

Presenters and Disclosure

Evelyn Frankford, MSW, Consultant

Olga Acosta Price, Ph.D., Director
Center for Health and Health Care in Schools

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

The Center for Health and Health Care in Schools



Pivoting on School Behavioral Health: Promising Avenues

16th Annual Conference on Advancing School
Mental Health

September 23, 2011



Warning Signs

- The federal fiscal crisis affects states and school districts
- Discretionary grant programs defunded or cut
 - ▶ SS/HS eliminated from budget
 - ▶ Systems of Care under review
 - ▶ Integration of Schools and Mental Health Systems
- Programs absorbed into agencies' other work
 - CDC DASH
 - USED: Office of Safe and Drug Free Schools absorbed into office of Assistant Deputy Secretary for Elementary and Secondary Education



Warning Signs

- Consequence of NCLB:
 - marginalization of most prevention and treatment efforts, as they have not been well linked to educational outcomes, especially achievement test scores
- And that's before the 2012 Budget, which has not yet been enacted



It's a Brave New World: Opportunities for Pivoting

- In the face of real obstacles, our fields will have to do a major pivot
- New knowledge/new foci provide impetus
 - IOM Report on prevention & promotion
 - Public health approach & National Prevention Strategy
 - Broader SOC definition
- Federal policy pushes change:
 - ACA (health care access)
 - Mental Health Parity
 - SAMHSA Behavioral Health Block Grant
- State level will be a locus of action



IOM Report

- Articulates comprehensive current understanding of prevention of MH/SA disorders
- Summarizes programs and interventions with strongest scientific evidence of effectiveness
- “Transformational changes will be needed in school systems to respond to opportunities. The school setting represents one of the best opportunities for prevention interventions, whether universal, selective, or indicated.”



IOM Report

- Challenge for SBMH:
 - how translate evidence base into real programs in real schools that connect with education agendas
 - ▶ Fixsen, Naoom, et al, note:

“successful implementation is synonymous with coordinated change at system, organization, program, and practice levels.” (313) Until recently there has been little support from the federal or state governments for prevention activities and even less for building an infrastructure that facilitates these efforts.



IOM Report

- Major implementation issues:
 - Balance between delivering an evidence-based program as developed and adopting a program to meet the specific needs of the community.
 - Prevention science and practice still lack empirically tested strategies for widespread dissemination of E-B interventions and an infrastructure of schools, family service organizations, or health care providers to reliably E-B interventions. (27)
 - SS/HS initiative encourages use of E-B programs. However, empirical evidence of the implementation experiences or results of this program are lacking.



Public Health Focus

- Behavioral health interventions traditionally designed for providing “high-end” of services, for youth with diagnoses
- Public health focus: reducing mental health problems and helping all optimize mental health
- Conceptual Frame: Promote health, Prevent problems, Treat problems, Re/Claim health

To Download Full Monograph or Expanded Executive Summary:

http://gucchdtacenter.georgetown.edu/public_health.html



Public Health Focus

- Conceptual shift to address mental health promotion and prevention for all students rather than clinical treatment
- Alignment with health care reform to increase coverage
- Place-based universal coverage in schools
 - Taking a population focus
 - Creating environments that promote and support mental health and social/emotional competencies
 - Balancing focus of problems and positive health
 - Working collaboratively across systems



National Prevention Strategy + Systems of Care

- Two ends of the continuum create conceptual bookends with different knowledge bases
- Prevention and Public Health Fund
 - Trust for America's Health:
healthyamericans.org/reports/prevention-fund/
- Fill in the continuum
- Systems of care for SED kids showed us the value of this approach, i.e., organized system with shared accountability among partners



Health Care Reform: Affordable Care Act (ACA)

- Millions more will be eligible for insurance
- Expands collaborative, coordinated care esp between primary care and behavioral health
- New emphasis on prevention- plans may not charge deductibles or co-pays for well visits
- Improves the coverage of mental health services in both private plans and Medicaid (must have adequate network of providers)
- Provision for funding of integrated SBHCs



Mental Health Parity & Addiction Equity Act Passed in 2008

- Act prohibits group health plans from imposing any caps or limitations on mental health treatment or substance use disorder benefits that aren't applied to medical and surgical benefits.
- ***Treatment Limits*** – Equity with respect to # of inpatient and outpatient sessions allowed
- ***Financial Requirements***– Equity with respect to finances; must have same cost sharing, deductibles and out-of-pocket limits



SAMHSA Behavioral Health Block Grant: Purposes

- Fund priority treatment and support services for individuals without insurance or whose coverage is terminated briefly
- Fund priority treatment and support services not covered by Medicaid, Medicare, private
- Fund primary prevention for persons not identified as needing treatment
- Collect performance and outcome data



SAMHSA Behavioral Health Block Grants to States

- 61% of enacted 2011 SAMHSA budget (\$2.2 billion)
- Align with health care reform and Medicaid expansion, which are expected to bring millions more people into coverage
- Blend mental health and substance abuse into single block grant for states with priority focus on prevention and continued focus on recovery-based services and supports



Massachusetts: Behavioral Health and Public Schools Task Force

- June 2011, Report issued resulting from Task Force on Behavioral Health and Public Schools *Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of All Students*
- <http://www.doe.mass.edu/research/reports/0811behavioralhealth.pdf>
- Public health focus: three levels of all students, early intervention to minimize escalation of symptoms of some students, coordinated care for students demonstrating considerable needs



Massachusetts: Behavioral Health and Public Schools Task Force

- Framework = paradigm shift
 - Offers infrastructure-building strategy for engaging education stakeholders and implementing public health in schools
- Six elements
 - Leadership
 - Professional development
 - Access to resources and services
 - Academic and non-academic strategies
 - Policies and protocols
 - Collaboration with families



What's the Pivot?

State Block Grants

- Funding to States will reorient the system to a public health approach, i.e.:
 - Collect performance/outcome data to demonstrate effectiveness
 - Dashboards on key performance indicators
 - Coordinate with primary care and substance abuse services
 - Plan for health information systems
 - Identify and analyze strengths, needs and priorities
 - Obtain meaningful input from stakeholders
 - Do population-based planning



Block Grant: Pivot Opportunities for School Based Interventions

- Develop coalitions to work with state MHAs on population-based strategies
- Identify opportunities for school-based interventions
- Serve as a resource to the state MHAs about how these interventions fit the model of systems of care



What's the Pivot?

- Connect with other work at state, local levels
 - Initiatives such as Promise Neighborhoods and Community Schools, former SS/HS sites, dropout prevention projects
 - Public health pursuit of social determinants of mental health
- Build partnerships with special education, largely missing from this discussion
- Focus on social-emotional-behavioral development that supports academic achievement



Key Pivot Points?

- Build partnerships/coalitions that can participate in states' block grant planning and implementation
 - Engage state mental health, public health, and education authorities
- Build relationships with your local education authorities and school-based colleagues to jointly map resources and needs...of children, families, and communities





Center for Health and Health Care in Schools

Evelyn Frankford
**Consultant and Visiting
Fellow**

Center for Social Policy
University of Massachusetts Boston
(617) 388-0616

efrankford@verizon.net
www.frankfordconsulting.com

Olga Acosta Price
Ph.D., Director

2121 K Street, NW, Suite 250
Washington, DC 20037
202-466-3396

oaprice@gwu.edu
www.healthinschools.org
www.facebook.com/healthinschools