

CASE STUDIES

Enhancing Youth Mental Health Services through the Partnership of Pediatric Mental Health Care Access Programs and School-Based Health Centers

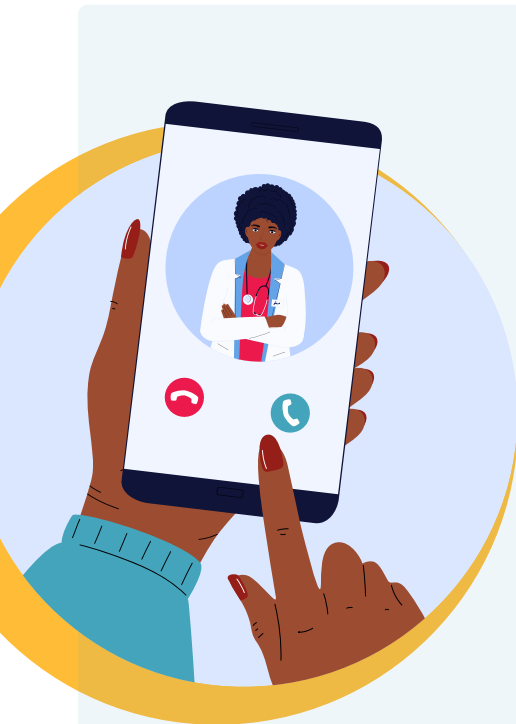


Overview

These case studies explore successful partnerships between Pediatric Mental Health Care Access (PMHCA) programs and School-Based Health Centers (SBHC) in Illinois, Kansas, and Washington, D.C. These partnerships can be replicated with other SBHCs and PMHCA programs to improve mental health care access and outcomes for children and adolescents across the country.

CASE STUDY #1

PCC Community Wellness Center at Steinmetz & Illinois DocAssist



SCHOOL-BASED HEALTH CENTER BACKGROUND

PCC Community Wellness Center at Steinmetz High School in Chicago, Illinois, operates as a comprehensive community health center within the school, providing a wide range of services, including primary care, behavioral health, and dental care. The center serves the school's students and the surrounding community, with separate waiting rooms for each. Despite its comprehensive offerings, the center faced challenges in effectively managing complex mental health cases, particularly among students with behavioral issues and those on the autism spectrum.

The center became aware of the Illinois DocAssist program at a time when mental health issues and concerns were rising. They learned that Illinois DocAssist offers teleconsultation, training, and referral assistance to pediatric primary care providers. This resource enhanced providers' ability to diagnose, treat, and refer students with complex mental health needs.

THE CHALLENGE



The primary challenge faced by PCC Steinmetz staff was the increasing prevalence of undiagnosed and untreated mental health issues among students, particularly those exacerbated by the COVID-19 pandemic. Students presenting with anxiety, ADHD, and other behavioral concerns were often not accurately diagnosed, leading to untreated conditions that affected their academic and social development.

A CASE EXAMPLE: DIAGNOSING A 6TH-GRADE STUDENT WITH AUTISM



One case involved a sixth-grade student exhibiting complex behavioral issues, including inappropriate responses to school staff and difficulty interacting with peers.

Despite previous attempts at intervention, the underlying problems were not fully understood, and the student's behavior continued to escalate. The nurse practitioner reached out to Illinois DocAssist for a consultation, which led to the accurate identification of the student being diagnosed with autism spectrum disorder. With this new information, the center was able to initiate a tailored treatment plan under the guidance of the Illinois DocAssist's psychiatric consultant. The student was also connected with a day program at a local children's hospital and ongoing therapy, which helped address both the student's anxiety and behavioral challenges.

FUTURE DIRECTIONS



Based on the success of this partnership, PCC Steinmetz plans to continue leveraging Illinois DocAssist's services and resources while advocating for broader awareness and utilization of these programs across other school-based health centers in Illinois.

THE SOLUTION



Partnership with Illinois DocAssist

The nurse practitioner at PCC Steinmetz reached out to Illinois DocAssist for support. Illinois DocAssist allowed them to access same-day specialized psychiatric consultation and support. The program helped the center's healthcare providers provide accurate diagnoses and offered guidance on the appropriate use of medications, particularly in younger populations.

THE OUTCOMES



The integration of Illinois DocAssist's resources into the SBHC at PCC Steinmetz resulted in several positive outcomes:



Improved Diagnostic Accuracy:

The center's ability to accurately diagnose mental health conditions, particularly co-occurring disorders like anxiety and ADHD, was significantly enhanced.



Enhanced Treatment Plans:

Access to psychiatric consultation allowed the center to develop effective and safe treatment plans, including medication management for previously untreated or misdiagnosed conditions.



Streamlined Referrals:

The partnership with Illinois DocAssist facilitated smoother referral processes, reducing the burden on families and ensuring students received timely access to specialized care.



Increased Trust and Engagement:

The support provided by Illinois DocAssist helped the center build trust with families, particularly those from culturally diverse backgrounds who were initially hesitant about starting their children on medication.

CASE STUDY #2

Haysville School-Based Health Clinic, Valley Center School-Based Health Clinic, and KSKidsMAP

SCHOOL-BASED HEALTH CENTER BACKGROUND

The Haysville School-Based Health Clinic and Valley Center School-Based Health Clinic serve students in the rural state of Kansas. These clinics were established as a partnership between the two school districts and the University of Kansas School of Medicine - Wichita to serve rural students while also providing training sites for clinicians to develop competency working with schools and rural communities.

Both school-based health centers offer a wide range of services, including primary care, behavioral health, immunizations, lab work, X-rays, and more, to all children in the district up to a year after high school graduation. While the school-based health centers offer comprehensive services, there is a heavy focus on mental and behavioral health due to the lack of providers in the area.

A partnership with KSKidsMAP allowed the SBHCs to enhance their mental health and behavioral health services, providing staff with necessary tools, training, and consultation. One of KSKidsMAP's most helpful resources is education and training around screening tools, diagnosis, and treatment.



THE CHALLENGE

The SBHCs frequently encounter students with complex mental and behavioral health needs, such as depression, social, ADHD, and autism. Many of these issues are exacerbated by the lack of available mental health professionals in the area. Additionally, the SBHC staff, while experienced in primary care, often faced gaps in their mental health training, making it difficult to provide comprehensive support for students.

A CASE EXAMPLE: SUPPORTING A HIGH SCHOOL STUDENT WITH DEPRESSION

One case involved a high school student living with depression and the effects of trauma. The student had been navigating complex emotional challenges, and her progress had been slow. The nurse practitioner at the SBHC consulted KSKidsMAP for insights on how to best support the student.

THE SOLUTION



Partnership with KSKidsMAP

KSKidsMAP is the Kansas PMHCA Program that provides education, tools, and consultation for pediatric primary care clinicians. Dr. Harris, the medical director of KSKidsMAP, and her team, introduced the program to all 12 SBHCs across the state, offering them much-needed resources to support their growing mental health caseloads. The partnerships have been invaluable in several ways:



KSKidsMAP provided recommendations for therapy, medication, and additional resources that improved the student's ability to manage her depression. She began to thrive socially and academically, and her mother expressed gratitude to the nurse practitioner for the support her daughter received.

THE OUTCOMES



The partnership among Haysville School-Based Health Clinic, Valley Center School-Based Health Clinic, and KSKidsMAP has yielded several key outcomes:



Improved Diagnostic Accuracy:

The SBHC team feels more confident in diagnosing and managing conditions like autism, depression, ADHD, and anxiety. KSKidsMAP's training has helped them understand how to interpret behavioral cues and apply screening tools effectively.



Enhanced Support for Students:

Students, particularly those with mental health conditions, have benefited from personalized, trauma-informed care. By accessing KSKidsMAP resources, the SBHC teams have offered timely interventions and connected students with appropriate therapies.



Family Engagement:

The partnership has strengthened relationships between SBHCs and families. Parents and guardians have expressed appreciation for the comprehensive support their children are receiving.



Training and Education:

SBHC staff receive training on identifying and managing behavioral health conditions like neurodevelopmental disorders, anxiety, and depression. These trainings cover screening and diagnostic tools as well as implementation of effective treatment plans



Consultation Line:

KSKidsMAP offers a consultation line, allowing SBHC providers to seek expert advice on complex cases. Access to this consultation line is crucial in helping the team make informed decisions about treatment and the most relevant therapy options.



Screening Tools:

KSKidsMAP provides SBHCs with guidance in using screening tools for conditions including depression, anxiety, ADHD, and autism, which help the staff better assess and support students in need.

FUTURE DIRECTIONS



Moving forward, the Haysville School-Based Health Clinic and Valley Center School-Based Health Clinic plan to continue utilizing KSKidsMAP resources to expand their mental health services to ensure that every student has access to the care they need to succeed academically, socially, and emotionally.

CASE STUDY #3

Children's National Hospital at Ballou Senior High School & Dunbar Senior High School and the DC MAP Program

SCHOOL-BASED HEALTH CENTER BACKGROUND

Children's National Hospital operates two SBHCs in DC public high schools. These centers provide a broad range of healthcare services, including acute care, primary care, and mental health services.



THE CHALLENGE

The SBHCs are in under-resourced areas where there's a significant need for mental health services. Many students present with conditions such as depression, anxiety, and trauma, which require specialized care. However, there is a shortage of mental health professionals in the community, leading to long wait times for therapy and other critical services. One of the most significant challenges has been the lack of social workers within SBHCs, hindering the centers' ability to provide seamless care coordination.



THE SOLUTION



Partnering with DCMAP

The partnership between the two SBHCs and DC Mental Health Access in Pediatrics (DCMAP) has played a crucial role in addressing these challenges. The partnership first began after the SBHC medical director's colleague from Children's National introduced DCMAP as a resource that provides real-time consultation, support for medication management, and referrals for specialized care. The program allows SBHC providers to access immediate mental health consultations, either through direct phone calls or through an online system, which guarantees a callback within 24 hours for urgent cases.

To ensure continuous awareness and utilization of their services, the DCMAP team conducts annual training sessions with the SBHC staff to ensure they are familiar with the referral process and the services offered by the program. This partnership has helped fill gaps in mental health services by offering guidance on whether students need emergency department referrals or outpatient care, easing the burden on already overworked SBHC and emergency department staff.

A CASE EXAMPLE: CONNECTING A NEWLY IMMIGRATED SPANISH-SPEAKING STUDENT TO CULTURALLY COMPETENT MENTAL HEALTH CARE



One specific case involved a student who had newly immigrated from South America who was struggling with depression. His parents had sent him to the U.S. for school while much of his family remained in South America, leading to feelings of homesickness, isolation, and a lack of desire to engage socially or form connections at school. The student, who spoke only Spanish, also faced significant cultural and language barriers that complicated his access to care. Recognizing his emotional distress, the SBHC team referred him to DCMAP.

Through this partnership, they were able to connect him with a Spanish-speaking mental health professional who understood his cultural background and mental health needs. The SBHC team worked with DCMAP to ensure the student received the appropriate therapy and medication, significantly improving his emotional well-being and allowing him to better engage with school and social activities.

THE OUTCOMES

The partnership between the SBHCs and DCMAP has yielded several positive outcomes:



Improved Access to Mental Health Services:

Through DCMAP, the SBHCs have been able to refer students more quickly to mental health professionals, reducing the bottleneck of students waiting for care.



Culturally Competent Care:

Through DCMAP, the SBHCs have been able to connect students to culturally competent mental health providers, such as Spanish-speaking professionals for students who only speak Spanish.



Medication Management Support:

SBHC staff have received guidance from DCMAP on prescribing and managing medications, particularly in complex cases, improving their ability to manage mental health conditions within the school setting.

FUTURE DIRECTIONS

The partnership has brought many benefits, and the SBHCs are excited about opportunities ahead. One opportunity for support is for the DCMAP team to help create a closed-loop communication system, ensuring staff are informed when students successfully connect with mental health services.

Strengthening this feedback loop will help ensure students receive the care they need after being referred. The SBHCs plan to continue utilizing DCMAP, and also to share DCMAP's services and resources with other SBHCs to improve mental health care access for more students in the community.

CONCLUSION

The collaboration between PMHCA programs and SBHCs is not only a crucial strategy for addressing the mental health needs of students but also a significant workforce strategy. These partnerships provide essential support and resources to the healthcare providers within SBHCs, enhancing their capacity to deliver quality mental health care. By equipping the workforce with the necessary tools, training, and consultation, PMHCAs play a pivotal role in reducing provider burnout and improving job satisfaction, which, in turn, positively impacts patient care.

Ultimately, the most important outcome is the improved mental health and well-being of the students served. The partnerships described in these case studies demonstrate that with the right support, SBHCs can effectively manage complex mental health cases, leading to better academic, social, and emotional outcomes for students. This dual impact—on both the healthcare workforce and the students they serve—highlights the invaluable role of PMHCAs in transforming mental health care in school settings.



For more information about PMHCA programs, please visit the following websites:

- [Pediatric Mental Health Care Access Program \(PMHCA\): Improving Behavioral Health Services | MCHB \(hrs.gov\)](#)
- [Pediatric Mental Health Care Access \(PMHCA\) Technical Assistance Program \(aap.org\)](#)
- [National Network of Child Psychiatry Access Programs \(NNCPAP\)](#)
- [Pediatric Mental Health Care Access \(PMHCA\) Programs: Partnerships with Schools and SBHCs – School-Based Health Alliance \(sbh4all.org\)](#)

If you have any additional questions or would like assistance getting connected with your state's PMHCA program, please email us at info@sbh4all.org.

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