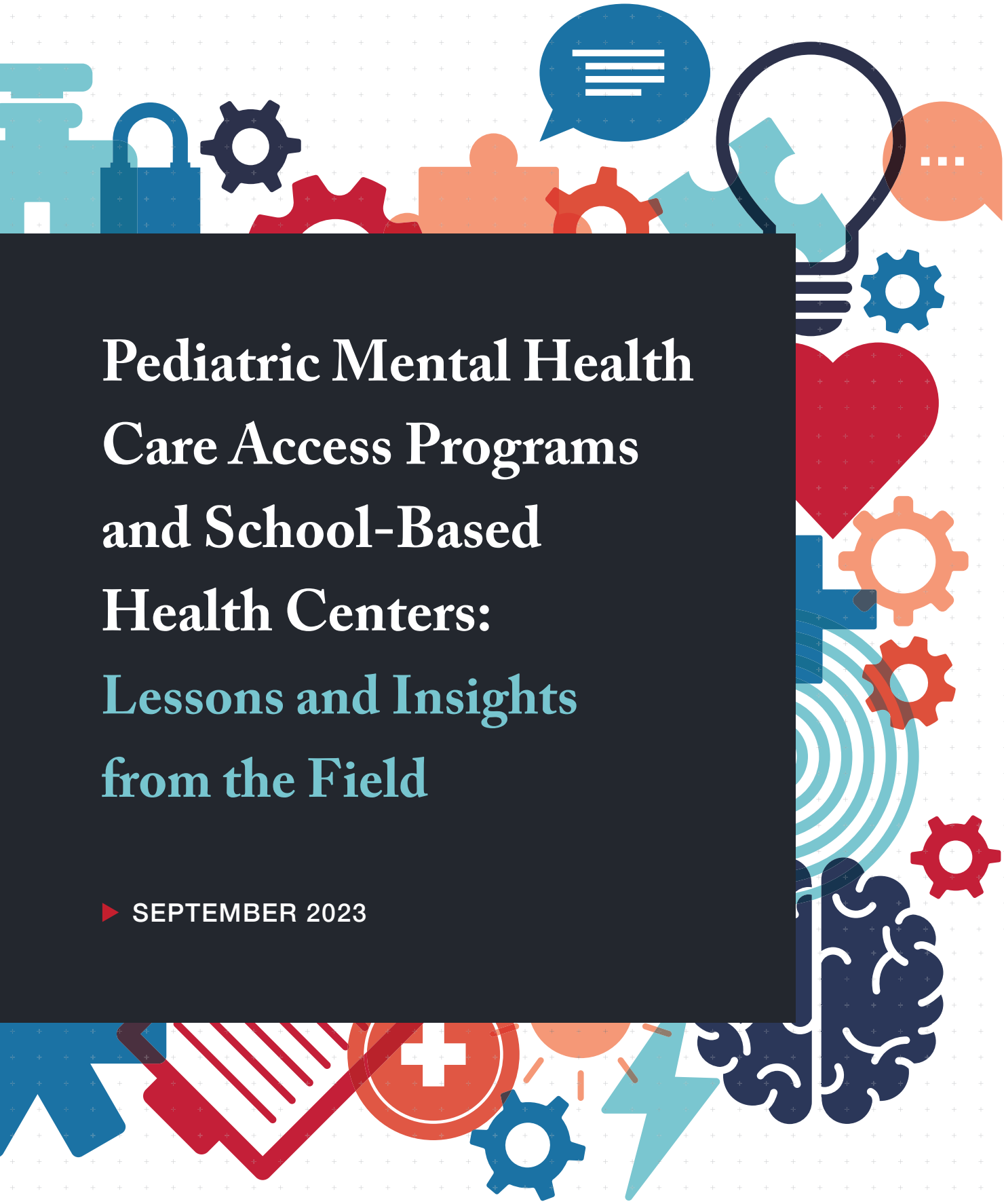


Pediatric Mental Health Care Access Programs and School-Based Health Centers: Lessons and Insights from the Field

SEPTEMBER 2023

Pediatric Mental Health Care Access Programs and School-Based Health Centers: Lessons and Insights from the Field

SEPTEMBER 2023

THE SCHOOL-BASED HEALTH ALLIANCE (SBHA)

Since 1995, the School-Based Health Alliance, a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, SBHA is recognized as a leader in the field and a source of information on best practices by philanthropic, federal, state, and local partners and policymakers.

LEAD AUTHOR

Laura Hurwitz, LCSW
PMHCA Program Project Lead/Consultant School-Based Health Alliance

SBHA PROJECT STAFF

Katy Stinchfield, MS, LPC
PMHCA Program Project Director/Consultant

Micayla Rivin, BA
Program Associate

SBHA wishes to acknowledge the following individuals and organizations for their collaboration and contribution to this document:

KEY PARTNER: NATIONAL NETWORK FOR CHILD PSYCHIATRY ACCESS PROGRAMS (NNCPAP)

Sarah Rosadini, BA
Program Administrator

John Straus, MD
Founding Director and President

PMHCA PROGRAM-SBHC ADVISORY GROUP MEMBERS

Erin Hughes-Krieger, LMSW
Project Manager
Michigan Clinical Consultation & Care (MC3) program
University of Michigan Department of Psychiatry.
Michigan Clinical Consultation and Care (MC3)

Kari Harris, MD
Primary Care Pediatrician
University of Kansas School of Medicine-Wichita (KUSM-W)
Medical Director of KSKidsMAP
KSKidsMAP Pediatric Mental Health

Petra Steinbuchel, MD
Child & Adolescent Psychiatrist and Clinical Professor
University of California San Fransisco
UCSF Child and Adolescent Psychiatry Portal (CAPP)

Rebecca Gostlin, MEd, LPC
Director of Clinical Initiatives
Youth Healthcare Alliance
Colorado Pediatric Psychiatry Consultation & Access Program (COPPCAP)

Victoria C. Scott, Ph.D., MBA
Associate Professor of Psychological Science and Public Health Science
University of North Carolina at Charlotte
Principal Evaluator of the
Youth Access to Psychiatry Program

Thank you to those PMHCA program staff and partners who met with SBHA staff to share their insights, questions, and experiences, as well as those who attended the PMHCA-SBHC Learning Community. Presenters during the Learning Community included:

Mae Mack
Health Psychology Doctoral Student
University of North Carolina at Charlotte

Anne Kramer, LMSW
Program Director
Michigan Clinical Consultation & Care (MC3)

Betsy Foust
Program Coordinator
New York Department of Health

Kerry White
Program Lead
New York Office of Mental Health - Project Teach

Rebecca Gostlin, MEd, LPC
Director of Clinical Initiatives
Youth Healthcare Alliance

Petra Steinbuchel, MD
UCSF Child and Adolescent Psychiatry Portal (CAPP)

Lauren Haack, Ph.D.
Associate Professor and Clinical Psychologist
School Consultation Co-lead, UCSF, Child and Adolescent Psychiatry Portal (CAPP)

Nicole Klaus, MD
Psychologist
KSKidsMAP Pediatric Mental Health

Stacey LaFlamme
Project Director,
Maine Pediatric & Behavioral Health Partnership Program
Program Manager, Maternal Child Health,
DHHS, Maine Center for Disease Control and Prevention

Jill Bohnenkamp, Ph.D.
National Center for School Mental Health (NCSMH)

Special appreciation to the following SBHA staff and project consultants, whose commitment and partnership helped make this resource possible: Suzanne Mackey, Andrea Shore, Jeff Williams, Andrea Green, Felicia Stanford, and Randy Miller.

FUNDING DISCLAIMER
This initiative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $500,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

Table of Contents

Table of Contents

01 Introduction

In response to the crisis of increased mental health concerns for children, ongoing disparities of access to psychiatric services,[1] and a shortage of child and adolescent psychiatrists in the United States, the Bipartisan Safer Communities Act of 2022 provided federal funding to 48 **Pediatric Mental Health Care Access (PMHCA) Programs** for expansion into additional settings, including emergency departments, schools, and school-based health centers (SBHCs).[2] The School-Based Health Alliance (SBHA) was one of several organizations funded to provide technical assistance to PMHCA programs, focusing on building PMHCA program capacity to work in school settings and, in particular, to collaborate with school-based health centers (SBHCs). This document focuses on the expansion of PMHCA programs collaborating with SBHCs – a setting in which needs for mental health services are escalating exponentially.*

** While expansion into the general school setting is beyond the scope of this document, guidance on PMHCA program collaboration with schools can be found in the resource section on page 38.*

01
Introduction

PMHCA programs expand access to mental health care by building the capacity of the pediatric primary care workforce through peer-to peer consultation with child and adolescent psychiatrists and other clinical mental health experts, at no cost to the providers. PMHCA programs expand primary care provider knowledge, skills, and confidence to make the full continuum of early identification, diagnosis, treatment, and linkages to appropriate care a routine part of pediatric health care services. By working across multiple types of practice settings, PMHCA programs are helping to mitigate severe workforce shortages of child and adolescent psychiatrists and other mental health professionals. The Centers for Disease Control and Prevention's Community Preventive Services Task Force recommends SBHCs as an evidence-based model that promotes health equity and improves youth educational and health outcomes. [3]

> **According to the Los Angeles Unified School District's 2015-2021 study of 16,642 middle and high school students, youth who engage with SBHC mental health services miss seven fewer days of school than their classmates who do not receive SBHC mental health services. [4]**

SBHCs provide the nation's vulnerable children and youth with access to primary care, behavioral health, oral health, and vision care where they spend much of their time – at school. SBHCs' proximity to students and ability to provide integrated physical and mental health care in a safe, confidential, and de-stigmatized environment allows for the development of ongoing relationships among the provider, student, and family to support student well-being throughout childhood and adolescence. ***With a focus on equity*** SBHC models to ensure that all students, regardless of income, race, ethnicity, family income, or ZIP code, are supported in achieving their academic, social, and emotional milestones. The shared mission of increasing access to evidence based mental health services for young people presents a compelling opportunity for SBHC and PMHCA programs to collaborate.

02 Why Partner?

02
Why Partner?

Like PMHCA programs, SBHCs across the country are part of a growing movement to expand access to quality mental health care for children and adolescents who need it most. ***With equity as a driving principle,*** common goals, systems and structures, and a complementary workforce and model of care make PMHCA programs and SBHCs natural partners.[5]

▶ PROMOTE ACCESSIBILITY.

SBHCs place critical services, like mental health care, directly on or near school campuses, and students without a medical home can receive comprehensive health care. Together, PMHCA programs and SBHCs can reduce barriers to care by offering timely mental health services in a safe, accessible, low-stigma, and culturally attuned environment. By working together, PMHCA programs and SBHCs can further advance health equity for children and youth who experience barriers to accessing health care due to discrimination, family income, or where they live.

▶ DELIVER INTEGRATED CARE.

Integrated care is a common practice in SBHCs, as 83% of SBHC respondents to the 2022 SBHC national census offer mental health services in addition to primary care.[6] However, resources and staffing, including staff knowledge, skills, and confidence in assessing and treating mental health conditions, vary significantly. Using an integrated model of care, PMHCA programs can help fill these gaps through their peer-to-peer tele-consultation programs.[7]

▶ ENHANCE STAFFING.

Few SBHCs have access to psychiatrists, and SBHC and PMHCA program partnerships can deepen and expand primary care providers' capacity to effectively screen, diagnose, and initiate (or monitor) treatment for common mental health conditions, including prescribing medication as indicated. PMHCA programs can also work with SBHC mental health staff on complex cases and link to other specialists when necessary.

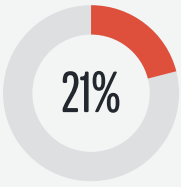
▶ HIGH QUALITY CARE.

Through their respective and expansive networks across the U.S., PMHCA programs and SBHCs can advance equity and reduce disparities by providing children with quality mental health services (including routine diagnosis, evidence-based standards, quality improvement systems, and quality performance measures) especially in rural and underserved communities with high proportions of racial and ethnic minority populations.[9, 10]

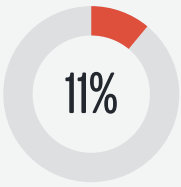
92%

Of those that offer behavioral health services, host a licensed social worker, counselor, or therapist.[8]

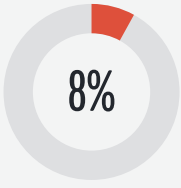
OTHER ROLES that support mental health services through SBHCs include:



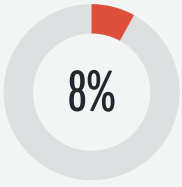
Behavioral Health-Focused Case Managers or Care Coordinators



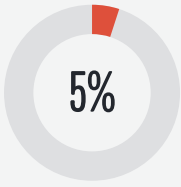
Psychiatrists



Unlicensed Social Workers, Counselors, or Therapists



Psychiatric Nurse Practitioners



Psychologists

▶ ACHIEVE SUSTAINABILITY.
With clearly defined structures, an integrated workforce, and diverse funding, both SBHCs and PMHCA programs are established entities within a larger network, in contrast to isolated and time-limited initiatives.

▶ UTILIZE TECHNOLOGY.
SBHCs and PMHCA programs alike are well accustomed to using telehealth services and electronic medical records as part of their healthcare delivery system. Consequently, SBHCs can easily integrate teleconsultation services of a PMHCA program into their workflow.

▶ FACILITATE SYSTEMS COORDINATION.
PMHCA programs expertise in treatment planning and mental health care system navigation can enhance local SBHCs' ability to identify, assess, treat, and refer students for mental health services, coordinate across care systems, and assist in linking students/families to those systems.

Both SBHCs and PMHCA programs are steadily expanding and have nearly reached every corner of the United State, including tribal nations and territories (see Appendix A: PMHCA Program SBHC Engagement Tool Results). Together, they can fuel a **GROWING MOVEMENT** to build the pediatric mental health workforce.

03
About this Document

03
About this Document

While the similarities and complementary elements between SBHCs and other pediatric primary care practice settings make collaboration a natural fit, SBHCs have unique system-, practice-, school-, and individual-level service and engagement needs. Learning about state, regional, and local SBHC needs is an essential step for PMHCA programs as they initiate partnerships with SBHCs. Until now, and without a roadmap or guidelines, PMHCA programs have used innovative strategies for collaboration. Over the last year, SBHA implemented several technical assistance activities to learn about and share PMHCA programs successes and challenges in this new domain. These technical assistance activities include:

- **FACILITATING** a learning community with an associated Basecamp, in partnership with the National Network of Child Psychiatry Access Programs (NNCPAP), to create space for PMHCA programs programs to share and learn from each other. Prior to the learning community, there was no space dedicated to SBHC expansion and collaboration.
- **COLLECTING** data from PMHCA programs on their type and engagement level with SBHCs. *See Appendix C: PMHCA Program SBHC Engagement Tool Results.*
- **CONDUCTING** technical assistance calls with PMHCA program teams that are interested in or already collaborating with SBHCs.
- **HOSTING** webinars and developing and connecting PMHCA programs to key resource documents. *See resource section.*

Key Lessons Learned

This document is an additional step toward recording and sharing field-based lessons and insights with PMHCA programs and their stakeholders related to PMHCA program-SBHC collaboration. Sharing across PMHCA programs has been invaluable in identifying innovation, insights, and exemplary practices. While a PMHCA program delivery model for this new setting is still evolving, some key lessons learned across PMHCA programs to date include the importance of:

LEARNING about the uniqueness of SBHCs

- **Ask questions and gather data** to understand the overall landscape of SBHCs across a state.
- **Understand individual SBHC** needs, resources, interests, capacity, and readiness for integrated care.
- **Learn about SBHCs' local context** by inquiring about partnerships and champions.

KEEPING relationships at the center

- **Take time to build and cultivate relationships** directly with SBHCs.
- Approach SBHC providers with **cultural curiosity, responsiveness, and humility** rather than as an "outside expert."

DEVELOPING strong partnerships

- **Consider who is involved with SBHCs** and the nature of these existing relationships with SBHCs (e.g., SBHA state affiliates).
- **Align needs and expectations regarding collaboration** to set feasible goals, implement realistic plans, and achieve desired outcomes.
- **Be intentional about promoting partnerships** (e.g., website, presentations, publications, social media) to expand the partnership's network.

WORKING in stages with an eye toward long term results.

- **Reflect on PMHCA program goals and capacity to expand** before engaging SBHCs in services.
- **Start small, go slow, and be strategic:** Consider starting with a small number of SBHCs and monitor progress. Secure small wins to build momentum.
- **Use interdisciplinary teams** to allow for different perspectives during every stage of the process.
- After gaining more experience with an SBHC or SBHCs, **follow up to inquire about ongoing needs or necessary improvements.**
- Incorporate sustainability into conversations throughout the process from early on.

In the next sections, you will find what PMHCA programs are discovering along their journey with SBHCs, how they are taking steps toward engagement, implementing services to SBHC providers, and evaluating and reflecting on their progress.

04 Collaborating with SBHCs

Steps Toward Engaging SBHCs

Evaluation, Program Monitoring, and Quality Improvement

PMHCA Program Services to SBHCs

04
Collaborating with SBHCs

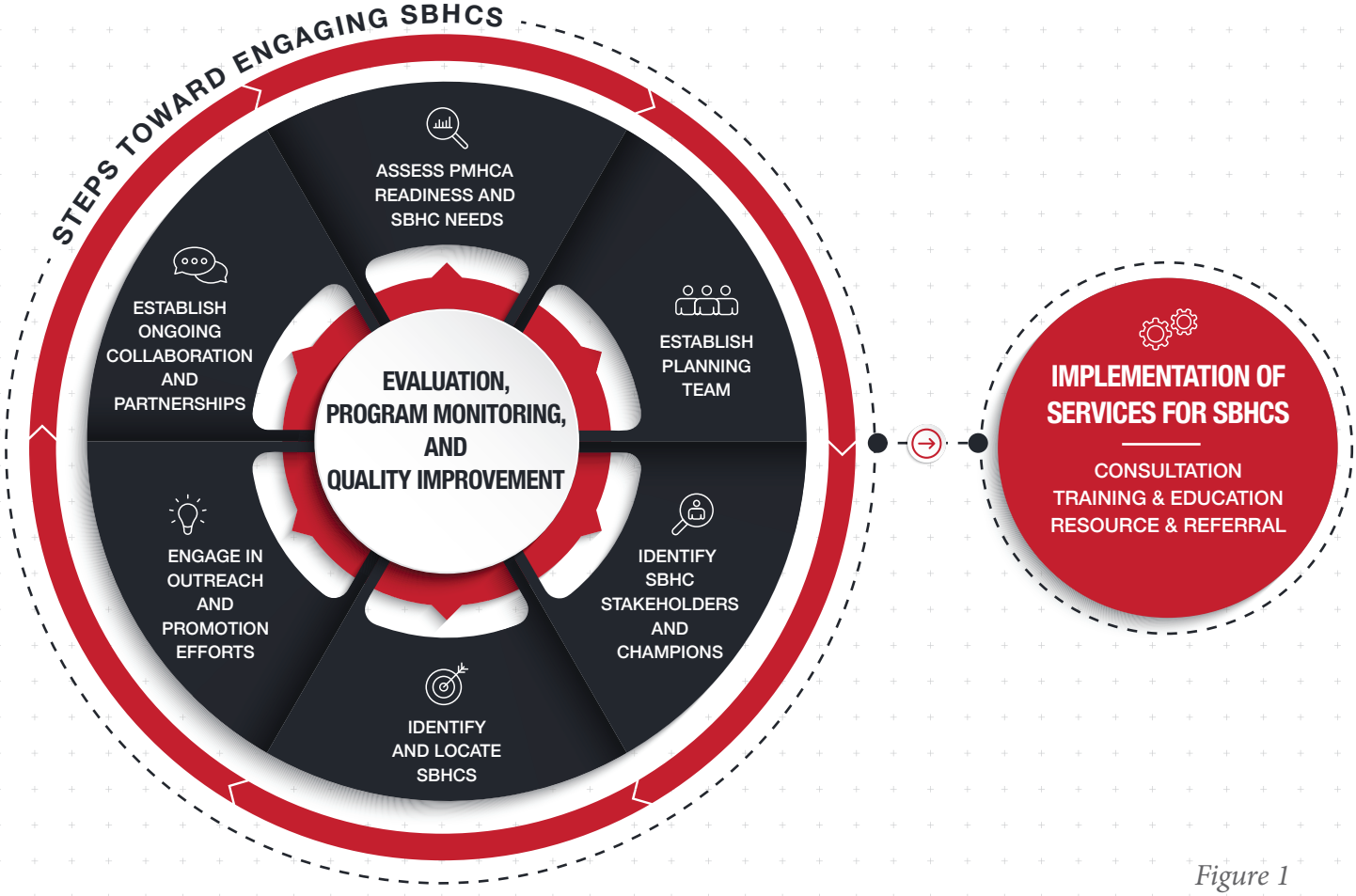


Figure 1

I. Steps Toward Engaging SBHCs

As PMHCA programs begin to collaborate with SBHCs, they have highlighted several steps (see Figure 1 above) – with related activities and resources – for engaging with SBHCs. These include establishing a planning team, identifying SBHC stakeholders and champions, identifying and locating SBHCs, promoting and performing outreach to SBHCs, establishing ongoing collaboration and partnerships, and assessing PMHCA program readiness and SBHC needs.

A. Establish a Planning Team

PMHCA programs have learned the value of a dedicated planning team of subject matter experts for establishing a vision for expansion into SBHCs. Planning team members may include PMHCA program advisory group members, representatives from an SBHC program, and other key stakeholders listed on page 18. As with any planning process, PMHCA programs can begin by asking questions guided by the "5W's" (who, what, where, when, and why) to develop goals and measurable objectives. See Figure 2 for sample questions.

SAMPLE QUESTIONS

- WHAT are the specific mental health needs in the geographic area of focus?
- WHAT services are currently in place?
- WHO has access to existing services?
- WHERE are services available and not available?
- WHO is important to have at the table for collaboration?

Figure 2

The team can then develop an action plan with realistic activities, timelines, and criteria for measuring change. It is also valuable to devote time to team building so that team members build relationships that will fortify the work over the long run. Once the planning process is complete and the PMHCA program initiates services to an SBHC or SBHCs, the team will naturally shift to supporting implementation while continuing to monitor progress.

"When I first was asked to join the PMHCA program advisory board, I didn't know about our state's PMHCA program. As I gained a better understanding of their value through the planning process, I'm proud to call myself a champion of the model, and connecting SBHCs and PMHCA programs is now part of my role!"

Director of Clinical Initiatives, Youth Healthcare Alliance (SBHA State Affiliate,Colorado)

B. Identify SBHC Stakeholders and Champions

A critical step in the planning process is for PMHCA programs to engage with diverse stakeholders who can guide and champion collaboration with SBHCs. When considering potential stakeholders, some PMHCA programs have found it helpful to graphically represent stakeholder groups of **individuals** (e.g., providers, state leaders), **settings** (school, healthcare, community, university), and **sectors** (e.g., education, health, mental health, state, and local government, private), see Figure 3 on page 18, as well as by **degree of influence**.

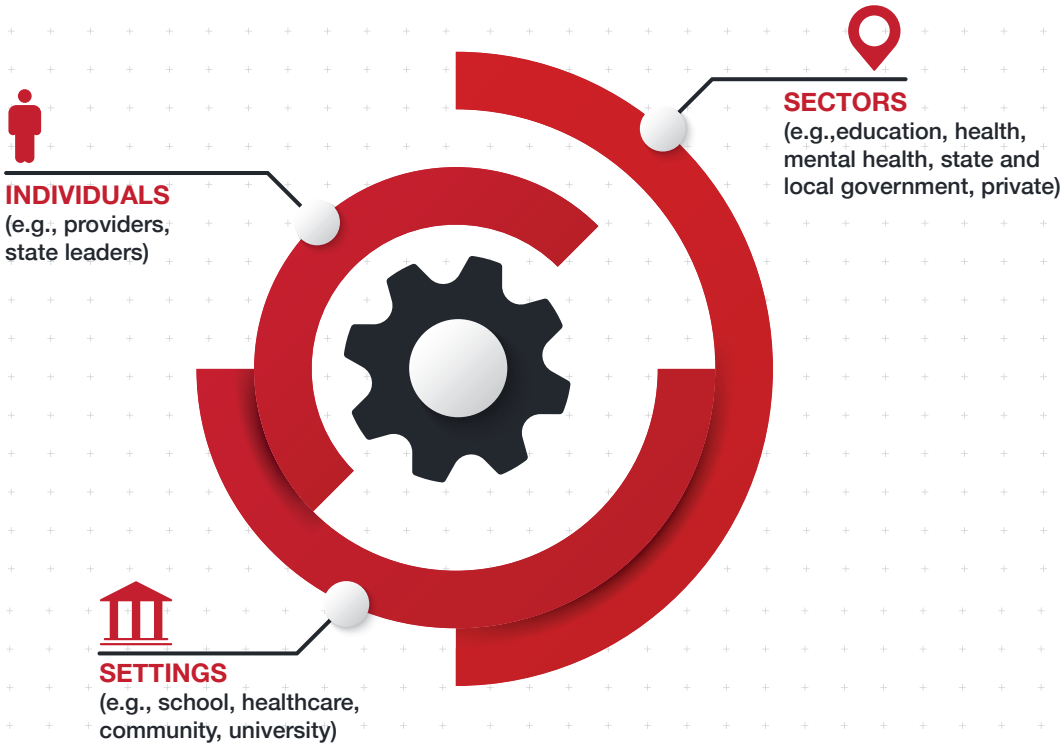


Figure 3

Stakeholders with active collaboration with SBHCs are likely to be better positioned as champions of PMHCA programs-SBHC collaboration than those who are just learning about SBHCs. For example, a healthcare organization sponsoring SBHCs is more likely to have influence and knowledge about SBHCs than the school districts in which they are located. Stakeholders that PMHCA programs have identified as being helpful as they plan expansion to SBHCs include:

- SBHC providers actively using PMHCA program or services.*
- SBHA State Affiliates and SBHC State Program Offices.
- Healthcare systems that sponsor SBHCs (e.g., hospital systems, Federally Qualified Health Centers [FQHCs]).
- State offices in education, health, mental health, rural health.
- School personnel interfacing with SBHCs (e.g., administrators, nurses, social workers).
- Youth advocacy organizations.
- Community mental health agencies that deliver mental health services in SBHCs.
- University programs (e.g., education, public health) and research institutions.
- Funders/payor organizations (e.g., foundations, health plans, and Medicaid).
- PMHCA programs in neighboring states, regions, tribes, or territories.

***INSIGHT**

There may be cases where SBHC providers are already active users of the PMHCA program due to working at an affiliated FQHC. These providers are potentially built-in champions who can promote PMHCA program services in the SBHC setting.

C. Identify and Locate SBHCs

As PMHCA programs strategize to expand to SBHCs, they must first find where they are located. While no one definitive source exists for locating SBHCs, PMHCA programs have used various resources to identify and locate SBHCs:

NATIONAL RESOURCES

SBHA continues to collect and update information about SBHCs across the country. The following are helpful resources:

- **SBHA National Census of School-Based Health Centers** For more than 20 years, SBHA has been capturing the growth and evolution of SBHCs. The 2022 census has information on SBHCs' sponsoring/administrative and partner organizations, schools with access, funding and revenue source(s), services and staffing, and sustainability activities.

- **SBHA Children's Health and Education Mapping Tool** uses geographic information systems (GIS) technology to identify and characterize medically underserved areas and expand health services accessibly. The tool can map, filter, and view critical characteristics of public schools, SBHCs, and other healthcare facilities. Users can search, map, and download data on child health, education, and socioeconomic status at the county level compared with national averages.

STATE RESOURCES

SBHA State Affiliates and SBHC State Program Offices often have information (e.g., maps, databases, directories) about SBHCs within their state on their websites, or they can share this information upon request. See Appendix A to learn which states have an SBHA State Affiliate or SBHC State Program Office.

- **SBHA State Affiliates** are generally independent nonprofits that work with the SBHA to advance policy, quality, funding opportunities, training, and awareness-building of SBHCs as an evidence-based model for increasing equity in healthcare for school-age youth. As of Aug. 23, 2023, 25 states have formed or are in the process of achieving affiliate status through the SBHA.

- **SBHC State Program Offices (SPOs),** generally housed in a state's department of public health, are the regulatory bodies in states where SBHCs are supported by state funding and, as a result, have current and detailed information regarding SBHCs and their services. SBHA collaborates with these offices on data collection and reporting, performance measures, and training and technical assistance. As of August 2023, there are 19 SPOs.

"While we used many sources to help us identify SBHCs, we were surprised that the state nurse consultant had the most complete and current information about SBHCs in our state."

Core Team Member, Youth Access to Psychiatry Program, PMHCA program, South Carolina

What if our state doesn't have a State Affiliate or Program Office?

Many states have SBHCs but no state affiliate or program office. In these states, information about SBHCs can be collected in other ways. State-level partners (e.g., Title V School Nurse Consultants), healthcare organizations, universities, or school districts that work with SBHCs can be instrumental in designing a strategy for acquiring this information.

Several states without a state affiliate or program office have found that state-level collaboration between the PMHCA program and SBHCs has prompted state-level attention and energy around the expansion of SBHCs and are beginning to explore how to create an SBHC affiliate in their state.

For more information about how to become an SBHA State Affiliate or SBHC State Program Office, contact states@sbh4all.org.

SPOTLIGHT: Youth Access to Psychiatry Program

South Carolina's multi-pronged approach to identifying and locating SBHCs

South Carolina's PMHCA program, the Youth Access to Psychiatry Program (YAP-P), is planning to expand access to psychiatric consultation services in SBHCs. It has begun this effort by establishing an interprofessional "core team" comprising SBHC staff, pediatricians, medical directors, psychiatrists, a Department of Health and Environmental Control state school nurse, state department of mental health leaders, community-based researchers, and health psychology doctoral students. Collectively, and with wide-ranging expertise from child psychiatry to implementation science, the YAP-P Core Team advised on a multi-pronged approach to identify and locate SBHCs:

1. Data integration from multiple sources, including the SBHA Children's Health and Education Mapping Tool. South Carolina data from the SBHA National Census of School-Based Health Centers, and the South Carolina Department of Mental Health database.
2. Online search for public data.
3. YAP-P team member referrals.
4. Individual outreach to SBHCs via personal phone calls and emails.

Before identifying and locating SBHCs in South Carolina, it was critical to establish defining criteria for a SBHC. YAP-P's operational definition – "health programs affiliated with a school which includes at least one primary care provider with the capability to provide longitudinal primary and preventative care services to K-12 public school students" – drew from field-based standards and evidence-based literature and included four distinct delivery models defined by the SBHA.[11, 12, 13]

The two-month, multi-pronged approach to identifying and locating SBHCs resulted in a database containing 340 SBHC sites and associated contact information, up from the 72 sites listed in public sources at the beginning of the search. The South Carolina SBHC locations will be mapped using geographic information systems (GIS) technology and made publicly available on the YAP-P website.

For more information about YAP-P, please contact Dr. Eve Fields at eve.fields@scdmh.org.

Figure 4

D. Engage in Outreach and Promotion Efforts

PMHCA programs have already discovered a range of effective outreach and promotion strategies to use with pediatric providers, such as those described in **Outreach and Promotion Strategies for Engagement.**[14] As PMHCA programs have expanded to SBHC provider groups, they have learned to modify their approaches and add to their existing strategies in several ways:

- Investing in relationships and taking the time to learn about SBHCs (i.e., not coming in as an outside expert with ways to "fix" things).
- Including SBHC champions in PMHCA program advisory groups. Extending an invitation to a state SBHC leader, such as the state affiliate, signals a value on their perspective and experience in the field. These entities often will have the most insight into the SBHCs with the greatest needs and those most suitable for collaboration.
- Holding initial meetings with SBHC leaders to understand SBHC structures, needs, and capacity and interest in conducting a more formal needs assessment (see section below on assessing readiness and needs and Appendix B).
- Developing brand marketing and educational materials specific to the SBHC audience (e.g., virutal presentation, infographic, in-person visits to SBHCs with PMHCA program-branded items such as water bottles, magnets, and pens).
- Setting up an exhibit table and networking with providers at a statewide SBHC conference.
- Inviting SBHCs to existing PMHCA program training events and disseminating existing materials to SBHCs.
- Using face-to-face methods of communication and scheduling phone or Zoom calls in place of emails.
- Expanding outreach to include SBHCs, their convening organizations, and other key stakeholders.

INSIGHT: Is formal enrollment of SBHCs during the outreach process necessary?

Each PMHCA program approaches enrollment differently. While some have a policy that requires providers/ practices to enroll in the PMHCA program to utilize the consultation, training, and referral services, others have found that the systematic process of capturing data from providers as part of an onboarding process can, in fact, be a barrier to utilization. If enrollment has demonstrated to be a barrier to engaging SBHCs, it is still important to capture accurate data specific to SBHC utilization and provider needs as described in the section on Evaluation, Program Monitoring, and Quality Improvement **on page 25.**

Figure 5

"Initial engagement with SBHC staff proved difficult. Burnout amongst clinicians and staff was high, while the motivation for new initiatives was very low. Addressing well-being has become a key focal point for all our initiatives and sends the message, 'We hear you describing your needs, and we will make every effort to meet them.' "

Child and Adolescent Psychiatrist, Clinical Professor, and Director for the University of California San Francisco, Child and Adolescent Psychiatry Portal

E. Establish Ongoing Collaboration and Partnerships

PMHCA programs have begun to connect with SBHCs and their stakeholders, ranging from informal collaboration to more formal partnerships. These partnerships often result from initial engagement activities and further build the capacity and reach of what PMHCA programs can provide SBHCs. Examples of PMHCA program collaboration and partnership with SBHCs include:

- SBHA State Affiliate organization serving on PMHCA program **advisory board.** See Figure 6, spotlight about Colorado, on page 23.
- Co-sponsorship with SBHA State Affiliate of **professional development events** for SBHCs.
- Joint **outreach efforts** to SBHCs with SBHC State Program Office.
- **Strategy meetings** with state mental health agencies about mental health services in SBHCs.
- Collaboration with a university on **grant application** support for SBHCs.
- Subcontract with a research institution for the **evaluation of SBHC engagement.**
- Collaboration with statewide mental health supervisors on **SBHC mental health needs assessment.**

"Expanding outreach to our state department of mental health resulted in critical connections to clinical supervisors at the state level who opened up doors to build relationships and expand the program to SBHCs."

Project Manager, Michigan Clinical Consultation and Care (MC3) Program

SPOTLIGHT: Colorado

CoPPCAP partnership with SBHA State Affiliate Youth Health Alliance starts with advisory group and grows

As part of their plan to expand to SBHCs, the **Colorado Pediatric Psychiatry Consultation and Access Program Partners (CoPPCAP)** invited **Youth Health Alliance (YHA)**, the Colorado's SBHA State Affiliate, to join an advisory group comprised of various state agencies and statewide organizations. The advisory group's quarterly meetings are an opportunity to share updates, report on utilization data, and collaborate with partner organizations on shared agendas and joint projects.

The direct link to YHA staff has been an invaluable resource to CoPPCAP, as YHA has been able to follow up with SBHCs on enrollment status (using SBHC utilization data), advise CoPPCAP on SBHC-specific messaging to promote its services, leverage its relationships with SBHCs across the state in outreach efforts, and communicate SBHC needs back to CoPPCAP.

With time and an increased understanding of shared goals, the relationship established between YHA and CoPPCAP has grown well beyond participation on the advisory board. YHA now shares information with all SBHCs about CoPPCAP trainings, resource materials, and services through various media communications and has invited CoPPCAP to present at its annual conference. Additionally, YHA facilitates connections between individual SBHCs and CoPPCAP regarding specific technical assistance needs and funding opportunities. Finally, YHA facilitates peer-to-peer introductions between SBHCs who use CoPPCAP's services and those who are considering services.

Together, YHA, CoPPCAP, and other advisory group members have become champions not only for SBHCs and CoPPCAP but also for advocacy efforts to improve mental health for Colorado youth overall.

For more information, please contact Rebecca Gostlin at **gostlin@youthhealthcarealliance.org**.

Figure 6

F. Assess PMHCA Program Readiness and SBHC Needs

Examining the fit between their readiness to expand and the needs of SBHCs has been an important step for PMHCA programs as they consider and plan for expansion to SBHCs.

PMHCA PROGRAM READINESS

PMHCA programs identified several "readiness" factors to engage in work within the SBHC delivery system.

In assessing these factors, PMHCA programs better understand where they are in the change process (see Figure 7 on page 24) and where they may be headed. These factors include, but are not limited to:

- Alignment between current goals and scope of services.
- Connections to existing state-level SBHC efforts.

- Relationships with SBHC champions who can serve in an advisory role.
- Available funding to support expansion into SBHCs.
- Staff capacity related to:
  - expertise in integrated care, trauma-informed care, school-based services.
  - composition and dedicated staff positions.
  - willingness, motivation, and interest in expanding to SBHCs.
- Flexibility to adapt to unique timelines and needs of schools and districts.

"Through existing partnerships with the few SBHCs in our state, we recognized that each SBHC has unique needs. When it came time to pilot our model, this existing knowledge allowed us to flex our staffing model to better serve the SBHC. By adding a social worker to our team, we moved from the 'preparation' to the 'action' stage."

Medical Director of KSKidsMAP, PMHCA Program, Kansas

WHERE ARE WE NOW, AND WHERE ARE WE HEADED?

Reflecting on readiness factors using the Stage of Change Model[15] allows PMHCA programs to consider their starting point and track progress over time:

- **PRECONTEMPLATION**
  We are only working with traditional pediatric practices and have not yet considered expansion to SBHCs.
- **CONTEMPLATION**
  We understand the benefits and are exploring the possibility of expansion to SBHCs within our team.
- **PREPARATION**
  We are meeting with key stakeholders, i.e., state, regional, and/or local leaders, to discuss the best way to assess SBHC needs.
- **ACTION**
  We are actively providing consultation to SBHC providers and tailoring trainings to include SBHC-specific content or audiences.
- **MAINTENANCE**
  We are reflecting on our process, using data, and discussing ways to improve by tailoring our model and materials to better fit SBHC needs.

Figure 7

SBHC NEEDS

Critical to PMHCA programs' understanding of the landscape of SBHCs in their state are the specific and unique needs and resources of individual SBHCs. Often in collaboration with a lead state partner, PMHCA programs accomplish this through informal meetings with stakeholders and subject matter experts and/or by using more structured methods such as a literature review, landscape analysis, environmental scan, key informant interviews, focus groups, or a formal needs assessment.

Categories to consider when assessing the needs and resources of SBHCs may include:

- Sponsoring organizations.
- Partnerships.
- Funding and financing.
- Provider roles, capacity, and expertise (i.e., skills and knowledge of pediatric mental health).
- Workforce integration (i.e., how mental health services are embedded into health centers' operation).
- Services and systems for screening, assessment, treatment, and referral.
- Presenting concerns of students.
- SBHC's understanding of and interest in PMHCA support.

A sample needs assessment is available in Appendix B. This needs assessment was developed by the Youth Access to Psychiatry Program (YAP-P) team to understand the needs of SBHCs across South Carolina.

II. Evaluation, Program Monitoring, and Quality Improvement

Formal evaluation of PMHCA programs has been primarily guided by the Maternal Child and Health Bureau's **PMHCA Program Performance Measures**, which pertain to PMHCA program usage and provider satisfaction. To increase the likelihood that PMHCA program services to SBHCs result in targeted outcomes, PMHCA programs will benefit from first developing a logic model to align program resources (inputs), activities, outputs (results), and outcomes. And as they expand services to SBHCs, PMHCA programs will need to incorporate SBHCs into an evaluation plan that consists of:

- Goals and associated objectives.
- Program metrics of interest.
- Sources for data collection (e.g., instruments, systems).
- Data collection procedures.
- Data analytic plan (i.e. how data will be cleaned and analyzed).
- Quality improvement approach (e.g., Plan-Do-Study-Act) with multiple "checkpoints" for mid-course corrections.
- Data reporting strategies.

Following are some examples of how PMHCA programs can capture provider needs and services delivered at SBHC sites:

- Conducting an in-depth assessment of a pilot site (e.g., one or two SBHCs) and gathering a larger data sample from multiple SBHCs.

- Including specific outcomes and related data at the SBHC patient, service, and program levels.
  - **Track specific site locations** (i.e., SBHC vs. FQHC) by adding SBHCs as "practice types" in the data system to differentiate encounters by providers that work in more than one setting.
  - Compare outcomes involving students receiving services in an SBHC vs. other pediatric care settings.
- Expanding upon MCHB's **PMHCA Program Performance Measures** by capturing the following data from participating or enrolled SBHCs:
  - SBHC engagement strategies.
  - Level of collaboration among providers.
  - Number of trained staff on SBHC-related content.
- Expanding "reasons for provider contact" to extend beyond consultation on clinical conditions and include consultation on systems and workplace practices (e.g., provider wellness, care coordination between SBHC and school staff, screening protocols, standardized screening tools).
- Adjusting data collection methods to align with metrics used in the **SBHC National Performance Measures** (e.g., well-child visits, depression screening).

DID YOU KNOW?

SBHCs use the following clinical National Performance Measures as part of their preventive care standards: annual well-child visit, annual risk assessment, BMI assessment and nutrition, physical activity, counseling, and depression screening and follow-up.
For more on these performance measures, see SBHA's quality improvement resources.

SPOTLIGHT: Michigan Clinical Consultation & Care
Using partnerships to address needs and measure quality

Michigan Clinical Consultation & Care (MC3) launched its PMHCA program for primary care providers in spring of 2012. Shortly after, school-based and school-linked health centers, referred to as Child and Adolescent Health Centers (CAHCs) from Northern Michigan, expressed an interest in participating in the program. At around the same time, Michigan's Department of Health and Human Services and the Michigan Department of Education, which jointly fund CAHCs, began discussions about the growing behavioral health needs in schools and the need for consultation in the school health center setting. As MC3 expanded to primary care settings statewide, so did consultation with the CAHCs.

CAHCs access the same services as traditional primary care sites and use the same processes for enrollment, consultation requests, and reporting on services. As required by HRSA, MC3 reports on program utilization and administers provider surveys to measure satisfaction and provider comfort level in identifying and treating behavioral health conditions. In addition, MC3 surveys all providers annually on their education preferences and needs. In July 2023, MC3 gathered data from SBHC providers who reported that they would like additional training on psychopharmacology, diagnostic skills, and behavioral interventions. Specific diagnostic areas of interest were attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, and disruptive behavior, which overlap with the top diagnoses (anxiety and depression) addressed in psychiatric consultations with CAHC providers.

As part of its quality improvement efforts, MC3 has multiple checkpoints to assess needs and progress, which they accomplish through informal discussions with state-level clinical supervisors, regional MC3 behavioral health consultants (who meet with CAHCs regularly), and CAHC medical directors. Areas for further provider education that have been identified from these meetings center around medication management and strategies for improving behavioral health integration.

Based on this feedback, MC3 has incorporated these topics into its training and education programming as outlined in Appendix D: PMHCA Program Training and Education for SBHCs.

For more information, please go to **MC3Michigan.org** or contact **MC3-Admin@med.umich.edu.**

Figure 8

III. PMHCA Program Services Provided to SBHCs

PMHCA programs have learned about differences between SBHCs and traditional primary care practices (see Figure 9 below) and are engaging with SBHCs in a variety of ways (see Appendix C: PMHCA Program SBHC Engagement Tool Summary). While some PMHCA programs have already been providing services to SBHCs, others have begun to modify and tailor their programs to the SBHC audience. Their innovations take place across the three pillars of PMHCA program services – consultation, training & education, and resource & referral, as well as through additional activities (e.g., in-person site visits, support groups, min-grant funds) that extend beyond the scope of this document. Below is a description of how PMHCA programs are approaching the implementation of services for SBHC providers.

How SBHCs differ from traditional primary care practices:

While an SBHC and a traditional primary care practice are similar in many ways, key operational differences must be considered:

- **SPONSORING AGENCY**
  Most SBHCs are operated by an external medical partner, such as an FQHC, hospital, nonprofit or community-based organization, or local health department. While the SBHC is a stand alone clinic on site at the school, its management is typically off-site and requires regular communication/coordination.

- **INFORMATION SHARING**
  Due to their unique setting, SBHC providers need to understand and navigate federal laws (i.e., HIPAA and FERPA) pertaining to sharing student (patient) information of those they serve (See Resources).

- **SERVICES**
  Services are typically provided to students, but may also be provided to school staff, student family members, and others within the surrounding community.

- **STAFFING ALLOCATION**
  Some roles may be filled by full-time equivalent (FTE) employees, while others may be divided between multiple SBHCs and/or community sites.

- **STAFFING CONFIGURATION**
  The team may include medical assistants, social workers, mental health clinicians, and registered nurses, with only limited on-site availability of primary care and psychiatric physicians, nurse practitioners, or physician assistants.

- **SCHEDULE OF OPERATION**
  SBHCs administrative and/or provider hours may follow the school day and calendar, school closures, and summer recess.

Figure 9

A. Consultation

Many PMHCA programs offer their current peer-to-peer teleconsultation model (i.e., support and recommendations from the consulting provider in real-time) to eligible providers at SBHCs as they do with their other sites. This builds the provider's capacity in the SBHC while increasing access to expert recommendations for youth and their families.

However, given the varying staffing structure of an SBHC, PMHCA programs are making some innovative adaptations to the traditional consultation model to meet the multi-disciplinary team needs of an SBHCs (see Figure 10 below). Two alternative consultation models that follow emphasize the whole "team" by extending participation beyond the initiating prescribing provider to include other contributing health care personnel at the SBHC.

Group consultation consists of a psychiatrist consulting to a SBHC team at a designated weekly or monthly time that fits the SBHC's schedule. This allows SBHC staff, along with other school-based mental health personnel involved in a case, to collaborate in addressing a student's unique needs. With recurring meetings, the consulting provider can provide ongoing input about the student's care and assist the team in navigating external referrals if needed.

Interdisciplinary group consultation adds another layer to the group consultation described above, as an entire interdisciplinary PMHCA program team (e.g., child and adolescent psychiatrist, primary care provider, child psychologist, and social worker) is involved in the consultation. With this type of consultation, the PMHCA program consulting team holds weekly open office hours sessions to review, discuss, and make recommendations to the SBHC provider team. For more information about this approach, see Figure 10 below.

SPOTLIGHT: KSKidsMap
Kansas' interdisciplinary group consultation model

Given that the state of Kansas has fewer than 10 SBHCs and no SBHA State Affiliate, KSKidsMap, the state PMHCA program, enrolled SBHC clinicians from the start. The Kansas PMHCA program team used expansion funding to pilot a collaborative care model at a single university linked SBHC site. Coined by the team as the *Interprofessional Child Centered Integrated Care Model* (or ICX2 for short), the model highlights their integrated practice and has expanded beyond their initial team of primary care physicians and clinicians (PCP), child psychologists, and psychology trainees to include child and adolescent psychiatrists and social workers. The term "interprofessional" indicates that this team works as a unit rather than as independent professionals to care for their patients.

As the ICX2 Model was built, SBHC clinicians were involved in a service planning design process to align with patient care needs. To meet those needs, staffing was adjusted, and a new social worker/resource coordinator position was added. Consultations for SBHC expansion are scheduled in an "open office hour" format. Participating clinicians have access to the interprofessional team (PCP, psychiatrist, psychologist, and social worker) for 1.5 hours every other week. The entire team reviews the registry of patients needing consultation and responds with a collective set of recommendations. Cases are often discussed during multiple sessions as the team evaluates both responses to treatment and dynamic social determinants of health.

Evaluation of this model is early in its process and largely descriptive. Anecdotally, cases have involved ADHD, trauma, major depression, and self-harm. Because the ICX2 Model is funded by partnering community organizations and school district(s) in addition to PMHCA program expansion funds, "report backs" consisting of patient volume and "top 10" reasons for visits are made to community partners and district personnel, as well as the SBHCs. This data has been important to measuring this particular consultation model and has also been useful in advocating for other children's mental health efforts in the state.

For more information, please email **KSKidsMAP@kumc.edu** or visit this **website**.

Figure 10

B. Training and Education

Identifying the training needs of SBHC staff has helped PMHCA programs tailor content to the unique needs of each SBHC. PMHCA programs can gather this information through a needs assessment (see Appendix C) and annual provider surveys. PMHCA programs have also found SBHA State Affiliates and SBHC Program Offices helpful in informing them about training initiatives, as well as curating SBHC training offerings that align with the education plans or needs in their area.

PMHCA programs have used the following approaches to training SBHCs:

1. Inviting SBHC providers to participate in current training opportunities alongside other pediatric practitioners, highlighting topics most likely to be of interest to them.

2. Tailoring training and educational materials to specific SBHC audiences such as SBHC individual sites, groups of SBHCs, or specific provider types. See Appendix D: PMHCA Program Training and Education for SBHCs.

NOTE

For PMHCA programs that may not have the time or capacity to develop program-specific educational materials for SBHCs, national open-access resources are available in the **Resources section** of SBHA's website.

To engage and sustain the participation of SBHCs, PMHCA programs have found it helpful to:

- Inquire about logistical preferences and needs when designing and delivering training.
- Provide continuing education unit (CEU) credits.
- Make enrollment optional rather than a prerequisite to training participation.
- Offer a range of training formats from which providers can choose (e.g., live vs. recorded sessions, webinars vs. ECHOs.® See Figure 11 on page 31.
- Expand professional development to cross-disciplinary audiences, such as:
  - SBHC clinical and non-clinical staff.
  - SBHC health and mental health providers.
  - SBHCs and collaborating school personnel (e.g., school mental health providers, school mental health teams, and administrators).
  - SBHCs and community mental health service providers.
  - Multi-disciplinary school-level teams (e.g., behavioral health, student support teams).

WHAT IS PROJECT ECHO®?

Project ECHO® is a common training method that PMHCA programs have used to offer training and development to primary care providers, including those in SBHC settings. ECHOs® offered by PMHCA programs are typically six to eight lunchtime sessions scheduled weekly or bi-weekly. Sessions are one hour long and include instruction, a case presentation by a participant, and then a group case discussion.

Insights from PMHCA programs employing the Project ECHO® model for SBHCs:

- Offer ECHO® series at various scheduled times throughout the academic year (late fall and spring).
- Design series to meet the specific learning needs of the previously identified audience.
- Complete a Project ECHO®- certified facilitation training to maintain fidelity to the model.

See Appendix D for how PMHCA programs have developed ECHOs® for SBHC audiences.

Figure 11

In addition to more traditional training formats, PMHCA programs have explored other models to build capacity of frontline primary care providers, especially SBHC providers, to assess and treat mental health disorders. During the COVID-19 pandemic, one PMHCA program incorporated the **Ekstasis Model**, a structured peer consultation model via teleconferencing, to incorporate provider wellness and burnout prevention into their educational offerings. Others have offered provider cafes, open office hours, and communities of practice with former ECHO® participants to foster connection and shared learning among providers.

SPOTLIGHT: California Child & Adolescent Psychiatry Portal
Engaging with SBHCs through Training and education

Since its launch in 2019, the California Child & Adolescent Psychiatry Portal (CAPP) has enrolled several SBHCs, most of which are sponsored by FQHCs, as part of its overall engagement and expansion. Specific SBHC programming was first developed in 2020 after increased recognition among SBHC and educator colleagues that mental health-related problems significantly affected many children and youth at school.

Longstanding local partnerships among University of California San Francisco's (UCSF) Benioff Children's Oakland Hospital's SBHCs – well-known to the California SBHC community for their strong leadership as well as direct clinical experience – have facilitated credibility, trust, and relationships with newer collaborators in additional areas of the state.

One collaborator, the California School-Based Health Alliance (CA SBHA), has been instrumental in promoting statewide awareness of CAPP resources and educational offerings specifically designed for school health professionals and SBHCs. (See Appendix D for more details). To engage these new audiences, CAPP developed a school-based newsletter that the CA SBHA helped disseminate statewide. These newsletters offer timely and relevant information and guidance, such as apparent increases in eating disorders, learning problems, trauma, grief and loss, and ADHD. Outreach to SBHCs has paid off, and CAPP is beginning to demonstrate positive outcomes from training and educational activities offered specifically to schools and SBHCs.

- Recently, a network of nine SBHCs shared that after participating in CAPP's **educational session on assessing and treating ADHD and trauma**, they all implemented a new workflow and process to address these conditions, with workflows and screening tools available in each exam room.

- CAPP's statewide pilot, **Project ECHO® for school-based personnel**, covered topics including trauma-informed care, suicide assessment, and learning challenges, and received excellent evaluations. Participants from across the state represented a diversity of professional backgrounds, including SBHC clinicians, school personnel, and administrators.

- This first pilot has paved the way for **two new Project ECHO® series for school-based personnel**, including one on clinically related topics such as grief and trauma-informed care, and another interprofessional ECHO® on team collaboration and evidence-based therapies across practice settings. Evaluation of process and performance measures will inform future innovations in CAPP's SBHC consultation and educational programming.

For more information, please contact **CAPP@ucsf.edu**.

Figure 12

C. Resource and Referral

Historically, PMHCA programs have built their programs by first establishing a consultation line, then offering training, and finally adding resources and referrals as the program becomes more established. PMHCA programs have yet to make significant adaptations to their resource and referral service model to meet the unique needs of SBHCs, as they anticipate that their existing resource services can be of benefit to SBHC providers. Collaborating with SBHC teams to tailor resources to align with patient needs will be important and can be accomplished by:

- Having a **dedicated staff role** to facilitate referrals and equip PMHCA program psychiatrists with patient-specific resources.
- Partnering with existing community organizations and schools to develop a **resource portal of database/directories** or local and state resources, including non-clinical community supports, outpatient therapists and psychiatric clinicians, and higher intensity specialty mental health programs.
- **Using existing educational materials for SBHCs**, including care guides, treatment algorithms, recorded webinars, and newsletters to educate providers.

DID YOU KNOW?

Some PMHCA programs elevate resource and referral services to the level of individual care coordination, where they actively work with families to connect them to services as well as to follow up. These services could be helpful in creating a coordinated system of care within the school with parameters established jointly by SBHC and school teams.

05
Summary and Recommendations for Future Directions

05
Summary and Recommendations for Future Directions

The demand to address youth mental health needs has become even more urgent as new evidence continues to mount, demonstrating significant increases in mental health conditions among children.[16] In response, federal cross-sector initiatives, like HRSA-funded PMHCA programs, aim to increase children's access to mental health services by expanding the workforce of pediatric mental health providers.

SBHCs, a healthcare delivery system designed to help the nation's most vulnerable children, are critical partners for PMHCA programs. SBHCs and PMHCA programs can work together to mitigate the nationwide children's mental health crisis and provide pediatric care providers with the tools and expertise to accurately assess, diagnose, and treat mental health disorders where students spend most of their time — in schools. By overcoming barriers to needed mental health services, partnerships between PMHCA programs and SBHCs can advance health equity by ensuring that students and families residing in under-resourced communities have access to high-quality and timely integrated health and mental health care.

While PMHCA programs have made significant strides in expanding services to SBHCs, the following recommendations will help to advance their practice, maximize their impact, and sustain their efforts:

- Documenting and sharing successes and challenges related to partnering with SBHCs.
- Actively participating in shared spaces and electronic collaboration platforms (e.g., NNCPAP's Basecamp, the PMHCA program listserv) by posting questions, sharing insights, and uploading materials.
- Collaborating with other PMHCA programs on implementation models so that they can be measured and disseminated.
- Targeting a diverse range of provider types (i.e., mental health providers in SBHCs) to have a broader impact.
- Exploring integrated data collection processes for data sharing (e.g., utilizing interoperability modernization to maximize communication between SBHC and PMHCA Program Electronic Health Records (EHR) and data reporting systems).
- Seeking diverse resources that includes both public and private funding at the federal, state, and local levels.
- Recruiting and training PMHCA program providers on how to consult with providers in school-based settings.

As PMHCA programs are just at the "tip of the iceberg" when it comes to formalizing their services to SBHCs, they may consider advocating for the following at the national level:

SHARED LEADERSHIP AND LEARNING

- An advisory group of key PMHCA program and SBHC thought leaders and innovators to develop "best practices" (aligned to this document) to guide future PMHCA program-SBHC partnerships, explore critical questions related to collaboration, and respond to needs raised by PMHCA programs and SBHCs.
- A community of practice for shared learning, exploration, and exchange of tools and resources.
- Peer-to-peer learning that connects PMHCA programs collaborating with SBHCs.
- "Site visits" for PMHCA programs to learn from one another.

OPEN-ACCESS RESOURCES AND ONGOING TECHNICAL ASSISTANCE

- A web-based toolkit with "best practice" documents, related resources, and tools differentiated for SBHC and PMHCA program audiences (e.g., states at varying stages of collaboration, states with or without SBHC state leadership).
- Topic-specific technical assistance (e.g., coaching and webinars) on specific elements of the toolkit.
- Learning collaboratives for PMHCA program-SBHC planning teams to come together to engage in action planning, implementation, and evaluation of services.

EVALUATION AND RESEARCH

- A national needs assessment and environmental scan that collects data related to PMHCA program collaboration, interest, and capacity to expand into SBHCs.
- A statewide SBHC needs assessment that PMHCA program and state SBHC leaders (e.g., SBHA State Affiliates and SBHC State Program Offices) can use to synthesize data by model, location, and provider type.
- Standard measurement tools and measures for assessing PMHCA program and SBHC efforts and studying trends at both state and national levels.
- Evidence-based practice models and examination of the impact of PMHCA program-SBHC partnerships.
- State incubator pilot(s) and ongoing evaluation of PMHCA programs collaborating with SBHCs.

PROMOTE SBHCS TO PMHCA PROGRAMS AND VICE VERSA

- Dissemination of educational materials with messaging related to the benefits of partnership between PMHCA programs and SBHCs e.g., SBHA's "A Natural Partnership for Improving Access to Mental Health Care" series geared toward PHCA programs and SBHCs, available on SBHA's website.
- Marketing cross-disciplinary training opportunities, program expansion, funding, and collaboration on national newsletters and websites used by PMHCA programs and SBHCs.

06
Resources

06 Resources

PMHCA Programs ...

- For general information about PMHCA programs and a map and list of funded programs, visit **HRSA's PMHCA program website**.
- To join a network of PMHCA programs and Child Psychiatry Access Programs, visit the **National Network of Child Psychiatry Program's website** or contact **nncpapmail@gmail.com**.
- To learn and share with other states collaborating with SBHCs, contact advisory group members (see acknowledgements on pages 2 and 3) and join **NNCPAP's Basecamp** for PMHCA programs and SBHCs.

SBHCs ...

- **SBHA website**
- **"The Evidence on School-Based Health Centers: A Review,"** Global Pediatric Health
- **"What is School-Based Health Care?"** The School-Based Health Alliance
- **"Social Determinants of Health: School-Based Health Centers,"** The Community Guide
- **"The Impact of School-Based Health Centers,"** The Los Angeles Trust for Children's Health
- **"Twenty Years of School-Based Health Care Growth and Expansion,"** Health Affairs
- School-Based Health Alliance **Children's Health and Education Mapping Tool**

SBHA State Affiliates and SBHC State Program Offices ...

- To find out if there is an SBHA Affiliate or SBHC Program Office in your state, see Appendix A.
- To learn more about how to become an affiliate or state program office, contact **states@sbh4all.org.**

PMHCA program expansion into schools ...

- **Guidelines and Considerations for PMHCA Program School Expansion.**
- **Pediatric Mental Health Care Access Playbook for Training and Education to School-Based Audiences**
- **National Center for School Mental Health**

07 References

1. McBain RK, Cantor JH, Kofner A, Stein BD, Yu H. Ongoing Disparities in Digital and In-Person Access to Child Psychiatric Services in the United States. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2022;61(7):926-933. doi: https://doi.org/10.1016/j.jaac.2021.11.028.

2. Pediatric mental health care access. MCHB. Accessed September 14, 2023. https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access.

3. The Community Guide. Social Determinants of Health: School-Based Health Centers. 2015. https://www.the communityguide.org/findings/social-determinants-health-school-based-health-centers.html

4. The Los Angeles Trust for Children's Health. *The Impact of School-Based Health Centers.* 2021. https://static1.squarespace.com/static/610c101c733e257fb271ce0f/t/627a993193af0212875f1c2a/1652201780668/2022+SBHC+Impact+Report.pdf

5. Pediatric Mental Health Care Access (PMHCA) Programs: Partnerships with Schools and SBHCs. School-Based Health Alliance. Accessed September 14, 2023. https://www.sbh4all.org/2023/08/24/pediatric-mental-health-access-pmhca-programs-partnerships-with-schools-and-sbhcs/

6. Soleimanpour S, Cushing K, Christensen J, Ng S, Yang J, Saphir M, Geierstanger S, Even M, Brey L. (2023). Findings from the 2022 National Census of School-Based Health Centers. Washington, DC: School-Based Health Alliance

7. Pediatric mental health care access. MCHB. Accessed September 14, 2023. https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access.

8. Ibid

9. Pediatric Mental Health Care Access Program, Fiscal Year 2023, Notice of Funding Opportunity, Division of Maternal and Child Health Workforce Development, Funding Opportunity Number: HRSA-23-081.

10. Knopf, J. A., Finnie R.K., Peng Y, et al; Community Preventive Services Task Force. School-Based Health Centers to Advance Health Equity: A Community Guide Systematic Review. Am J Prev Med. 2016 Jul;51(1): 114-26.doi: 10.1016/j.amepre.2016 .01.009.

11. What is School-Based Health Care? School-Based Health Alliance. Accessed September 14, 2023. https://www.sbh4all.org/what-we-do/

12. North S, Dooley DG. School-Based Health Care. Prim Care. 2020 Jun;47(2):231-240. doi: 10.1016/j.pop.2020.02.003. Epub 2020 Feb 20. PMID: 32423711

13. Borkowski, V., Goddard, A. & Gaffney, B. (2022). School-Based Health Centers: A Concept Analysis. Journal of Pediatric Health Care.

14. Health Resources and Services Administration (HRSA) Division of Maternal & Child Health (MCH) Workforce Development. *Outreach and Promotion Strategies for Engagement.* Internal report.

15. Prochaska, J. O., & Norcross, J. C. (2002). Stages of Change. In J. C. Norcross (Ed.), Psychotherapy relationships that work: Therapist contributions and responsiveness to patients (pp. 303–313). Oxford University Press.

16. Lebrun-Harris LA, Ghandour RM, Kogan MD, Warren MD. Five-Year Trends in US Children's Health and Well-being, 2016-2020. JAMA Pediatrics. 2022;176(7):e220056. doi:10.1001/jamapediatrics.2022.0056.

08
Appendix A

SBHA State Affiliate, SBHC State Program Office, and PMHCA Program Graphic

SBHA State Affiliate, SBHC State Program Office, and PMHCA Program Graphic

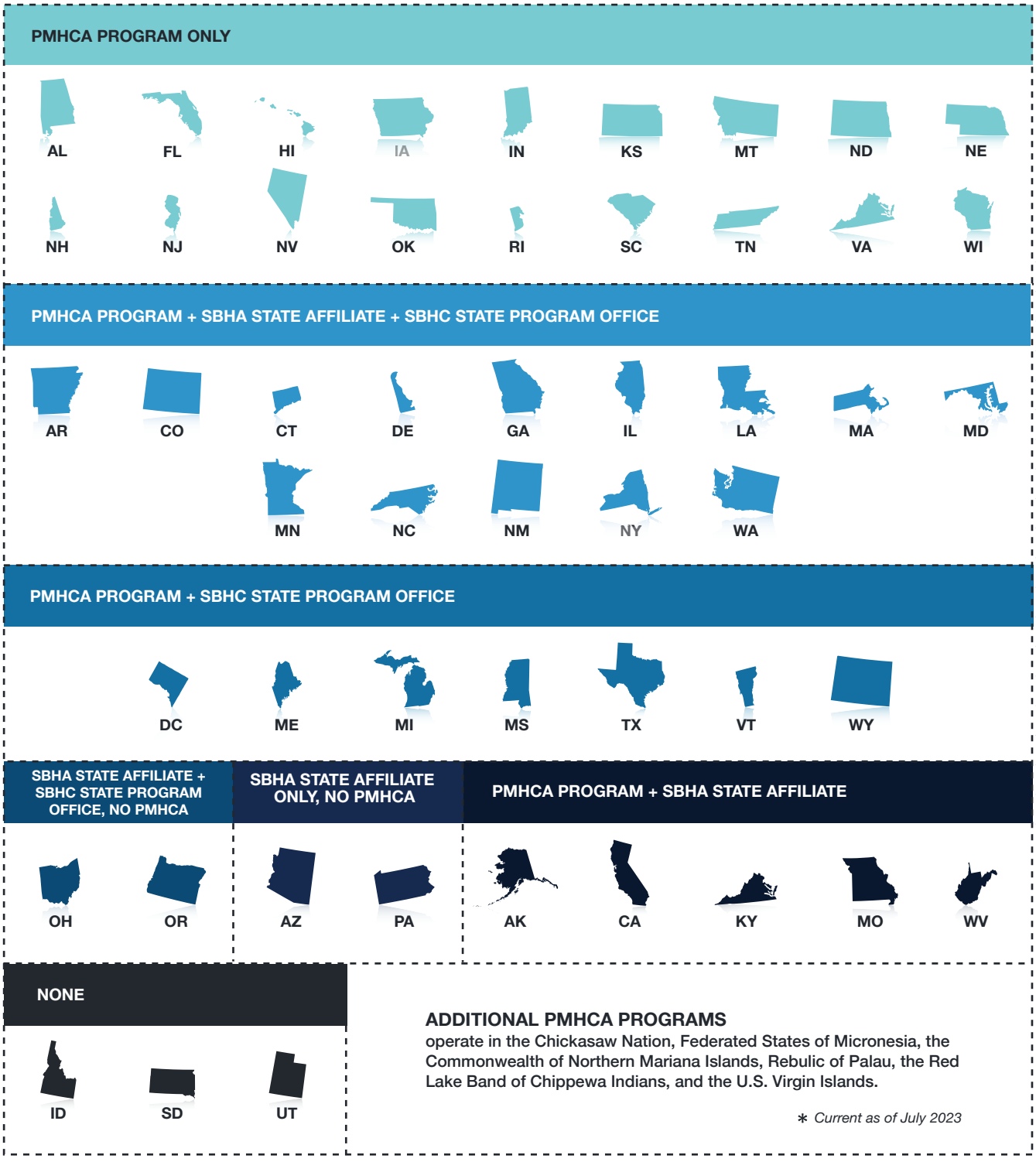


Figure 13

09
Appendix B

S-YAPP Asset and Needs Assessment Survey

S-YAPP Asset and Needs Assessment Survey

The School-Based Youth Access to Psychiatry Program (YAP-P) team developed the following asset and needs assessment tool. The School-Based YAP-P evaluation team facilitated the tool development process.

CONTRIBUTORS

Mae Mack, Jasmine Temple, Annalise Tolley, and Victoria Scott of the University of North Carolina at Charlotte; Brittany Cook of Wandersman Center; Ryan Kruis, James McElligott, and Elana Wells of the Medical University of South Carolina; Eve Fields and Grace Lambert of the South Carolina Department of Mental Health; Kerry Sease of Prisma Health; and Victoria Ladd of the South Carolina Department of Education and the South Carolina Department of Health and Environmental Control.

A special thanks to the **School-Based Health Alliance** for its ongoing support and for sharing its nationwide census survey, which helped to support the development of this assessment.

The survey below is intended to be completed by the School-Based Health Center (SBHC)/program coordinator (re: administrative). YAP-P also has a companion survey to be completed by an SBHC/program-employed provider (re: site). This distinction reflects the different knowledge about the SBHC/program that an individual may have at the site versus the administrative level. When questions exist at the site and administrative level, the data is to be aggregated.

Level: Administration

INTRODUCTION

The purpose of this asset and needs assessment survey is to increase understanding of the landscape of school-based health centers (SBHCs) and school-based health programs across South Carolina. Information will be collected about each program's operational, clinical, demographic, and programmatic characteristics to achieve this goal. This will lay the foundation for the expansion of the Youth Access to Psychiatry Program (YAP-P) into SBHCs/programs.

WHAT ARE SBHCS/PROGRAMS?

SBHCs and school-based health programs are defined as having a primary care provider with the capability for a continuing relationship with the patient/student and provide (at minimum) primary and preventative care to k3-12 public school students.

There are four distinct service delivery models:

- **SCHOOL-BASED (i.e., traditional model)**
  Patients access primary care in a fixed facility on a school campus; other services may be provided in-person or via telehealth.
- **SCHOOL-LINKED**
  Patients access primary care in a fixed facility near a school campus (i.e., geographically separate from the school campus); other services may be provided in-person or via telehealth.
- **MOBILE**
  Patients access primary care through a mobile clinical unit on or near the school campus with a clinical team; other services may be provided in person or via telehealth.
- **TELEHEALTH-EXCLUSIVE**
  Patients access primary care on school grounds in a designated space through telehealth video platforms.

NOTE

This version of the survey is for survey administrator use. It contains categorical labels and skip-logic guidance that would not appear in the respondent-versions.

Instructions

Please answer the following questions about your school-based health center program to the best of your ability. The survey is estimated to take 10 minutes to complete.

DEMOGRAPHICS

Q1. Please identify the school-based health center (SBHC)/school-based health program for which you will be completing the survey.

Name of SBHC/school-based health program:_____
_____

Address of SBHC / school-based health program:_____
City:_____
Zip code:_____
Phone:_____

Name of school(s) where SBHC/school-based health program is located:_____

Q2. Which best describes your role with the School-Based Health Center (SBHC)?

___ Lead Nurse
___ SBHC-Employed Nurse
___ School-Employed Nurse
___ Prescriber (MD/DO)
___ Prescriber (NP/PA)
___ SBHC/Program-Employed Administrator (e.g., manager, coordinator, director, etc.)
___ School-Employed Administrator
___ SBHC Mental Health Clinician
___ School-based Mental Health Clinician
___ Other:_____

Q3. Who is the sponsoring organization for the SBHC/ school-based health program? Please check all that apply:

___ Health center (Health Center Program award recipient or look alike, Federally Qualified Health Center, or community health center)
___ Hospital or medical center
___ Local health department
___ Mental health agency
___ Nonprofit
___ School system
___ Tribal government
___ University
___ Other:_____

Q4. Which funding or revenue source(s) supported the SBHC during the 2021-22 school year? Select all that apply:

___ Federal government
___ State government
___ Local government
___ Billing for services/health insurance reimbursement
___ Private foundation
___ Lead sponsor organization/agency
___ School system (do not include in-kind support)
___ In-kind support (e.g., from the school system)
___ Philanthropic support
___ I don't know
___ Other, please specify:
_____

Q5. Do you have someone whose role includes coordinating with parents around consent, coordinating health and care, and linking students and families to additional resources (e.g., a parent liaison/coordinator)?

___ Yes
Please indicate the title for that role:
_____
___ No

SERVICES

Q6_a. Which types of services are available at your SBHC/school-based health program IN PERSON? Select all that apply:

___ PRIMARY CARE such as comprehensive health assessments/exams, diagnosis and treatment of minor, acute, and chronic medical conditions, and referrals to and follow-up for specialty care. Services may be delivered by physicians, nurse practitioners, and/or physician assistants.

___ BEHAVIORAL HEALTH such as intake/assessments and individual or group therapeutic services provided by trained professionals such as social workers, licensed professional counselors, case managers, psychologists, or psychiatrists.

___ ORAL HEALTH such as dental examinations/screenings, preventive care, cleanings, and restorative services. Services provided by dentists, dental assistants, and/or dental hygienists. ⇒ Q6_b

___ VISION such as vision screenings and corrective lenses provided by ophthalmic technicians, optometrists, and/or ophthalmologists beyond those provided by primary care. ⇒ Q6_c

___ HEALTH EDUCATION such as one-on-one or group sessions designed to educate people on health issues, such as nutrition, physical activity, screen time, and healthy relationships.

___ Not applicable ⇒ Skip to Q8_a

Q6_b. You indicated that your SBHC/school-based health program offers oral health services IN PERSON. Please select all oral health services offered:

___ Dental hygiene
___ Restorative care
___ Oral surgery/advanced oral care

Q6_c. You indicated that your SBHC/school-based health program offers vision services IN PERSON. Please select all vision services offered:

___ Comprehensive eye exam
___ Visual acuity testing/glasses/corrective lenses

Q7. Where are these IN-PERSON services administered at your SBHC/school-based health program? Please select all that apply:

___ In a fixed space on the school campus
___ In a fixed space near a school campus
___ In a specially equipped van/bus/trailer

Q8_a. Which types of services are available at your SBHC/school-based health program VIA TELEHEALTH? Select all that apply:

___ PRIMARY CARE such as comprehensive health assessments/exams, diagnosis and treatment of minor, acute, and chronic medical conditions, and referrals to and follow-up for specialty care. Services may be delivered by physicians, nurse practitioners, and/or physician assistants.

___ BEHAVIORAL HEALTH such as intake/assessments and individual or group therapeutic services provided by trained professionals such as social workers, licensed professional counselors, case managers, psychologists, or psychiatrists.

___ ORAL HEALTH such as dental examinations/screenings, preventive care, cleanings, and restorative services. Services provided by dentists, dental assistants, and/or dental hygienists. ⊖ Q8_b

___ VISION such as vision screenings and corrective lenses provided by ophthalmic technicians, optometrists, and/or ophthalmologists beyond those provided by primary care. ⊖ Q8_c

___ HEALTH EDUCATION such as one-on-one or group sessions designed to educate people on health issues, such as nutrition, physical activity, screen time, and healthy relationships.

___ Not applicable ⊖ Skip to Q10

Q8_b. You indicated that your SBHC/school-based health program offers oral health services VIA TELEHEALTH. Please select all oral health services offered:

___ Dental hygiene
___ Restorative care
___ Oral surgery/advanced oral care

Q8_c. You indicated that your SBHC/school-based health program offers vision services VIA TELEHEALTH. Please select all vision services offered:

___ Comprehensive eye exam
___ Visual acuity testing/glasses/corrective lenses

Q9. How are these TELEHEALTH services administered through your SBHC/school-based health program? Please select all that apply:

___ In a fixed space on the school campus
___ In a fixed space near a school campus
___ In a specially equipped van/bus/trailer
___ In the patient's home

Q10. Who does your SBHC or program serve? Please check all that apply:

___ Students enrolled in the school
___ Families of students enrolled in the school
___ Community members
___ School Staff

Q11. How many days in the school week (Mon-Fri) are SBHC services NOT provided (in person, via telehealth, through transport) at the school? _____

_____
_____
_____

Q12. When does your SBHC/school-based health program offer services? Please select all that apply:

___ Only during school hours
___ During aftercare hours
___ During weekends
___ During holiday breaks
___ During the summer

RECORDS/DATA

Q13. Which system do you use to chart healthcare records?

___ Electronic health records (EHR)
___ Paper
___ Other:_____

Q14. Are there other collaborators who provide data to identify resources and services needed to meet the needs of the student? Please select all that apply:

___ Yes, we also use data from broader health systems
___ Yes, we also use data from another community entity (e.g., United Way)
___ No
___ Unsure

Q15. Which of the following School-Based Health Alliance National Performance Measures do you track in students' health records? Please select all that apply:

___ Wellness visit/wellness referrals
___ Depression screening
___ Risk assessment
___ BMI
___ Chlamydia screening
___ N/A
___ Other:_____

MENTAL HEALTH

Q16_a. If one of the recommendations in a consultation with a psychiatrist is potential treatment with a psychotropic medication, is there a provider in the SBHC/program who can prescribe medication?

___ Yes ⊖ Q16_b
___ No

Q16_b. Does the prescribing provider have the ability to follow up with the patient over the course of the school year?

___ Yes
___ No
___ Other:_____

BILLING

Q17. Do you bill for services?

___ Yes
___ No

Q18. Which of the following do you accept? Please check all that apply:

___ Medicaid reimbursement
___ Sliding scale
___ Cash payer
___ Private Insurance

CONSENT

Q19_a. Please indicate the degree to which you agree or disagree with the following statement: *Obtaining consent is a barrier to service provision for our SBHC/school-based health program.*

___ Strongly disagree ⊖ Q19_b
___ Disagree ⊖ Q19_b
___ Agree
___ Strongly agree

Q19_b. What strategies have you used to overcome barriers to obtaining consent? _____

_____
_____
_____
_____
_____

INTEGRATION *

Instructions

For the following questions, please indicate the degree to which you agree or disagree with each statement.

Q20. The SBHC/school-based health program actively promotes campus-wide policies and practices that assure a safe and healthy school environment for all students and staff, including participation in the school's crisis prevention and intervention plans.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q21. A specific protocol exists for the SBHC/school-based health program to refer students for academic support in the school.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q22. A specific protocol exists for the school to refer students for health support in the SBHC/school-based health program.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q23. SBHC/school-based health program participates in school-wide health campaigns or events.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q24. SBHC/school-based health program conducts active outreach in the school or community to inform individuals about the services it provides.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

**Integration questions (Q20-27) were inspired by the School Health Integration Measure: Ferenchak K.S., Trieu, S.L., Franco, R., Jackson, N.J., Dudovitz, R. (2021) Beyond co-location: Development of a School Health Integration Measure. Journal of School Health, (91)12, 970-980. https://doi.org/10.1111/josh.13088*

Q25. SBHC staff/ school-based health program and school staff spend time collaborating to advance student well-being and outcomes (e.g., wellness committees; mental health education).

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q26. SBHC/school-based health program staff have a formalized understanding of how to collaborate with school administration, teachers, and support staff- school nurses, psychologists, and counselors - to ensure the partnership meets student needs efficiently, effectively, and seamlessly.

___ Strongly Disagree
___ Disagree
___ Agree
___ Strongly Agree

Q27. How often do the SBHC/school-based health program and the school exchange information (i.e., data) about student well-being and outcomes?

___ No data is exchanged
___ Once a year
___ Quarterly
___ Monthly
___ Other:_____

TELEHEALTH CHALLENGES AND SUPPORTS

Q28. Check all the TELEHEALTH components your SBHC/school-based health program has:

___ Consistent internet access
___ Phones ⊖Q29_b
___ Computers ⊖Q29_b
___ Consistent Wi-Fi access
___ Technology support services
___ Other telehealth equipment (e.g., telehealth carts, peripherals) ⊖Q29_b
___ Dedicated telehealth presenters
___ Dedicated telehealth space
___ Other:_____

Q29. Check all the TELEHEALTH challenges your SBHC/school-based health program faces:

___ Low-quality internet
___ Inconsistent Wi-Fi
___ Firewall issues
___ VPN challenges
___ Lack of technology support services
___ Lack of interest among SBHC clients
___ Lack of interest among staff
___ Equipment cost
___ Reimbursement
___ Lack of dedicated telehealth presenters
___ Telehealth presenters not always available when needed
___ Legal restrictions
___ Other:_____
___ None, we don't face any barriers in providing telehealth

REFERRAL

Q30. If the student's Primary Care Physician is not a part of the SBHC, are updates communicated between the student's PCP and the SBHC?

___ Yes
___ No
___ Unsure

Q31. How are external referrals to mental health service providers/psychiatric services managed? Please select all that apply:

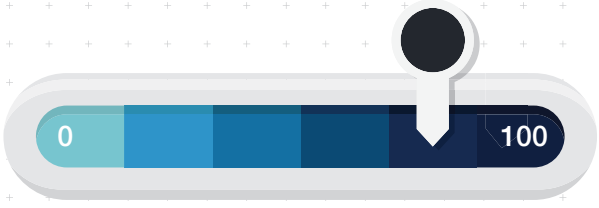
___ Need for referral is noted in the student record
___ Actual referral is provided to the student
___ Follow up to see if the connection was made
___ Unsure

READINESS

Q32. On a 0-100 scale (0= Not Ready at All; 100 = Fully Ready), how ready is your SBHC/ school-based health program to integrate psychiatric services? Slide to the readiness value of your SBHC/school-based health program.

Integrated psychiatric services refer to the Youth Access to Psychiatry Program (YAP-P), which provides provider-to-provider consultation with a child & adolescent psychiatrist to help primary care providers optimize the management of patients with mild to moderate mental and behavioral health conditions. YAP-P provides the following benefits:

- Rapid consultation for SBHC pediatric primary care providers with a child and adolescent psychiatrist
- Enhanced care collaboration and facilitation with referrals to DMH mental health centers when necessary
- Training, resources, and technical assistance to support provision of mental health care by primary care providers



Not Ready at All

Fully Ready

10
Appendix C

PMHCA Program-SBHC Engagement Tool Summary

PMHCA Program-SBHC Engagement Tool Summary

To better understand the levels of engagement between PMHCA programs and SBHCs, the School-Based Health Alliance (SBHA) developed the PMHCA program-SBHC Engagement Assessment tool and distributed it to PMHCA program staff who participated in the PMHCA program-SBHC Learning Community and asked them to complete it with input from other PMHCA program team members. This assessment included items related to:

- Recognizing the value of SBHC partnership
- Engagement with Schools vs SBHCs
- Enrollment
- Consultation, Resources & Referrals, and Training & Education
- Current relationships and collaboration with SBHCs, State Program Office (SPO), State Affiliates, and SBHA

The engagement assessment aimed to understand if and how PMHCA programs engage with SBHCs in their state. Between March through May 2023, 20 respondents from 18 states, including Washington, D.C., and the U.S. Virgin Islands, completed the Engagement Assessment. New York and Michigan completed two responses, each through separate entities.

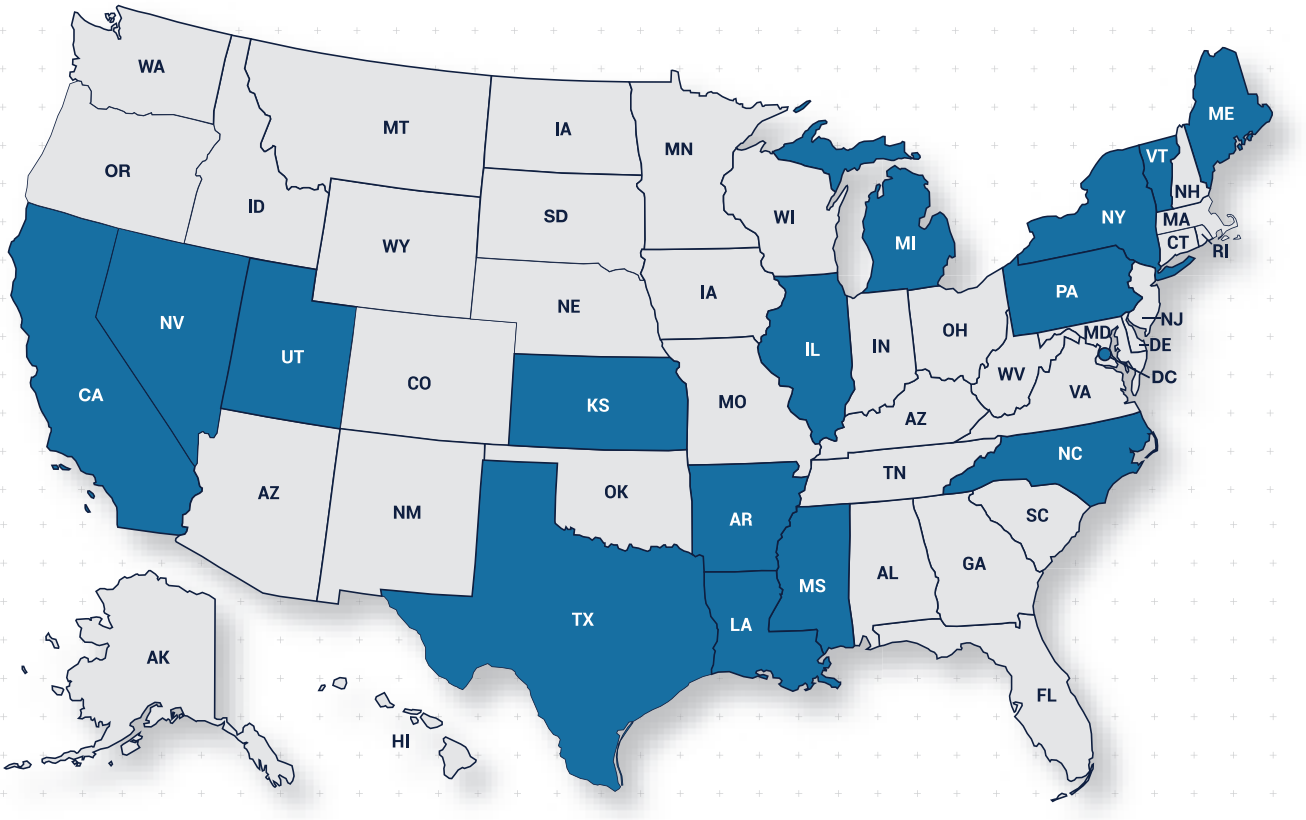


Figure 14

ENROLLMENT

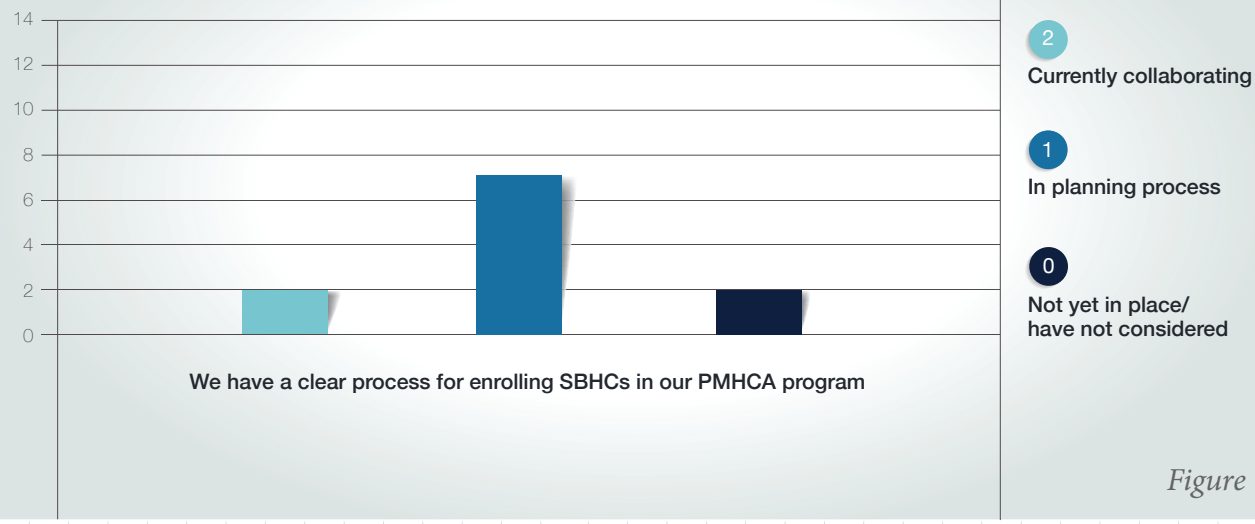


Figure 15

Only a few PMHCA programs have a clear process for enrolling SBHCs, yet they are still providing services to SBHCs (see below), suggesting that enrollment is not necessary for accessing PMHCA program services.

ENGAGEMENT WITH SCHOOLS VS SBHCS

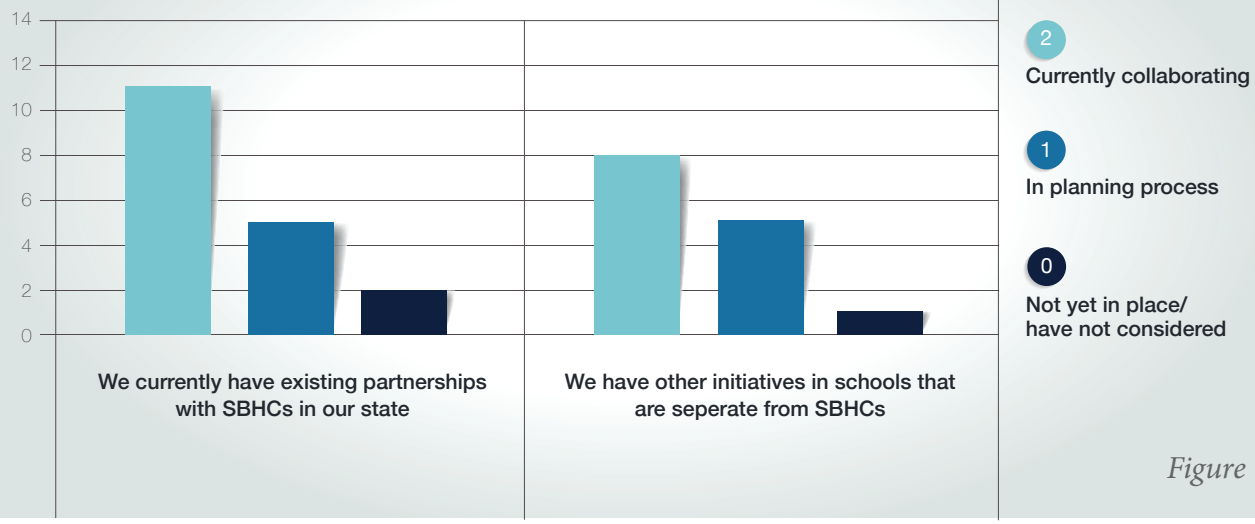


Figure 16

Respondents were more likely to report partnering or planning to partner with SBHCs than reporting partnering or planning to partner with schools.

CONSULTATION, RESOURCES AND REFERRALS, AND TRAINING AND EDUCATION

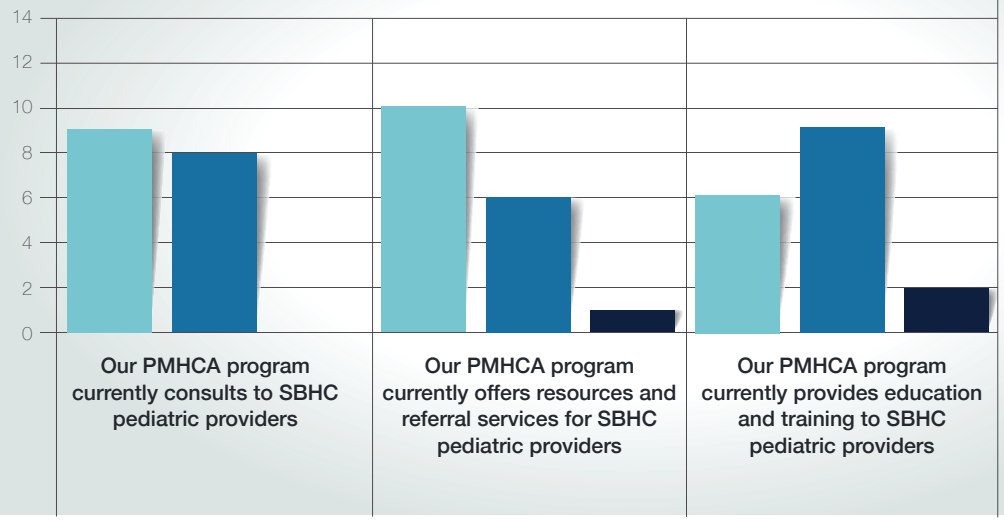


Figure 17

More than half of the respondents reported currently consulting and offering resources and referral services to SBHC pediatric providers. All but two respondents are planning to or currently offer education and training to SBHC pediatric providers on topics that include:

- Self-injury and suicide prevention
- Webinars and targeted education
- Trauma-informed care
- Peer consultation to prevent burnout
- Prescribing to pediatric populations
- Crisis management and risk assessments
- Treatment and management of pediatric and perinatal mental illness (depression, anxiety, ADHD, sleep disorders)
- Screening, post-intervention, motivational interviewing, and cognitive behavioral therapy (CBT) in primary care

RECOGNIZING THE VALUE OF SBHC PARTNERSHIP

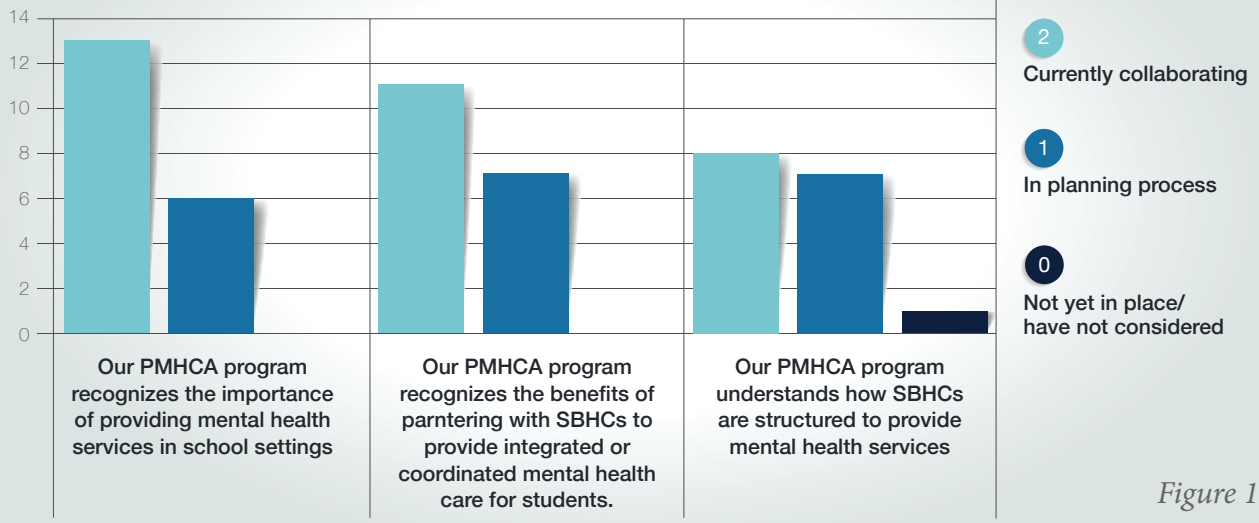


Figure 18

Nearly all respondents recognized the value of SBHC partnerships by noting the importance of providing mental health services in school settings and the benefits of partnering with SBHCs to provide integrated or coordinated mental health care for students.

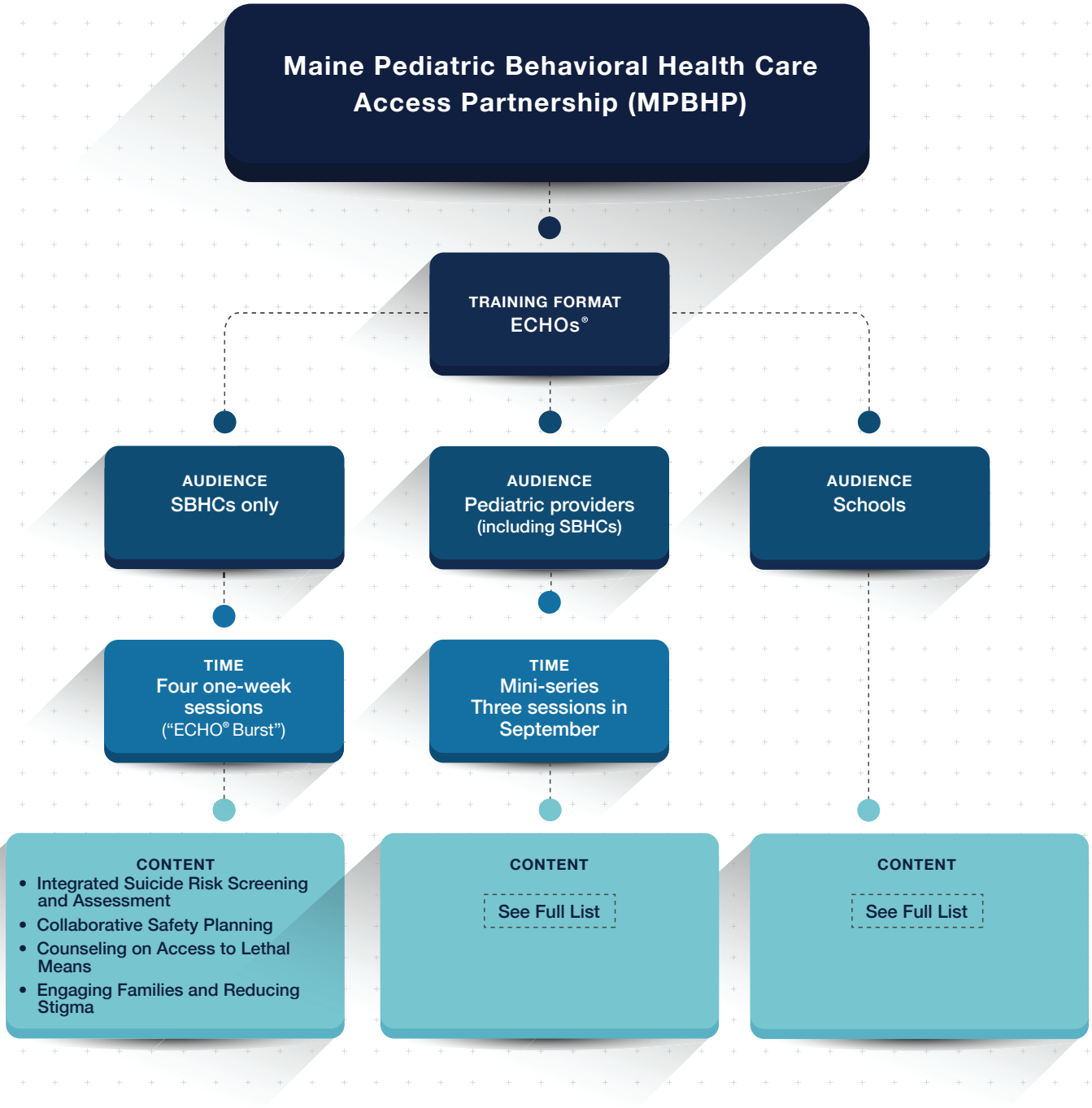
OTHER THEMES	KEY TAKEAWAYS
Relationships with SBHCs	Some PMHCA programs work directly with SBHCs, while others are still developing relationships with SBHCs in their state.
Relationships with State Program Offices (SPOs)	Some PMHCA programs are in the same department as their SPO and therefore have extensive collaboration with SPOs. Others indicate no relationship or a desire to develop a better relationship.
Relationships with State Affiliates	Some PMHCA programs report minimal relationships with their SBHA affiliate, while others participate in their SBHA affiliate's annual conference or regularly hold meetings with them. Other PMHCA programs reported needing more connection or knowledge of their State Affiliate.
Further SBHC Collaboration	Other types of PMHC program-SBHC collaboration include collaborative meetings, webinars, toolkits, newsletters, workshops, grantee meetings, and mentoring.
Needs for Future Support from SBHA	PMHCA programs would benefit from further technical assistance and consultation on SBHC state models, advertising and access, strategies for engagement, partnership and facilitation, and mental health teaming structures.

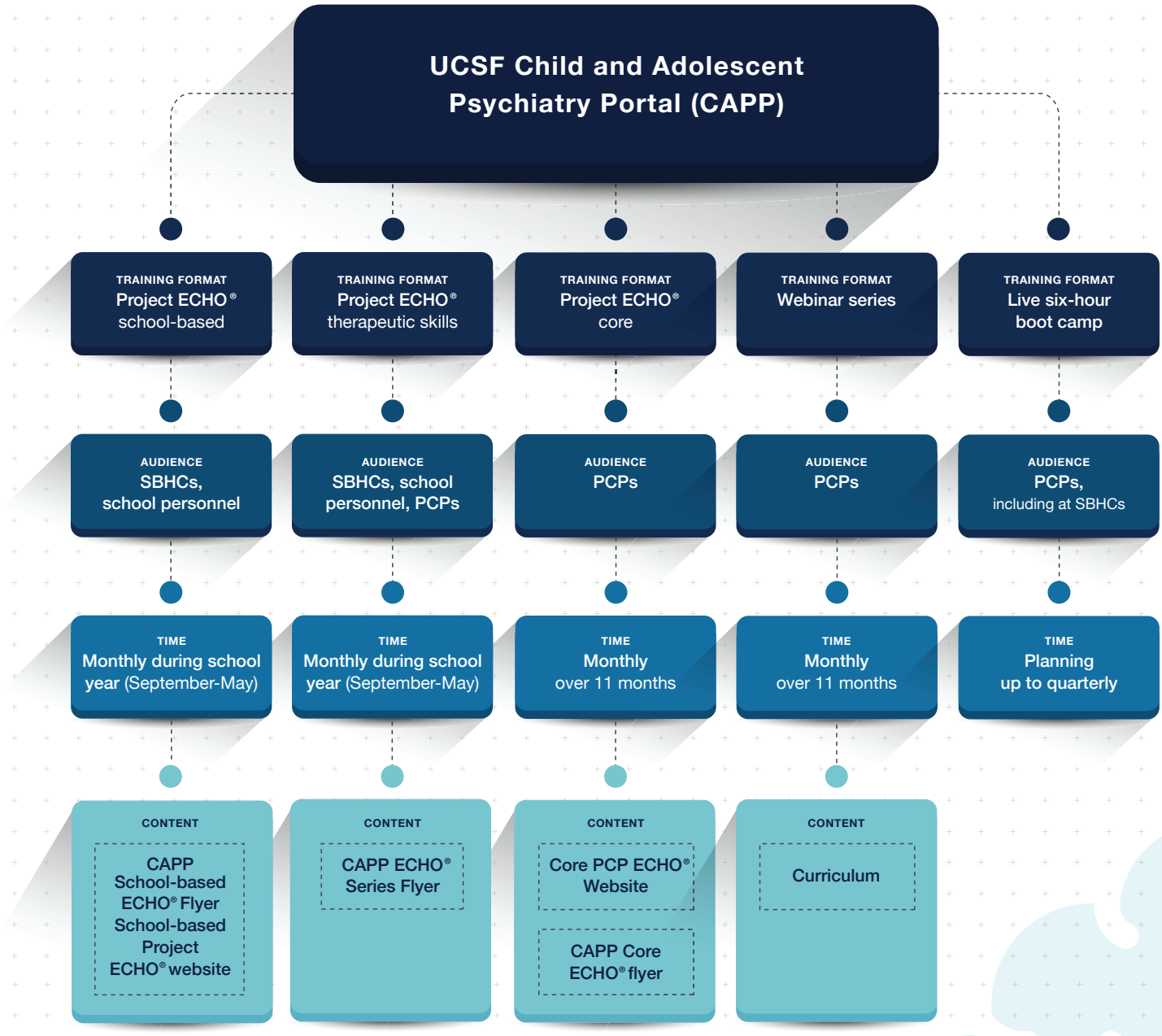
Figure 19

11
Appendix D

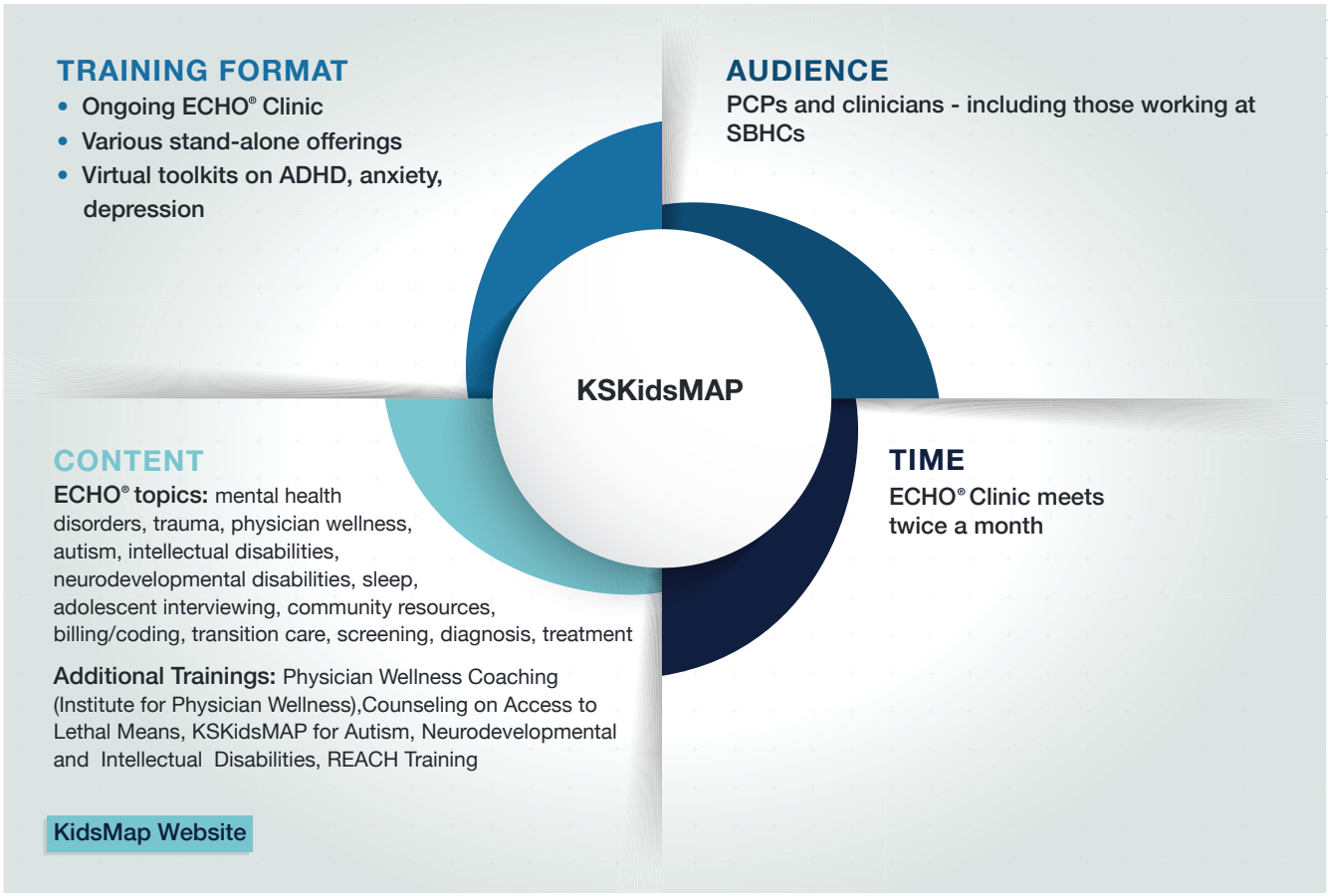
PMHCA Program Training and Education for SBHC Audience

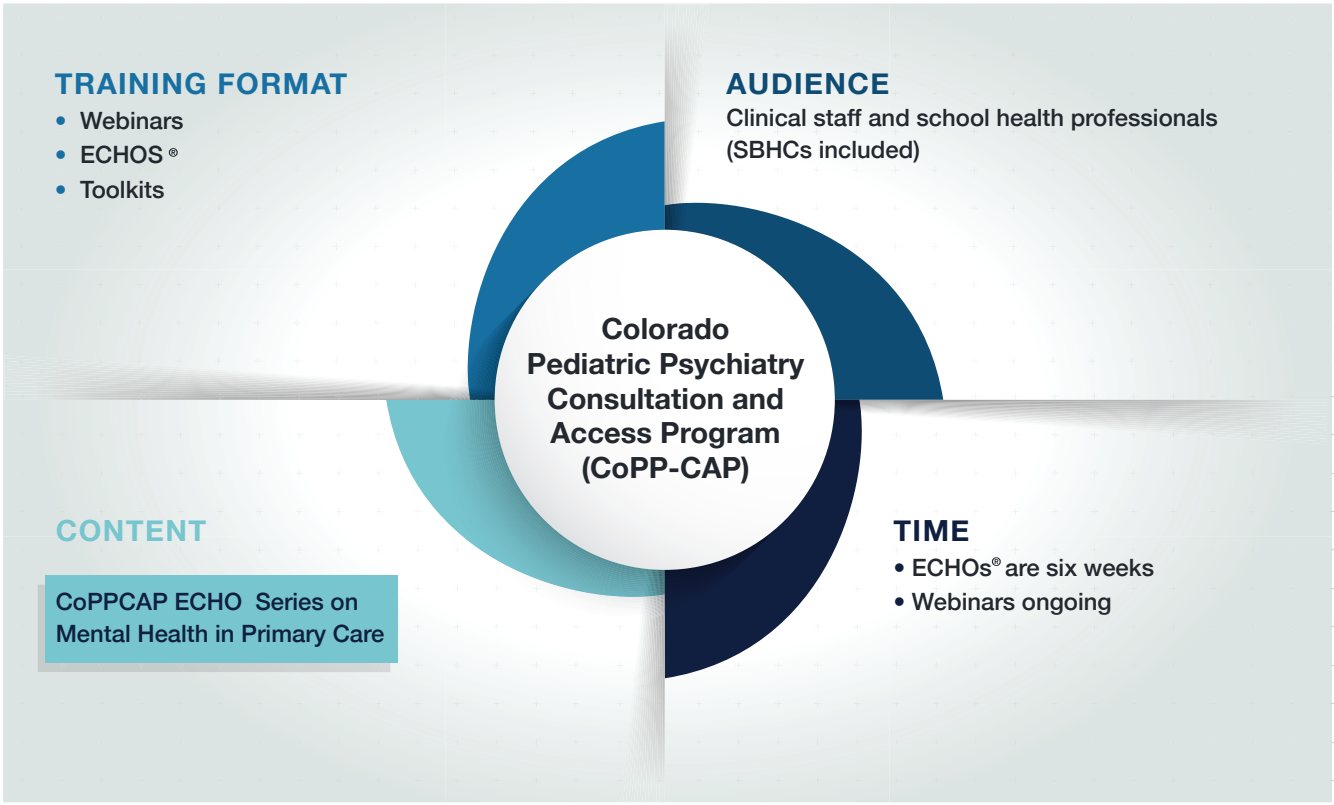
PMHCA Program Training and Education for SBHC Audience




UCSF Child and Adolescent Psychiatry Portal (CAPP)
TRAINING FORMAT
Project ECHO® school-based
AUDIENCE
SBHCs, school personnel
TIME
Monthly during school year (September-May)
CONTENT
CAPP School-based ECHO® Flyer
School-based Project ECHO® website
TRAINING FORMAT
Project ECHO® therapeutic skills
AUDIENCE
SBHCs, school personnel, PCPs
TIME
Monthly during school year (September-May)
CONTENT
CAPP ECHO® Series Flyer
TRAINING FORMAT
Project ECHO® core
AUDIENCE
PCPs
TIME
Monthly over 11 months
CONTENT
Core PCP ECHO® Website
CAPP Core ECHO® flyer
TRAINING FORMAT
Webinar series
AUDIENCE
PCPs
TIME
Monthly over 11 months
CONTENT
Curriculum
TRAINING FORMAT
Live six-hour boot camp
AUDIENCE
PCPs, including at SBHCs
TIME
Planning up to quarterly


Michigan Clinical Consultation and Care (MC3) Program
TRAINING FORMAT
• Monthly webinars
• ECHO®
• Recorded learning modules
• Group consultation provider café, youth training
AUDIENCE
SBHCs only
TIME
As needed and requested by SBHC leadership
CONTENT
• Integrated behavioral health
• Screening, diagnosing, and treating depression and anxiety
• Brief mental health interventions in the primary care setting
AUDIENCE
PCPs
(including SBHCs)
TIME
Varied
CONTENT
• Project ECHO®
• Recorded learning modules
• Group case consultation
• Provider cafe
• Youth suicide prevention trainings


TRAINING FORMAT
• Ongoing ECHO® Clinic
• Various stand-alone offerings
• Virtual toolkits on ADHD, anxiety, depression
AUDIENCE
PCPs and clinicians - including those working at SBHCs
KSKidsMAP
CONTENT
ECHO® topics: mental health disorders, trauma, physician wellness, autism, intellectual disabilities, neurodevelopmental disabilities, sleep, adolescent interviewing, community resources, billing/coding, transition care, screening, diagnosis, treatment
Additional Trainings: Physician Wellness Coaching (Institute for Physician Wellness),Counseling on Access to Lethal Means, KSKidsMAP for Autism, Neurodevelopmental and Intellectual Disabilities, REACH Training
KidsMap Website
TIME
ECHO® Clinic meets twice a month


TRAINING FORMAT
• Webinars
• ECHOS ®
• Toolkits
AUDIENCE
Clinical staff and school health professionals (SBHCs included)
Colorado Pediatric Psychiatry Consultation and Access Program (CoPP-CAP)
CONTENT
CoPPCAP ECHO Series on Mental Health in Primary Care
TIME
• ECHOs® are six weeks
• Webinars ongoing

SCHOOL-BASED
HEALTH ALLIANCE
The National Voice for School-Based Health Care

SCHOOL-BASED
HEALTH ALLIANCE
The National Voice for School-Based Health Care