Welcome and Sign-In

- Please sign-in by chatting
  - your name,
  - your organization
  - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano
- Anna Ratzliff MD PhD

Overview of Learning Collaborative

- Audience:
  - Psychiatric Consultants
  - Working or hoping to work in integrated care settings
- Goals:
  - Provide ongoing integrated care education (CME available)
  - Foster learning and support network
  - Support sustainment of integrated care
- Structure:
  - Monthly lunch hour on 2nd Tuesday
    - Didactic topic 20-30 mins
    - Open discussion remainder of time
  - Topics repeat every 6 months

Last Session will be June 2025

Thank you all for attending and supporting UW PCLC!

Alternatives to UW PCLC

- UW PACC
- UW Community-based Fellowship
- Collaborative Care Community through APA
- Conferences:
  - UW Integrated Care Conference
  - Collaborative Family Healthcare Association (CFHA)
  - Academy of Consultation Liaison Psychiatry
  - American Psychiatric Association
  - Mental Health Services Conference

Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666
- UW TBI-BH ECHO

Reminders

- Please keep yourself on mute during the didactic
- If you have a question during the presentation (related to the topic or not) please type it in the chat

Date: 12/11/2024

Where Health and Education Intersect: School-based Health Centers (SBHCs) and School-Based Mental Health Delivery—from a National and Local Perspective

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Department of Psychiatry and Behavioral Sciences
Seattle Children's/University of Washington

Speaker Disclosures

- None

Learning Objectives

- Understand what SBHCs are and how they serve an important role in the health and wellbeing of students
- Be able to describe the Multi-Tiered Systems of Support (MTSS) as the designated framework for improving student health and academic outcomes
- Be able to describe the intended outcome of Tier 1 school-based interventions
- Be able to describe the opportunities and challenges in implementing school-based mental health from an individual, organizational, and systems-level perspective

Today's agenda

- Overview of SBHCs
- Learn about the Multi-Tiered Systems of Support (MTSS) framework and importance of social and emotional learning (SEL)
- Narrow our focus to School-based Mental Health (SBMH) delivery, which is a service line in the majority of nationwide SBHCs
- Explore a local example of SBHC implementation in Seattle/King County in Washington

Overview of SBHCs

What are they?
Their History
Their role in promoting youth wellness
Their impact
2022 national census of SBHC findings

What are School-Based Health Centers?

SBHCs complement existing school health services by facilitating access to primary care and often behavioral health, vision, dental, and other services through school-community partnerships for children and youth nationwide who experience barriers to accessing care because of systemic inequities, their family income, or where they live.

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.

History of School-Based Health Centers

- Early 1900s: School-based nurses first introduced
- 1960s: first school-based health centers (SBHCs) open in urban areas focusing on contraception and preventing teen pregnancy
- 1990s: 2 national school mental health centers at UCLA and the University of Maryland are federally funded
- Late 1990s: There were 1135 SBHCs located in 45 states (10x increase in decade)
- 2019: The National Center for School Mental Health publishes: "Advancing Comprehensive School Mental Health Together: Guidance for the Field"
- 2021: There are an estimated 4000 SBHCs nationwide; approximately 80% offer behavioral health services

Child Adolesc Psychiatric Clin N Am 30 (2021) 751–765

Why have SBHCs?

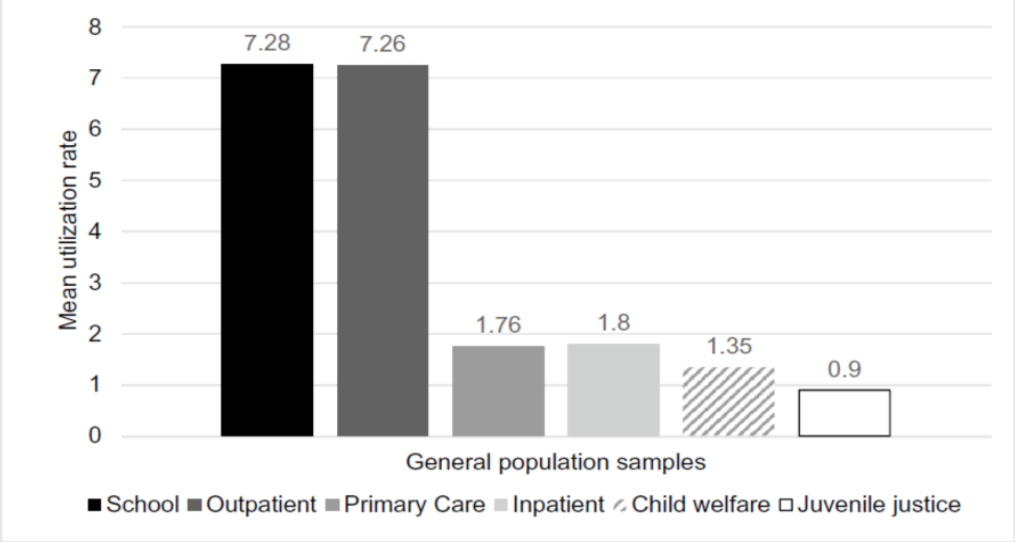
- Because that's where the children are
- Decreases geographic or transportation barriers to health care
- Increases access by decreasing financial barriers (e.g., minimal out-of-pocket expenses; can help enroll students into Children's Health Insurance Program)
- Decrease healthcare inequities
- Reduce stigma and increases confidentiality, particularly in the areas of sexual and reproductive health, substance use, and mental health issues
- Reduction in student missed class time and absenteeism
- Reduction in caregiver/employee productivity losses because of missed work time
- Correlated with improved school academic and behavioral outcomes

Rates in % for general population youth accessing MH services in various settings

Schools and Outpatient most common settings for Youths MH services

General Population

Duong, Bruns, et al., 2021 Meta-Analysis



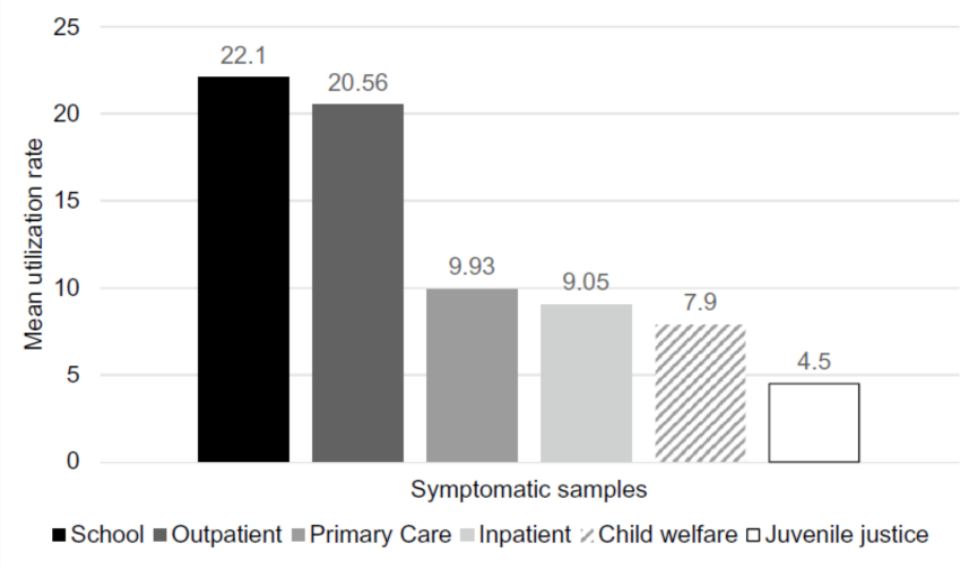
- **Proportions of youth receiving MH services across care settings from 9 general population samples (N = 151,360 youth total)**
- 20% youth in the general population are receiving MH services

Duong MT, Bruns EJ, Lee K, et al. Rates of Mental Health Service Utilization by Children and Adolescents in Schools and Other Common Service Settings: A Systematic Review and Meta-Analysis. *Adm Policy Ment Health*. 2021;48(3):420-439.

Rates in % for symptomatic youth accessing MH services in various settings

Schools also most common setting for youth with MH Symptoms

Duong, Bruns, et al., 2021 Meta-Analysis



- **Proportions of youth receiving MH services across care settings from 14 samples of symptomatic youth (N = 18,614 youth total)**

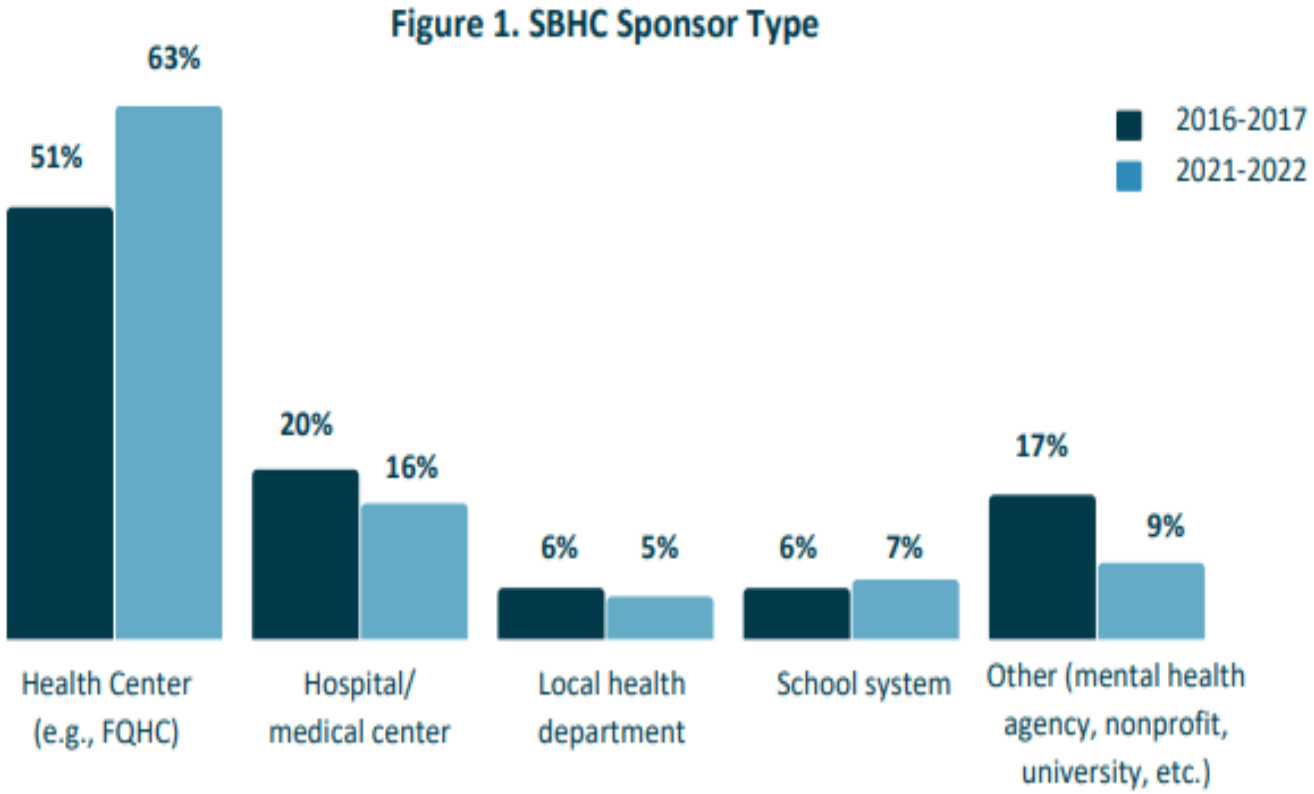
FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Delivery Model (1,518 SBHCs participated)

- The dominant model for SBHCs was a traditional school-based approach (92%, n=1,394) where patients access care in a fixed facility on campus

- Other delivery models: facility near school (4%); mobile (vehicle near campus) (3%); telehealth exclusively (2%)

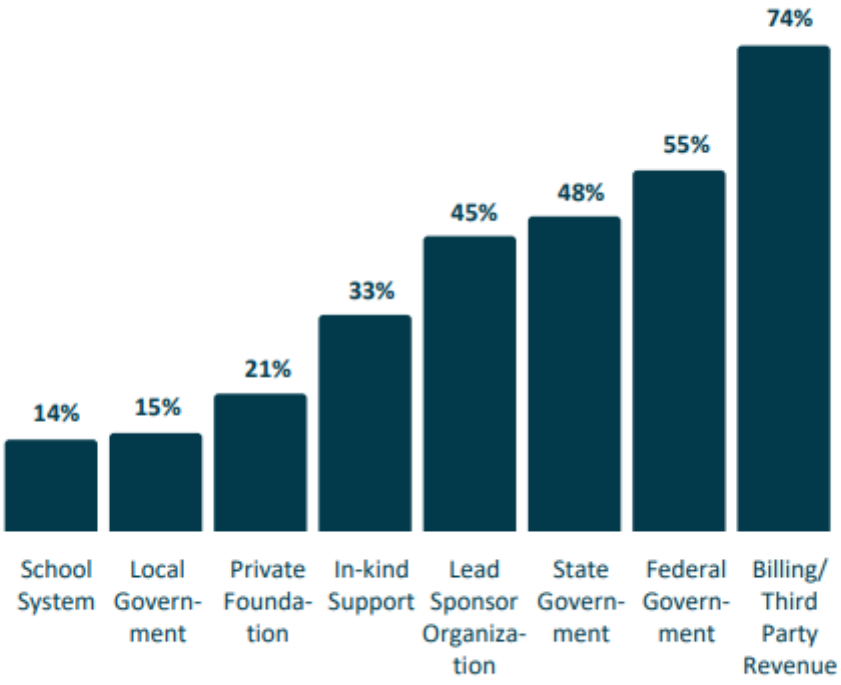
Soleimanpour S, Cushing K, Christensen J, Ng S, Yang J, Saphir M, Geierstanger S, Even M, Brey L. (2023). Findings from the 2022 National Census of School-Based Health Centers. Washington, DC: School-Based Health Alliance.

FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Sponsorship



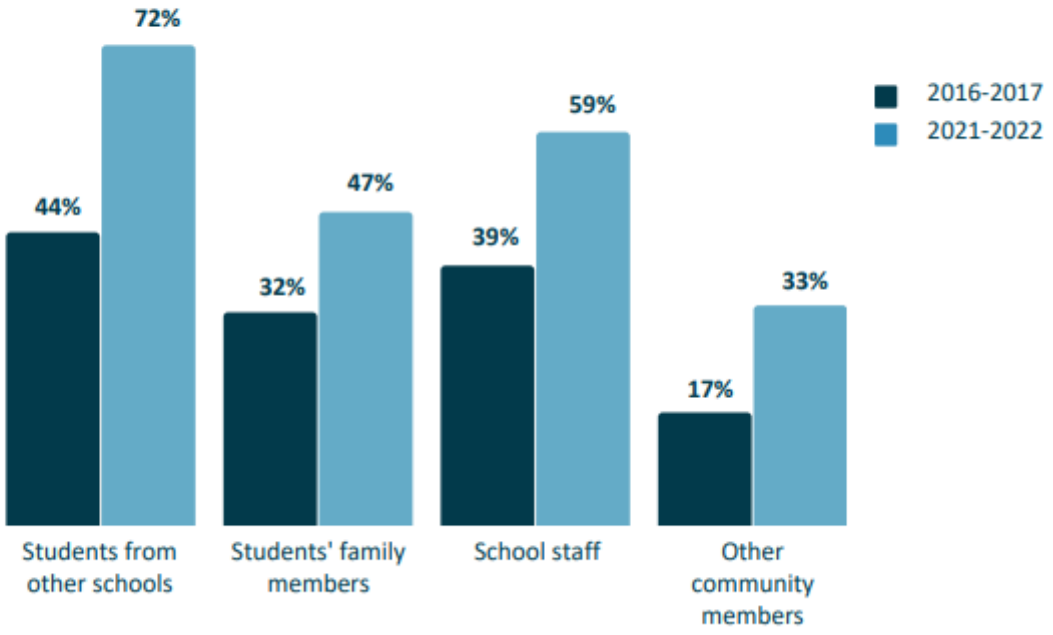
FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Funding

Figure 2. SBHC Funding Sources

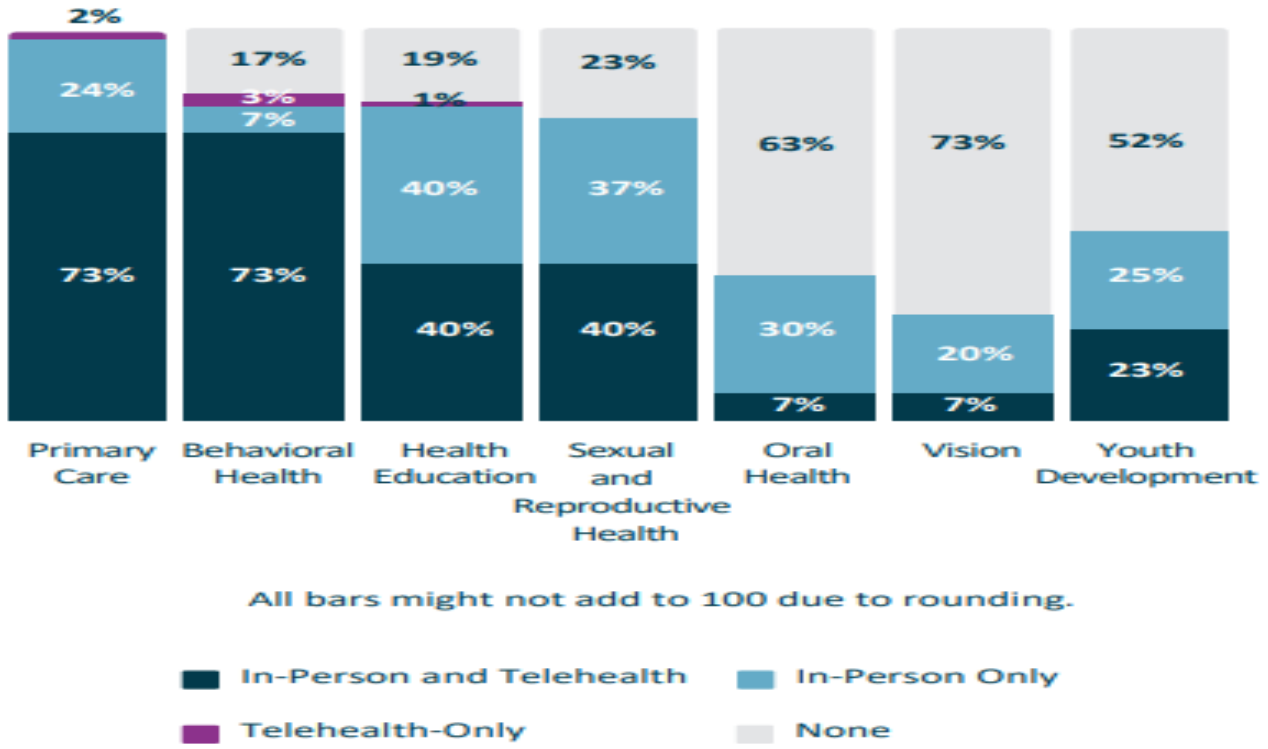


FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Populations Served

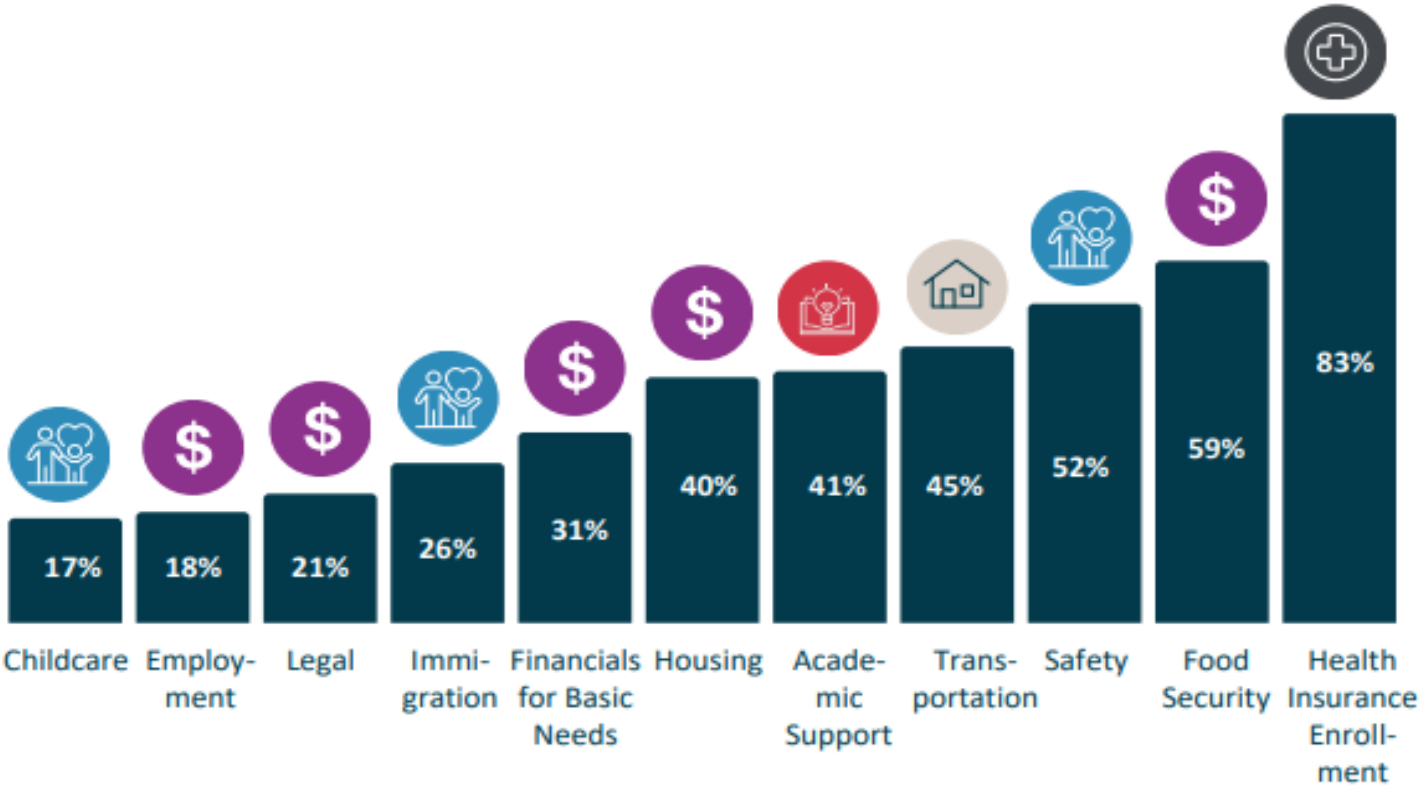
Figure 4. SBHC Populations Served



FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Service Offerings



FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS—Social Determinants of Health (SDOH)



Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Multi-Tiered Systems of Support (MTSS):

Definitions

Tier 1: Creating the space for universal interventions and the prevention of disease progression

The importance and impact of social and emotional learning

Some definitions:

- **Multi-Tiered Systems of Support (MTSS):** A framework designed to improve outcomes for all students by using data-based decision-making to match students with evidence-based practices. Services are provided along a continuum ranging from **Tier 1** (universal prevention for all) to **Tier 2** (targeted intervention for some) to **Tier 3** (intensive, individualized intervention for few)

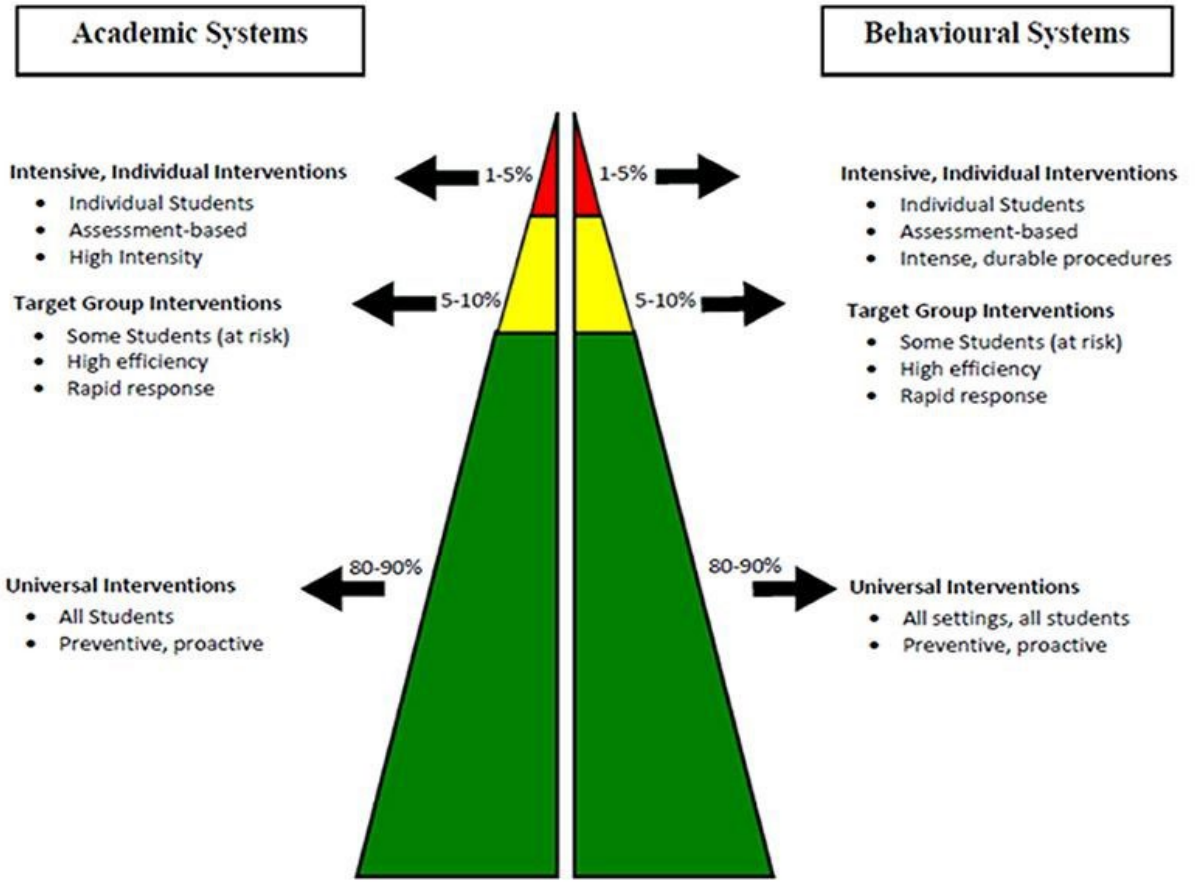
- **Positive Behavioral Interventions and Supports (PBIS):** PBIS is an evidence-based, three-tiered framework that uses the MTSS model to support positive behaviors in schools. PBIS has been shown to return $14 in savings from reduced school dropout for every dollar spent (Washington State Inst. on Public Policy, 2019)

A few additional definitions:

- **School-based mental health (SBMH):** Any program, intervention, or strategy applied in a school setting that was specifically designed to influence students' emotional, behavioral, and/or social functioning.

- **Comprehensive School Mental Health Systems (CSMHS):** Provide a full array of tiered supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use. These systems also assess and address the social, political, and environmental structures, including public policies and social norms, that influence mental health outcomes.

Multi-Tiered Systems of Support (MTSS) aka Response to Intervention (RtI)



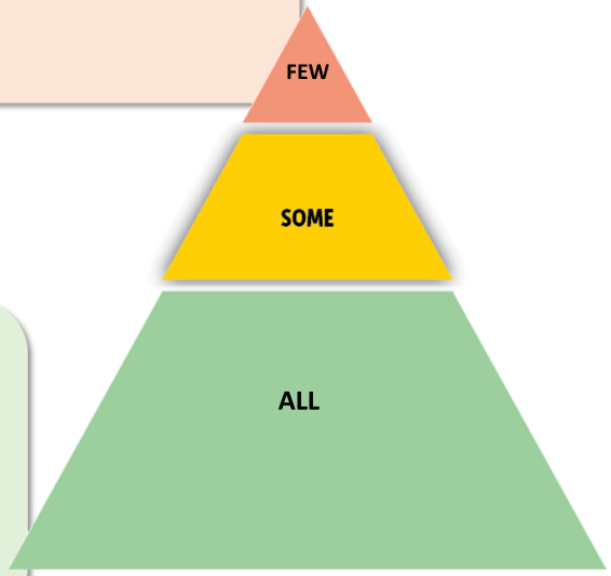
MTTS Interventions depending on Tier

Mental Health Services in School-Based Health Centers in Seattle & King County

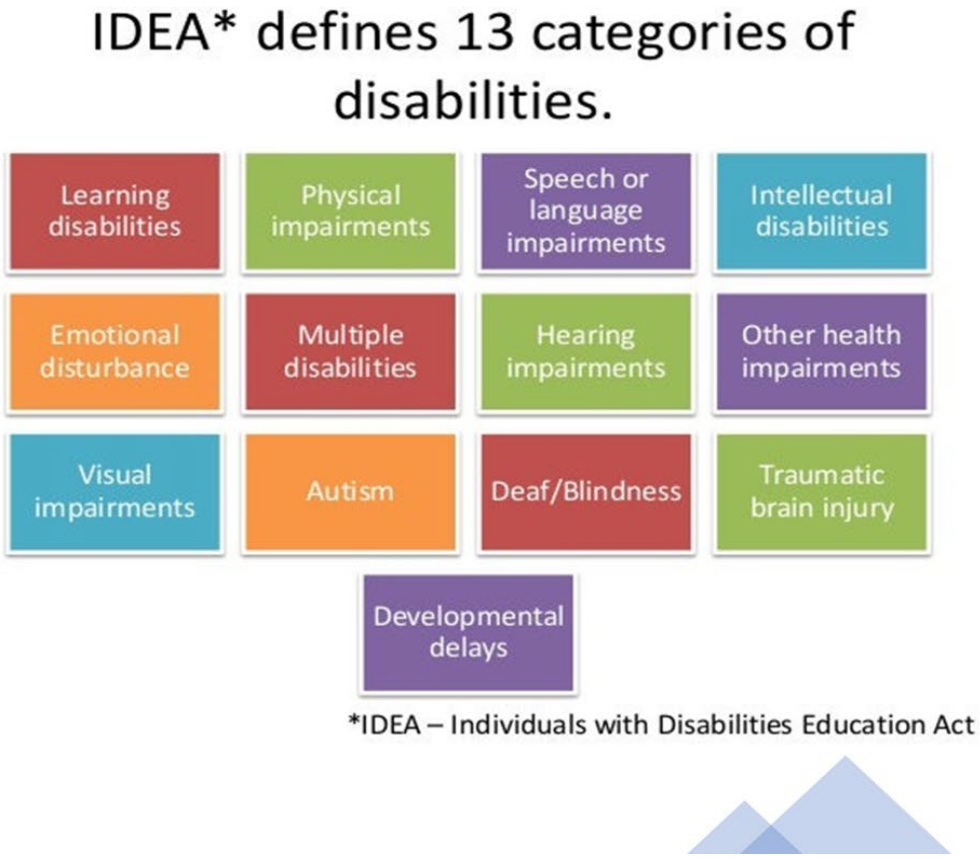
Tier 3: Tertiary/Intensive Interventions:
- SBHC/Community Mental Health Services
  - Higher intensity
  - Longer duration
- IEP

Tier 2: Targeted Interventions/Secondary prevention:
- School-Based Health Centers Mental Health Model
  - Moderate intensity
  - Shorter term
  - Problem-focused
  - Measurement-based care
- Student Support meetings (SST or SIT)
- SBIRT follow up
- 504 plan

Tier 1: Core Interventions (all students):
District/Building-Level Program & Policy
- Social/emotional learning curricula (SEL)
- Positive Behavior Interventions and Supports (PBIS)
- Bullying and suicide prevention programs
- Drug/alcohol education
- Trauma-informed discipline policy
- SBIRT school wide screening



Categories of disabilities that may qualify a student for an Individualized Education Program (IEP)



Where on the pyramid is the primary focus of today's presentation?

- I work as a CAP consultant (and supervisor of consultant trainees) for SBHC mental health providers working at Tier 2 (in theory) and Tiers 2 and 3 (in practice).

- But Tier 1 is too important to omit from the conversation, as successful implementation of Tier 1 supports can allow identification of students experiencing subclinical signs and symptoms of mental health challenges, that if adequately addressed, can prevent further illness progression (and relieve stress on Tiers 2 and 3's workforce and system capacity to treat). Failure here leads to *inversion of the pyramid*.

What goes on in the bottom of the pyramid/tier 1—proactive, universal prevention for all students targeting social and emotional learning (SEL) and other needs

- **What is social and Emotional Learning?** SEL are a set of interrelated cognitive, affective, and behavioral skills that underpin learning, development and maintaining of mutually supportive relationships that promote physical and psychological health.
- All 50 states have adopted pre-K SEL competencies; 27 states have adopted K-12 SEL competencies

Tier 1: Core Interventions (all students):

District/Building-Level Program & Policy

- Social/emotional learning curricula (SEL)
- Positive Behavior Interventions and Supports (PBIS)
- Bullying and suicide prevention programs
- Drug/alcohol education
- Trauma-informed discipline policy
- SBIRT school wide screening

SBIRT=Screening, Brief Intervention, and Referral to Treatment

What is the impact of providing Tier 1 interventions in school settings for K-12 learners?

- *The state of evidence for social and emotional learning: A contemporary meta-analysis of universal school-based SEL interventions*, published in 2023 by the Education Collaboratory at Yale
- Meta-analysis of 424 universal school-based SEL studies from 242 SEL programs in 53 countries over 13 years covering 575K students, K-12, with a large degree of heterogeneity in how specific SEL interventions were undertaken
- Main take home: Overall effect size was 0.194
- Drawback: Only 35% involved tier II (selective) and tier III (targeted) interventions. This needs to increase to increase communication and introduce a shared language between pull out situations (whether in a mental health or SPED environment) and the regular classroom

Cipriano, C., Strambler, M. J., Naples, L. H., Ha, C., Kirk, M., Wood, M., Sehgal, K., Zieher, A. K., Eveleigh, A., McCarthy, M., Funaro, M., Ponnock, A., Chow, J. C., & Durlak, J. (2023). The state of evidence for social and emotional learning: A contemporary meta-analysis of universal school-based SEL interventions. Child Development, 94, 1181–1204.

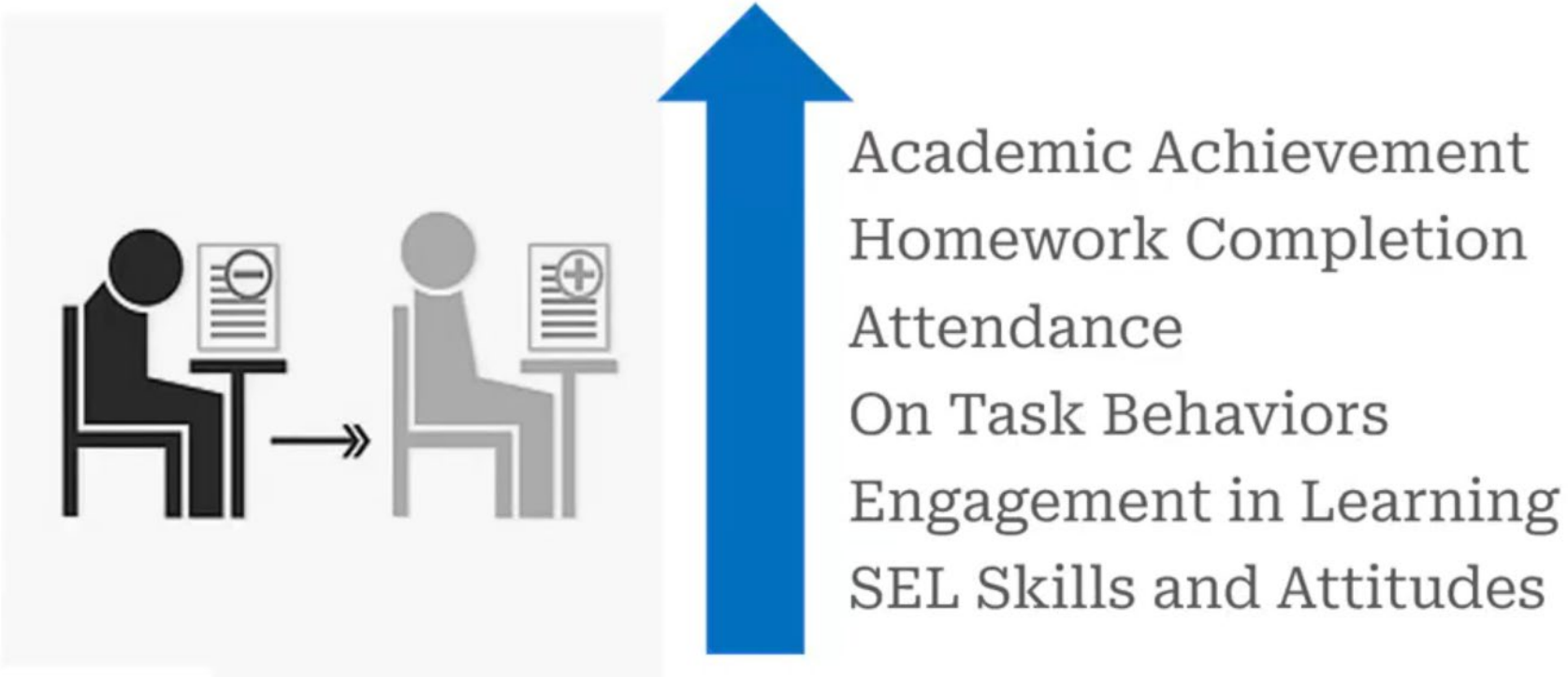
The state of evidence for social and emotional learning—SEL supports students to thrive in school

The Education Collaboratory at Yale

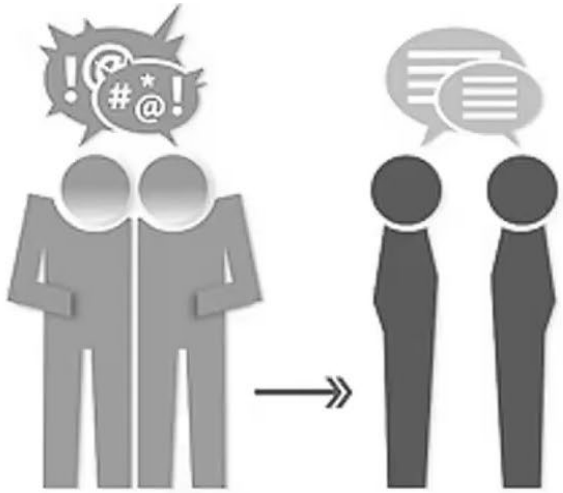
	Mean ES
Overall	**0.194 *** **
SEL Skills	**0.219 *** **
Attitudes/Beliefs	**0.209 *** **
Prosocial Behaviors	**0.178*** **
Externalizing Behaviors	**0.162*** **
Civic Behaviors	**0.255***
Peer Relationships	**0.222*** **
Emotional Distress	**0.140*** **
School Functioning	**0.122*** **
School Climate	**0.293*** **
Physical Health	0.160^{T}
Disciplinary Outcomes	0.183
Family Relationships	0.061

*$p<.05$; **$p<.01$; ***$p<.001$, and marginal $^{T}p<.10$.

Students who participate in SEL do better in school



Students who participate in SEL have healthier behaviors at school



Increased Prosocial Skills

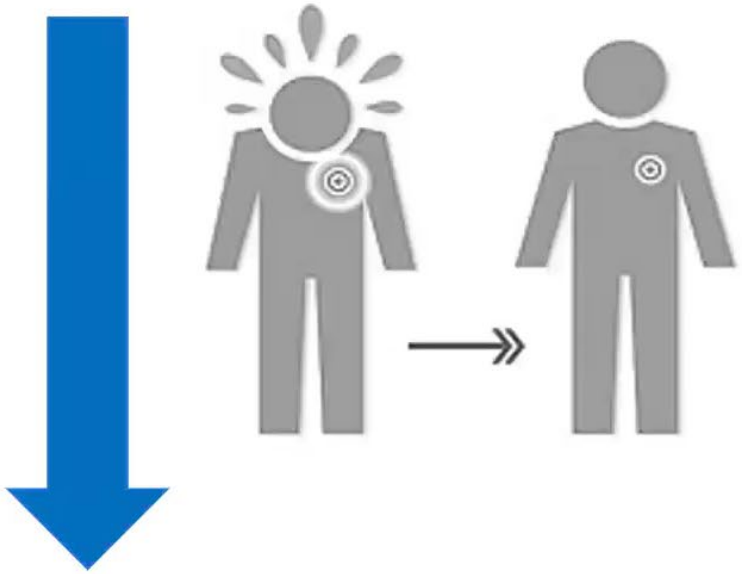
Increased Civic Attitudes and Behaviors

Decreased Aggression and Bullying

The Education Collaboratory at Yale

Students who participate in SEL programs feel better

Less Anxiety
Less Stress
Less Depressive Symptoms
Less Suicidality



The Education Collaboratory at Yale

Students who participate in SEL programs feel safer at school

More Connected

More Included

Less Bullying and Victimization

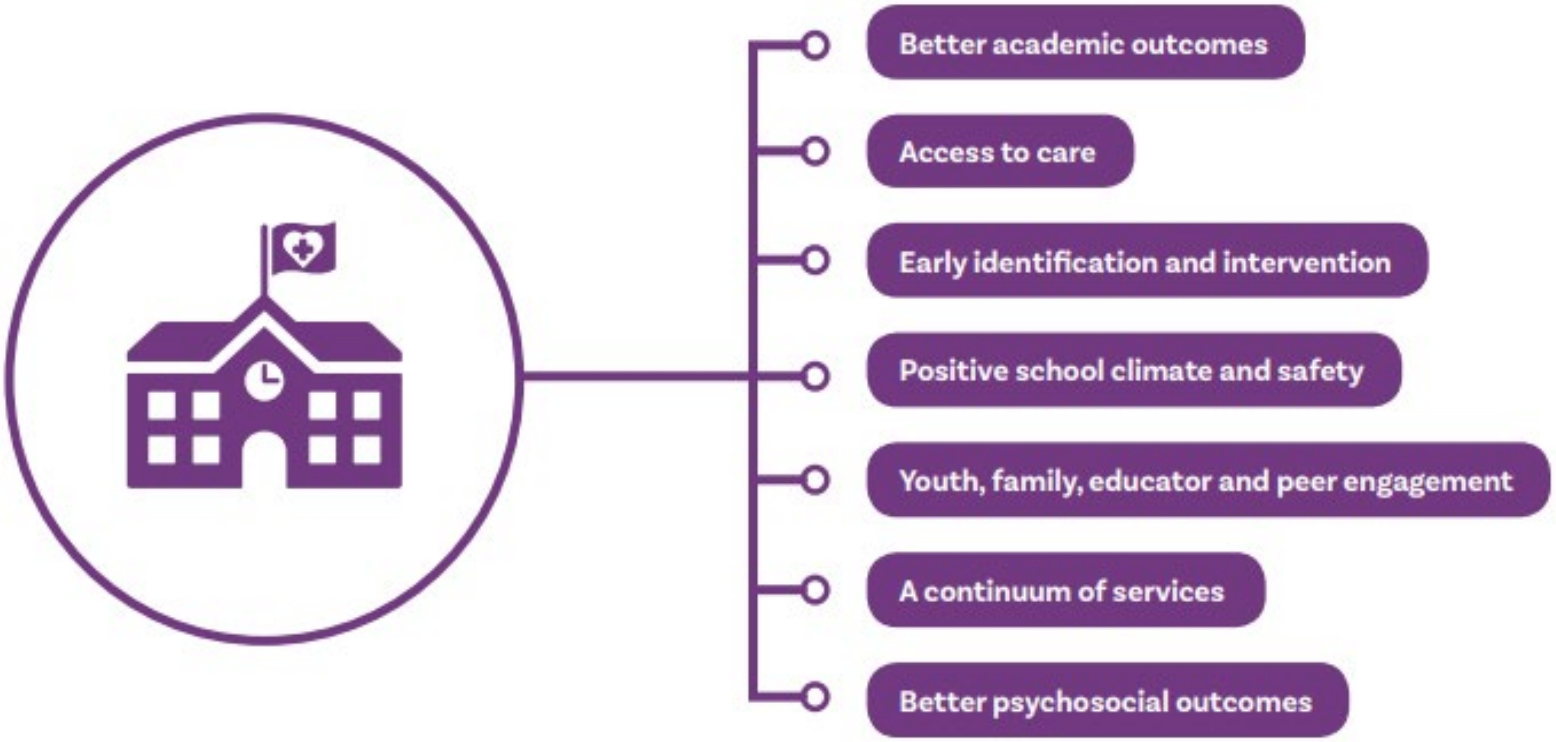
Better School Climate

Better Relationships with Peers and Teachers

School-based Mental Health (SBMH)

The value added
SBHCs' role in addressing disparities
Unique clinician aspects (compared to TAU)
Challenges to implementation

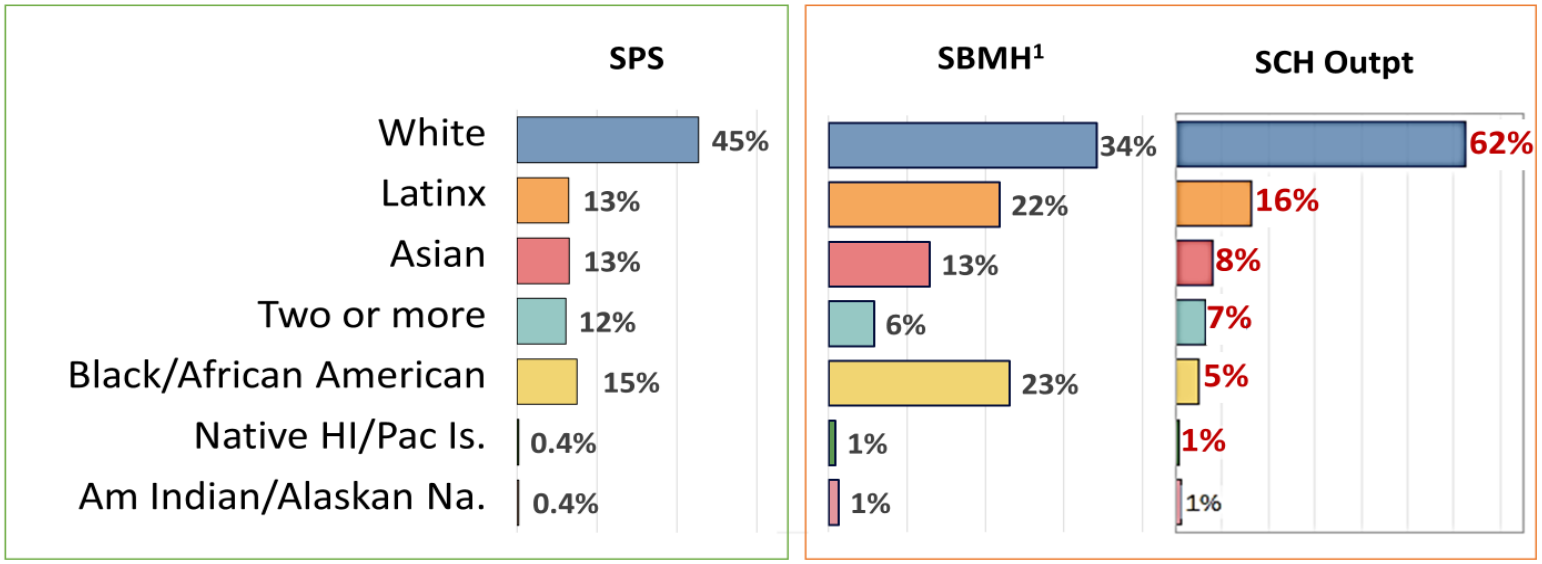
The Value of Comprehensive School Mental Health Systems: Positive Outcomes



Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

The demographics of students in the Seattle Public School System—comparing different settings where care is accessed

Service Access Disparities – Improved for School MH



[1]Whitaker et al., 2022 (white paper)

Challenges to implementing and sustaining SBMH

- Funding (resourcing and sustaining): For example, even with ability to bill insurance, many services are ineligible for reimbursement
- Workforce demands (e.g., burnout, double documentation) and workforce shortages, especially during the pandemic and afterwords
- Challenges in service coordination (e.g., lack of case management support or dedicated liaison to coordinate referrals from the classroom to the SBHC)
- Lack of adequate staffing training and support can lead to evidence-based practices being slow/resistant to take hold (see SMART Center reference)
- System change is hard to sustain (see SMART Center reference)
- Educational and medical system misalignment and conflicting priorities can interfere with care (e.g., FERPA vs. HIPPA differences can create barriers to sharing information across systems)
- Poor parent/caregiver and/or cultural/political "buy-in" may erode local or broader community support
- Inadequacy of needed community supports in terms of school outside referral capacity (especially for highly complex patients)
- Bridging mental health care when school is not in session
- Service fragmentation: from a public health standpoint, mental health service delivery at SBHCs should become increasingly integrated and comprehensive over time, yet there are many factors that can interfere with achieving this goal (e.g., often separate organizational sponsors with different policies and standards provide service in a given school district)

Potential pros and cons for mental health clinicians working in SBHCs

Potential Advantages

- Ongoing opportunities to form collaborative, interdisciplinary relationships with healthcare and academic professionals working toward common goals
- Ability to observe students directly in classroom
- Students are 6 times more likely to complete evidence-based treatment when offered in schools than in other community settings (hard to no show an appointment if you are present that day in school) can increase personal satisfaction that their work makes a difference
- In ideal circumstances, SBHC mental health providers have opportunities to get to know their patients/clients in depth and feel connected to them, the other adults in their lives, and to the broader school community
- Being able to provide care in a dynamic (i.e., never dull) work environment that comes with being employed inside a school

Potential Disadvantages

- Without clear boundaries and a good triage interface with the school, clinician caseloads may become unmanageable, possibly with many students who have complex presentations that are "out of scope" for the mental program/clinician
- For prescribers providing confidential care **(more confidential care is provided at SBHCs than in any other settings)**, there may be concerns regarding starting certain medications (e.g., SSRIs)
- For therapists providing confidential care, certain therapy interventions may be more difficult (home exposures)
- Challenges with receiving adequate training for the specialized setting of SBHCs
- Outside healthcare facilities may not appreciate the clinical care available and occurring at SBHCs (e.g., assume therapist is a school counselor and make an unnecessary referral to another outpatient facility)

Integrated Care Training Program

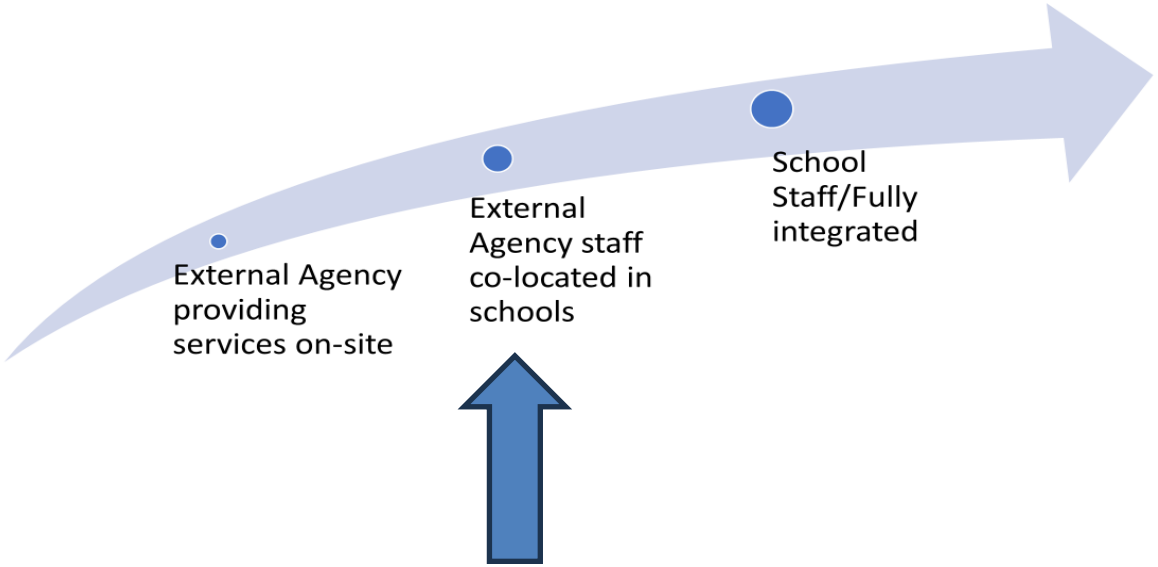
UW Psychiatry & Behavioral Sciences

An example of SBHC implementation in Seattle/King County, WA

Seattle/King County service delivery model

School-based Mental Health

- Mental health services or supports provided to youth in the K-12 education setting
- Wide range of service delivery models with varying degrees of embeddedness delivered by a various staff roles (e.g., school counselor, SW, psychologist, MHC)



Seattle/King County service delivery model—focus on Tier 2 targeted intervention/secondary prevention

Seattle King County SBHC Model

- School-based Health Centers (SBHC)
- Independently operated clinics embedded within school buildings
  - New: min. 2 therapist in MS/HS
- Collaborates with school administration, education teams, teachers (high building level variability)
  - New: care coordinator

Staffing

- Clinic Coordinator
- MH therapists
  - LICSW, LMHC, MA/MS
  - HealthPoint (psychologists)
- Primary care providers
  - ARNP / PAs
- Additional roles

How it all got started?

Local History

School Based Health Clinics in King County

- 1988 – Rainier Beach HS School Based Health Center (SBHC) opens
- 1990 – First Levy Health investment
- 1998 – Levy renewal adds middle schools
- 2005 – Partnership with Seattle Children's/UW Began
- 2011 – Elementary, Interagency, Dental
- 2024 – $5 million additional funding to SBHCs from Mayor's office for expansion in response to student asks- *add link to Seattle Times article?*
  - https://harrell.seattle.gov/wp-content/uploads/sites/23/2024/06/YMH-Final-Report.pdf

Public Health
Seattle & King County

Funding resources

Partnership Funding Model

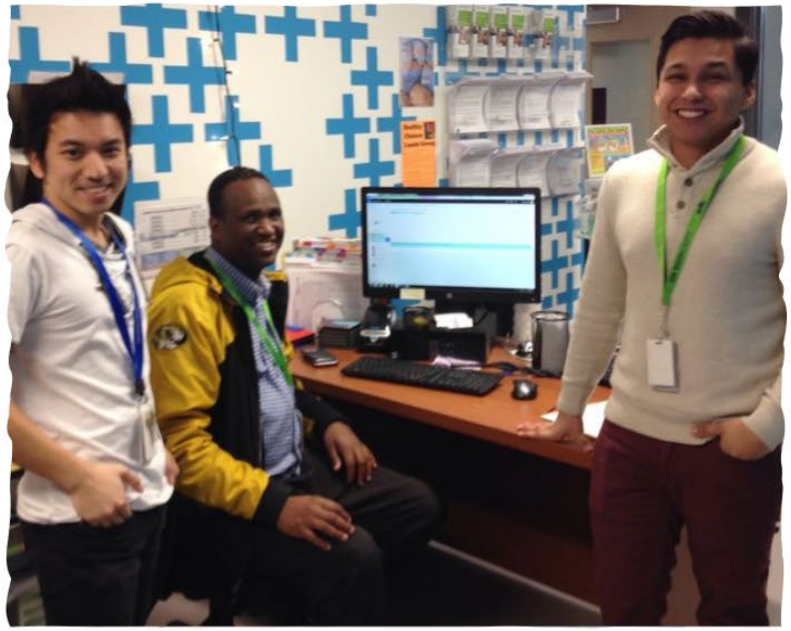
- Seattle and King County levies cover about 70% of total operating budgets
- **New**: Seattle Mayor Office funding from Seattle employer payroll tax dollars
- Agencies cover a significant proportion of the remainder operating costs
- Other financial support:
  - Medicaid/FQHC, patient-generated revenue
  - Private grants/donations
  - In-kind, community benefit

King County Best Starts for KIDS

ARCORA The Foundation of Delta Dental of Washington

Sponsoring agencies

Community Partners



- Country Doc
- HealthPoint
- International Community Health Services (ICHS)*
- Kaiser Permanente
- NeighborCare*
- Odessa Brown Children's Clinic*
- Public Health – Seattle & King County*
- SeaMar
- Swedish

*Also provide school-based oral health services

School sites and populations impacted

Sites & Students Served

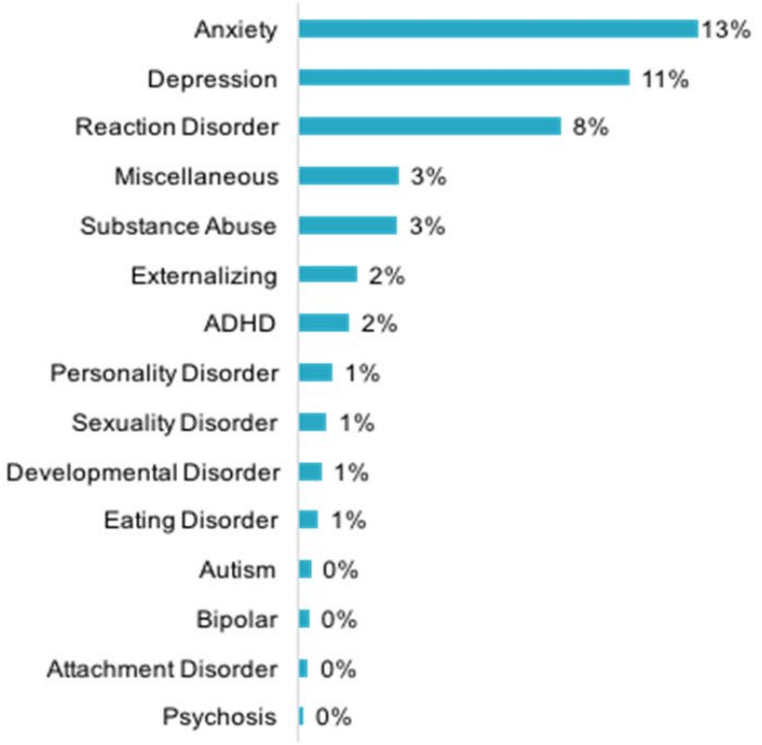
34 Schools (29 in Seattle Public Schools)

2017-18: over 8,000 students and 40,000 visits

Education and relationship issues being most prevalent reason for students to seek help

What mental/behavioral health concerns do students present with at SBHCs in Seattle/King County?

What do students get seen for? Middle/high schools students



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Seattle Children's/UW partnership with the Seattle/King County SBHC Model: research, training, and CAP and pediatric psychologist consultation

Why School Mental Health Need Enhancements

- Evidence based strategies intermittently used in SBMH
- EBP developers have paid insufficient attention to the school context and how it might influence effective service delivery
  - Greater potential for subclinical presentations and preventative care
- Demand for services WAY greater than availability, increasing the need for briefer intervention

Precise intervention matching of MH needs to right-sized EBP can help ameliorate this challenge. (See BRISC; Check-In/Check-Out in reference section)

Seattle Children's/UW partnership with the Seattle/King County SBHC Model: research, training, and CAP and pediatric psychologist consultation

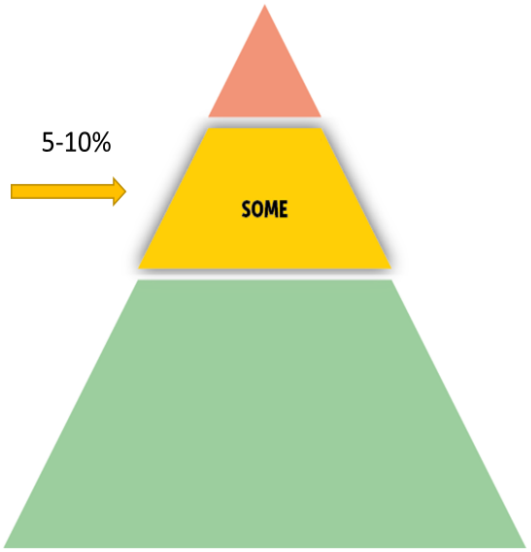
UW/SCH Role

- Consultation and training
  - Support the Implementation of Evidence-Informed Practice
  - Promote Measurement-Based Care
  - Encouraging focus on academic outcomes as functional outcomes
  - Support SBMHCs (and primary care medical providers) through group & individual consultation sessions
- Program Development, implementation support, and evaluation

CAP and pediatric psychologist consultation as a driver for promoting Evidence-based practice including measurement-based care

Focus on Tier 2
School-based Health Center Mental Health MODEL of CARE

- Evidence-based practice (EBP) is foundational
- Measurement-based care is embedded within EBP
- **Consultation reinforces their implementation of EBP**
  - What is the patient's diagnosis?
  - What are the patient's treatment goals?
  - How are you monitoring progress toward these goals?
  - Is this school-based clinic the appropriate level of care for this student?
  - What other supports is the student receiving at school? (SST, small group interventions, behavior plan etc.)
  - What other community supports is the student or family receiving?



CAP trainee SBHC rotation typical group consultation structure, content, and processes

- Meet monthly during academic school year, typically remotely
- Co-led by 2nd-year CAP fellow and pediatric psychologist
- Groups are organized by sponsoring agency and/or school level (e.g., elementary school sites)
- Group attendees (therapists and prescribers) bring individual cases they are seeking help with
- Consultants encourage group questions, discussions, and formulation of recommendations in addition to psychologist and CAP questions, assessment, and recommendations
- Direct assessment for complex patients is available. These are only done by CAP fellow supervisor (me)
- CAP fellows are expected to present 1 didactic per rotation
- Ad hoc discussions of topics (e.g., best SSRI for depression, how to assess for high functioning ASD) are common
- Provides CAP fellows opportunities to be the 'expert'

Resources:

- School-Based Health Alliance: School-Based Health Alliance – The National Voice for School-Based Health Care (sbh4all.org)
- Washington School-Based Health Alliance: Washington School-Based Health Alliance (wasbha.org)
- National Center for School Mental Health (University of Maryland): National Center for School Mental Health (NCSMH) | University of Maryland School of Medicine
- School Mental Health Assessment Research & Training Center (SMART): School Mental Health Assessment, Research, & Training Center (uw.edu)

Resources:

- Institute of Education Sciences/What Works Clearinghouse: https://ies.ed.gov/
- Collaborative for Academic, Social, and Emotional Learning (CASEL); search for SEL policy at state level: Advancing Social and Emotional Learning – CASEL
- Filter KJ, Ford ALB, Bullard SJ, et al. Distilling Check-in/Check-Out into Its Core Practice Elements Through an Expert Consensus Process. *School Ment Health*. 2022;14(3):695-708.
- Bruns EJ, Lee K, Davis C, et al. Effectiveness of a Brief Engagement, Problem-Solving, and Triage Strategy for High School Students: Results of a Randomized Study. *Prev Sci*. 2023;24(4):701-714.

Takeaways

- SBHCs are physically located at the intersection of youth education and wellness and create unique opportunities for young people to easy and early access to a continuum of services from prevention to indicated, which in turn can lead to improved academic outcomes for those who receive them
- SBHCs are one of, if not the most, common setting for youth to receive mental health care and are especially vital for those youth "who experience barriers to accessing care because of systemic inequities, their family income, or where they live"
- While difficult to achieve, best practice in SBMH integrates prevention, positive school climate, collaboration, SDOH, and public policy into a systems framework
- Ongoing research, training, and support of SBMH clinicians is an important way to promote increased penetration of EBPs into their daily practice
- Providing consultation to SBHM clinicians is personally rewarding and increases SBHM clinician learning, skills, confidence, and broader systems understanding and engagement

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- AIMS Center office hours
- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO UW PACC
- UW TelePain series About TelePain (washington.edu)
- TeleBehavioral Health 101-201-301-401 Telehealth Training & Support - Harborview Behavioral Health Institute (uw.edu) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline Consultation (washington.edu) – 844-520-PAIN 7246)
- Psychiatry Consultation Line - (877) 927-7924
- Partnership Access Line (PAL) (pediatric psychiatry) - (866) 599-7257
- PAL for Moms (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link