Operationalizing SBHC data to foster collaborative sustainability of mental health services

Objectives

- Describe the development and utilization of collaborations between public schools, a mental health agency and a health system
- Define implementation of mental health services and associated resources within Greenville County Schools
- Discuss prospective efforts to address existing unmet adolescent mental health needs

Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the presenters or other activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenter(s) and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

OnTrack Greenville
Funding Collaborations

- Social Innovation Fund (SIF)
- Greenville Health Authority (local foundation)
- Department of Education
- Cigna
- Local Foundations (Greenville Women Giving)

Early Warning and Response System

Right Student, Right Intervention, Right Time

First Three Years

- Partnerships
- Evaluating implementation
  - SBHC deliverables (attendance)
    - Consents
    - Return to Class
  - ACEs, trauma-informed school training

SBHC Year Four and Beyond

Covid

- How did the SBHC pivot to help with physical and mental health concerns of the students in virtual school?
  - School district collaboration
  - Mobile units
  - Staff mental health certification

Expansion Post Pandemic

- Alternative schools
- High Schools
School Mental Health

Empowering Students
Strengthening Families
Supporting Schools
Enriching Clinicians

Chris Haines, MS, LPC
Director of School Mental Health Programs
Greenville Mental Health Center
in partnership with Greenville County Schools

School Mental Health

• School mental health programs imbed mental health professionals into a school’s “team.”
• In school mental health programs, counseling services are provided on-site at the school by therapists who are stationed at the school.
• School mental health programs partner with schools to identify children and adolescents in need of intervention.
• School mental health programs provide more frequent sessions to children who need counseling services and decrease no-show rates.
• School mental health programs decrease absences for students by making their counseling services available on-site at school.
GREATER GREENVILLE’S SCHOOL MENTAL HEALTH MODEL

• Greater Greenville Mental Health Center maintains a one-therapist-to-one-school model, which we feel is the best model for school mental health programs, in every school possible. Schools and programs that are not full-time are based on acuity, and no therapist serves more than 2 schools.

• With this model, the school mental health therapist integrates into the school setting and becomes part of the school “family.” When a therapist is stationed at a school full-time, both the school and the clients have access to him or her daily and when needed.

• Having a daily presence in the school allows school mental health therapists to partner with schools in recognizing students who need interventions and bring them into mental health services.

SCHOOL MENTAL HEALTH SERVICES

Each school mental health program functions like a satellite mental health clinic and can offer all counseling services in the school setting. Services provided are documented and billed according to agency standards.

• Individual Therapy
• Family Therapy
• Group Therapy
• Crisis Intervention
• Assessment
• Behavior Modification
• Psychosocial Rehabilitation Services
• Family Support Services

SCHOOL MENTAL HEALTH CASE STUDY

Capp’s (2015) community mental health center in Southern California experienced difficulties with schools in which they were providing school mental health services. Difficulties included:

• Declining referrals from schools served by the school mental health therapists.
• School mental health therapists being unable to generate more referrals from schools due to lack of time. Some therapists were only in their schools a half day each week.
• Schools treating therapists as “guests” rather than integrated parts of their school team.
• School mental health therapists not having time to collaborate with school faculty due to time limitations from requirements for billing and clients needing to meet diagnostic qualifications.

SCHOOL MENTAL HEALTH CASE STUDY

When Capp’s (2015) team stationed mental health therapists in an elementary, middle, and high school full-time, the results included:

• Enthusiasm and investment from the schools.
• Increased students accessing services.
• Successful initiation of services with students who have had barriers to engaging in treatment previously including “lack of transportation (to attend therapy sessions), parent work schedules, funding, and inadequate treatment from other sources” (Capp, 2015).
• Significantly increased collaboration between teachers/administrators and school mental health therapists.
School Mental Health Scheduling

- School mental health therapists in Greenville operate on the schedules of their schools.
- Traditional outpatient schedules are not effective for community-based or school-based programs.
- School mental health therapists must be flexible and prepared to meet the needs of students, families, and schools in real time.
- Schools often have preferences for when children are “pulled” from classes for mental health services.
- Both schools and mental health providers must communicate openly and collaboratively to develop effective scheduling practices.

School Mental Health Sustainability

- Diversification of funding sources is important to the sustainability of school mental health programs.
  - Direct billing for services
  - Medicaid
  - Insurance
  - Self pay
  - State Funding
  - District or School Funding
    - Contracts
    - In Kind Contributions

CHILDREN SERVED IN SMH

<table>
<thead>
<tr>
<th>Year</th>
<th>Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>2,700</td>
</tr>
<tr>
<td>2016-17</td>
<td>2,801</td>
</tr>
<tr>
<td>2017-18</td>
<td>3,380</td>
</tr>
<tr>
<td>2018-19</td>
<td>3,823</td>
</tr>
<tr>
<td>2019-20</td>
<td>4,230</td>
</tr>
<tr>
<td>2020-21</td>
<td>4,186</td>
</tr>
<tr>
<td>2021-22</td>
<td>4,610</td>
</tr>
<tr>
<td>2022-23</td>
<td>4,623¹</td>
</tr>
</tbody>
</table>

SMH SERVICES PROVIDED

<table>
<thead>
<tr>
<th>Year</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>40,160</td>
</tr>
<tr>
<td>2016-17</td>
<td>51,454</td>
</tr>
<tr>
<td>2017-18</td>
<td>51,826</td>
</tr>
<tr>
<td>2018-19</td>
<td>51,425</td>
</tr>
<tr>
<td>2019-20</td>
<td>47,016</td>
</tr>
<tr>
<td>2020-21</td>
<td>51,754</td>
</tr>
<tr>
<td>2021-22</td>
<td>50,429</td>
</tr>
<tr>
<td>2022-23</td>
<td>44,712</td>
</tr>
</tbody>
</table>

¹2023 data is not yet included.
**The Impact**

- 76,612 students attended Greenville County Schools in 2021-2022.
- 6,600 children accessed services through School Mental Health in 2021-2022.
- 80% of Greenville County students were treated by the School Mental Health team in 2021-2022.

**The Need**

- 80% of the students still need mental health services.
- 14% of students were served by School Mental Health.
- 80% of services provided by School Mental Health were paid for by Medicaid in 2019-2020.
- Medicaid pays for 100% of the cost for school mental health services.
- Many children have private insurance plans that rarely cover any cost for school mental health services.
- When insurance doesn’t pay and when families have no insurance, families get the bill.
- Most families with private insurance or no insurance will not begin school mental health services because they cannot afford the cost.

**Why Didn’t the Other 10,672 Get Help?**

1. **They can’t afford it**
   - 81% of the services provided by School Mental Health were paid for by Medicaid in 2019-2020.
   - Medicaid pays for 100% of the cost for school mental health services.
   - Many children have private insurance plans that rarely cover any cost for school mental health services.
   - When insurance doesn’t pay and when families have no insurance, families get the bill.

2. **Stigma**
   - Children are 6x more likely to complete mental health treatment when it is offered on-site at their school.
   - 75% of children who receive mental health services access them in schools.
Next Steps

**SOCIAL EMOTIONAL LEARNING**
- Teach social and emotional skills as part of the core curriculum

**MENTAL HEALTH LITERACY**
- Teach children how to recognize when they need help, where to go, and what to do

**UNIVERSAL SCREENING**
- Assess all children for social, emotional, behavioral, academic, and mental health needs

**FUNDING & SUSTAINABILITY**
- Ensure SMH is funded adequately through diversified funding sources including direct billing, state funds, and district funds

**EQUITY**
- Ensure all children have access to mental health care

**TRAUMA-INFORMED PRACTICES**
- Ensure that all children experience safety and connection in their schools

RE-AIM

- Research team development
- Implementation fidelity
- Grant development
- Ongoing Evaluation

Social Emotional Learning Roadmap

Reach

- Title I schools/On Track
- **5,561** total visits to the SBHCs since 2015
Effectiveness

RETURN TO CLASS
REPEAT VISITS

Adoption

- Expansion to include telehealth
- Summer clinics via mobile health
- Vaccines Efforts

Implementation - Mental Health Data

Maintenance

- Partnerships and collaborations to sustain services ***
- Integration of vaccine clinics for back to school requirements
ABOUT YAP-P
Youth Access to Psychiatry Program

- HRSA grant awarded; American Rescue Plan Act - Pediatric Mental Healthcare Access New Area Expansion
- SC DMH awarded $445,000 per year for 5 years with a non-federal annual match of $89,000 beginning 9/30/21
- Goals
  - Rapid clinical consultation to community pediatric primary care providers
  - Enhanced care collaboration and facilitation with referrals
  - Training, resources and technical assistance to support provision of mental health care by PCPs
  - Improved access to mental health services and providers
- Use of existing SC DMH pediatric mental health providers to support the work through integrated care models.

South Carolina Implementation of Child Psychiatry Access Program

Clinical Services Provided
- Rapid access telephone or televideo consult line
- Care coordination/referral database
- Option to refer patient to MHC for direct services

Clinicians
- Clinicians (in-person or virtual)
  - Local DMH CAPs
  - Dedicated mental health professionals
  - Behavioral Health Liaison who facilitates care coordination with mental health clinicians

Consult Outcomes
- Specific recommendations sent to PCP, community referrals may be provided - can be accessed through PCP login to SC Thrive system

Resources
- Educational/training resources provided to PCPs
- Performance Improvement/MOC with CME activity to support program implementation

YAP –P Provider Consultation Line
Clinical Workflow

E-consult
- Consult completed
- Recommendations sent to PCP
- PCP manages care

Referred for direct services at DMH
- DMH facilitates referral & intake appointment
The YAP –P Collaborative Consult Process

Patient Visit
- A child is seen at the school-based health center
- Caregiver/school personnel communicates possible MH issue &/or concern to PCP

PCP Wants Guidance
- PCP requests YAP-P consult
  - Consult requested via login to YAP-P registry or call to BHL
  - Telehealth consult scheduled

Provider to Provider Consult
- Child Psychiatrist & PCP meet virtually
- Discussion of case & treatment takes place
- Specific recommendations provided to PCP accessible through registry
- Option to refer directly to DMH MHC services

Ongoing Support & Facilitation
- Continued support from BHL & consult Line
- Ability to refer to MHC services
- Performance improvement project/MOC with measurement-based care
- Framework established for ongoing collaboration & communication

Guided Discussion

What are others doing to address adolescent mental health needs?
- Cultivating partnerships through relationships
- Evaluation, measurement, grant development

How do you leverage restrictions surrounding available mental health services?
- Limited access to psychiatry for medication management
- Insurance Coverage
- Traditional barriers to care
- Telehealth

Continuing Education

- In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers
- Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.
- A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.

CONTACT INFORMATION

Kerry.Sease@prismahealth.org
Holly.Grady@prismahealth.org
Christopher.Haines@scdmh.org