Comprehensive School-Based Mental Health Services: Implementation and Evaluation

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Rationale for School-Based Mental Health (SBMH)

- **Increasing child/family access and service capacity:**
  - In northern Manhattan, clinic-based child/adolescent tx slots are less than 1/3 of need
  - Common barriers (language, ability to pay, transportation, family awareness and organization) mean less access for the highest risk children

- **School-based services have greater access to families & school staff, as well as to children**
  - Increasing early identification & referral to services
  - Improving quality of evaluation & enabling more holistic care
  - Providing opportunities for wrap-around prevention & outreach services

- **Early mental health services are more effective & mean fewer long-term negative consequences**
Local vs. National SBMH Models

- Nationally in the US, most SBMH models emphasize prevention and early identification, with tx referrals to limited offsite clinic services.

- SBMH tx services are often limited:
  - Part-time hours
  - Psychiatry not available onsite
  - Limited prevention & outreach capacity

- Quality & effectiveness can be reduced by:
  - Distance from home agencies
  - Non-clinical settings
  - Isolation of mental health staff
  - Under-resourcing
SBMH Services: Common Challenges

- Extreme space and physical environment limitations (size, multiple tx spaces, privacy, summer and telephone/internet access)
- Milieu tx characteristics:
  - Frequent interruptions, coordination w/school schedule
  - More fluid boundaries between clinic and school staff
  - More opportunity/demand for crisis intervention
  - More system and school staff consultation
- Higher case acuity due to greater tx access
- Potential difficulty accessing parents post-evaluation
  - Services are voluntary and parents participate in evaluation process
  - Children are routinely onsite, but many parents work and are not easily available for frequent f/u visits
  - Some parents may have concerns re accessing care in school-based settings
SBMH Services: Funding Issues

- Two organizational models
  - In-house (local educational or health/mental health authorities)
    - Washington, DC, Baltimore, Los Angeles, Minneapolis, Chicago
    - Services & reimbursement are IEP/Medicaid-based
  - Non-govt providers (hospitals, FQHC’s or other ambulatory primary care clinics, mental health & social service CBO’s)
    - Services are licensed & Medicaid reimbursed (NYC)
      - NYS Art. 28 (primary/medical care, NYS DOH)
        - School-based health centers (medical SW & psych outpt C/L – triage & referral out, some onsite tx)
      - NYS Art. 31 (Mental health, NYS OMH)
        - School-based satellite mental health clinics (eval & non-pharm tx, psychiatry on or off-site)
    - Regulatory issues (licensing requirements --- population served, space, documentation, services required onsite)
SBMH Services: Funding Issues, cont

- **Problem --- non-reimbursed & non-reimbursable care**
  - Crisis intervention
  - Uninsured or insurance temporarily lapsed
  - Low & varied reimbursement rates
  - Poor offsite collection
  - School consultation, prevention & outreach

- **Two funding streams:**
  - Reimbursement for services
    - Fee-for-service Medicaid
      - SED carve-out
    - Managed-care Medicaid
    - Commercial insurance
  - Grant funding
    - Public --- two models
      - Deficit (budget line)
      - Vendor (bundled rates for units of service)
    - Private --- private mh funding streams are small, w/limited number of grantors
      - Grantors assume reimbursement covers medical & mh care --- educate otherwise
      - Show related non-mh outcomes (education, development, S/A, juvenile justice)
SBMH Program: Mission & Children Served

- Joint program mission is to serve children w/mental health needs by:
  - CUMC: extending high-quality care beyond the hospital to schools
  - NYC DOE: preventing unnecessary special ed placements
  - CUMC & NYC DOE: improving academic & social outcomes

- Children served:
  - Grades Pre-K through 5 or 6, ages 4-13 (one site grades Pre-K thru 8)
  - Referrals through school child study & case management teams
  - Primary dx:
    - 60-70% externalizing disorders, 30-40% internalizing disorders
    - High comorbidity rates, multiple risk factors & multiple problems
SBMH Program: Service Description

- **Modalities:**
  - Comprehensive psychiatric & psychosocial evaluation
  - Crisis intervention
  - Evidence-supported individual, family & group psychotherapies
  - Psychopharmacology
  - Active case management, child & family advocacy
  - School & teacher consultation
    - Case-centered teacher consultation
    - School staff training re early identification and case management
  - Prevention & psychoeducation for children, families & school staff

- **Services are:**
  - Available 12 months/year, regardless of ability to pay
  - In Spanish & English
  - Multidisciplinary (psychiatry, psychology, social work, & case management)
SBMH Staffing Model

- **Full-time model (12 sites)**
  - 1.0 FTE clinician (PhD, PsyD, CSW)/school
  - .10 FTE MD
  - .15 Case Manager (BSW, BS, BA)
  - Capacity: 40 cases/school annually
    - Compare to estimated 100-150 children w/tx need/school (average school enrollment 1,000)

- **Half-time model (3 sites)**
  - .5 FTE clinician (PhD, PsyD, CSW)/school
  - .05 FTE MD/school
  - .08 FTE case manager (BSW, BS, BA)
  - Capacity: 20 cases/school annually
    - Compare to estimated 50-75 children w/tx need/school (average enrollment 500)
**SBMH Service Expansion**

- **Original program, 1986-2001:**
  - 4 sites (3 full-time, 1 half-time) in Washington Heights
  - 100 children served/3,500 visits annually
  - Deficit-funded (combined Medicaid revenue & grant funds) through NYC DOHMH

- **Expansion & contraction, 2001-present:**
  - 15 sites (12 full-time, 3 half-time; 13.5 clin FTE) in Washington Heights & Harlem, 2005-2010; 10 full-time sites 2010-present
  - 750 children served/11,000 visits annually
  - Programs funded through public and private sources
    - 40-60% reimbursement (Medicaid, managed care Medicaid, commercial)
    - 40-60% public (NYC, NYS, US DOE) & private grants

- **Continued advocacy for permanent public funding**
  - NYS Child & Family Clinic Plus
  - Seeking enhanced Medicaid reimbursement
  - Seeking NYC DOE funding of non-Medicaid reimbursable services (prevention, outreach, school staff & parent education)
**SBMH Program Evaluation Design**

- **Universal data collection w/family consent**

- **Longitudinal assessment**
  - Pre-measures collected for 3 school months prior to referral
  - Post-measures collected for 6 months post-initiation of services

- **Outcome measures in 3 areas:**
  - Academic
  - School Behavior
  - Clinical well-being
SBMH Program Evaluation: Academic Outcomes

- Teacher-assigned grades
  - Reading
  - Writing
  - Math
  - Classroom effort & behavior
- Standardized test scores
- Grade promotion
SBMH Program Evaluation: 
School Behavior Outcomes

- School attendance
- Disciplinary referrals
  - Unscheduled School RN visits
  - Unscheduled Guidance Counselor visits
  - Unscheduled Principal/AP referrals
- Psychiatric ER referrals
- Behavior Incident Reports
- Suspension rates