

Guidelines for Community Mental Health Funding in School-Based Settings

Presented to the Board of Trustees
by the Appropriations Committee: August 7, 2021

Population:

- Interest in high risk, low income, communities of color, preponderance of free and reduced lunch.
- Priority risks include areas of community violence, social determinants inequities, LGBT status, suicide.

Organizations:

- We cannot fund school districts.
- Interest: services for high-need, high-risk student populations.
- Interest: organizations with a direct role, rather than third-party or pass-through

Use of funds:

- Complementary funding; payer of last resort.
- Appropriate to leverage Medicaid (especially in the expansion environment) and other funding sources.
- Three intervention tiers: Schoolwide prevention; Targeted to at-risk areas, populations; and Direct individual/group mental health intervention.
- Cognizant that like mental health levy, schools' major revenue is a property tax levy.
- We are typically a sustaining funder. Similar to limiting medication costs, we may set limits on costs with potential for high cost or growth.

Management:

- Interest in accountability of grantee with direct control over staff, services, data/performance, delivering the intervention.
- Ultimate goal is meeting our accountability standards.

Threshold considerations:

- Readiness: relationship to overall plan, evidence-based, population appropriate, Missouri – stage of trauma informed, requisite training/credentialing.
- Buy-in: collaboration supported by documentation; endorsed by leadership.
- Measurability: standardized measures/procedures; data responsibilities; database available for CMHF
- Feasibility: capacity for coordination, project tracking: approved data sharing including funder; ongoing parent engagement; consent.