


# Operationalizing SBHC data to foster collaborative sustainability of mental health services



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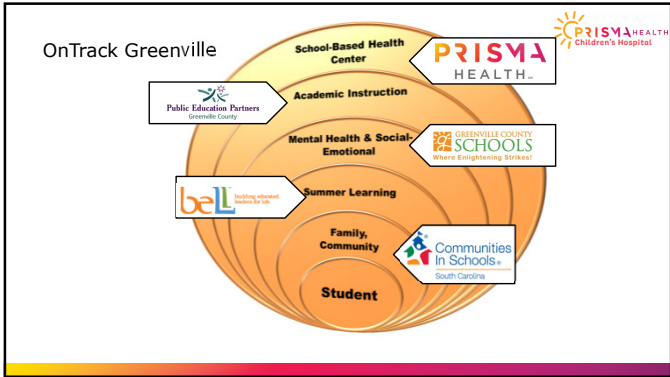
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## Objectives


- 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



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### Funding Collaborations

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



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### Early Warning and Response System

*Right Student, Right Intervention, Right Time*




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### First Three Years

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



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### 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

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# School Mental Health

Empowering Students  
Strengthening Families  
Supporting Schools  
Enriching Clinicians

Chris Haines, MS, LPC  
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Greater Greenville Mental Health Center  
in partnership with Greenville County Schools

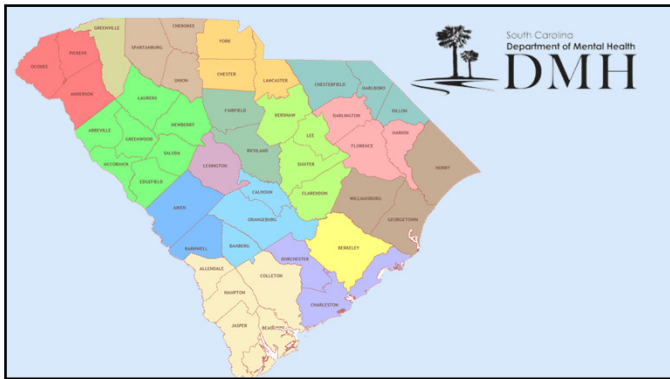



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South Carolina  
Department of Mental Health  
**DMH**  
School Mental Health

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## 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.

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## 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.

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## 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



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## 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.

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## 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.

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## 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.

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## School Mental Health Sustainability

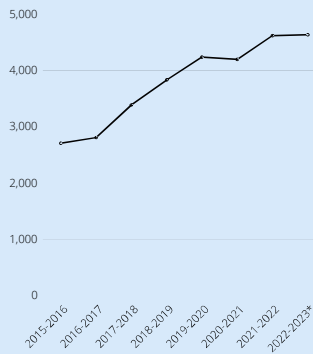
- Diversification of funding sources is important to the sustainability of school mental health programs.
  - Direct billing for services
  - Medicaid
  - Insurance
  - Self-pay
- State Funding
- District or School Funding
  - Contracts
  - In-Kind Contributions



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### CHILDREN SERVED IN SMH

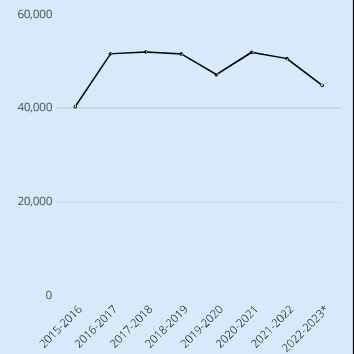
2015-2016: 2,700 Children Served  
 2016-2017: 2,801 Children Served  
 2017-2018: 3,380 Children Served  
 2018-2019: 3,823 Children Served  
 2019-2020: 4,230 Children Served  
 2020-2021: 4,186 Children Served  
 2021-2022: 4,610 Children Served  
 2022-2023: 4,623 Children Served\*



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### SMH SERVICES PROVIDED

2015-2016: 40,160 Services Provided  
 2016-2017: 51,454 Services Provided  
 2017-2018: 51,826 Services Provided  
 2018-2019: 51,425 Services Provided  
 2019-2020: 47,016 Services Provided  
 2020-2021: 51,754 Services Provided  
 2021-2022: 50,429 Services Provided  
 2022-2023: 44,712 Services Provided\*



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## WHY DIDN'T THE OTHER 10,672 GET HELP?

**1. THEY CAN'T AFFORD IT**

- 81% of the services provided by SMH 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

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## WHY DIDN'T THE OTHER 10,672 GET HELP?

**2. STIGMA**

### 5 WAYS TO END MENTAL HEALTH STIGMA

Did you know up to 1 in 5 children experience a mental health disorder and half don't receive the treatment they need? Together, we can support children and stop the negative stigma around mental health.

- Educate yourself and your children about mental health
- Share real-life examples of people with mental health disorders
- Explain mental health has a range of symptoms
- Listen to and support others with mental health concerns
- Share stories of overcoming mental health disorders

children's **health** 7.

**3. THEY GOT HELP OUTSIDE SCHOOL**

- That's great if they actually receive the treatment. There's plenty of work to go around for all!
- The truth is:
  - 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

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### Next Steps

<b>SOCIAL EMOTIONAL LEARNING</b>	<b>MENTAL HEALTH LITERACY</b>
Teach social and emotional skills as part of the core curriculum	Teach children how to recognize when they need help, where to go, and what to do
<b>UNIVERSAL SCREENING</b>	<b>FUNDING &amp; SUSTAINABILITY</b>
Assess all children for social, emotional, behavioral, academic, and mental health needs	Ensure SMH is funded adequately through diversified funding sources including direct billing, state funds, and district funds
<b>EQUITY</b>	<b>TRAUMA-INFORMED PRACTICES</b>
Ensure all children have access to mental health care	Ensure that all children experience safety and connection in their schools

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### Social Emotional Learning Roadmap

GREENVILLE COUNTY SCHOOLS Social Emotional & Mental Health Supports for Students

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### RE-AIM

**RE-AIM**  
Translating Research into Action  
re-aim.org

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

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### Reach


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

Variable	Mental Health Visits	All Visit Types
Age, M (SD)	12.86 (1.27)	12.93 (1.59)
Sex, %		
Male	49.93	49.96
Female	49.07	50.04
Race/Ethnicity, %		
Not White	22.93	17.76
Not Black	29.60	22.53
Hispanic	39.47	49.44
Other	5.33	2.67
Declined	2.63	5.33
Insurance Status, %		
Private	3.47	5.49
Medicaid	65.73	60.21
Uninsured	17.40	16.98
Declined	15.20	22.92


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### Effectiveness






RETURN TO CLASS






REPEAT VISITS

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### Adoption




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

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### Implementation- Mental Health Data

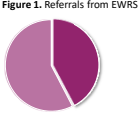


Box Plot Representing Yearly Change in Mental Health and Repeat Mental Health Visits to SBHC



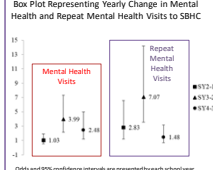
Odds and 95% confidence intervals are presented by each school year compared to the 2020-21 school year. Findings show significant increase in the number of visits to the SBHC being related to mental health and repeat mental health encounters every school year since 2020-21.

Figure 1. Referrals from EWRS



■ EWRS  
□ Other


Box Plot Representing Yearly Change in Mental Health and Repeat Mental Health Visits to SBHC





Odds and 95% confidence intervals are presented by each school year compared to the antecedent school year. Findings show significant increase in the number of visits to the SBHC being related to mental health and repeat mental health encounters year to year during the 2021-22 and 2022-23 school years. While still increasing, results were not significant during the 2023-22 school year.

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### Maintenance



-  Partnerships and collaborations to sustain services \*\*\*
-  Integration of vaccine clinics for back to school requirements


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## ABOUT YAP-P


### Youth Access to Psychiatry Program

- ✔ HRSA grant award, American Rescue Plan Act – Pediatric Mental Healthcare Access New Area Expansion
- ✔ SCDMH 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 DMH pediatric mental health providers to support this work through integrated care models



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## South Carolina Implementation of Child Psychiatry Access Program



**Clinical Services Provided**

- Rapid access telephone or tele/video consult line
- Care coordination/referral database
- Option to refer patient to MHC for direct services

**Clinicians**

- Consult lines staffed by local MHC CAP with support from remote CAPs
- Dedicated mental health professional, the Behavioral Health Liaison who facilitates care between primary care and mental health clinicians

**Consult Outcomes**

- Specific recommendations are sent to PCP; community referrals may be provided – can be access through PCP login to SC Thrive system

**Resources**

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

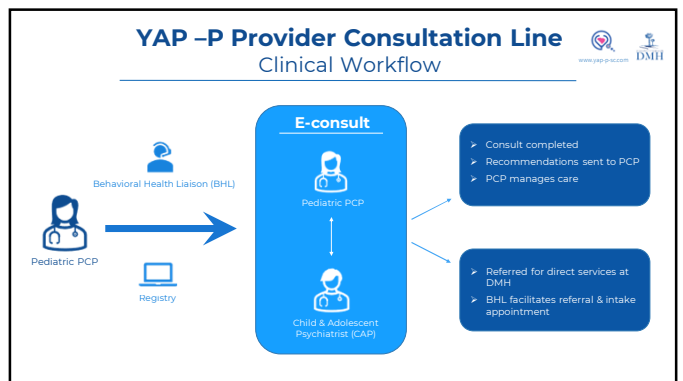
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YAP-P Expansion

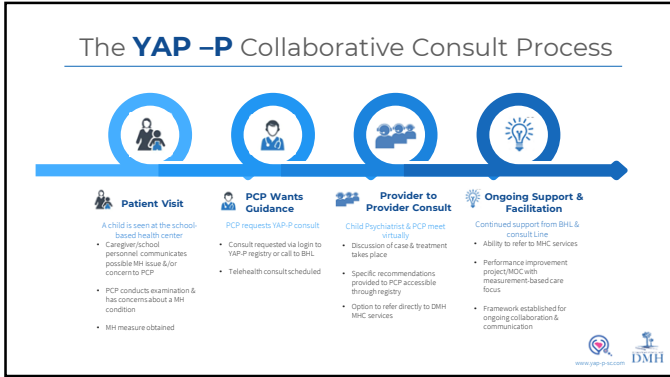
- Additional HRSA funding



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### Guided Discussion

PRISMA HEALTH Children's Hospital

What are others doing to address unmet 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

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### Continuing Education

PRISMA HEALTH Children's Hospital

- 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.

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### CONTACT INFORMATION

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South Carolina Department of Mental Health  
**DMH**  
 Greater Greenville Mental Health Center

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