

A Multi-System Approach to School-Based Health Clinics



partnering with families



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integrated care



Presenters

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Session Objectives

Objective 1: Participants will be able to describe models for implementing school-based clinics.

Objective 2: Participants will be able to outline approaches for collaborating with schools to provide integrated physical and behavioral health services.

Lesson 3: Participants will be able to discuss the fundamental activities necessary to implement comprehensive school-based centers.

Overview:

- **Children from low-income households experience barriers to accessing healthcare services such as lack of transportation, scheduling, time, and insurance issues. Additionally, some children, particularly adolescent boys, are resistant to traditional medical care.**
- **School Based Health Centers (SBHCs) provide convenient, accessible, and comprehensive health services for children and adolescents in a place where they spend the majority of their time: schools**

National Practices - Characteristics

Common characteristics of SBHCs include:

- Being located in schools or on school grounds
- Working within the school to become an integral part of the school
- Providing a comprehensive range of services that meet the specific physical and behavioral health needs of the young people in the community
- Using a multidisciplinary team of providers to care for the students, including nurse practitioners, registered nurses, physician assistants, social workers, physicians, alcohol and drug counselors, and other health professionals
- Providing clinical services through a qualified health provider, such as a hospital, health department, or medical practice
- Requiring parents to sign written consents for their children to receive the full scope of services
- Having an advisory board consisting of community representatives, parents, youth, and family organizations, to provide planning and oversight

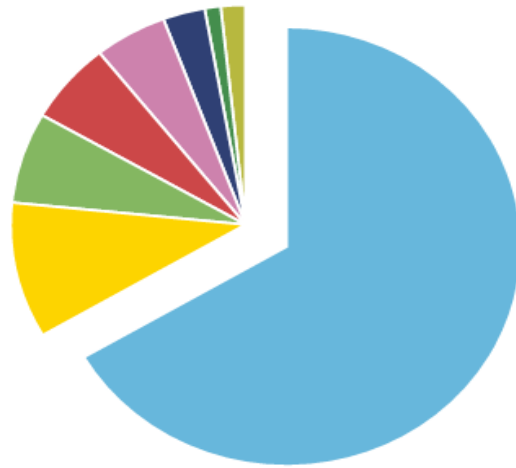
National Practices – Core Components

As described by the Division of Adolescent and School Health of the Centers for Disease Control and Prevention, the components of SBHCS include:

- (1) Health education**
- (2) Physical education**
- (3) Health services**
- (4) Mental health and social services**
- (5) Nutrition services**
- (6) Healthy and safe environment**
- (7) Family and community involvement**
- (8) Staff wellness**

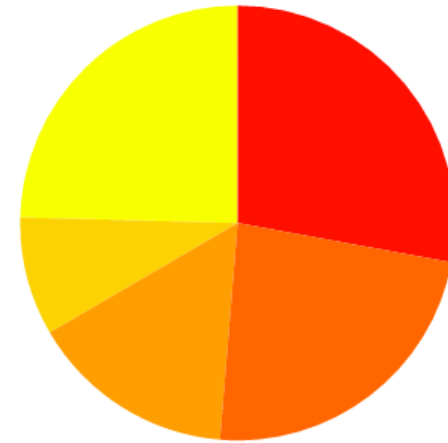
National Data

SBHCs BY SCHOOL TYPE



Traditional Schools	66.6%
Community Schools	10%
Magnet Schools	6.7%
Vocation Schools	6%
Alternative Schools	5%
Charter Schools	2.9%
Parochial/Private Schools	1.1%
Other	1.7%

SBHCs BY SCHOOL GRADE RANGE



Pre-K/Kindergarten through 12th grade	27.9%
High Schools (9/10-12th grade)	23.4%
Elementary Schools (Pre-K/K - 5/6th grade)	15.3%
Middle Schools (6/7th - 8/9th grades)	8.8%
Non-Traditional Grade Levels	24.6%

National Data

- **94.1% are located on school property**
- **3% are mobile health centers**
- **2.7% are school-linked**
- **.2% are telehealth**

National Data

- **SBHCs address many of the barriers to health care access for school-aged children.**
- **Because SBHCs are located where children spend a significant amount of their time, scheduling and transportation barriers are minimized. SBHCs address financial barriers by helping enroll eligible students in Medicaid or the Children's Health Insurance Program and offering free services for uninsured students.**
- **SBHCs increase adolescents' health care use, particularly for sexual health issues, drug or alcohol problems, and mental health problems, by providing convenient and confidential care in a familiar setting.**

National Data

- **A national multisite study by the Robert Wood Johnson Foundation revealed that 71% of students enrolled in SBHCs reported having a health care visit compared with 59% who were not enrolled.**
- **SBHCs have been shown to improve children and adolescents' health for several outcomes while also reducing health care costs.**
 - Risk of hospitalizations for students with asthma decreased 2.4%
 - Lower reported rates of daily rescue medication use and lower reported asthma-related activity restriction by children receiving care through a SBHC
 - Significant decline in depression among students who received SBHC mental health services and reduced likelihood of suicide ideation
- **Students who use SBHCs are more likely to have received recommended vaccines and screening for high-risk behaviors, compared with those who do not use SBHCs.**

National Data

- **Students who use SBHCs have also been shown to have higher satisfaction with their health status and have healthier behaviors, such as more physical activity and greater consumption of healthier foods.**
- **Access to SBHCs is associated with a reduction in the rate of hospitalization and a gain of 3 days of school for school children who have asthma. Another study revealed that students with asthma who accessed SBHCs had lower hospitalization rates and improved self-care, such as use of peak flow meters and metered-dose inhalers.**
- **When mental health services are offered in SBHCs, students' access to mental health services is improved and communication is facilitated between students, school personnel, SBHC staff, and parents.**

Local Data

- **SBHCs serve children and families in the community, even if they don't attend the school**
- **Provide primary care – immunizations, well-child visits, sports physicals, screening and referral**
- **SBHCs in Arizona use a variety of models:**
 - Mobile Health clinic
 - Located on school grounds
 - Clinic days available by appointment
- **Primary funding sources include grants and charitable donations**
- **Focus is serving uninsured children**

Mercy Maricopa School Based Efforts

- **School Prevention Collaborative – Monthly Meetings**

- This group provides educators with an opportunity to share behavioral health information and resources, and address behavioral health concerns in their schools.
- In collaboration with Mercy Maricopa, Crisis Providers, Arizona Department of Education the group has created and implemented a standard Crisis Protocol between the school and crisis providers in order to strengthen coordination of care.

- **The Pinal County Coalition for Schools – Quarterly Meetings**

- The purpose of the coalition is to improve student achievement and mental health through collaboration on issues pertinent to students and families in Pinal County.

- **School Based Community of Practice Meeting – Monthly Meetings**

- The purpose of this Community of Practice is to establish multiple interagency collaborative efforts to achieve a “collective impact” for school-based mental health supports.

Mercy Maricopa School Based Efforts

- **Variety of behavioral health agencies providing services in collaboration with schools**
 - Identified partnerships with 18 Behavioral Health Agencies and multiple school districts
- **“Understanding Arizona’s Education System” is a four day series pilot was conducted on October 1, 2015 at Family Involvement Center.**
 - This training was developed in collaboration with Arizona Department of Education, Department of Behavioral Health Services/AHCCCS, and the RBHAs
 - Revisions of the content of this presentation are underway with additional training dates pending content final revisions.

Local Practices - Touchstone Health Services School Based Services

Currently providing SBS to Alhambra school district school

- Will be providing services to Isaac School District starting this upcoming school year

Why there?

- Involvement and collaboration with school personnel
- These school districts have a significant issues with:
 - Removal of children from homes
 - Poverty (high percentage of free/reduced lunches)
 - Drug abuse
 - Crime
 - Immigrants and refugees
 - Homelessness

Local Practices - Touchstone Health Services

School Based Services

Services

- Provide group and individual services in schools
- Provide continuum of services in home and in office
 - Excellent way to get children in the door
 - Many of these children would otherwise not be in treatment
 - Many children have complex needs
 - School based coordinator and many staff are bi-lingual

Local Practices - Touchstone Health Services School Based Services

What Schools Provide:

- Ample space to provide in school counseling and education
- Willingness to have students participate in school based services
- Coordinate services
- Participate in the Child and Family Team process
- Assistance with getting families enrolled
- Assistance with getting families engaged

Local Practices - Touchstone Health Services

School Based Services - Challenges

Children have to be enrolled to participate

- There are children that could use our services that do not qualify for AHCCCS

Children require an intake

- School personnel are the ones that often make or want the referral
- Intakes can and have been done as the school
 - This is challenging and has pros and cons
 - Pro – convenient
 - Con – Makes it confusing for the families to understand that the school is not the “agency). Makes it challenging for future engagement

Families have to arrange and follow through with the intake at the agency

Local Practices - Touchstone Health Services

School Based Services - Challenges

Continued engagement

- Families have to participate in Service planning and on going assessment and follow up
- Many families would benefit from family education and family services
- Some families are comfortable with child getting services in school but nothing else
- Making decisions about treatment when parental engagement is struggling
- Utilizing school personnel to help with engagement

Local Practices: Touchstone Health Services School Based Services - Future

Alhambra school district Family Resource Center

- Provide more educational groups for parents on off hours
- Provide more opportunity for intakes and enrollment
- Opportunities to provide an intense outpatient program
- Will be discussing with district and exploring licensing issues

Collaboration with P1K program and Mercy Maricopa

Provide services to more schools in need

Search for grant opportunities to provide services to children who are not eligible for AHCCCS services

Thank you

