

# Integrated Care in Schools

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This training is one of six funded by the Ohio Department of Health and developed in partnership with Nationwide Children's Hospital.

### **Objectives:**

- Explain the benefit of integrating behavioral health services into a school-based health clinic.
- Assess the need, readiness, challenges, and opportunities for behavioral health integration within a school-based setting.
- Establish goals and objectives for integrating school-based primary and behavioral health services.

# What is Integrated Care?

- Collaboration among health professionals to provide complete treatment to patients and improve overall well-being.
- Any attempt to fully or partially blend services such as behavioral health services with general and/or specialty medical services.

**Source:**

<https://www.apa.org/health/integrated-health-care>

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>



# Integrated Systems of Care

- Aim to improve patient care and a patient's experience of care through improved coordination of healthcare services.
- Increase the ability to manage complex presentations.
- Support a patient- and family-centered approach.
- Require cooperation among provider types to support patient access to comprehensive, evidence-based services across a continuum.
- Focus on population health and prevention.

# Integrated Systems of Care in School

- Integration extends beyond primary and behavioral healthcare providers to the larger school community.
- Integration includes a community-based approach to identify the needs of children and youth, then matching them to available resources in the educational, health care, and social service sectors.
- Stakeholders include the school system, community healthcare providers, families, social service agencies, health plans, managed care organizations, and public health departments.

Source:

<https://pediatrics.aappublications.org/content/107/1/198>



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# Integrated Systems of Care in School

- In high functioning school-based integrated systems, school and district staff are involved in teaming to support a student-centered, whole child approach to care.
- This results in high quality outcomes for students and supports the efficiency and viability of healthcare providers in the school setting.

# Why Integrated Care?

- Helps with the early identification of trauma and social and emotional disturbance in children.
- Increases access to behavioral healthcare.
- Provides an opportunity to engage the family in a student's care.
- Improves health behaviors such as compliance with treatment recommendations, exercise, and diet.
- Reduces overall health care costs, presenting the opportunity for shared savings.
- Enhances educational processes (e.g., Individualized Education Plans and 504 Plans).



# Principles

Integrated health care is an approach characterized by a high degree of collaboration and communication among health professionals. This includes:

- Sharing of information among team members while protecting protected health information.
- Establishment of a comprehensive treatment plan to address biological, psychological, social, and educational needs of the patient.
- Coordinated care to reduce symptoms, enhance access to services, improve quality of care, and lower overall health care costs.

Source:

<https://www.apa.org/health/integrated-health-care>



# Integrated Care Continuum

## Coordination

The practice of working across health care settings to exchange the most critical pieces of information about a shared patient and help facilitate their access to care.

## Co-location

The practice of physically locating a behavioral health provider in a primary care or a primary care provider in a mental health or substance use treatment setting.

## Integrated Care

The practice team includes primary care and behavioral health clinicians working with patients and families, using a systematic, seamless, and cost-effective approach to provide patient-centered care for a defined population.



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# Available Services in Schools

Screenings For  
Acute And Chronic  
Health Issues

Preventive Health  
Care

Acute Illness Care

Mental Health  
Services

Social Services

Substance Use  
Counseling

Dental Services

Nutritional  
Services

Health Counseling  
and Education

Transportation to  
a Traditional  
Provider

Source:

<https://pediatrics.aappublications.org/content/107/1/198>

# Primary Care Mental Health

## Primary Care Services

- Well-care.
- Sick visits.
- Chronic disease management.
- Teen health.
- Vaccine clinics.

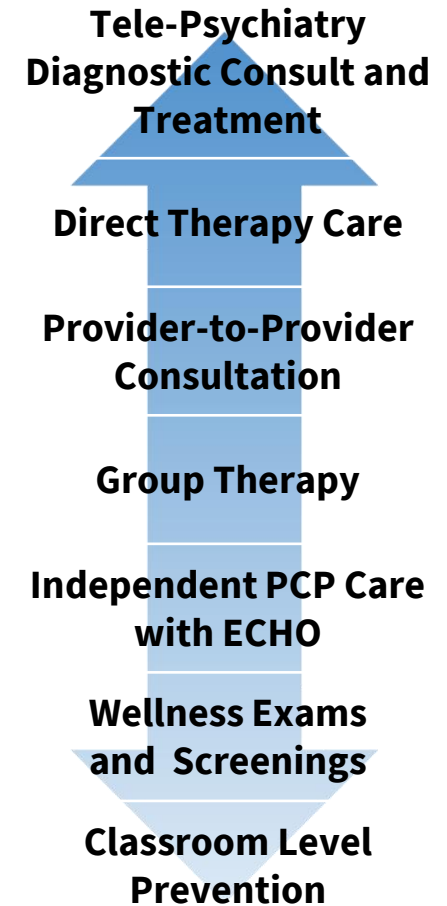
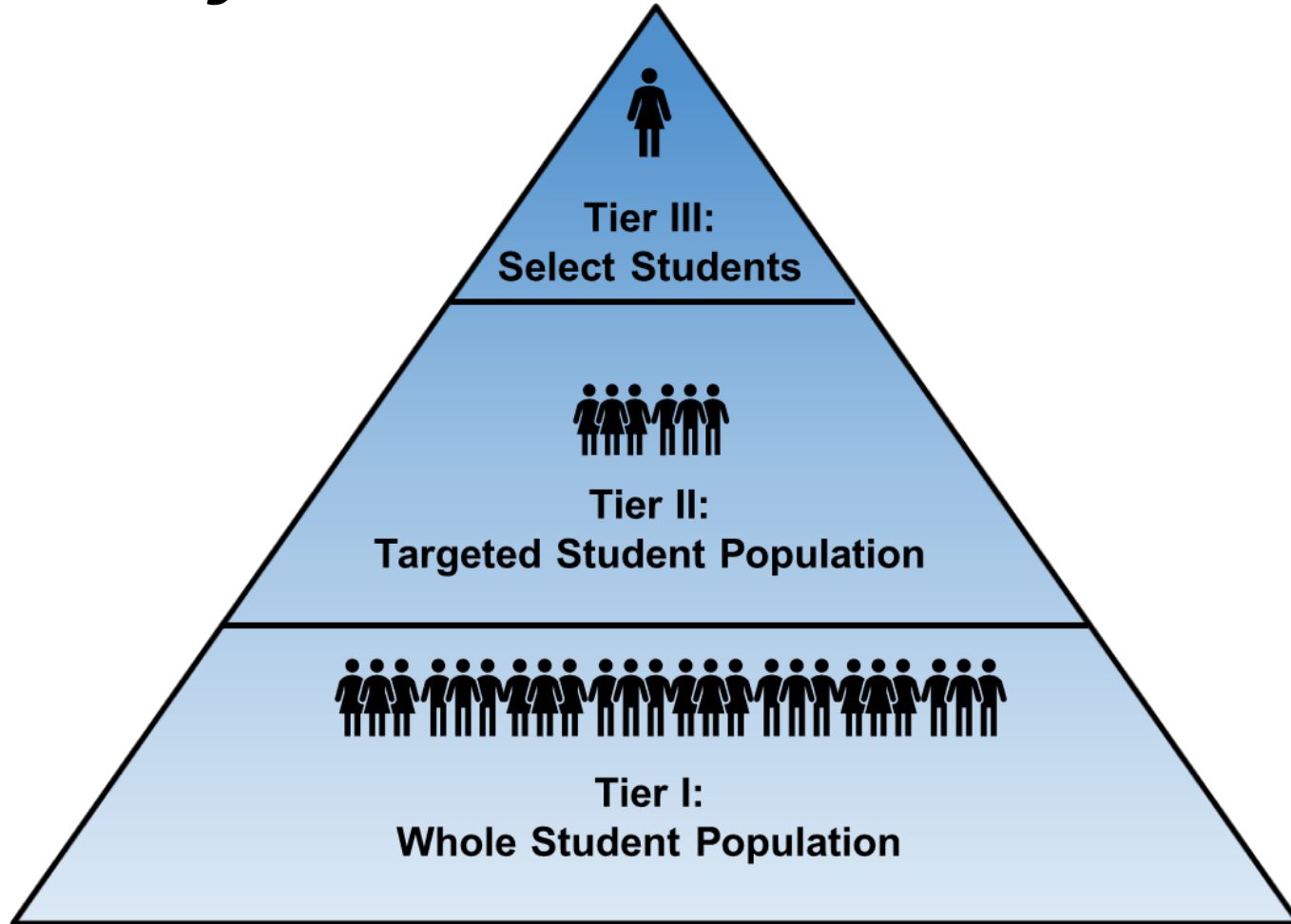
## Primary Care Mental Health

- Diagnosis and treatment of ADHD, anxiety, and depression.
- Referrals to behavioral health services.
- Integrated care with behavioral health.
- Consultation with psychiatry.

### Goal:

Children and adolescents experience optimal health through connection to a medical home.

# Primary Care Mental Health



**Source:**  
Nationwide Children's Hospital. (2021).

# Other Examples of Integrated Care

- Primary care providers screening patients for substance use disorders or depression at well-child visits.
- Behavioral health professionals working alongside primary care providers, making recommendations, and sharing records.
- Consulting psychiatrist model: each team includes psychiatrists, licensed therapists, care coordinators, and administrative support.



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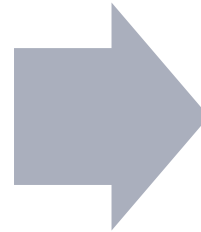


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# Size and Scope of the Problem

## Ohio Healthy Student Profiles

- 26.9% of students enrolled in Medicaid across Ohio are identified as having behavioral health conditions, which may include ADHD, anxiety, depression, serious emotional disturbance, and autism.



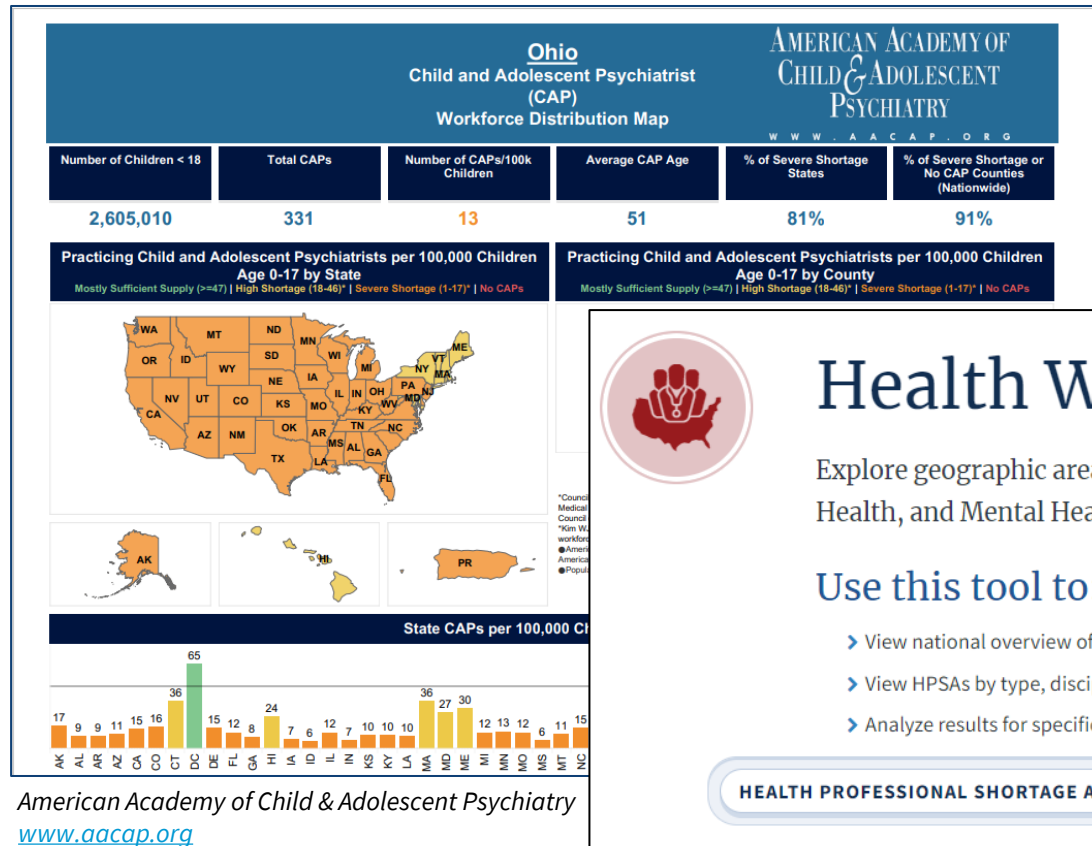
## Ohio Youth Risk Behavior Survey

- 42.6% of youth felt sad or hopeless almost every day for > **two** weeks in a row.
- 21.6% of youth have seriously considered attempting suicide.
- 15.5% of youth made a plan about how they would attempt suicide.

**Source:**

Ohio Healthy Student Profiles, FY20-21  
Ohio Youth Risk Behavior Survey, 2021

# Workforce Shortages in Behavioral Health



Health Resources & Services Administration  
[www.hrsa.gov](http://www.hrsa.gov)

## Health Workforce Shortage Areas

Explore geographic area, population, and facility [HPSA designations](#) data for Primary Care, Dental Health, and Mental Health throughout the United States.

### Use this tool to:

- View national overview of HPSAs
- View HPSAs by type, discipline, and location
- Analyze results for specific subsets of the data by filtering on various discipline, location, score, and status attributes

HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

[MEDICALLY UNDERSERVED AREAS/POPULATIONS \(MUA/P\)](#)



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# Barriers to Accessing Psychiatry Care

Direct care limited to a small percentage of students with most complex and intensive needs

Distance

Transportation

Limits on time off from work for parents / school for children

Stigma

Unfamiliarity and wariness about navigating a large tertiary care center






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# Model of School Health-Psychiatry Integration



Visit Type		Description	Patient Type	Requires Consent	Scheduling	Parent / Guardian Contact
Provider-to-Provider Consult		PCP connects w/ Psychiatrist for questions. Consult may be patient-specific or broader psych-related.	New or Established	No	Dedicated weekly time (1-2 hrs) All providers would join at this time similar to ECHO model Providers could submit cases through RedCap survey	None
Diagnostic Consult		Psychiatrist joins visit with PCP and patient to conduct diagnostic assessment.	New	Yes	DISCUSS	Parent is contacted in advance and invited to appointment. Gather some information from parent via telephone.  <u>PCP</u> will own follow-up with parent and prescription follow-up
Patient-Psychiatrist Visit		Patient receives direct care from psychiatrist.	New or Established	Yes		Parent is contacted in advance and invited to appointment. Gather some information from parent via telephone.  <u>Psychiatrist</u> will own follow-up with parent and prescription follow-up

Source:  
Nationwide Children's Hospital. (2021).



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# Provider to Provider Consultation

- Regular consultation meetings using a model like ECHO.
- Discussion on patient specific or broader behavior health issues such as:
  - Medication management.
  - Diagnostic clarification.
  - Case conceptualization.
  - Evaluation for other community supports.
  - Psycho education on psychopathology and medication.
  - Initiation of referrals to psychological testing or educational testing.
- Opportunity for interdisciplinary education and knowledge transfer.
- Increase in access to a larger population.
- Greater efficiency, productivity while still maintaining patient's satisfaction and effectiveness while allowing greater choice in how they access services.

# School Based Tele-Psychiatry Services

- Improves access and addresses barriers to care.
- Decreases parental travel time/ travel expenses, time lost from work, and still be an integral part of treatment.
- Direct feedback from teachers, administrators, student support staff, and parents about child's behavior, peer interactions, and learning issues and ensures that academic and behavioral health concerns are integrated into treatment strategies.

# Outcomes and Metrics



## Academic Metrics

### **Decrease in:**

- Absenteeism.
- Disruptive and inattentive behaviors.
- Expulsions and suspensions.

### **Improvement in:**

- Academic performance.
- School climate.
- Resilience and social-emotional learning strategies.



## Clinical Metrics

### **Improved:**

- Well care and vaccine compliance.
- Oral health outcomes.
- Chronic disease management.
- Behavioral health outcomes.
- Access to comprehensive medical care.
- Children and adolescents practicing healthy behaviors.



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# Case 1: Non-Compliance

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- Patient is a 15-year-old girl with complex liver disease and noncompliance of medication leading to liver failure.
- Chronically absent from school, and poor academic performance.
- Gastroenterologist reaches out to school team.
- Primary care provider and behavioral health professional conduct weekly visits to organize medication management and counsel student self-efficacy and compliance.
- Team identifies depressive symptoms, which leads to diagnosis and management.
- Student improves clinically, improves attendance and academics, and ends up leading peer group.

# Case 2: Lost in Follow Up

- Patient is a 15-year-old female who came to school-based health center for a sports physical.
- Patient has a history of Cerebral Palsy (CP), mild intellectual disability, adjustment disorder, Major Depressive Disorder (MDD), and has significant history of trauma.
- Family history of mental health problems. Has passive Suicidal Ideations (SI), multiple suicide attempts, and numerous hospitalizations.
- Patient's family has barriers to attending appointments, leading to medication non-adherence and recurring crisis visits.
- Team approach to engage family and improve outcomes:
  - Primary care provider referred to tele-psychiatry.
  - Stable medication regimen and consistent follow up due to appointments while at school.
  - Team approach to follow up and case management to ensure following the treatment plan.

# Case 3: Behavioral Disruptions

- Patient is an 8-year-old referred by teacher to the school-based health center due to possible Attention-Deficit/Hyperactivity Disorder (ADHD).
- Patient diagnosed with ADHD combined type, has significant history of trauma, and Oppositional Defiant Disorder (ODD).
- Patient trials stimulants and school-based counseling but has continued behavior disruptions.
- Team approach to engage family and improve outcomes:
  - Primary care provider (PCP) refers to tele-psychiatry and collaborates on medication management.
  - Provider consults with school team to provide recommendations for behavior management.
  - De-escalation plan includes teacher, school counselor, PCP, and behavioral health (BH) provider.
  - School psychologist and teacher work to determine IEP and/or 504 plan needs.
  - School nurse identified as having close, trusted relationship with mom—she helps to communicate plan and approach and administer medication while at school for improved compliance.



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# Benefits of School-Based Integrated Care

Improved access to  
care

Improved compliance  
with treatment

Coordination among  
disciplines

Higher follow-up rates

Providing full  
continuum of mental  
healthcare: manage  
more complex patients

Decreased stigma



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# Opportunities to Link

## Behavioral Health Therapy to Primary Care

- Not up to date on well-care.
- Not up to date on vaccines.
- Patient with ADHD who needs assistance with medication management.
- Patient with depression and/or anxiety who help with medication management.
- Poor school attendance because of a chronic condition (e.g., asthma).
- Obesity and/or poor nutrition.

## Behavioral Health Therapy to Psychiatry

- Needs are too complex, severe, or acute for therapy.



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# Opportunities to Link

## Primary Care to Behavioral Health Therapy

- Positive screen for depression.
- ADHD management with classroom behavior concerns.
- ADHD management with parental behavior concerns.
- Poor school attendance with identified behavioral avoidance- i.e., not coming to school for any BH reason.
- Bullying identified.
- Anxiety symptoms.
- Grief.
- Chronic illness with poor coping strategies or poor compliance to disease management.

## Primary Care to Psychiatry

- Complexity of the condition requires another level of care.
- Little or no improvement in symptoms over time.

## Psychiatry to Primary Care

- Return to PC once psychopharmacology regimen and symptomatology stable and step down is appropriate.



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# Considerations



Define roles and responsibilities



Outline referral flows



Shared understanding of viability



Shared understanding of educational processes



“My responsibility” → “Our responsibility”



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# Thank You

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