

Understanding the Mental Health Status of Children and Adolescents in the United States and Examining Multilevel and School-Based Program Solutions

Judith Mwobobia, Ms-GH, School of Public Health, Washington University in St Louis, Saint Louis, MO 63105-2741 and **Amy Faus, MPH, CPH, MCHES**, Behavioral Health Home, Bergen's Promise, Hackensack, NJ

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Abstract

School-based CHW-supported tele-behavioral health programs expand access, reduce inequity, and are financially sustainable.

Kathleen Perkins, MPA¹ and Carry Oostveen, PhD²

(1)MCD Global Health, Carrabassett Valley, ME, (2)University of New England, Cape Elizabeth, ME

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Background/ Issue

Schools are challenged to address the mental health crisis among students. School-based, CHW-supported tele-behavioral health programs are essential to addressing inequity by improving access to behavioral health services for K-12 students.

Description

Beginning in 2022 a rural school district partnered with a federally qualified health center (FQHC) and an emerging certified community-based behavioral health center (CCBHC) to add school-based, community health workers (CHWs) and the use of telehealth to their existing in-person provider(s). Students and parents responded positively to receiving services via telehealth. Students who participated in behavioral health services had lower absenteeism, fewer disciplinary referrals, and were more likely to achieve their individual learning goals when compared to the school population as a whole. Tele-behavioral health utilization increased in Year 2.

Lessons Learned

In-school CHWs reduce barriers to participation and increase student engagement. When students are in crisis, the CHWs are able to facilitate timely access via telehealth. The CHWs also identified and responded to other health related student needs. This session will discuss implementation over two school years in a rural school district. The presentation will focus on keys to success to help other school/provider partnerships implement similar programs.

Implications/Recommendations

Telehealth allows local provider organizations to utilize providers who live outside of their geographic service area and reduce recruitment challenges by using telehealth to connect students with remote providers. Telehealth enables access to remote providers who may have specialist training in high need skills working with youth who are experiencing ACEs, trauma, gender dysphoria, or who may be LGBTQ. This model is consistent with evolving Medicaid acceptance of CHWs as members of care teams, private payer support for telehealth visits, SAMHSAs expansion of CCHBCs, and HRSA expectations for FQHCs to expand behavioral health capacity and integration with primary care. By demonstrating an understanding of school environments and offering the opportunity to increase student access to services without significant reductions in student time in-school learning, FQHCs and CCBHCs can advance equity and improve student outcomes.

Administration, management, leadership Program planning Social and behavioral sciences

Abstract

Transforming mental health service delivery in schools: A cross-system collaborative approach

Tali Raviv, PhD¹, Katherine Calderon, LCSW², Tarrah DeClemente³, Kathryn Ramirez-Mercado, MA³, Alexandra Sontag, DNP², Mira Snider, PhD¹ and Colleen Cicchetti¹

(1)Ann & Robert H. Lurie Children's Hospital of Chicago, Center for Childhood Resilience, Chicago, IL, (2)Chicago Department of Public Health, Chicago, IL, (3)Chicago Public Schools, Chicago, IL

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Background/Context: Schools are critical settings in which to address pervasive challenges to mental health access, particularly for youth in communities that have experienced disinvestment and adversity. Addressing youth mental health needs in school settings requires an all-hands approach that leverages cross-system collaboration and integrates innovative workforce solutions.

Description: The Chicago Department of Public Health (CDPH) and Chicago Public Schools (CPS) partnered with a local pediatric medical center to form a collaborative, cross-sector working group, with the goal of improving access to quality mental health services for public school students. Partners conducted a landscape analysis that included 30 interviews and discussions with interested parties, review of survey data, and an analysis of current service delivery data.

Lessons Learned: Four themes emerged from the landscape analysis: 1) Pervasive difficulties in resource navigation; 2) The need for a more delineated partnership between the district, department of public health and community mental health providers; 3) Challenges in supporting students with urgent mental health needs; and 4) A need to ensure that services were high quality and culturally relevant. Based on these themes, the partners designed an implementation pilot including four concepts: 1) Establishing mechanisms of collaboration with a clear delineation of roles across health and education entities; 2) Integration of a resource navigator in schools to help students and families link to community mental health services and reduce barriers to service engagement; 3) Implementation of a triage system to identify youth in need of urgent linkage to mental health services; and, 4) Collaboration with community health partners to establish dedicated “urgent care” treatment slots for students in need of acute, short-term stabilization services.

Recommendations/Implications: This collaboration describes a model for purposeful, systemic coordination across the health and education sectors that positions all actors to leverage their strengths to improve efficiency and equity in the delivery of mental health services. This model holds promise for reducing barriers to care and duplication of efforts, while strengthening school-community partnerships. Moreover, this work may inform other municipalities aiming to coordinate across public health authorities, providers, and communities to improve mental health service delivery for youth.

Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning
Social and behavioral sciences

Abstract

Evaluating behavioral health integration in pediatric primary care in New Hampshire: A current state assessment

Corina Chao, MPH

Concord, NH

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Background:

The New Hampshire Mental Health Care Access in Pediatrics Project (NH MCAP) conducted a Current State Assessment to inform the program’s strategic planning efforts. The Assessment aimed to evaluate the current state of behavioral health integration being provided to youth in primary care across NH. The team gathered

insights from NH providers and non-providers in pediatric primary care environments as well as payers that cover youth. The team sought to understand the following areas:

- Expectations of PCPs about assessment and treatment of behavioral health conditions
- Policies, workflows, and team member roles in the practice
- Gaps and opportunities in service delivery
- Billing and reimbursement for integrated care services

Methods:

Three methods of data collection were used to gather qualitative and quantitative data: an online survey, semi-structured interviews (SSIs), and analysis of health care claims data. The online survey was open to anyone who works in a primary care office that serves NH youth. The SSIs were done with clinicians in NH who serve children as well as a number of payers.

Results:

According to claims analysis, 17% of children and adolescents covered commercially or by NH Medicaid had an indication of a mental health condition.
Analysis of pharmaceutical claims shows that PCPs prescribed almost half of mental health prescriptions for NH children and adolescents.
Claims analysis shows overall low utilization of BHI codes except for developmental screening.
Interviewed and surveyed PCPs and payers agree that mild to moderate cases of depression, anxiety, and ADHD can be diagnosed and treated in primary care.
Interviewed and surveyed PCPs face a variety of barriers to providing behavioral health treatment, including lack of time and access to consultants and specialists.
Interviewed and surveyed PCPs are interested in the potential for teleconsults and Collaborative Care to alleviate these challenges.

Conclusions:

The Assessment provides an improved understanding of the current state of care and can serve as the starting point for stakeholders to move forward in a coordinated manner. Given that just four payers cover the majority of NH children, NH is uniquely positioned to improve access to behavioral health care via primary care.

Conduct evaluation related to programs, research, and other areas of practice Public health or related organizational policy, standards, or other guidelines Public health or related research

Abstract

Advancing children's mental health: A call for a public health approach

Rachele Espiritu, PhD¹ and **Elizabeth Waetzig, JD²**
(1)Change Matrix, Denver, CO, (2)Change Matrix, New Canaan, CT

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Background/Context:

In recent years, the imperative to prioritize children's mental health has intensified. Despite efforts to address clinical conditions, many children are left underserved, lacking crucial prevention and promotion opportunities. Acknowledging the disjointed approach to mental health, there is an increasing necessity to adopt a public health approach to address the mental health needs of children, youth, and families. This presentation aims to introduce fundamental concepts and a comprehensive framework for implementing public health strategies in children's mental health, with a focus on ensuring equitable access to support services for all children.

Description:

The presentation provides a holistic perspective on integrating public health principles into children's mental health initiatives. It centers around the Public Health Approach to Children's Mental Health framework, funded by the Substance Abuse and Mental Health Services Administration and published by Georgetown University. This framework underscores the need for coordinated efforts across various systems, including healthcare, mental health, and education, to ensure comprehensive support for children's development. Participants will explore intersections between public health and systems of care, identifying opportunities for collaboration and synergy. Key principles such as promotion and prevention, attention to social determinants of health, and adaptation to community needs will be discussed to illustrate how they inform effective intervention strategies.

Lessons Learned:

Drawing from successful public health interventions, the presentation highlights the importance of adopting a population-focused approach and promoting positive mental health. Participants will gain insights into defining common terms, engaging unexpected partners, leveraging data for community needs assessment, implementing a diverse range of interventions, and ensuring sustained access to quality services.

Recommendations/Implications:

The presentation underscores the necessity of embracing a multi-tiered approach to address the diverse needs of children and families. Prioritizing promotion and prevention can help mitigate risk factors contributing to mental health issues while fostering resilience and well-being. Recommendations emphasize the role of policy advocacy, intersectoral collaboration, and community engagement in creating a comprehensive array of interventions and supportive environments for children to thrive. Ultimately, the framework presented can empower participants to champion public health strategies that prioritize children's mental health and promote equity across all communities.

Planning of health education strategies, interventions, and programs
Public health or related organizational policy, standards, or other guidelines
Systems thinking models (conceptual and theoretical models), applications related to public health

