shortages** throughout Wisconsin impact both student services staff and licensed mental health clinicians.

In fact, **Wisconsin falls short of nationally recommended ratios** for school psychologists, counselors, and social workers.

Increased funding is needed to improve the student to pupil services staff ratio.

INSURANCE

Despite districts' desires to provide universal access to care, students with **private insurance** plans may encounter **barriers to accessing service**, such as:

- **High deductible health plans** that make it difficult for families to afford behavioral health services.
8 *Since 2013, the percent of WI private-sector employees with high deductible insurance plans has increased from 35% to 57%, exceeding the national average.*
- **Restricted insurance networks** that do not include the school-selected providers and/or have limits on the location for mental health service delivery, such as teletherapy.
- In order to increase access to one-on-one therapy services, many schools contract with **Qualified Treatment Trainees (QTTs)**: experienced clinicians still completing certification hour requirements. While MA covers these QTT services, private insurance providers do not.

NAVIGATION

Even when students' mental health needs are identified via referrals and screenings, families may face additional **barriers** to accessing care:

- stigma of treatment
- lack of understanding
- unclear options
- paperwork (time)
- incompatible insurance
- deductibles, co-pays
- difficulty scheduling

*When funding is available, districts can employ a **School Mental Health Navigator** who supports families along their journey to treatment.*

HOW IS SCHOOL-BASED MENTAL HEALTH FUNDED?



- **School districts and foundations** provide significant funding support for school-based mental health initiatives.
- In recent years, districts across the state have also received targeted **federal & state grant funding** to support services.
- Access to individual and group therapy services relies heavily on students' **health insurance coverage**.

DISTRICT FUNDING

In order to initiate & sustain school mental health collaborations, many **districts commit their own levy dollars** to support school staff, training, assessments and contracts with therapy providers.

- Schools leverage **local funding** including Community Services Funds (Fund 80) to the degree that such resources are permissible.
- In addition, local foundation dollars committed through United Way and other **philanthropic partners** (including the *Wisconsin Partnership Program* and the *Advancing a Healthier Wisconsin Endowment*) have enabled local collaborations to scale up and consider long-term sustainability.
- Some districts have formed **targeted foundations** to channel donations for ongoing programming.

STATE FUNDING

The **WISH Center** (Wisconsin Safe and Healthy Schools) delivers state-wide training for alcohol, tobacco, drug, violence, and bullying prevention.

It provides professional learning opportunities and technical assistance, supporting schools as they plan, implement, and evaluate program efficacy.

The **School-based Mental Health Grant Program** is a competitive statewide grant program. In 2020, 106 grantee districts each received up to \$75,000 in funds to collaborate with community mental health agencies to support students' mental health.

*These funds support efforts in many areas, most frequently**:

- *Social/Emotional Learning* in 71.96%
- *Referral Pathways* in 61.68%
- *Mental Health Navigation* in 53.27%
- *Mental Health Literacy* in 47.66%
- *Expanding Collaborations* in 47.66%

Via this grant, **52,470** Wisconsin students received support from a school mental health provider (School Social Worker, School Psychologist, School Counselor or School Nurse).***

This grant allowed **13,630** referred students to access at least one appt. with a community mental health provider.****

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FEDERAL FUNDING

Project AWARE (Advancing Wellness and Resiliency in Education) is a competitive five-year grant from the federal Substance Abuse and Mental Health Administration (SAMHSA). The grant targets efforts within three selected Wisconsin school districts to strengthen mental health awareness and to replicate effective strategies statewide.

Click below to read more about past & current grantee districts!

School District of La Crosse

Lakeland Area School Consortium

Racine Unified School District

ESSER Fund (Elementary & Secondary Emergency Relief), part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, provides services & supports to public & private schools to build capacity of school staff to provide mental health services & respond to changes in needs due to COVID.

The **School-Based Mental Health Professionals Grant Program** provides grants to increase the number of qualified mental health service professionals that provide school-based mental health services to students in local educational agencies with demonstrated need.

INSURANCE

Third party billing to insurance is a critical funding source.



Covering **1 in 3** children in WI, **Medicaid (MA)** is an important payer supporting individual and group therapy services for children referred for a Tier 3 service.

In recent years, Medicaid has improved reimbursement rates and availability of services for eligible students, including a billing code that supports provider time to consult with school staff, teachers, and parents regarding a student's mental health treatment plan.

*This is aggregate data from the 2019-2020 End of Year Reports submitted by grantees. The state statute authorizing this grant competition does not include any data collection or reporting requirements. Grantee plans are locally determined, and the Department of Public Instruction does not monitor grantee outcomes.

**Grantees were given a list of items to select from. This list is not exhaustive, as grantees are doing other activities not listed on the report.

***Note that this number counts students only once, even if seen multiple times by multiple professionals. Mental health contact was defined at the local (not state) level. These numbers do not reflect a specific environment. For some grantees, only the high school or elementary school are represented, and for others, these numbers may reflect the whole district.

****This number reflects the number of students referred who make it to at least 1 appointment. This number may not be accurate due to confusion about collection. Some grantees have limited access to treatment providers. This does not collect information about why students do not access treatment (transportation, insurance, family follow-through, lack of providers, etc.)

This summary overview is provided for informational purposes only. It was compiled by the Coalition to highlight various components, contributors, data, and funding sources for school-based mental health services in the state of Wisconsin. Sources are cited below.

FURTHER READING & CITATIONS

- 1 [Does youth psychotherapy improve academically related outcomes?](#)
Baskin, T. W., Slaten, C. D., Sorenson, C., Glover-Russell, J., & Merson, D. N. (2010). Does youth psychotherapy improve academically related outcomes? A meta-analysis. *Journal of Counseling Psychology*, 57, 290-296.
- 2 [2019 Wisconsin Youth Risk Behavior Survey \(linked\)](#)
McCoy, Katherine. "2019 Wisconsin Youth Risk Behavior Survey." Wisconsin Department of Public Instruction, Mar. 2020.
- 3 [The Voices of Wisconsin Students: Learning, Coping, and Building Resilience During COVID-19 \(linked\)](#)
Belton, Sharon, et al. "The Voices of Wisconsin Students: Learning, Coping, and Building Resilience During COVID-19." Wisconsin Institute for Public Policy and Service, Apr. 2021.
- 4 [The Impact of COVID-19 on Pediatric Mental Health: Study of Private Healthcare Claims \(linked\)](#)
FAIR Health, Inc. "The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Healthcare Claims." FAIR Health White Paper, 2 Mar. 2021.
- 5 [The Long-term Trajectory of Depression among Latinos in Primary Care and its Relationship to Depression Care Disparities \(linked\)](#)
Interian A, Ang A, Gara MA, et al: The long-term trajectory of depression among Latinos in primary care and its relationship to depression care disparities. *General Hospital Psychiatry* 33:94-101, 2011.7
- 6 [Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care \(linked\)](#)
Smedley B, Stith AY, Nelson AR. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine of the National Academie; 2002.
- 7 [School-Based Mental Health Efficacy Data \(linked\)](#)
Cipriano, David J, and Samuel Maurice. *School Community Partnership for Mental Health*. 2018.
- 8 [SHADAC: State Health Compare \(linked\)](#)
SHADAC analysis of "Percent of Private-Sector Employees Enrolled in High-Deductible Health Insurance Plans", State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org.
- 9 School-Based Mental Health Grant Program (*see footer of page 3*)



Created by the Coalition for Expanding
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QUESTIONS? Email us at info@schoolmentalhealthwisconsin.org