

Unified School Behavioral Health Action Plan

January 4, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



THE CRISIS: There is a national and state child behavioral health and youth suicide crisis

- 1 in 4 of youth experience a behavioral health need while in grade school
- The number of NC youth with 1+ major depressive episode increased 46% during COVID (2019-21)



THE RESPONSE: NC DHHS's leadership and management of crisis is critical

- We can meet kids where they are and overcome access barriers (e.g., transportation, stigma, and limited networks in rural and saturated areas) by going to schools
- Optimizing behavioral health resources/services in school settings increases health equity and builds resilience



BACKGROUND ON UNIFIED SCHOOL BEHAVIORAL HEALTH ACTION PLAN

- In 2021, NC selected as 1 of 5 states to participate in School Behavioral Health Learning Collaborative with the Association of State and Territorial Health Officials (ASTHO)
- Throughout 2022, ASTHO provided TA and facilitated virtual site visits to inform the development a unified action plan
- Cross-agency collaboration with DHHS, DPI and external partners



GAP ANALYSIS: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- **No centralized repository of partners, programs, funding, services, and outcomes**
- **Several overlapping policies addressing youth behavioral health**
- **Limited behavioral health workforce capacity**
- **Funding challenges**
- **More flexible options are needed to address access inequities**
- **There are many great partners working in silos**



UNIFIED SCHOOL BEHAVIORAL HEALTH ACTION PLAN STRATEGIES

- **Statewide Electronic Health Record System**
- **School-based Telehealth Pilot for Behavioral Health**
- **Project AWARE/ACTIVATE**
- **School Linkages to Community Resource Networks**
- **School Health Advisory Council (SHAC) Support**
- **Mental Health First Aid**



SCHOOL ELECTRONIC HEALTH RECORD DOCUMENTATION SYSTEM – FUNDING NEED \$1.7 MILLION

Strategy Description: Provide funding to maintain a school electronic health records (EHR) system that is being built with one-time COVID-19 funding to enable all North Carolina schools to document student health records that allows health information to follow a student if they change schools.

- NC schools are required to document certain health-related student information.
- Currently, there **is no universally-available system** in NC schools to document and share information across schools.
- Many schools currently use paper records, which are susceptible to **security concerns** and limit essential **information sharing** along a student's education journey.



SCHOOL ELECTRONIC HEALTH RECORD DOCUMENTATION SYSTEM – FUNDING NEED \$1.7 MILLION

How students and school staff will benefit:

- Aggregate real-time data to identify and **respond** to a crisis
- Consistent & uniform record for all students that meets health record **privacy** and protection requirements
- Records can **follow students between schools**, allowing quicker response to needs on transfer
- Maintains all data in manner needed to participate in **Medicaid reimbursement** for school health services



SCHOOL-BASED TELEHEALTH PILOT FOR BEHAVIORAL HEALTH – FUNDING NEED \$4.2 MILLION

Strategy Description: Fund telehealth pilots and technical assistance via contractor(s) to expand access to ~10,000 students in districts without programs and create sustainability plan



- Telehealth allows children to see a child psychiatrist from a room within their school
- Within North Carolina, only about 10% of schools will have telehealth services by 2023, even fewer have behavioral health services as most focus on physical health
- Many programs focus on physical health, and child psychiatry services are limited

SCHOOL-BASED TELEHEALTH PILOT FOR BEHAVIORAL HEALTH – FUNDING NEED \$4.2 MILLION

How students and staff will benefit:

- Maximize time that children **stay in class**
- Overcome severe **provider shortages** in rural and underserved areas.
- **Minimize barriers** of transportation and time off work for caregivers, increasing capacity to serve hardest-to-reach youth
- As effective as in-person care

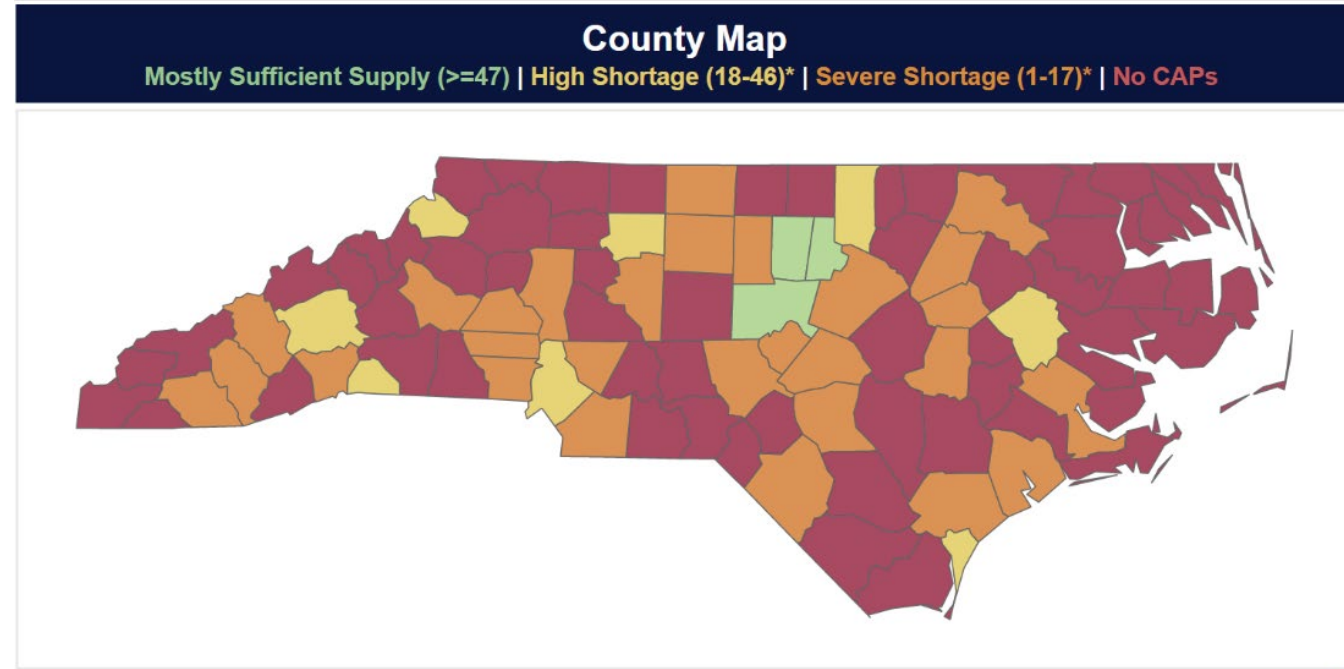


Image from AACAP.org illustrating shortage of Child and Adolescent Psychiatrists (CAPs) by county across North Carolina.

“I was thrilled to see our schools offer this program. It helps students get prompt care without missing school. It has been especially helpful when there are long waiting lists at the clinic or for families without transportation out of our rural area.”

-Jennifer Mills, Principal Hot Springs Elementary School

PROJECT AWARE/ACTIVATE – FUNDING NEED \$4 MILLION



Strategy Description: Sustain Project AWARE/ACTIVATE for two additional years in pilot districts whose federal funding ends in June 2023. Work will focus on a path to sustainability and replication of key programs Components that have been effective in NC.

Project AWARE/ACTIVATE supports schools in meeting student behavioral health needs through:

- New policies (e.g., creating a suicide risk referral protocol)
- Community partnerships (e.g., with a local university to place counseling interns in schools)
- Expanding behavioral health services for students (e.g., funding a school psychologist to offer therapy in-school).

“There’s been just an entire systemwide focus on providing social, emotional, and behavioral support for our students and realizing how important that is to their academic success. That systemwide change in our district would not have happened without the support from [Project AWARE]”- School staff

PROJECT AWARE/ACTIVATE – FUNDING NEED \$4 MILLION



How students and staff will benefit:



Lower suspension rates: AWARE sites in North Carolina saw an average 91% reduction in suspension rates during the first three years of the program.



Increase in services: 500% more students were screened for behavioral health needs over three years of implementation. Districts saw a 19% increase in the provision of support services for high-need students.



Plan for sustainability: A two-year funding extension will ensure service continuation while districts develop the billing infrastructure to become fully self-sustainable.

- Cohort 1 districts are currently serving 4,300+ students with intense needs and perform universal screening and mental health promotion for 24,000+ students

SCHOOL LINKAGES TO COMMUNITY BEHAVIORAL HEALTH RESOURCE NETWORKS – FUNDING NEED \$300,000

Strategy Description: Expand supports provided to schools with COVID-19 funding to connect schools with behavioral health resources in their communities and to train schools on how to effectively coordinate with these partners to support student behavioral health.

- Children thrive when their various supports are well-coordinated, such as physical health, behavioral health and educational services.
- This strategy focuses on helping schools coordinate with multiple child service agencies – such as child welfare, mental health, juvenile justice, and health care – through an approach called System of Care.
- Building relationships between schools and community resources that can support student behavioral health is an important component of this work



SCHOOL LINKAGES TO COMMUNITY BEHAVIORAL HEALTH RESOURCE NETWORKS –FUNDING NEED \$300,000

How students and staff will benefit:

- For every \$1 we invest in resource coordination, we get \$11 back in:



Reduced Dropouts: By connecting students to comprehensive community supports that match their needs, schools can decrease the risk of dropout by 45%.



Improve Test Scores: School linkage programs lead to higher test proficiency rates in math (12% higher) and reading (11% higher).

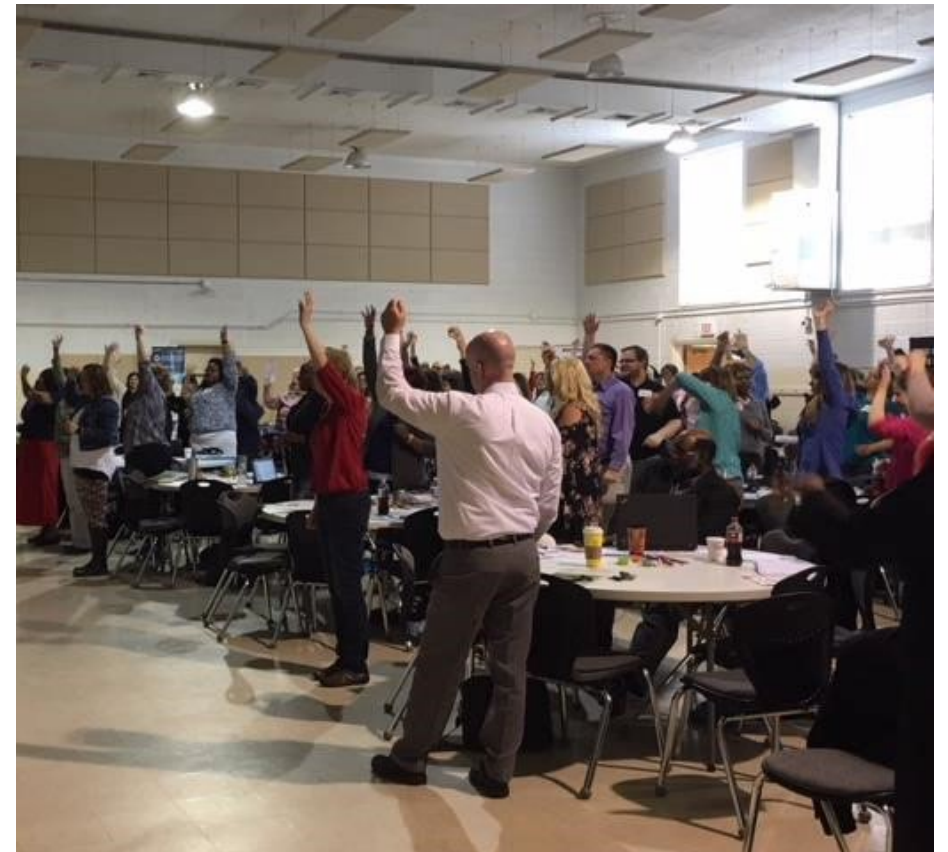


Shrink Achievement Gaps: For first generation immigrant children, school linkage programs have been associated with a 75% reduction in math score achievement gaps and a 50% reduction in reading score achievement gaps.

SCHOOL HEALTH ADVISORY COUNCIL (SHAC) SUPPORT – FUNDING NEED \$7 MILLION

Strategy Description: Build on COVID-19 investments to provide sustainable funding to locally-run School Health Advisory Councils so that coalitions of school staff, parents, and community members can invest in behavioral health resources based on local needs.

- 107 of 115 school districts have a SHAC that met during the 2021-2022 school year
- SHACs are volunteer-based organizations



SCHOOL HEALTH ADVISORY COUNCIL (SHAC) SUPPORT – FUNDING NEED \$7 MILLION

How students and staff will benefit:

- Communities can invest resources to meet local school needs.
- Districts without active SHACs and those who have lost momentum need resources to rebuild.
- DHHS provided SHACs \$60,000 in one-time COVID-19 funds in 2022-2023 to support behavioral health. SHACs used funding to:
 - Deliver **evidence-based programs** shown to:
 -  Increase graduation rates by 13%
 -  Improve attendance by up to 12%
 -  Reduce bullying by 20%

MENTAL HEALTH FIRST AID – FUNDING NEED NONE (GEER FUNDING)

Strategy Description: To facilitate Mental Health First Aid and Youth Mental Health First Aid trainings for school staff and students and evaluate the benefits of this program as a long-term investment in the mental of North Carolina's youth.



- **Youth Mental Health First Aid** teaches adults how to help an adolescent who is experiencing a behavioral challenge or is in crisis.
- **Teen Mental Health First Aid** teaches teens to identify, understand and respond to signs of mental health and substance use challenges in their friends and peers.

“When we see a kid who is just miserable at school, we might think they choose to be that way – or that it’s just part of adolescence. But in fact, they might be in a mental health crisis, one they certainly did not choose and do not want. When a teacher says “how can I be helpful,” that is a powerful question. ”

School-Based Mental Health Counselor

MENTAL HEALTH FIRST AID – FUNDING NEED NONE (2 YRS GEER FUNDING)

How students and staff will benefit:

↓ **Reduce stigma** toward mental health illness and treatment

↑ Strengthen mental health **knowledge and skills**, including:

- Assessing for risk of suicide
- Encouraging appropriate professional help

↑ Increase comfort with **helping youth in distress**



“I recently assisted a student who was having a major mental health crisis. I never thought I would really need to use the training at all, let alone this soon (approximately 4 months after training). I was able to apply the nonjudgmental listening skills we learned in a space in which the student felt less threatened.”
- Teacher

UNIFIED SCHOOL BEHAVIORAL HEALTH ACTION PLAN

- Funding for several items in this school behavioral health package are being requested by NCDHHS & Dept of Public Instruction (DPI).
- The final plan will be published in March 2023.

Strategy	Estimated Annual Budget Need
Statewide School Electronic Health Record Documentation System	\$1.7 M
School-based Telehealth Pilot for Behavioral Health	\$4.2 M
Project AWARE/ACTIVATE	\$4 M
School Linkages to Community Behavioral Health Resource Networks	\$300,000
School Health Advisory Council (SHAC) Support	\$7 M
Mental Health First Aid	None (GEER funding)

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