

9/2/21 Agenda

- Welcome and Introductions – Dave Lee, 10:00-10:20am
 - Approve last meeting's minutes and today's agenda
 - Welcome New Members
 - Other topics for discussion
 - Public Comment/Announcements
- Children's Therapeutic Services and Supports – Dan Porter and Julie Neururer, 10:20-11:05am
- Subcommittee on Children's Mental Health Co-Chair Elections – Dave Lee, 11:05-11:35am
- Mental Health Legislative Network Update – Shannah Mulvihill, Mental Health MN, 11:45am-12:00pm
- Workgroups – Michael Trangle, 12:00-12:30pm
 - State Fair Planning – Dave Lee
 - RFP Involvement Process – Abbie Franklin
 - Other workgroups
- Prep for Conversion Therapy Discussion on 10/7 with Dr. Marge Charmoli – BraVada Garrett-Akinsanya, 12:30-12:55pm
- Next steps and closing



Comprehensive School Mental Health Systems & Third Party Billing

Dan Porter M.S.W., L.I.C.S.W. District Wide Social Worker on Special Assignment-Community Partnerships & Special Projects

Northeast Metro 916 Intermediate School District

Julie Neururer, BA, MSW, LICSW Interagency Services Specialist Minnesota Department of Education Julie.neururer@state.mn.us

- Describe the prevalence and impact of mental health concerns on our students.
- Comprehensive School Mental Health System (CSMHS)
- Multi-Tiered Systems of Support (MTSS)
- Systems of Care (SOC) framework
- Provide an understanding of Medicaid funding and how it can support CSMHS
- Insight on why schools are not seeking Medicaid reimbursement for IEP mental health services.

Prevalence of Child and Adolescent Mental Health

- Each year **1 in 5 children** experience a mental health disorder
- An estimated **10% of children** and adolescents in the U.S. have a Serious Emotional Disturbance (SED)
- Suicide is the **2nd** leading cause of death among people age 10-34
- **1 in 4** children attending schools have been exposed to a traumatic event
- Only **13% of children** from diverse racial and ethnic backgrounds receive mental health services
- Approximately **80% of children** and adolescents with mental health diagnoses have unmet mental health needs.
- School principals report that student mental health needs are one of their biggest challenges
- **According to the Student Survey: Mental health illness rates have increased across all grades and genders**

Impact of unmet emotional health needs

- Lower attendance rates
- Higher rate of long term health consequences
- High school students with significant symptoms of depression are more than **twice as likely** to drop out of school compared to their peers
- **70.4%** of youth in the juvenile justice system have a diagnosed mental illness

Impact of Unmet Mental Health Needs

- Unmet emotional needs impact child/adolescent's ability to function successfully in classroom:
 - Ability to learn
 - Concentration
 - Decision Making
 - Ability to develop healthy relationships with others
 - Increased anxiety
 - Loss of self-esteem

Mental Health Concerns on the Rise

- Mental health-related **emergency department visits are up 24%** for children (age 5-11) and **31%** for youth (age 12-17).
- **Twenty-two percent** of parents report their child's **mental health or emotional health is worse than before the pandemic.**

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s_cid=mm7011a1_w

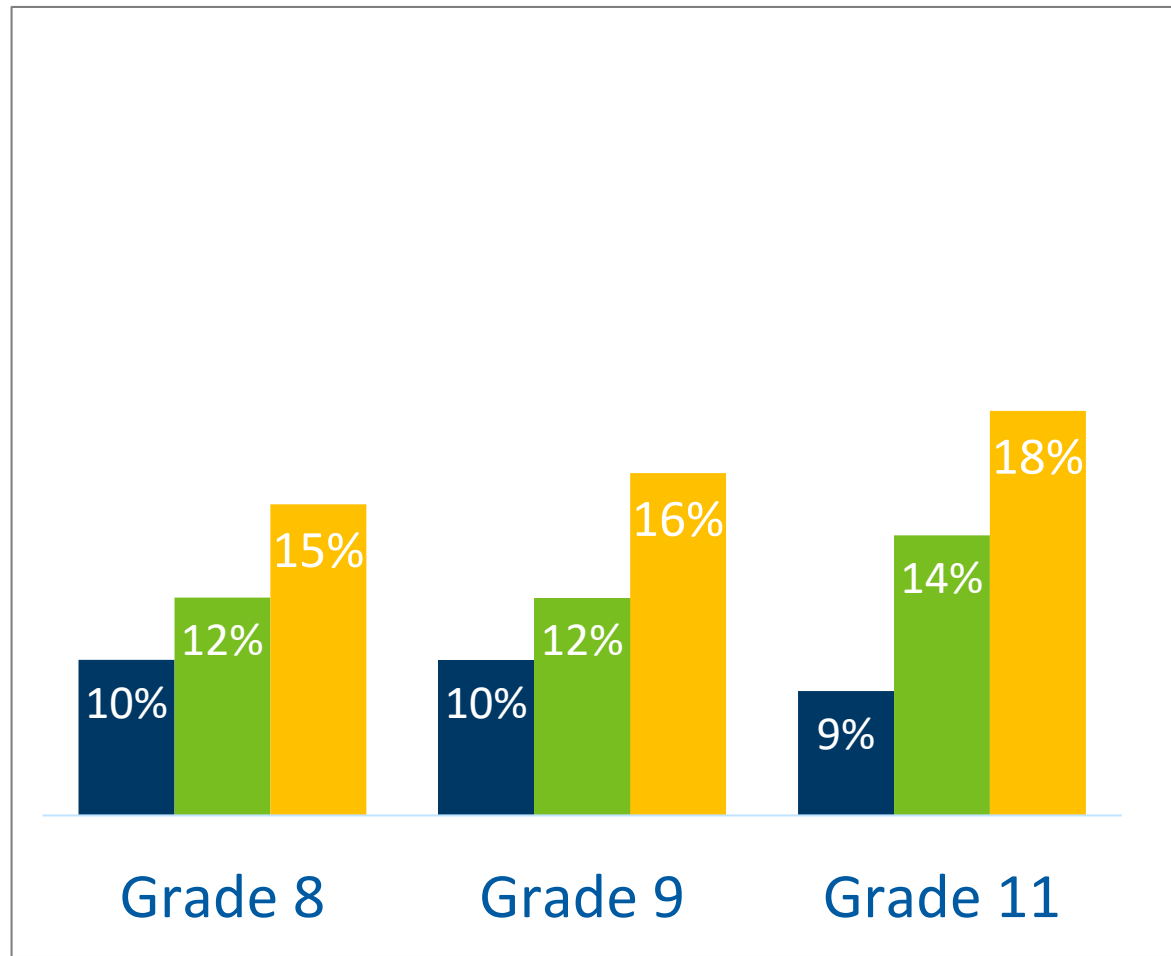


**HEALTHY SCHOOLS
CAMPAIGN**

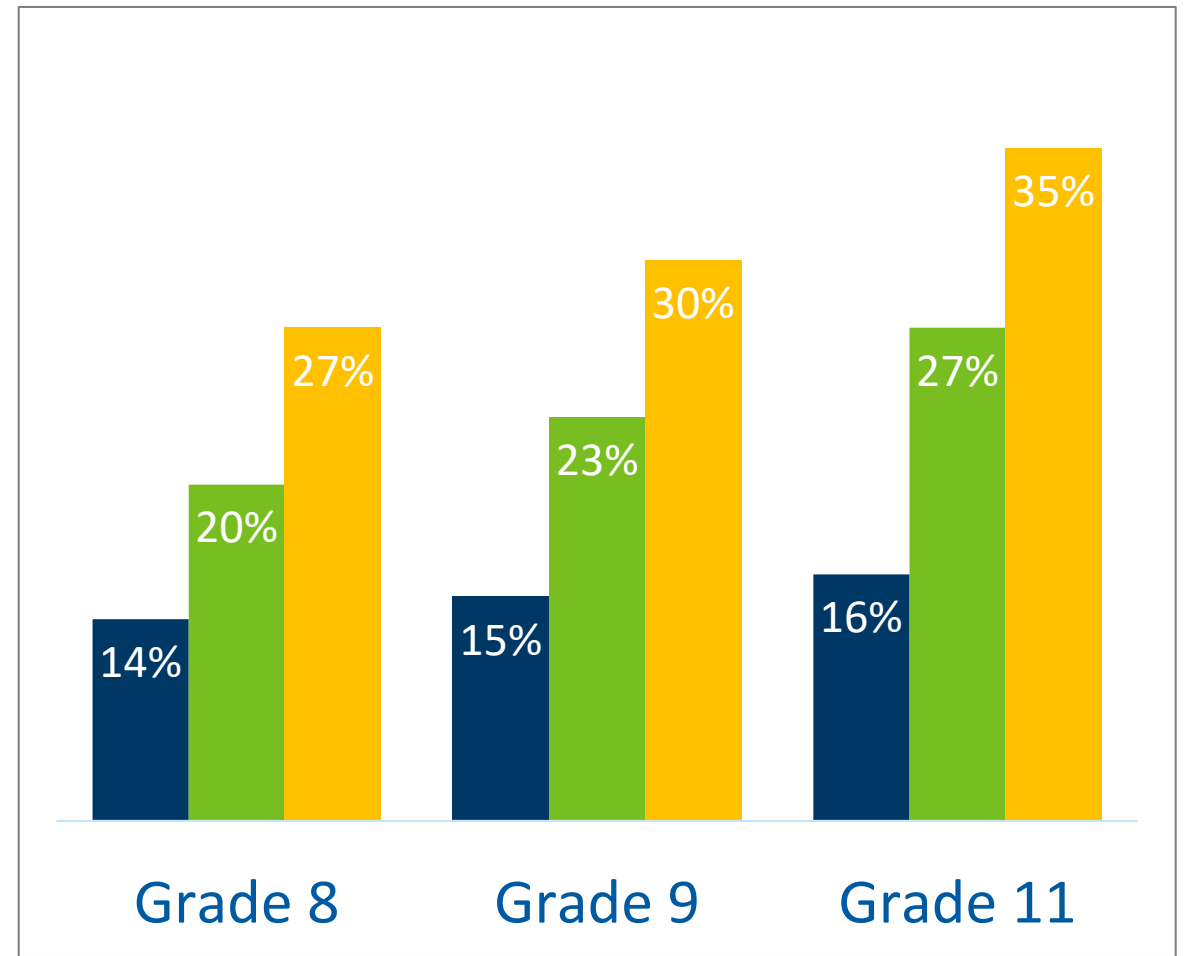


Student Survey-Mental Health

Female students are twice as likely as male students to report long-term mental health problems in 2019.



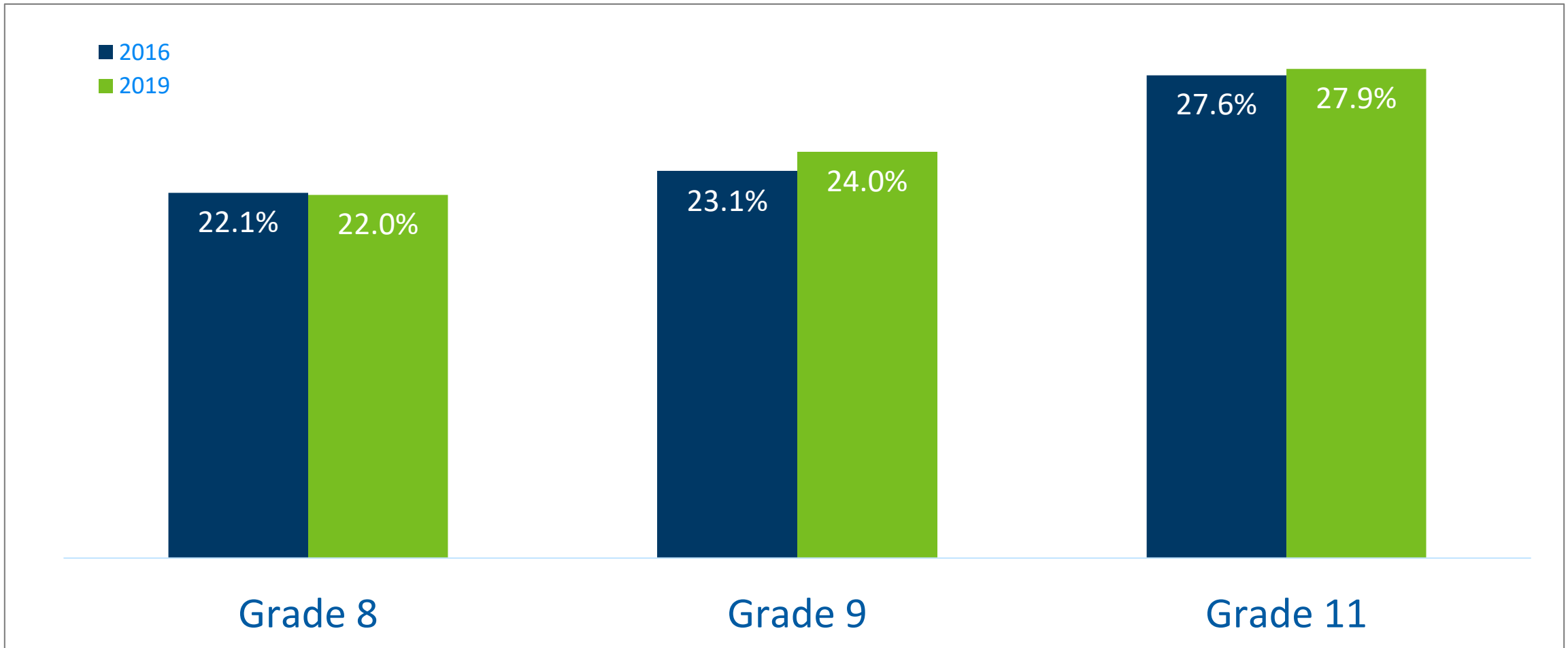
Male Students



Female Students

Student Survey-Mental Health

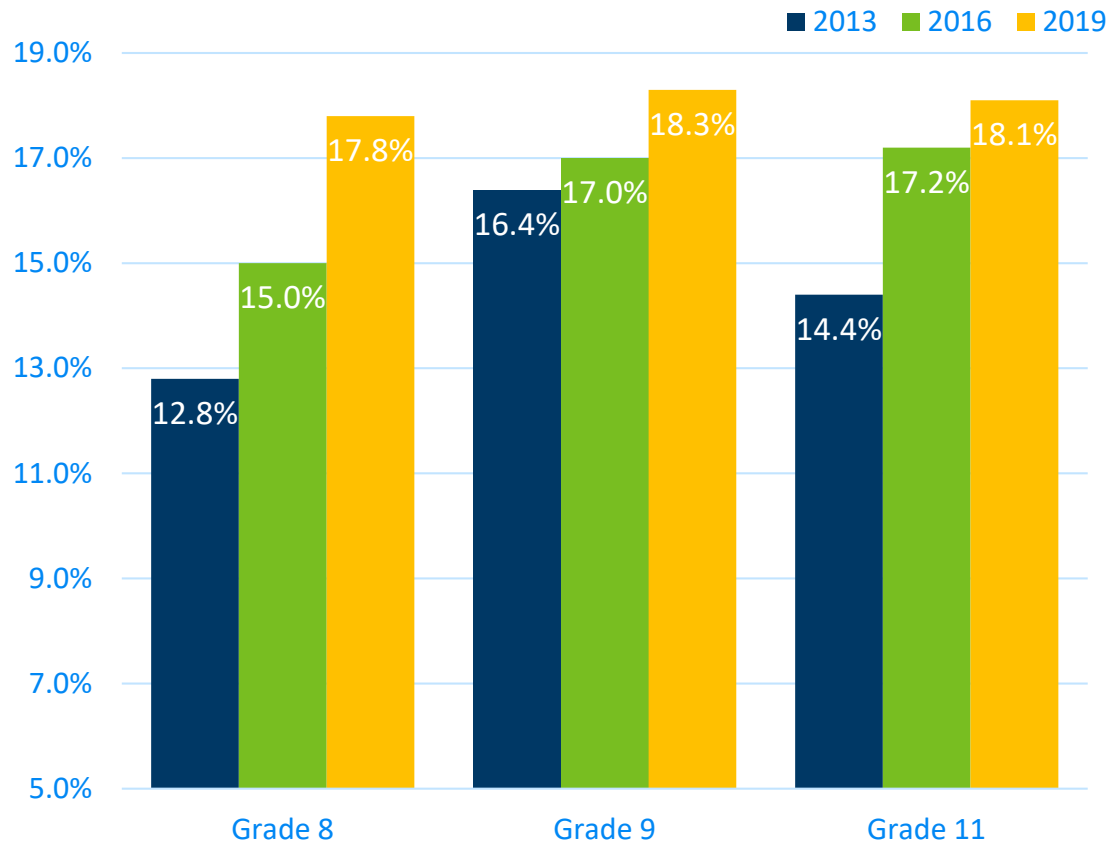
“Several times in the last two weeks, I’ve felt down, depressed or hopeless.”



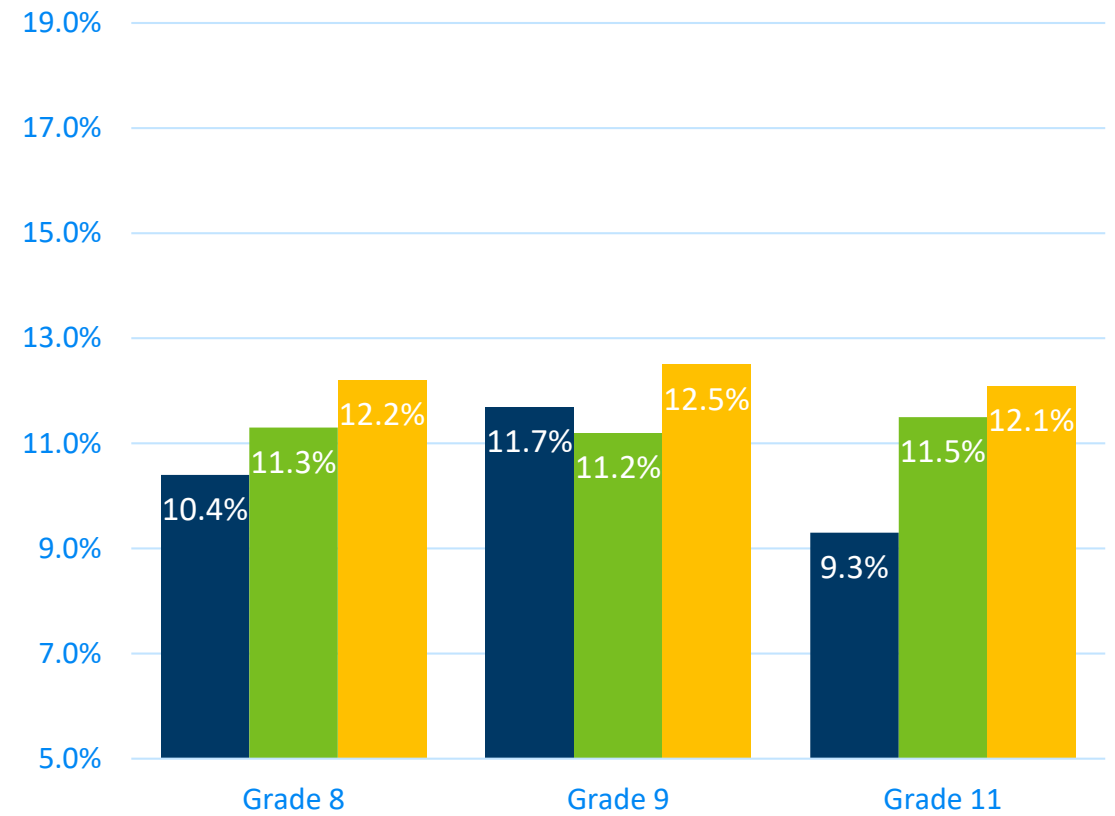
Student Survey-Mental Health

Seriously considered suicide in the last 12 months

Special Ed Students

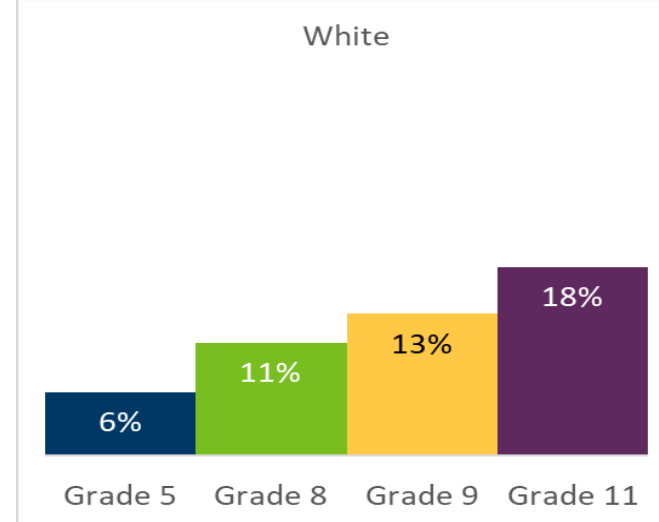
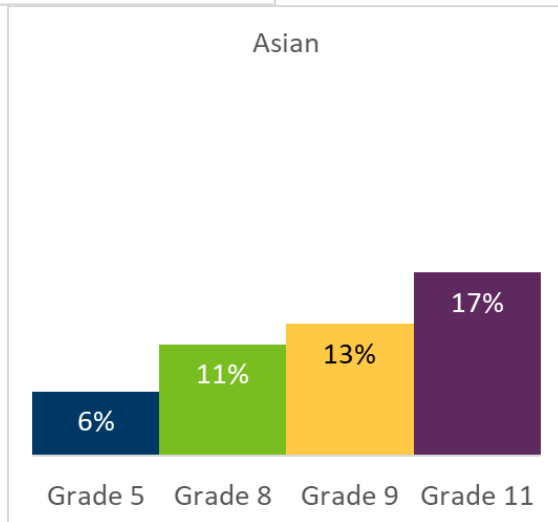
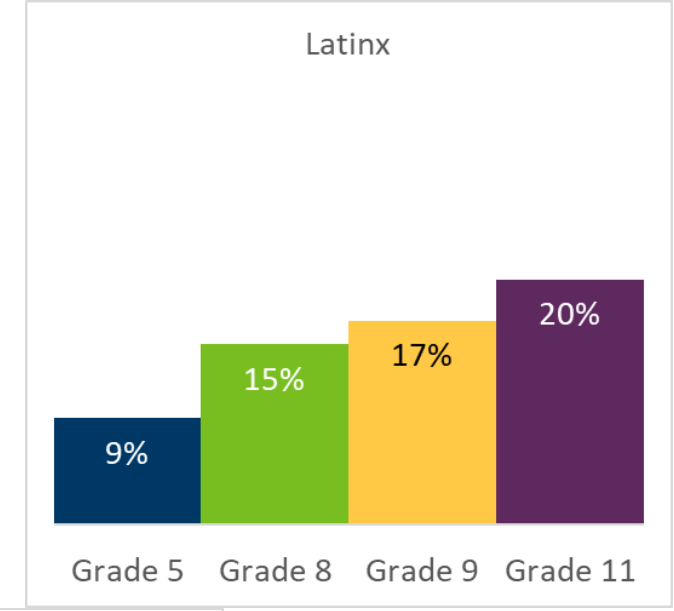
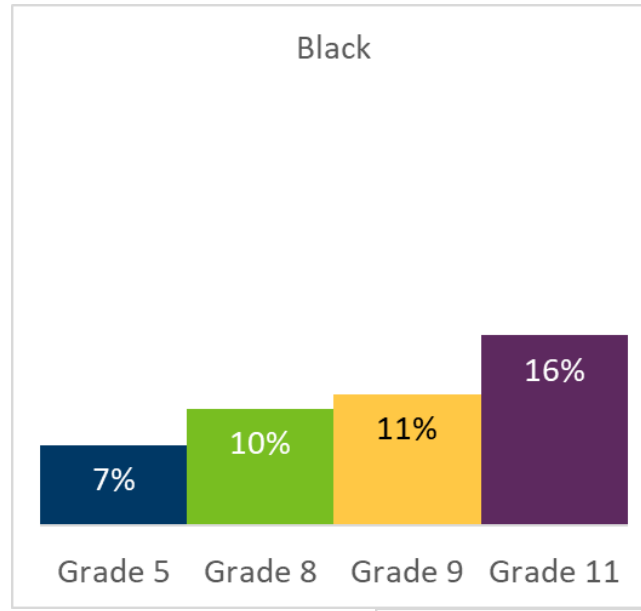
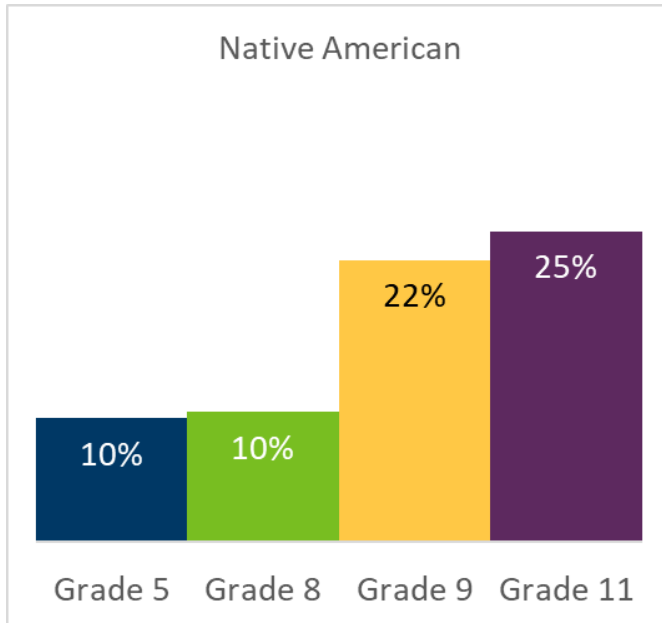


General Ed Students



Student Survey-Mental Health

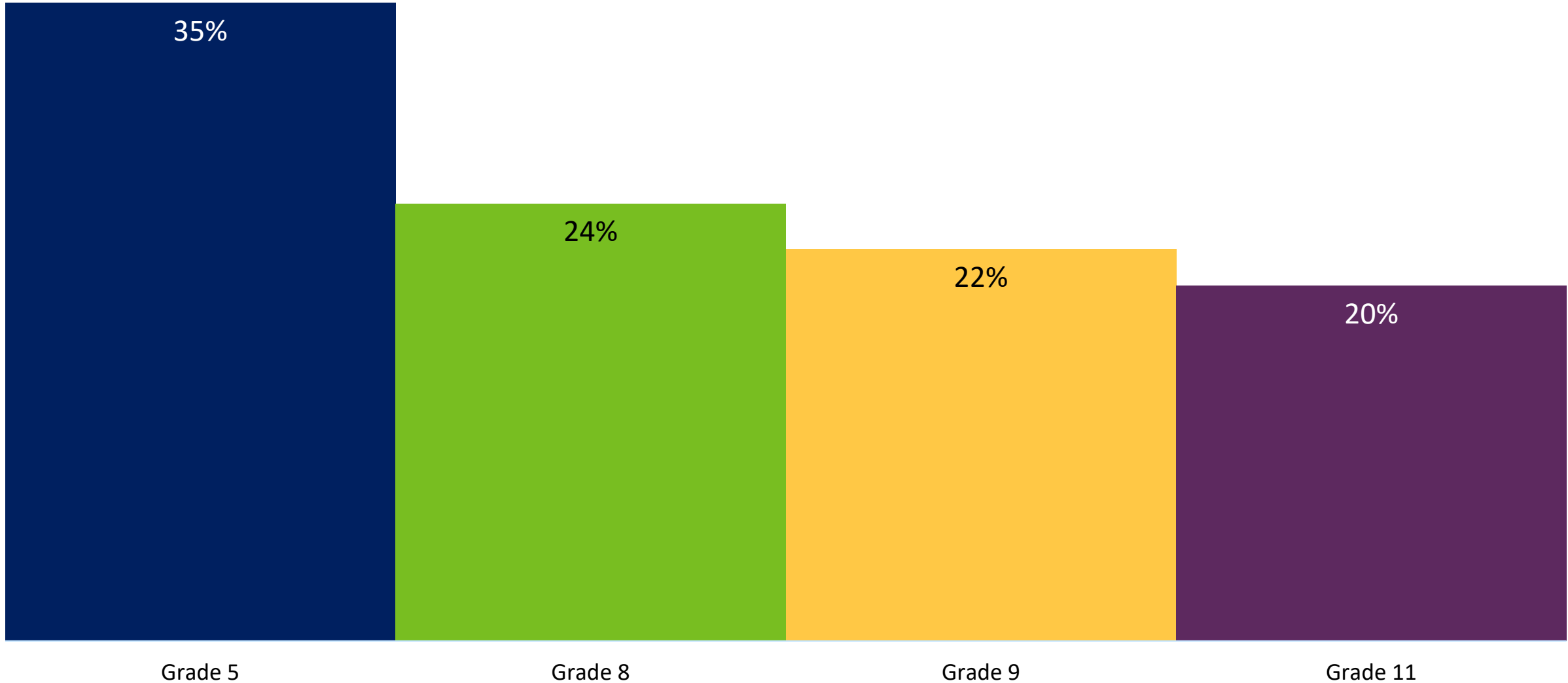
Missed school in the last 30 days because they felt very sad, hopeless, anxious, stressed or angry.



Student Survey-Mental Health

Who are students talking to about problems they are having?

Adult at School



Comprehensive School Mental Health Systems

- Provide a full array of supports and services that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness.
- Effective CSMHS contribute to improved student and school outcomes including:
 - Greater academic success,
 - Reduced exclusionary discipline practices,
 - Improved school climate and safety, and
 - Enhanced students social-emotional-behavioral functioning.

Core Features

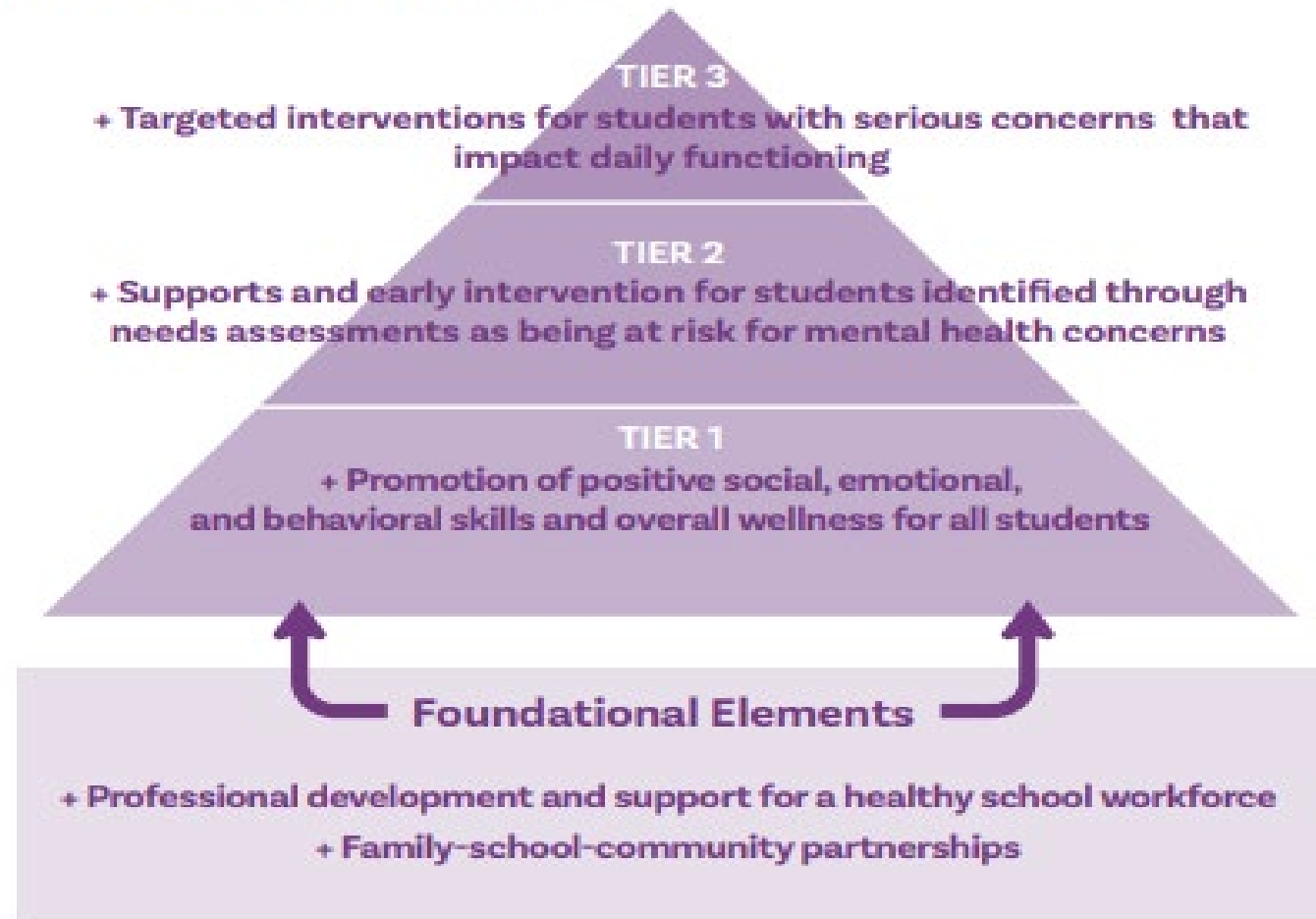
- Well trained educators and specialized instructional support personnel
- Family-School-Community Collaboration and teaming
- Needs assessment and resources mapping
- **Multi-tiered System of Supports**
- Mental Health Screening
- Evidence Based and emerging best practices
- Data outcomes, data systems and data-driven decision-making
- Funding and sustainability

Multi-tiered System of Supports (MTSS)

- MTSS is an umbrella term for an approach designed to respond to the needs of all students within a system that integrates, but is not limited to, tiered behavioral and academic supports, and is part of the structure of a comprehensive school-based mental health system.

Multi-Tiered System of Support (MTSS)

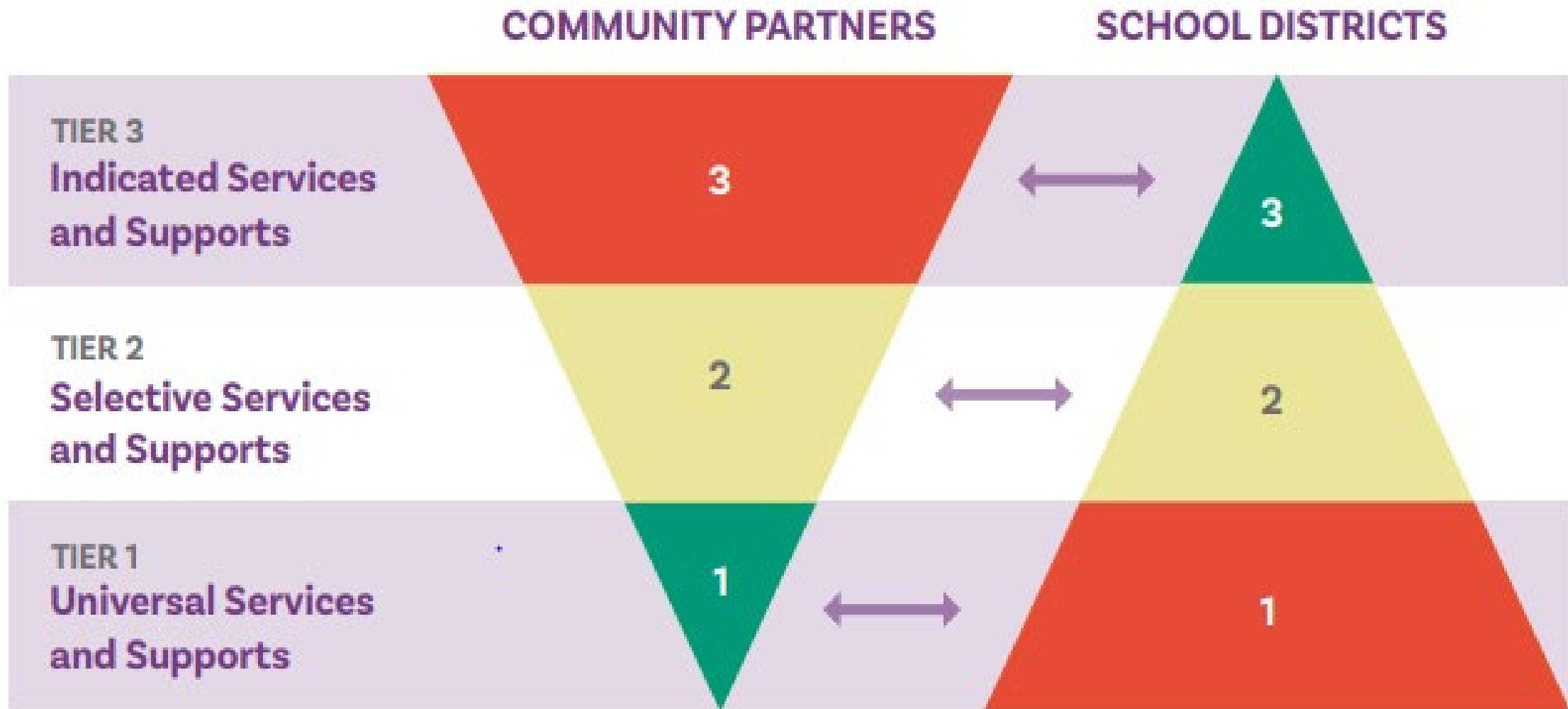
Multi-Tiered System of Support



Systems of Care (SOC)

- Systems of Care (SOC) framework: The SOC framework is an effective model that has been supported by SAMHSA grants. The systems of care (SOC) framework is an approach that explicitly includes all systems that are involved with providing services for children and is a proven best practice in providing comprehensive

System of Care Example



Tier 1 examples (ALL)

- Relationship building
- Resiliency & Rich Social-Emotional Learning
- Trauma Sensitive Practices
- Mental Health & Wellness Education

Tier 2 examples (Some)

- Early Identification
- Screening & Progress Monitoring
- Effective Individual skills & Group Interventions
- Wellness Plans
- Co-Planning Strategies with Students, Families & Community Providers

Tier 3 examples (Few)

- Counseling & Support Teams
- Safety & Re-entry Plans
- Seamless Referral & Follow-up Processes
- Deepened Collaboration with youth, families & Community Providers

Funding for School-Based Mental Health

- 1) leverage diverse funding streams and resources to support a full continuum of services;
- 2) increase reliance on more permanent funding;
- 3) apply best practices strategies to retain staff;
- 4) use economies of scale to maximize efficiencies;
- 5) utilize third party reimbursement mechanisms (i.e., Medicaid);
- 6) implement evidence-based practices and programs;
- 7) evaluate and document outcomes
- 8) apply for public grants, formula grants

GUIDANCE TO STATES AND SCHOOL SYSTEMS ON ADDRESSING MENTAL HEALTH AND SUBSTANCE USE ISSUES IN SCHOOLS

- According to Centers for Medicare & Medicaid Services (CMS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Medicaid payments can play a vital role in the provision of comprehensive school-based mental health care services. The availability of payment for these services has been noted to be a central issue in the ability to provide services in school settings for Medicaid-eligible beneficiaries.

What is Third Party Billing Program

- Federal and state law **require** all public Minnesota schools to request payment for IEP health-related services from public and private health insurers. Minnesota Health Care Programs (MHCP) pays the federal share of covered health-related services described on a child's IEP or IFSP.
 - Beginning July 1, 2000, districts shall seek reimbursement from third parties. (Minn. Stat. §125A.21, subd.2)
- Financial responsibility of State Medicaid Agency precedes that of local education agency. (34 CFR §300.154(a)(1)) yet schools are drawing down their educational funds to provide these services adding to the increasing cross subsidy

Benefits to Third Party Billing

- Federal Medicaid funding helps increase health equity across schools by targeting reimbursement to schools billing for higher rates of Medicaid penetration.
- Accessing these federal Medicaid funds in no way effects the ability for outside mental health agencies to provide and seek reimbursement for their services.
- This is of no cost to the state as schools are only reimbursed with federal funds.
- This supports the Community in the Schools and Comprehensive School Mental Health System models.
- Federal Medicaid funds is a sustainable revenue source.
- Services provided by qualified mental health professionals and practitioners
- Helps to build school capacity to provide theses medically necessary behavioral health services to support Minnesota children

Mental Health Medicaid Reimbursement

- Mental health services must meet special education and CTSS requirements to seek Medicaid reimbursement.
- All health related services identified through the special education process (except mental health) are billed to Medicaid as the comprehensive special education evaluation and IEP/IFSP demonstrate medical necessity.

Services include: Assistive technology devices, Interpreter services, Nursing (some services require Drs. Order) , Occupations Therapy, Personal Care Assistance, Physical Therapy, Speech-language pathology therapy and audiology and Transportation services

Option for School Mental Health Billing in Minnesota

For IEP/IFSP MH services schools can only seek Medicaid reimbursement through Children's Therapeutic Support Services (CTSS) services and must follow the certification process for one of the two CTSS certification options list below.

- 1. Contract School CTSS** – School will contract with a certified CTSS community provider
- 2. School CTSS** –CTSS services are directly provided by mental health professionals and practitioners employed by the school, or a combination of both school employees and also contracted CTSS community providers

Districts receiving CTSS Mental Health Reimbursement

Of approximately 550 districts in the state in the 19/20 sy:

- 6 districts are currently receiving School CTSS reimbursement – CTSS services are provided by school employed mental health professionals and practitioners, or a combination of both school employees and contracted community providers
- 31 districts are currently receiving Contract School CTSS reimbursement – Schools contract with a certified CTSS community provider only

Additional CTSS requirements

- **Special Ed requirements to qualify and provide services to students with disabilities which includes mental health needs**

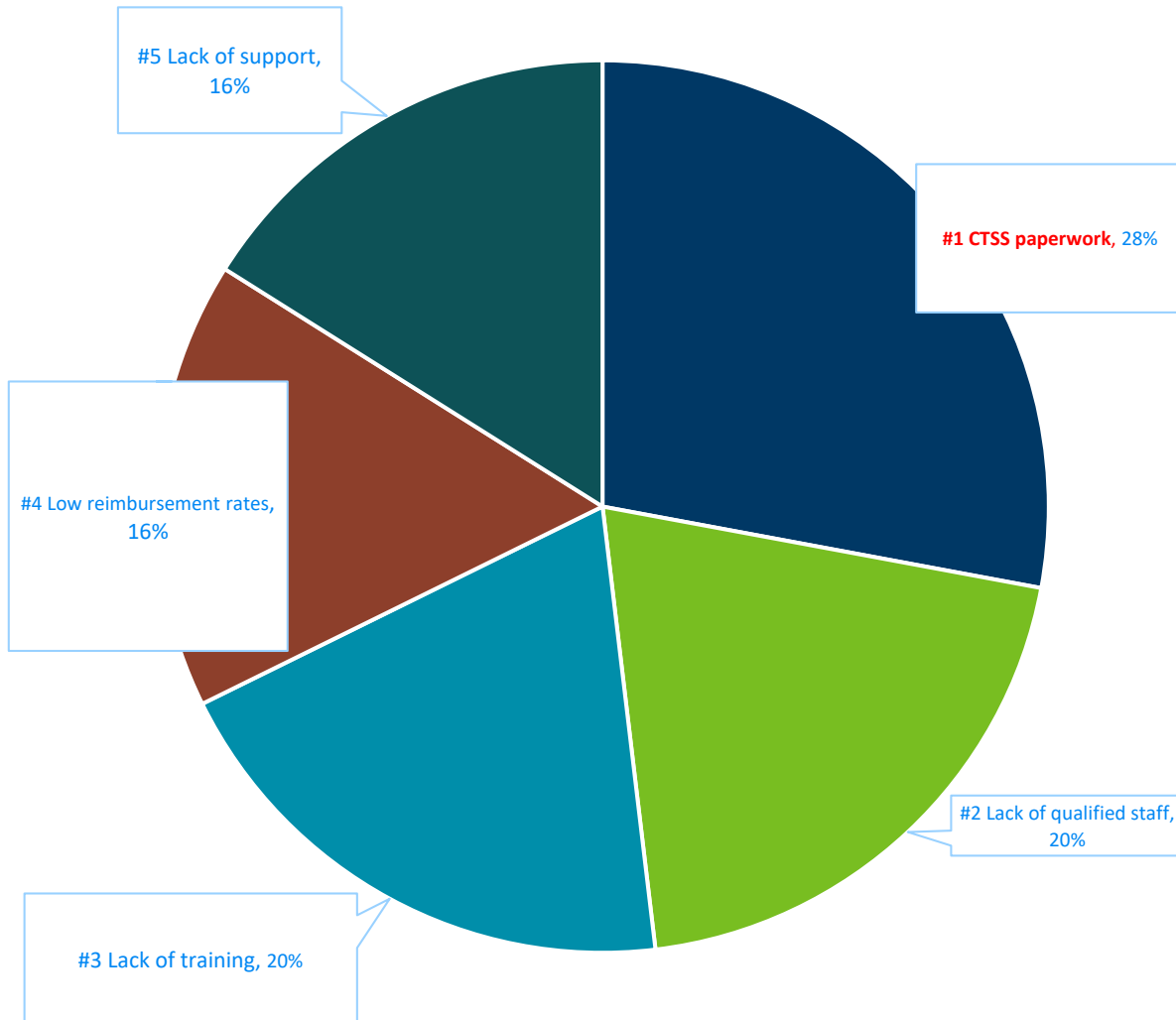
- Pre-referral interventions
- Comprehensive Evaluation
- Develop an IEP/IFSP
- Progress notes
- Progress reports
- Administering and reporting standardized measures
- MH professionals/practitioners *and* licensed by PELSB

- **Additional CTSS billing requirements to bill Medicaid for students with an IEP mental health need**

- CTSS Certification and re-certification
- Certification Training and site-visit
- Requires 2 mental health professionals on staff
- Standard Diagnostic Assessments (DA)
- Develop an Individual Treatment Plan (ITP)
- Review the ITP every 90 days

19/20 State Wide Survey Results: Top Barriers to Billing School Social Work Services

Top barriers to billing School Social Work Services



- The #1 barriers to billing for school social work services is the burden of the duplicative paperwork required of CTSS and the Special Education due process
- Schools responded, if allowed to bill for school social work services without the constraints of CTSS, but instead under school eligibility criteria, schools would have more billing opportunities
- Better support and training was a constant consideration in maximizing nursing and school social work Medicaid reimbursement.
- The sharing of successful school processes and high quality examples for dissemination was also a theme

Primary Disabilities with Largest Enrollment Growth, FY 2013-FY 2019 Public School and Nonpublic Shared Time Students, Birth-21



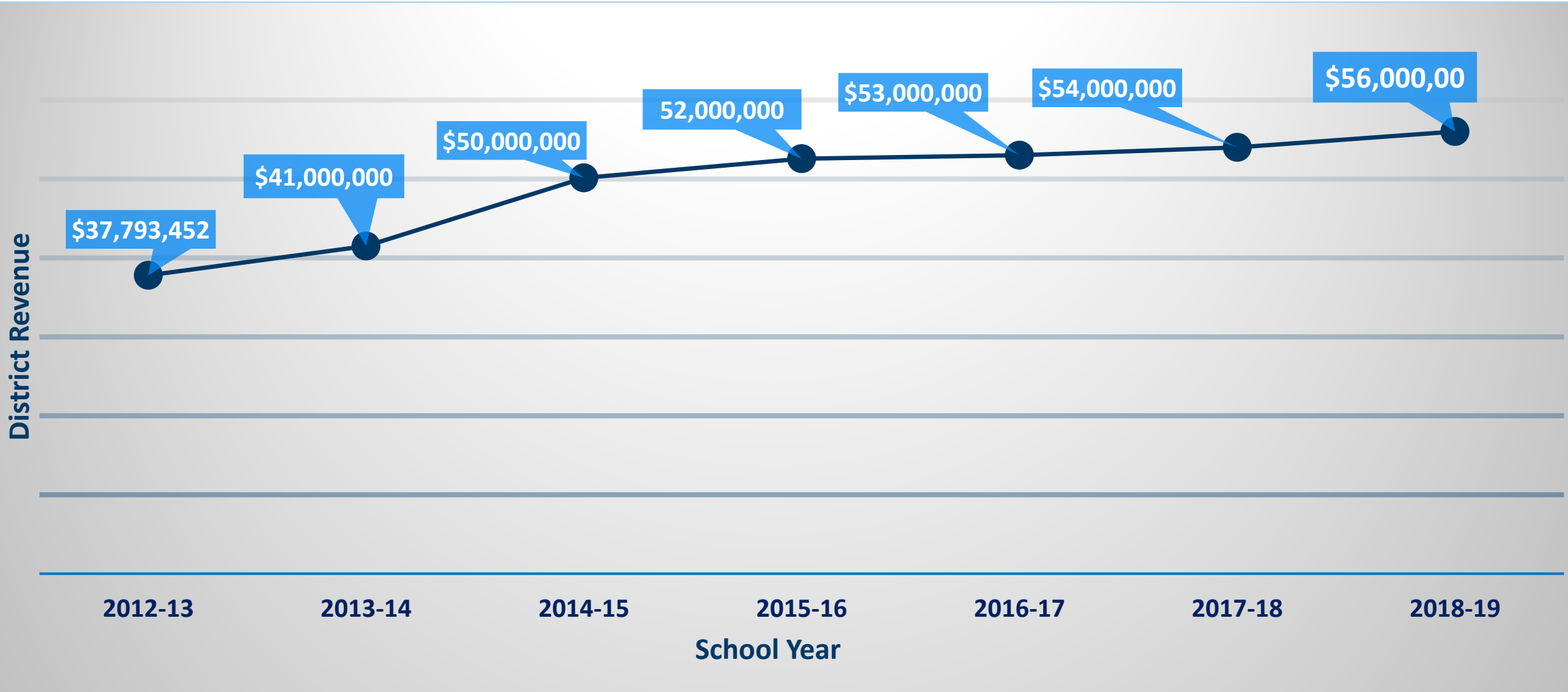
CTSS School Status

Year	Special education child count	Emotional/Behavioral Disorder Child Count	Number of students receiving school-based mental health services that were reimbursed with Medicaid through school CTSS
2015-2016	133,678	14,928	1,469
2016-2017	137,601	15,448	1,202
2017-2018	142,270	15,983	1,026
2018-2019	147,605	16,814	734
2019-2020	152,016	17,329	595

CTSS Reimbursement

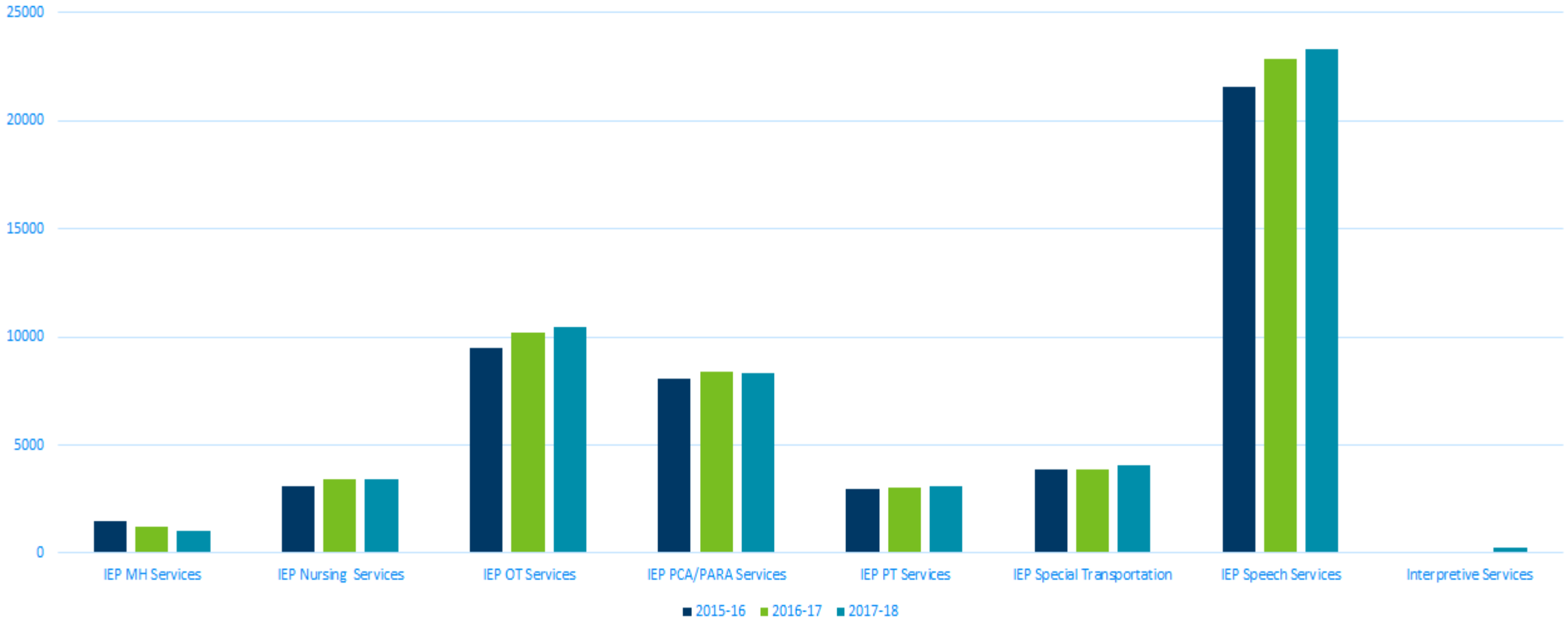
Year	Number of Minnesota School Districts	Number of Minnesota School Districts Receiving CTSS Reimbursements for School-Based Mental Health Services	Total Medicaid Revenue to School Districts for School-based Mental Health Services
2015-2016	555	60	1,860,700
2016-2017	558	52	1,647,201
2017-2018	564	48	1,270,873
2018-2019	554	35	\$1,299,617

School District Revenue from MHCP Reimbursement



IEP/IFSP Medicaid Revenue

Chart Title



Comparing other states

Annual Medicaid school mental health reimbursement from other states.

- Wisconsin generates approximately **\$8 million** annually in Federal Medicaid funds
- Illinois estimates that they receive between **\$15 to \$20 million** annually in Federal Medicaid funds
- Michigan receives **\$45 million** annually in Federal Medicaid funds

This is compared to **\$3 million in Minnesota** annually in Federal Medicaid funds.

How to Use Third Party Funds

- Retain a sufficient amount to compensate the district for its administrative costs of obtaining reimbursements;
- Regularly obtain education- and health-related training, and other appropriate technical assistance, designed to improve the district's ability to access third party payments for Individualized Education Program or Individualized Family Service Plan health-related services; or
- ***Reallocate reimbursements for the benefit of students with Individualized Education Programs or Individualized Family Service Plans.***

- The prevalence and growing need for mental health services for our children
- How the CSMHS can meet the mental needs of our children's
- Examples of MTSS and SOC framework in the schools
- Medicaid as an untapped federal source of funding for CSMHS
- Medicaid benefits and billing struggles of the Third Party Billing program

Questions?

- Education Commission of the States – [Student Mental Health](#)
- Minnesota School Social Work Association – [Facts about children and mental health services in school](#)
- SAMHSA – [Guidance to states and schools on addressing mental health and substance use issues in school](#)
- [The effectiveness of school-based mental health services for elementary-aged children: a meta-analysis](#)
- DHS [Children’s Therapeutic Services and Supports \(CTSS\)](#)
- [Advancing Comprehensive School Mental Health Systems](#)

Thank you!

Dan Porter M.S.W., L.I.C.S.W. District Wide Social Worker on Special Assignment-
Community Partnerships & Special Projects
Northeast Metro 916 Intermediate School District

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Subcommittee on Children's Mental Health Co-Chair Elections

- Elected by **Subcommittee** membership for 2 year term
- Presides over all meetings of the Subcommittee
- Meets with Chair and Vice Chair of the Council and support staff to plan meeting agendas and ensure Subcommittee work is continuing between meetings
- May write letters and other communications to Governor, Legislature, State Agencies, etc. on behalf of the Subcommittee
- May represent the Council/Subcommittee on the Mental Health Legislative Network and other groups
- Participates in at least one Council/Subcommittee Workgroup
- Nominees: Lisa Hoogheem, Cecilia Hughes, Dan Porter (declined)

Request For Proposal (RFP) Involvement Process

- A draft process has been shared with DHS Behavioral Health Division (BHD)
- Council support staff has meet with the BHD Contracts Team Supervisor to operationalize the DHS tasks; will assist with training BHD staff on process
- Currently developing a survey tool to track mental health priority areas and member interests for participating in RFP reviews
 - Priority area categories include: access to services, crisis, employment, equity/diversity, residential, schools, workforce, other
 - Members will be able to recommend grant deliverables related to the selected priority area
- Council/Subcommittee to submit first set of mental health priority areas and list of deliverables to BHD by 10/15/2021

Please know: if you or your agency intend to apply for specific funding, you cannot participate in the development or review of that RFP

Workgroup Reports

- Family Systems Prevention, Intervention, & Supports
- Integrated Care and Access
- Local Advisory Council
- Mental Health & Juvenile Justice
- Mental Health & Schools
- Outreach to Cultural Diversity
- Recovery Supports

Prep for “Conversion Therapy” discussion

- The Council and Subcommittee are charged with evaluating conversion therapy practices and providing policy recommendations per [Executive Order 21-25](#)
- What questions do we want Dr. Marge Charmoli to address during the 10/07 meeting?
 - Could she share key scholarly articles which contain details about the consequences of conversion therapy
 - Clarify what conversion therapy is and is not
 - What are the laws in other states?
 - Position statements from Mental Health Professional Organizations?
 - In what setting is conversion therapy happening in Minnesota?

Closing & Next Steps

- Next Meeting 10/07/2021, 10am-1pm
- Submit your workgroup meeting notes to mhadvisory.council.dhs@state.mn.us by end of day 9/8/2021
- Submit meeting invoices to mhadvisory.council.dhs@state.mn.us as soon as possible; remember you can submit invoices for workgroup meetings
 - If unable to sign invoice, include the following in body of email:
 - I hereby certify that the services and/or expenses listed on my invoice have been rendered or incurred, are correct and just and that payment has not already been received.
 - Please reach out to Abbie if you have questions about invoices
 - All invoices must be submitted electronically – cannot process invoices mailed/faxed to the office