BEYOND THE MASK
Promoting Transformation and Healing in School Reopening
INVESTING IN THE BEHAVIORAL HEALTH WORKFORCE

By Kayla Tawa

CLASP
The Center for Law and Social Policy

THE CHALLENGE

Embracing an individual's racial/ethnic and cultural identities plays a critical role in providing effective mental health services.[i] Schools should focus on hiring a workforce that is diverse, in both identity and credentials, and on adopting a broad understanding of mental health supports. In addition to counselors, social workers, and psychologists, school-based behavioral health systems should include non-traditional health care providers, including peer support specialists, community health workers, recovery coaches, and individuals with expertise in school climate and behavior. Schools should likewise invest in culturally derived/Indigenous healing practices and provide care in multiple languages. Cultural supports and using the arts and cultural ceremonies are critical to the wellbeing of individuals and communities.[ii] School-based mental health systems should adequately fund and staff these supports.

The U.S. Department of Education required each state to submit a reopening plan outlining how they were using and planned on using Elementary and Secondary School Emergency Relief (ESSER) funds. The Center for Law and Social Policy (CLASP) conducted an analysis of 37 state plans to better understand if and how schools were prioritizing their behavioral health workforce.

Because ESSER funds are not permanent, many states were hesitant to use funding to support additional providers. However, some states did choose to invest in an expanded behavioral health workforce but did not invest in non-traditional providers. CLASP recommends a workforce that is diverse in both identities and credentials.
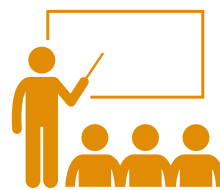
KEY POLICY TOOLS

Grants

Technical Assistance

Training

Partnership

Guidance

Data Collection

Resource Development

New Positions

STATE SPOTLIGHTS

Initial investment in behavioral health workforce → *Large investment*
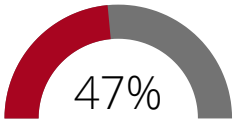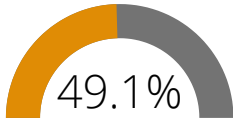
SOUTH CAROLINA   OKLAHOMA   DISTRICT OF COLUBMIA

SOUTH CAROLINA:[iii] Investing in Administrative Positions

47% Title I Schools*

49.1% students of color

Key Uses of ESSER Funds:

- Used ESSER II funds to **hire a statewide education associate** to support Tier 1 Social Emotional Learning (SEL) instruction for all students. American Rescue Plan (ARP) ESSER funds will be used to **identify curricula and instructional materials**; and
- **Hired a full-time temporary grant employee** to lead the agency's mental health initiatives.

OKLAHOMA:[iv] Investing in Counselors
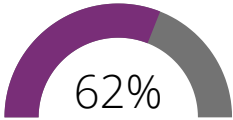
62% Title I Schools*
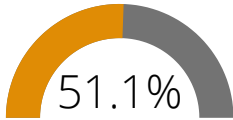
51.1% students of color

Key Uses of ESSER Funds:

- Created the **Counselor Corps Grant**, which allows Local Education Agencies (LEAs) to apply for **funding to increase the number of school counselors**, licensed mental health professionals, licensed recreational therapists, and/or mental health contract services; and
- **Employed five Student Support Specialists** to provide **training, technical assistance**, and **coaching** to all counselors hired under the grant and any other counselors who wished to attend.
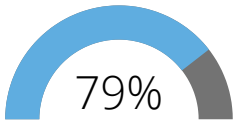
STATE SPOTLIGHTS

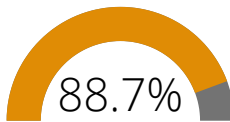*Initial investment in behavioral health workforce* → *Large investment*

SOUTH CAROLINA   OKLAHOMA   DISTRICT OF COLUBMIA

DISTRICT OF COLUMBIA:ᵛ Investing in a Comprehensive School-Based Behavioral Health System

79% Title I Schools*

88.7% students of color

Key Uses of ESSER Funds:

- Allocated $1.5 million to expand the District's comprehensive school-based behavioral health system and ensure **schools are fully staffed with behavioral health providers** to deliver a multi-tiered behavioral health system. Clinicians at schools provide prevention and mental health promotion activities to the whole school community. They also deliver early intervention and clinical services to assigned students;
- Created clarity for LEAs on allowable use of funds and **encouraged LEAs** to allocate ESSER funds to meet students' mental and physical health needs by establishing a budget code, "Mental Health Services and Supports for Students," in the subgrant application;
- **Supported LEAs** with screenings, identifying students at risk for mental health concerns, and addressing students' mental and behavioral health needs;

- Provided LEAs with **tools and resources** to support the multi-tiered system of support (MTSS);
- Established a **self-service interactive training platform** with on-demand wellness resources available to all early childhood and K-12 educators in the District; and

▶ **Invested in the Department of Behavioral Health's mobile crisis team** to build capacity to respond to individual student crises**.**

○ The District's decision to use ESSER funding to strengthen youth mobile crisis aligns with CLASP's work on youth mobile response services. CLASP created **six key principles** for effective implementation of youth mobile response. Mobile crisis systems must: solely be handled by mental health professionals; create their own point of entry; train all staff involved in mobile crisis; not require mental health responders to have professional degrees; be free for clients and reimbursable for providers; and invest in a continuum of services to address the whole personᵥᵢ CLASP encourages states to implement mobile response services that are staffed solely by mental health professionals. Co-responder models with law enforcement are neither safe nor equitable.

HOW CAN STATES SUSTAIN THEIR BEHAVIORAL HEALTH WORKFORCES?

NEW MEXICO: [vii]
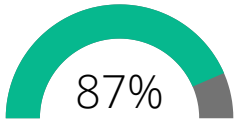
87% **Title I Schools***
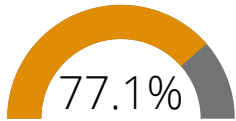
77.1% **students of color**

While ESSER funds are temporary, New Mexico offers a promising example of how states can sustain funding for a behavioral health workforce. New Mexico has a particularly robust school-based health system, which requires strong collaboration with both the U.S. Department of Education and the Centers for Medicare and Medicaid Services (CMS). Ensuring school-based services are Medicaid-reimbursable allows for sustained services, particularly for Tier 2 and Tier 3 supports.

New Mexico highlighted a few key grants and policies in their reopening report:

- **Funding a Behavioral Health Workforce**
  - New Mexico received a five-year $10 million grant from the U.S. Department of Education to support their Expanding Opportunities Project. This project works toward sustaining school-based mental health (SBMH) by offering **loan repayment** for SBMH providers; **increased pay** for SBMH providers; providing **stipends** to SBMH provider trainees; assisting with **licensure** for SBMH providers; and providing **professional community facilitation**; and
  - New Mexico invests in **recruitment** and **professional development** for all school personnel. The state allocates $11 million each year in professional development and mentoring; allocated $1 million in CRSSA funding for teacher recruitment; and identified over $20 million for professional development, including to support culturally relevant instruction and SEL.

- **Credentialing a Behavioral Health Workforce**
  - Through a grant from the U.S. Department of Education, New Mexico Public Education Department (NMPED) is working to develop **licensure pathways** for Behavioral Health specialists and to support adult pathways to careers oriented around counseling and mental and behavioral health; and
  - NMPED is working to expand **licensure waivers** and access to credentials. NMPED would issue waivers for staff interested in supporting student mental health who lack the necessary credentials. These staff members would additionally be supported as they pursue professional development, micro credentials, or a full degree.

- **Ensuring Medicaid-reimbursable Services**
  - In collaboration with the state's Human Services Division, New Mexico is revising their state Medicaid plan to allow LEAs to get **reimbursed through Medicaid** for general education students who qualify for services; and
  - New Mexico is working to ensure adequate funding for behavioral health and adequate pay for school-based providers by **expanding Medicaid access** to school-based health clinics.

KEY RECOMMENDATION: PRIORITIZE EQUITY IN HIRING AND PROFESSIONAL DEVELOPMENT

To be culturally responsive, schools should adopt a broad understanding of mental health supports, investing in non-traditional health care providers, peer support models, and culturally derived/Indigenous healing practices. Integrating providers with various credentials, and professional and lived expertise, in mental health systems is critical. Schools should prioritize attracting diverse potential employees, and screening and selecting applicants in culturally sensitive ways.[viii]

If schools are unable to provide a full range of services in the building, they should prioritize building strong relationships with trusted community-based organizations and providers offering affordable mental health care. Schools should support young people in accessing additional services outside of school, ensuring that schools refer to services that are youth-friendly, healing-centered, and culturally responsive. Strong partnerships between schools and community-based services are key to providing holistic support to students.

*TITLE I AND ENROLLMENT DATA NOTES & SOURCES

Title I Schools: At least 40% of students are low-income
Title I data, 2015-2016
Enrollment data: 2017-2018

Sources:
Title I (National Center for Education Statistics) https://nces.ed.gov/pubs2018/2018052/tables/table_03.asp
Enrollment (Office of Civil Rights) https://ocrdata.ed.gov/resources/downloaddatafile

ENDNOTES

[i] https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

[ii]https://www.clasp.org/sites/default/files/publications/2021/01/2020_Core%20Principles%20to%20Reframe%20Mental%20and%20Behavioral%20Health%20Policy.pdf

[iii] https://oese.ed.gov/files/2021/06/South-Carolina-ARP-ESSER-State-Plan.pdf

[iv]https://oese.ed.gov/files/2021/06/Oklahoma-ARP-ESSER-State-Plan.pdf

[v] https://oese.ed.gov/files/2021/06/DC-ARP-ESSER-State-Plan.pdf

[vi] https://www.clasp.org/publications/report/brief/youth-mobile-response-services-investment-decriminalize-mental-health

[vii] https://oese.ed.gov/files/2021/06/New-Mexico-ARP-ESSER-State-Plan.pdf

[viii]https://www.clasp.org/sites/default/files/publications/2021/01/2020_Core%20Principles%20to%20Reframe%20Mental%20and%20Behavioral%20Health%20Policy.pdf