## Can You Improve Mental Health Care for Students AND Reduce Costs?

## Yes, It Is Possible!

As schools face a growing mental health crisis among children and adolescents, many districts are delaying implementing needed supports for the same reason: perceived budget challenges. However, most districts already have a source of funding that can be used to expand mental health support: rampant (and growing) spending on out-of-district placements (ODPs).

Many students need the specific skills that specialized schools offer.

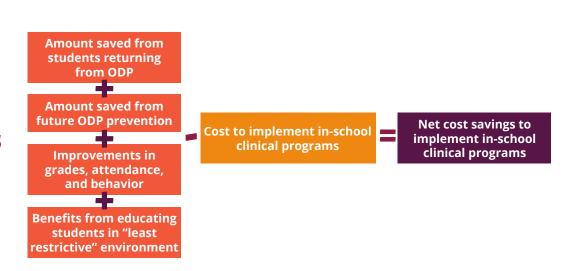
However, many could thrive in the "least restrictive" environment of their schools if great quality care existed within those four walls. ESS programs rise to meet this challenge, offering embedded, comprehensive, and data-driven wrap-around programs staffed with fully licensed, highly qualified clinicians in the school building all day, every day, supporting students with high-level emotional and behavioral challenges. And we do it at a fraction of the cost of ODPs.

## **Cost Savings at Central Hills**

Based on our work with over 40 districts, we've created a simple example to illustrate how this cost savings works. Let's call this fictitious district Central Hills School District.

When ESS is working with districts, we advise them that 5-15% of students currently outside the district could, with proper support, be moved back inside the district. For the sake of our example, let's assume that the district implements a Comprehensive program to bring back 10% of these students, focusing in year 1 on students with behavioral and emotional challenges. Finally, let's assume that the cost to implement the kinds of mental health programming that makes returning students possible is approximately \$15,000 per student per year.

The ODP Cost Savings Equation



Most districts, however, use in-school clinical support not just to bring students back from out of district, but to prevent additional students from going out in the future. In the ESS model, for example, we support a cohort of up to 18 students in a school, and we typically estimate that 30% of these students served would be at risk of going out of district if stronger supports were not implemented. Based on these assumptions we know...



## So, in this scenario the district has

- Directly saved \$425,000
- Avoided an additional \$205,000
- Enabled an entire cohort of students to be educated in the least restrictive environment and to benefit from everything the public school system has to offer
- Put in place a strong preventative mechanism to reduce future ODPs
- Most importantly, done the right thing for students by improving the mental health care supports available to them

Finally, let's remember that once ODPs are sent out of district that they tend to stay out—so any savings from bringing those students back in district are compounded.

In summary, districts have often struggled between two sub-optimal choices—falling short on the quality of mental health supports they aren't built to provide or sending students to costly out of district placements. There is a third way—powerful, clinical quality mental health supports delivered inside the district.

At ESS we partner with districts to make this solution a reality. Talk to us about our free ODP Savings Analyses to support your district in its decision-making needs.

