



# *Picard Center*

FOR CHILD DEVELOPMENT AND LIFELONG LEARNING  
UNIVERSITY OF LOUISIANA AT LAFAYETTE

## **Mental Health Services in Schools: A Strategy for Improving Access and Sustainability**

**June 30, 2010**

# **Picard Center: A Brief History**

- **Established at University of Louisiana at Lafayette on July 1, 2005 after five years of development**
- **Improving Louisiana by focusing on children and families**
- **Provides applied research and technical assistance to support the work of state and local agencies that work with children (LA Departments of Education, Health & Hospitals, Social Services, etc.)**

# Current Projects

## Evaluations of:

- **After School Programs**
- **LA 4**
- **Reading First**
- **School-Wide Positive Behavior programs**
- **Caring Communities Youth Survey**
- **Board of Regents Longitudinal Study**
- **Coordinated School Health (CSH)**

## **What is the Problem?**

- **Ranked in bottom 10 states on seven of 10 child well-being indicators:**
- **Half of all lifetime cases of mental illness begins by age 14; Louisiana has 85,000 emotionally disturbed children; 4,000 will receive treatment.**
- **54% of children in foster care need mental health services; 75% of juveniles in juvenile justice facilities.**
- **State expenditures for mental health rank 44<sup>th</sup> in the nation.**

## **What is the Problem?** (continued)

- **28% of students are overweight (BMI exceeds 30).**
- **High school graduation rate is 64%.**
- **One-third of mothers are under age 20; 10% of babies have low birth weight.**
- **Louisiana spends 39% more on health care per capita than the average of the 10 highest rated states.**
- **Only three states spend more per capita.**

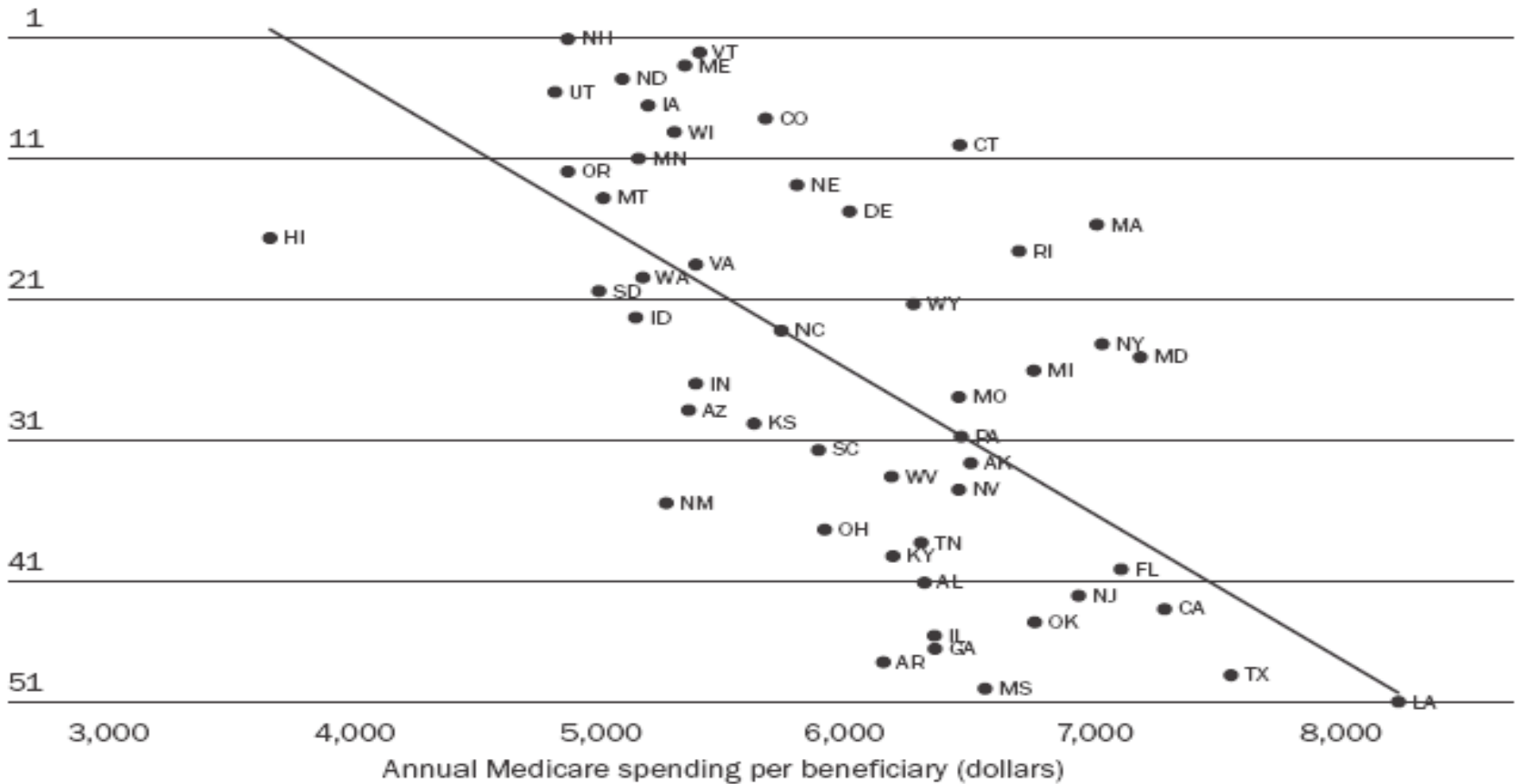
## **What is the Problem?** (continued)

- Louisiana ranks second in terms of the uninsured.
- State spends 48% more for hospital costs than the national average.
- Three times as many hospitals as the national average.
- Two and a half times as many citizens without primary care.
- Louisiana spends 60% more on prescription drugs and uses ER services 45% more.

## EXHIBIT 1

### Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000-2001

Overall quality ranking



**SOURCES:** Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305-312.

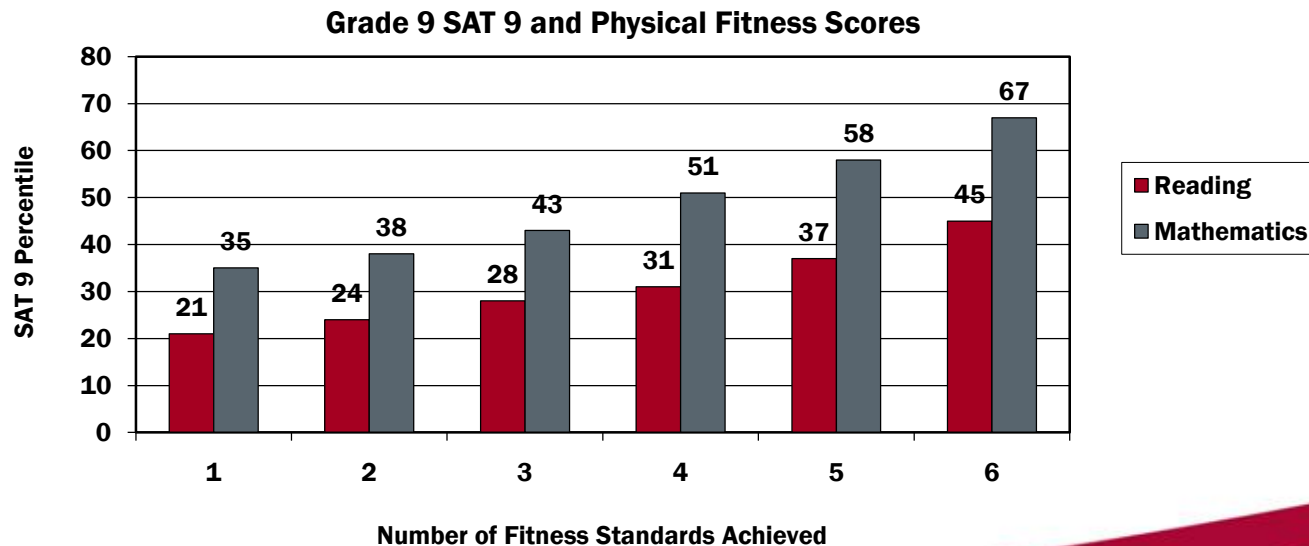
**NOTE:** For quality ranking, smaller values equal higher quality.

# Implications

- **Health care system for children is problematic.**  
Poor access, low quality, and reactive
- **Spending is high and outcomes are poor.**
- **Life chances are sharply reduced, and schools bear the burden of the failures of health care.**
- **Public resources are consumed by health costs.**  
Obese children receiving hospital services cost \$3,731 more than non-obese children; their hospitalization rate is four times as high.
- **A very poor state will only get poorer.**  
State is losing 1/3 of our college graduates each year.

# Children's Health and Academics

1. Having a social worker in a school reduces the absenteeism of the children he serves by 25%.
2. Improved health correlates to improved academic performance.



# **Children's Health and Academics**

**(continued)**

- 3. Schools with the greatest ratio of nurses-to-student-visits kept kids in schools; those with a lower number of nurses sent their kids home.**
- 4. Schools that incorporate a breakfast feeding program into their school have children who perform better academically, participate more in class and have higher daily attendance.**

# **Children's Health and Academics**

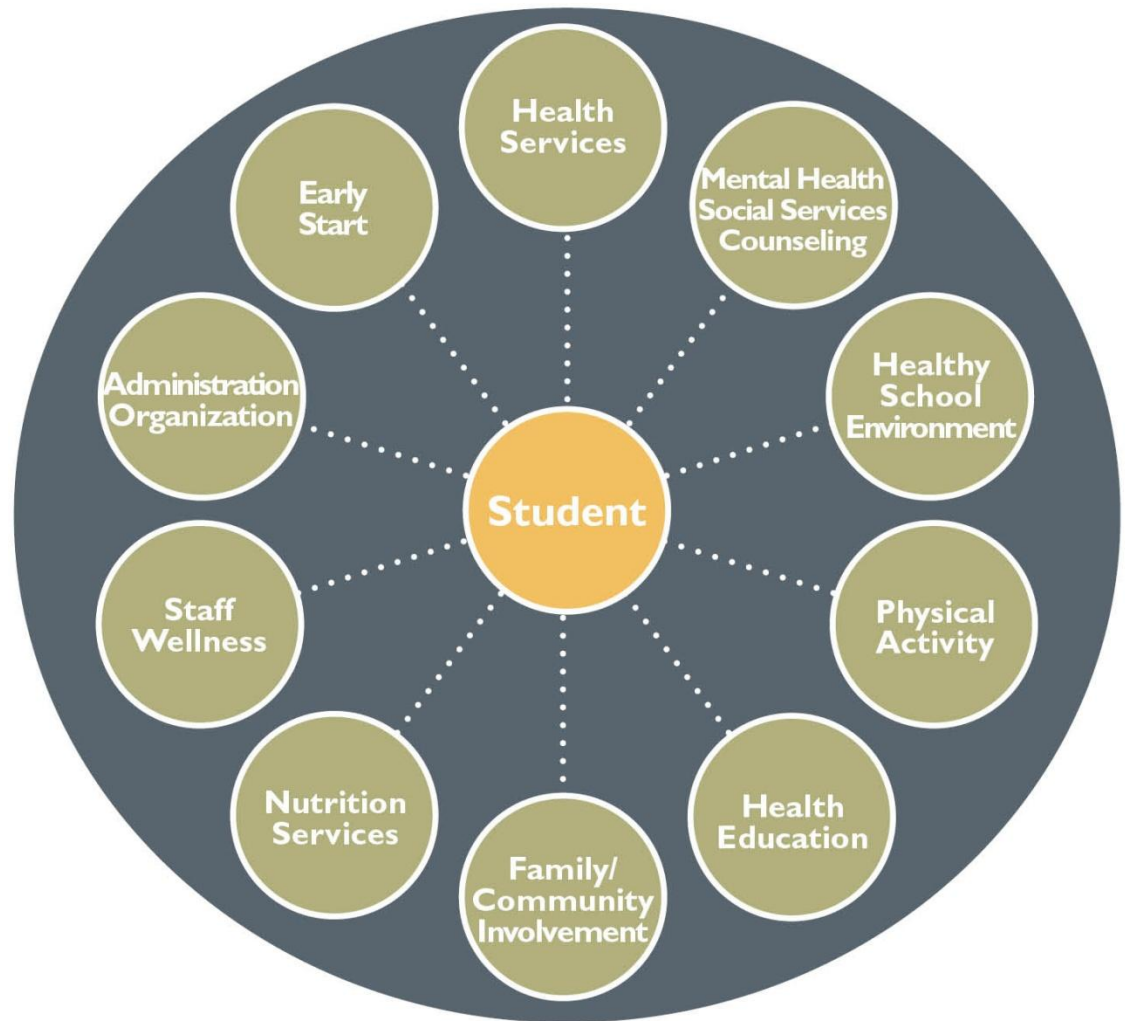
**(continued)**

- 5. Schools that offer PE programs, even when time is taken away from the academic day, see positive effects on academic achievement, as well as reduced disruptive behavior.**
- 6. School connectedness is consistently related to reductions in behaviors that jeopardize academic success such as alcohol use, drug use and delinquent behavior.**
- 7. Reduced time to eat lunch leads to higher use of fast foods.**

# Changing the Life Trajectory for Children

- Identify willing local education authorities (LEAs)
- Develop MOUs that assign responsibilities
- Develop and share relevant fiscal, organizational, and health/academic outcome data
- Assist LEAs in writing a plan to fully implement a system of coordinated health services over three to five years that will significantly improve outcomes for children and the school district
  - (One registered nurse, one mental health clinician per school)
- Address sustainability including moving to scale

# Coordinated School Health Components



Financial Models

Data Driven Decisions

Leadership

# Our Progress

- **District-level: developed MOUs with 24 districts**
- **Identified district leadership and are providing technical assistance**
- **Providing data. District educational and health profiles**
- **Providing relevant planning and service templates**
- **Provided specific technical assistance to key personnel**
- **Developed supportive relationships with local community leadership**
- **Developed a deep understanding of the health infrastructure for children in schools**

# Targeting Mental Health Services

- **Most in-demand service in LEAs**
- **Least available service; Two-thirds of primary care physicians report inability to secure out-patient services for clients**
- **Perceived as solution to behavior problems**
- **Generally, no mental health system of services within the LEA**

# **State Strategies to Provide Mental Health Services**

- 1. Use the Medicaid clinic option**
- 2. Develop a Behavioral Health MCO plan within Medicaid**
- 3. Develop partnerships between FQHCs and LEAs**

# Partnership Responsibilities & Principles

- Key issues should be in a written MOU
- Must be a quid pro quo; most districts want to simply get services to students
- Need to share data and target services
- Think long-term; develop a joint plan to move to scale
- Recognize there will be ripple effects; increased demand for pharmacy, referral to PCPs, parental involvement and training

# Partnership Responsibilities & Principles

(continued)

- Build on each other's strengths and infrastructure
- Include other partners that are relevant (human service districts, school-based health centers, juvenile justice agencies)
- Be transparent on finance, QA, and relevant issues
- Remember that, together, you are building a system of services for children and their families in the district community

# Where to Start?

- **Key system variables: funding, organizational structure, staffing, service standards, partnerships, and health/education outcomes**
- **Locate barriers and opportunities (local, state, or federal)**
- **Make a plan that is effective and doable**
- **Consequences to being successful: expectations increase, service demand will grow with pro-activity, there will be a need for better management (including better data and communication), and a need for increased funding**

## Key LEA Findings

- **Funding.** A mixed revenue stream of primarily special education monies. Some local money, small amounts of Medicaid, and often grant funds.
- **Organization.** In silos and poorly managed.
- **Staffing.** Generally understaffed. No single leader for school health.
- **Service standards.** Often inadequate. Poorly monitored and sanctioned. Wellness plans vary in quality of content and implementation.

## **Key LEA Findings** (continued)

- **Partnerships.** Their value not fully understood by educators.
- **Health and education outcomes.** Know education outcomes (Louisiana has a good accountability system).
- **But—** staff are dedicated, care for children, want change, and get the connection between health and education.

# Sustaining the Plan

- 1. Depends on better organization.**
  - Sabine: combined elements under one leader.
  - Avoyelles: one registered nurse in each elementary school
  - How to manage staff from multiple agencies toward common goals?
- 2. Generates a need for more and better personnel (particularly LCSW's) and capital resources.**
- 3. Restructure revenue streams; build on existing funding streams in LEA to support non-clinical functions while optimizing Medicaid.**
- 4. Review range of encounters that are billable; may include services related to special education students.**

**2007-2008 Medicaid Payments to School Boards, for Nurse Consultations**

**NO PAYMENTS MADE**

**PAYMENTS MADE**

<u>District</u>	<u>Total Students Reported/Enrolled</u>	<u>District</u>	<u>Total Students Reported/Enrolled</u>	<u>Payments</u>	<u>Amount of money per student (rounded to nearest hundredth)</u>
Acadia Parish	9,546	Avoyelles	6,210	\$252,516	\$40.66
Allen Parish	4,269	Lafourche	14,875	\$311,957	\$20.97
Assumption Parish	4,198	Pointe Coupee	3,180	\$58,597	\$18.43
Cameron Parish	1,543	Beauregard	6,145	\$74,549	\$12.13
Catahoula Parish	1,726	West Feliciana	2,419	\$27,389	\$11.32
Claiborne Parish	2,506	Evangeline	6,120	\$65,945	\$10.78
Concordia Parish	4,057	Ascension	18,807	\$173,682	\$9.23
East Carroll Parish	1,433	Bossier	19,766	\$168,900	\$8.54
East Feliciana Parish	2,319	Plaquemines	3,657	\$18,330	\$5.01
Franklin Parish	3,426	Rapides	23,697	\$115,097	\$4.86
Grant Parish	3,422	Jefferson	44,058	\$178,658	\$4.06
LaSalle Parish	2,666	St. Charles	9,639	\$36,962	\$3.83
Madison Parish	2,183	Central Community	3,126	\$11,708	\$3.75
Red River Parish	1,509	St. Martin	8,573	\$29,312	\$3.42
Sabine Parish	4,222	Tangipahoa	19,642	\$64,927	\$3.31
St. Bernard Parish	4,198	Caddo	43,248	\$129,036	\$2.98
St. Helena Parish	1,278	Ouachita	19,214	\$50,406	\$2.62
St. John the Baptist Parish	6,585	St. Landry	15,363	\$33,293	\$2.17
St. Tammany Parish	35,523	DeSoto	4,881	\$9,624	\$1.97
Union Parish	2,960	Bienville	2,318	\$4,182	\$1.80
Vernon Parish	9,572	Washington	5,348	\$8,678	\$1.62
Webster Parish	7,425	Natchitoches	6,950	\$11,160	\$1.61
West Baton Rouge Parish	3,647	Terrebonne	19,276	\$31,081	\$1.61
Winn Parish	2,691	Monroe City Schools	8,949	\$13,545	\$1.51
Bogalusa City	2,291	Vermillion	9,163	\$12,325	\$1.35
City of Baker	1,989	Iberia	14,048	\$18,179	\$1.29
<b>TOTAL:</b>	<b>127,184</b>	Morehouse	4,916	\$6,115	\$1.24
		St. Mary	9,869	\$11,914	\$1.21
		West Carroll	2,308	\$2,468	\$1.07
		Lincoln	6,612	\$6,910	\$1.05
		Livingston	23,549	\$24,702	\$1.05
		Jefferson Davis	5,925	\$6,101	\$1.03
		Jackson	2,284	\$1,727	\$0.76
		Caldwell	1,779	\$1,234	\$0.69
		Zachary community	4,266	\$2,904	\$0.68
		Lafayette	29,990	\$18,975	\$0.63
		East Baton Rouge	46,046	\$27,079	\$0.59
		Tensas	768	\$343	\$0.45
		Calcasieu	32,837	\$12,983	\$0.40
		Richland	3,397	\$754	\$0.22
		St. James	4,181	\$562	\$0.13
		Iberville	4,196	\$41	\$0.01
		Orleans	9,719	-14	-\$0.001

# **Sustaining the Plan**

**(continued)**

## **5. Create critical partnerships at local and state levels.**

- Health providers
- Political leadership
- Opinion leaders
- Business community
- Families

## **6. Think systemically and long-range.**

- Has to have services with long-term value to institutions
- Must have a supportive organizational structure
- Has to be effective
- Must have a critical mass of resources, relationships and leadership to go to scale

# **Sustaining the Plan**

**(continued)**

## **7. Plan for change and tolerate uncertainty.**

- Health reform at national level
- Major budget reductions lead to major organizational shifts

## **8. Keep score. There should be a simple data system to capture key management variables.**

# **LEA: Key Factors Impacting Medicaid Revenue**

- **Percentage of students enrolled in Medicaid**
- **Payment structure of the state Medicaid plan**
- **Efficiency of services and billing structure**
- **Existing capacity to deliver Medicaid services**
- **LEAs' means of finance for health services**

# **Suggestions for Working with Medicaid as a Payment Source**

- **Work within the existing state plan.**
- **Increase volume of services through better organization.**
- **Make services easier to provide.**
- **Improve documentation.**
- **Improve payment rates.**
- **Be able to demonstrate good outcomes that align with public health policies.**

## **Related Projects that Support the LEA & FQHC Partnership**

- **Finance review**
- **Change state Medicaid and Mental Health policies**
- **Integration of nurse visitor and juvenile justice programs**
- **Development of nursing protocols**
- **Electronic school health records**
- **Fitnessgram and ACHI; state obesity plan**
- **Wellness strategy for state employees**

# Lessons Learned

- To go to scale, build systemically
- It's hard and doesn't happen overnight
- Events overtake the best plan
- Takes more time and resources than typically available
- Need technical knowledge, public sector organizational knowledge and experience, relationships across agencies, high energy, optimism and a sense of the big picture
- Visions need adoption
- A champion helps
- It is about the money

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