Partnerships with Schools and Primary Care

Facilitator: Maureen Hinman

Ways to integrate the SBHC more into the school

* In at least one system all students in the school are enrolled in the SBHC and then primary care does warm handoffs to mental health
  + Some places enroll the kids in the SBHC and also actively encourage them to have their own PCP as well
* A school resource person is very helpful if the school has one and the mental health providers work a lot with them.
* It’s very hard to connect with teachers
* One provider noted that she sees a lot of kids that are truant.
* A couple of people mentioned that they get a lot of referrals from guidance counselors. However, there is no connection other than referrals.
  + Another said that there have been issues with the school counselors doing informal therapy that is counter to their official therapy plan. This is sometimes a result of the school’s official or unofficial protocol where the teacher sends kids that are acting out to the school counselor.
    - Example: A kid was cutting. The teacher notices it and send the kid to the school counselor who would do informal therapy. Then the kid would go to the mental health provider who would tell them something different. The kid goes back to class, the teacher notices a fresh cut and again sends them back to the school counselor.
* People in some schools have experienced resistance to integrating the mental health provider into the school
  + There are especially challenges when the provider is a part of the Community Mental Health organization so logistically not a part of the SBHC or the school.
    - It is best to keep the mental health services in the SBHC for confidentiality so other kids don’t know why they are visiting the SBHC.
* In a rural site the SBHC provides care to the whole district. The nurse practitioner was there before the mental health provider and is very much embedded in the community so is able to facilitate referrals while they are working on getting integrated into the school.

Integrating mental health into primary care

* Flip visits : http://fliptheclinic.org/faq/
* Looking for ways to create a system that is sustainable
* One provider works in two different SBHCs in their system. In one SBHC she communicates a lot with the primary care provider because they are co-located. In the other school, there is no space for her to be with the SBHC so there is little communication.
* CCOs
  + Not everyone is aware that CCOs have metrics and that they sometimes offer incentives for meeting those metrics. SBHCs need to take advantage of this.
    - One SBHC invited their CCO to work with them on prevention and included the YAC. The CCO was receptive.
* A community mental health provider perspective:
  + Working with medical providers has been great, but working with the clinic operations folks has been challenging, especially in terms of flexibility with scheduling around crises.
  + The schools are eager to have them there.
  + They are fairly isolated in the overall system – they are on their own, disconnected from CMHP (as an entity) support and logistical separate from the SBHC and school.
  + In a couple of systems the county mental health provider asks child patients/families what the school is and then offers care at the school because it is faster.
  + More than one person said that the school has different goals than the CMHP, who also has different goals than the SBHC medical sponsor. This affects their protocols and can cause conflict.
    - Example: A community health center, the SBHC medical sponsor, has a goal of doing brief interventions in the office for a maximum of 6 sessions. The behavioral health providers is working in a traditional therapy model with 50 minutes sessions. The school wants the behavior problems to stop and for the kid to be back in class quickly.
  + It is important to sustain mental health services in the summer but there is no transport for the kids so they can’t keep appointments or get services.

Suggested solutions

* Identify the protocols of all of the involved partners – school (especially teacher, school counselor and nurse/health assistant) protocols, medical sponsor, SBHC, and community mental health provider – and work to align them.
  + Perhaps there could be a protocol or treatment plant that is like a 504 plan
  + Clarify within the school when/where to refer students.
  + Create a protocol for how to juggle a student in crisis versus a scheduled client.