



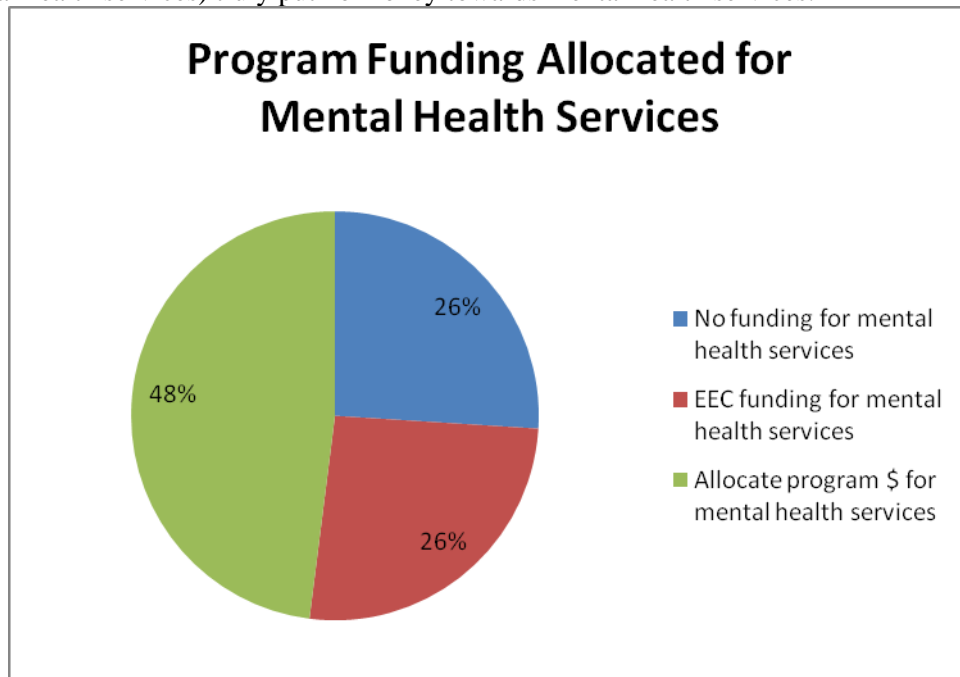
How are Mental and Behavioral Health Services in Early Education Settings Funded in Massachusetts? ¹

“A key element of a successful mental health system is a funding infrastructure that can support it” (United Way Mass Bay, 2007).

The Department of Early Education and Care contracted with Glenwood Research in 2007 to examine the mental and behavioral health services being provided to early education programs throughout Massachusetts. We conducted an online survey of behavioral/mental health specialists and early education providers (center-based, home-based and public school programs). ² This fact sheet is based on specific questions regarding the funding of behavioral and mental health services.³

There are a variety of funding structures used to access mental and behavioral health services.

Half of the early education programs responding to the survey (52%) do not dedicate funds from the program budget for mental health services. 26% of programs (half of those that don’t fund their mental health services) are grantees of a Department of Early Education and Care mental health initiative and thus have another entity paying for their mental health services. Another 26% of programs (the other half of those programs that don’t fund their mental health services) truly put no money towards mental health services.



¹ This project was contracted to Erin Oldham of Glenwood Research, which is now Oldham Innovative Research (OIR).

² 193 behavioral/mental health specialists and 206 early education providers filled out an online survey. They were invited to participate through an EEC database and through Head Start directors and funded EEC mental health projects.

³ The full report can be found at www.eec.state.ma.us.

The majority of programs (72%) that fund their mental health services spend between 11 and 20% of their budget on those services.

Mental health specialists can be employees, contracted consultants or consultants without a formal contract. Almost a third of specialists are employees (30%), four out of ten are contracted consultants (42%) and 29% have no contract in place.

Programs that fund their mental health services have more active mental health specialists. Programs that fund their mental health services have specialists that are more active, providing significantly more child, family and program-level activities such as observing and planning for children, providing families with referrals to community services, modeling strategies for parents and teachers and providing support to staff.

Programs that fund their mental health services gain access to non-crisis mental health services faster. Programs that fund their services are more likely to access mental health services for children within two weeks (52% of funded programs versus 32% of non-funded programs).

Programs that fund their mental health services reported that their consultant made more of a difference in changing problem behaviors in the child care environment.

Only a third of programs bill a third-party for their mental health services. We asked the behavioral/mental health consultants whether they were able to bill insurance or a third-party for their services. 67% of specialists do not bill any hours to a third party. 11% of specialists bill 1-25% of their hours, 14% of specialist bill between 26-75% of their hours. Only 8% bill between 76 and 100% of their hours.

The largest barriers to billing a third-party is not being able to bill for collateral services (24% of respondents), not being affiliated with a clinic (23%) and not having the appropriate credentials to bill for services (17%). This is in keeping with research showing that reimbursable services through insurance are often not defined in a way that is appropriate to serving children and their families. Some states do not reimburse for infant-toddler therapies and others do not include prevention or early intervention services without a specific diagnosis (such as serious emotional disturbance) (Johnson et al, 2002).

