

School – Based Behavioral Health

TELEHEALTH AND BEHAVIORAL HEALTH SERVICES



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Summary

As part of South Carolina's Department of Health and Human Services [DHHS] focus on improving access to behavioral health services across the state, MUSC has initiated school based behavioral health services. When it pertains to children and adolescents, school is the most accessible sites for providing care. The school based behavioral health team began services during the 2023-2024 academic school year.

In the first year, schools targeted for behavioral health services are those who already have an affiliation agreement with MUSC Health for physical health, and do not currently have access to adequate behavioral health services. Through already established partnerships, we can ensure success by enhancing the services offered in current school contracts. Behavioral health will be added to existing contracts for physical health services to include psychotherapy, collaborative care, and crisis intervention/OnDemand services.

These programs will create innovative partnerships within schools, and MUSC Health is uniquely positioned to create these programs. By building on the Center for Telehealth Center of Excellence and state leading pediatric psychiatry services, we have implemented a comprehensive school-based program which provides higher acuity services, while following strict quality standards.

Program Overview

Components of Innovative Program

- Statewide telehealth platform in all schools in South Carolina called Andor
- School-based behavioral health services using treatment team model (School Based Therapy and Psychiatry)
- School-Based Collaborative Care Model
- School-Based Crisis Intervention Program (OnDemand Behavioral Health)

What Makes MUSC Health Different?

- Ability to escalate to Child and Adolescent Psychiatry, which allows treatment of higher acuity within schools leading to broader range of care including treatment decision making and the ability to keep kids in school
- Telehealth infrastructure to scale rapidly and provide a standard system across the state
- Ability to respond to specific needs of DHHS in the state, including development of behavioral health crisis response in the schools
- Use of collaborative team model extends Psychiatry expertise through clinical supervision of therapists and clinical oversight of advanced practitioners, resulting in all team members working at the top of their license with more students receiving high quality care
- Implementation of quality monitoring and tracking of key performance indicators to measure ongoing effectiveness and performance

Infrastructure, Technology, Equipment

▪ **2024 Technology & Equipment**

- Developed school-informed telehealth network designed and ready for use with Andor
 - Includes features to address:
 - Electronic consenting and caregiver notification
 - Caregiver inclusion in visits
 - Bring-your-own-device approach to school side technology
 - Ability for scheduled and on-demand visits

2024 Infrastructure Goals

- Conversion of all schools served by MUSC to updated platform
- Supporting clinical activity in all school districts served by MUSC
- Demonstrated ability to support OnDemand BH services in the schools setting through telehealth
- Demonstrated ability to incorporate collaborative care model of behavioral health in the school setting

School Selection Process

A systematic approach will be used in the selection of school process

- Will initiate school based BH services in schools with current affiliation agreements with the MUSC Center for Telehealth for physical health services
- Through proviso, contract with Governor's School of Science and Mathematics and Governor's School of Arts and Humanities
- Contact schools in need of services to promote the program offerings
- Receive inquiries from schools requesting information and services

Goal: Increase South Carolina School-Based Behavioral Health Services

- Primary Tactic: Increase the number of South Carolina K-12 schools receiving school-based behavioral health services
 - This will prioritize creating net new schools for embedded behavioral health services
- Secondary Tactic: Increase the number of South Carolina K-12 students receiving school-based behavioral health services
 - Supplement current services to meet demand in schools with services, thus increasing students served and better meeting the need for services
 - This will not deny services requested by schools or districts who currently have an aspect of embedded school-based behavioral health services
 - Appropriateness of services and coordination of services will be determined on a case-by-case basis

Therapy Services

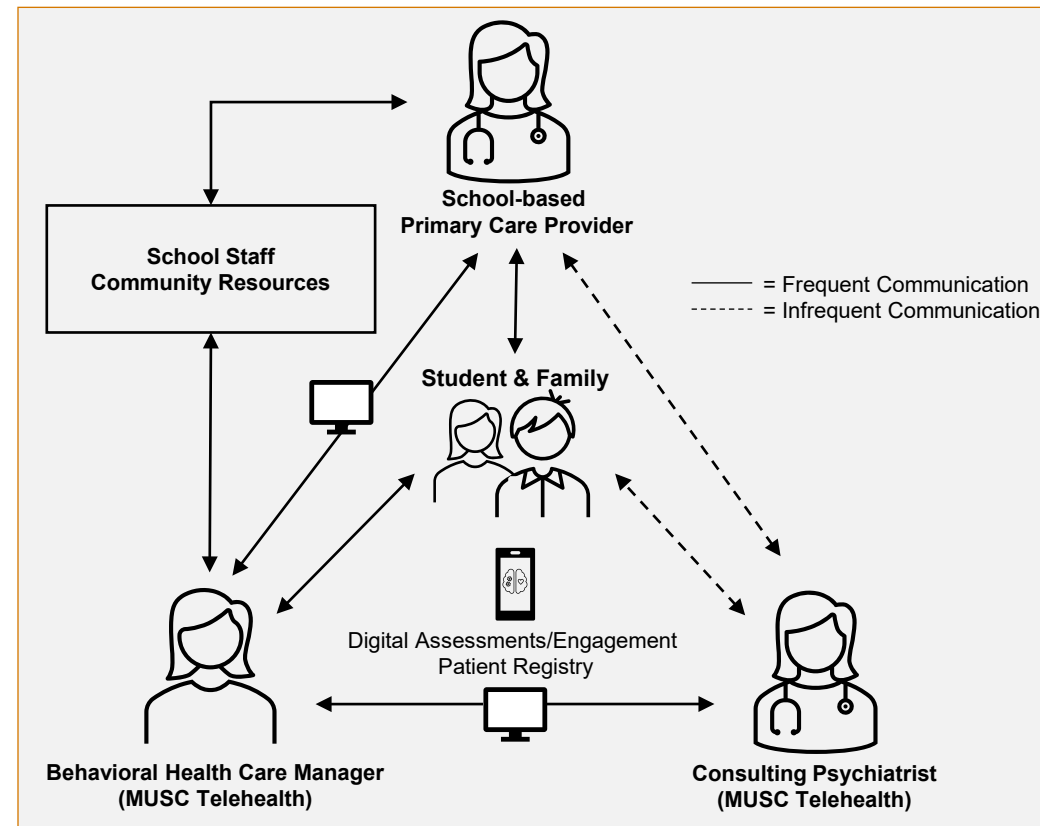
GOAL: Implement school-based therapy services, building on MUSC Center for Telehealth physical health presence

- The MUSC Center for Telehealth has established a strong presence in schools to utilize telehealth providers to address physical health needs. Contract addendums have been completed to add behavioral health services to the current physical health agreements
- The behavioral health treatment model includes Licensed Therapists, Nurse Practitioners/Physician Assistants, and Psychiatrists
- Therapists are the initial point of contact and will continue be the primary contact with the school regarding student progress in treatment. Along with the therapist, the Behavioral Health Coordinator helps support communication and collaboration between all team members.
- Psychiatry will provide clinical consultation oversight to therapists and advanced practitioners (NP/PA), and see complex cases
- Onsite support is provided by the school, with collaboration of therapy team on processes and equipment needs
- Therapy and medication management appointments continue throughout the summer via direct to consumer sessions

School-Based Collaborative Care Management (CoCM)

GOAL: Add behavioral health to current physical health model using CoCM

- CoCM has strong evidence base in pediatric settings and has great potential for school-based telemental health because of its:
 - Efficient use of care team members
 - Measurement-driven identification and triage
 - Care management & brief intervention
- Students referred from MUSC school-based primary care providers in 100+ schools to receive collaborative care management that includes:
 - BH app-based engagement & monitoring (with adolescent or family)
 - BH care managers providing brief intervention and care coordination for students identified as high risk
 - Medication management support for psychiatric consultant
- All care is coordinated by BH care manager in collaboration with local school and community resources



University of Washington AIMS Center. 2023. Pediatric Collaborative Care Implementation Guide.

https://aims2.s.uw.edu/sites/default/files/Pediatric%20CoCM%20Implementation%20Guide_Final%20%28Reduced%20Size%29.pdf

School Crisis Intervention Program

GOAL: Implement school crisis intervention program which is immediately accessible to participating schools to assess students in crisis in the school setting to keep students and teachers safe and keep students in school

- Create OnDemand visits using Andor, specifically for crisis intervention during school hours
- School staff will request an OnDemand BH appointment using Andor and immediately be connected with therapist for crisis assessment and support
- An OnDemand appointment is indicated when the needs of the child are outside the scope of available on-site resources, based on clinical judgement of those involved
- Goal of the OnDemand BH/crisis assessment is to:
 - Identify the crisis
 - Assess the level of risk
 - Create a safety plan to keep student in school
- Psychiatry will be included, when necessary, through consultation with therapist, or directly connected with student
- Student's parent/guardian will be contacted and included whenever possible
- Any student requiring a crisis intervention assessment will be enrolled in school-based therapy services immediately following the crisis intervention, if not already receiving services
- Crisis team will be comprised of the established school-based therapy team. Schedules will be structured so that there will always be availability of therapist for OnDemand BH visits
- Crisis program will grow to scale based on ability to build the necessary manpower to maintain a consistent crisis response
- Program will address crisis situations in the school setting and decrease emergency department visits

Outcomes

MUSC Health believes an effective school behavioral health program does more than provide therapy services to students. We believe this program:

- Creates access to BH services in all areas in the state through telehealth capabilities
- Is innovative by addressing both physical health and behavioral health in the school setting to best meet student needs
- Keep students and teachers safe by addressing crisis in real time, in the school setting
- Has the potential to reduce absenteeism and drop-outs

BH Services Academic year 23-24

We have active contracts in the following districts:

- Charleston County School District
- Meeting Street Schools
- Governor's School of Math & Science
- Governor's School of Arts & Humanities
- Dorchester District 2
- Williamsburg County School District

Contracts signed to begin services Academic Year 2024-2025

- Orangeburg County School District
- Calhoun County School District
- High School for Health Professionals
- Compass Collegiate Academy
- Carolina Voyager Charter School

Currently discussing our services with

- Bamberg County School District
- Sumter County School District
- Berkeley County School District
- Liberty Steam Charter School

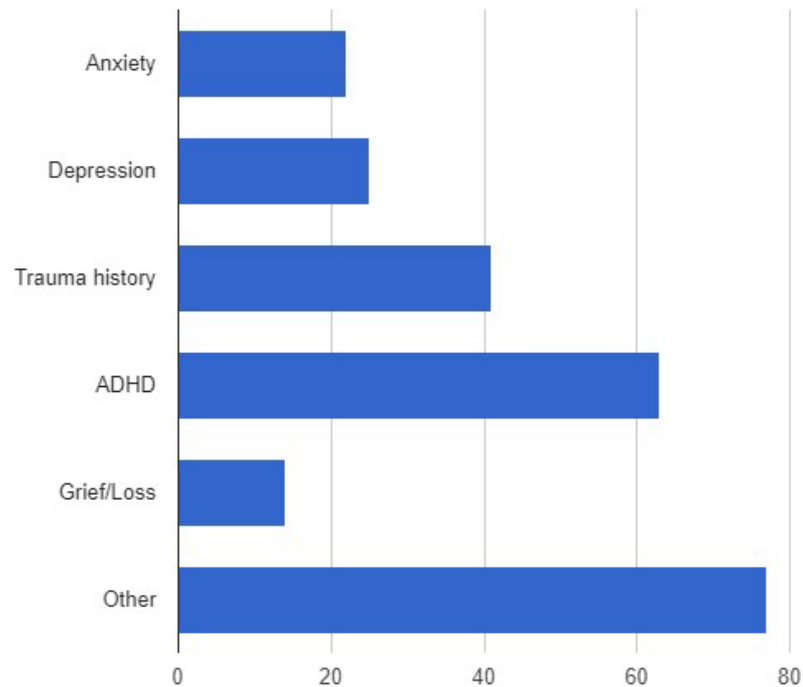
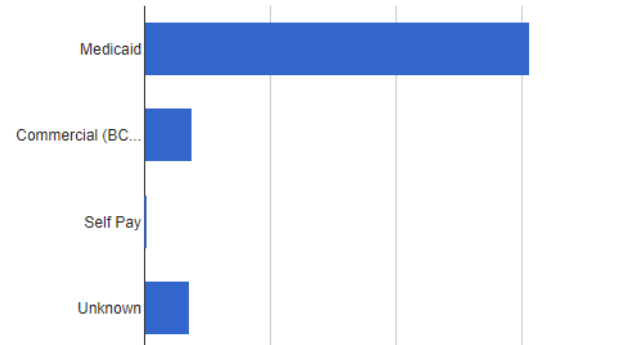
We are “live” in 38 schools, In the development phase for 38 Schools and have done outreach to an additional 184 schools in SC.

BH Services Academic year 23-24

Counts/frequency: Female (72, 37.3%), Male (120, 62.2%), Transgender female (1, 0.5%), Transgender male, (0, 0.0%), Non-binary (0, 0.0%), Prefer not to answer (0, 0.0%)



Counts/frequency: Medicaid (153, 81.0%), Commercial (BCBS, Aetna, Cigna, United, etc.) (19, 10.1%), Self Pay (1, 0.5%), Unknown (18, 9.5%)



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