



*Comprehensive School-Based
Mental Health Services:
Implementation and Evaluation*

Charles Soulé, PhD

*New York-Presbyterian Hospital
Columbia University Medical Center*



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, w/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)*



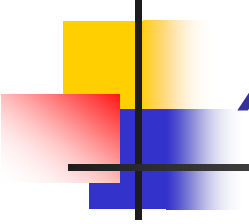
SBMH Service Expansion

- *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*