



School-Based Mental Health Programs’ Summer Slump: Summary of Initial Findings

Background of problem

Community providers of school-based mental health services face a revenue challenge as a result of the school calendar. Although some schools are open and provide summer school, not all school sites do. And, although some students/clients can be seen at the school site while in summer school, many students/clients do not attend summer school. All community providers of school-based mental health services are able and willing to provide services throughout the summer months through use of out-patient clinics and in-home therapy, but not all students/clients and their families are interested in services during the summer due to travel, summer jobs, and other interests or barriers.

This significant downtime in revenue-producing activity hampers school-based mental health providers’ ability to attract and retain licensed mental health professionals with expertise in the school setting. Salaries are depressed compared with in-clinic therapists.

Approach to uncovering solutions

In 2017, Wilder Research met with Hennepin County Children’s Mental Health Collaborative’s (HCCMHC’s) School-Based Mental Health workgroup to gather information and solutions about this issue, both locally and nationally. The goal of this work was to identify specific recommendations or models for that workgroup to consider.

Summary of methods

The exploratory research questions included: 1) determining the financial impact of loss of revenue in the summer for Hennepin County agencies; 2) uncovering approaches agencies have tried to address this loss of revenue; and 3) exploring promising practices or approaches.

Data collection activities included:

- Examining available literature about summer loss of revenue and promising practices to address it
- Conducting one focus group with eight members of the HCCMHC School-Based Mental Health workgroup, and one with 38 school-based mental health providers in Minnesota
- Administering an online survey of members of the School-Based Mental Health workgroup (N=6)
- Interviewing Elizabeth V. Freeman, a Senior TA Consultant with the American Institutes for Research (AIR) and a national leader on school-based mental health

Findings

During the School-Based Mental Health workgroup focus group, everyone representing an agency felt impacted by revenue loss in the summer. With the exception of one agency at the statewide focus group, all felt impacted, as well. Some ideas that emerged to resolve the issue included increasing the capacity to provide transportation to clients in the summer, have more group therapy, and work to pair clinicians with after-school programs.

While only six respondents completed the survey, some interesting information was learned, including all respondents stated that more than two full-time equivalents are impacted in summer at their agency. Additionally, three respondents stated that over half of their revenue is reduced at their agency during summer. When asked to share any/all strategies their agencies use to address the summer reduction in work for school-based clinicians, there were various responses including:

- Five agencies have their school-based clinicians offer therapy in different settings (including in the office or home).
- Four agencies have their school-based clinicians spend more time developing and offering trainings to school staff.
- Four agencies provided opportunities for clinicians to work reduced hours.
- Three agencies have their school-based clinicians spend more time focusing on their own training or professional development.
- Two agencies have their school-based clinicians provide different kinds of service to youth, such as leading skills groups or supporting other youth programs.
- One agency mentioned that their “client service expectations are weighted more heavily during the school months so that our budget is not impacted as greatly.”
- One agency stated their “clinicians work on administrative tasks like case file work, developing administrative processes and resources.”

The phone interview with Elizabeth V. Freeman occurred in September 2017. She spoke favorably about models that involved deploying school-based mental health staff for other types of work in the summer, such as supporting other youth education or recreational programs.

Conclusions and possible next steps

While this project was small in scope, initial feedback from clinicians and other experts support the fact that the summer slump is a challenge many school-based mental health programs face. In exploring local and national approaches to deal with this issue, agencies and schools have implemented a number of strategies to address these challenges, but we can note that no one model emerged.

Moving forward, there may be value to local partners to explore strategies such as reducing the number of clinicians to accommodate lighter summer caseloads; having school-based clinicians work in other community settings in the summer; and/or finding other strategies for clinicians to maintain caseloads over the summer, such as finding other convenient locations for services or providing transportation.

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For more information

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