



# **How Technology is Shaping Behavioral Healthcare Access: Integrating Tele-Behavioral Health into the School Setting**

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# The Justification for Expanding Access

taken from the Children's Health

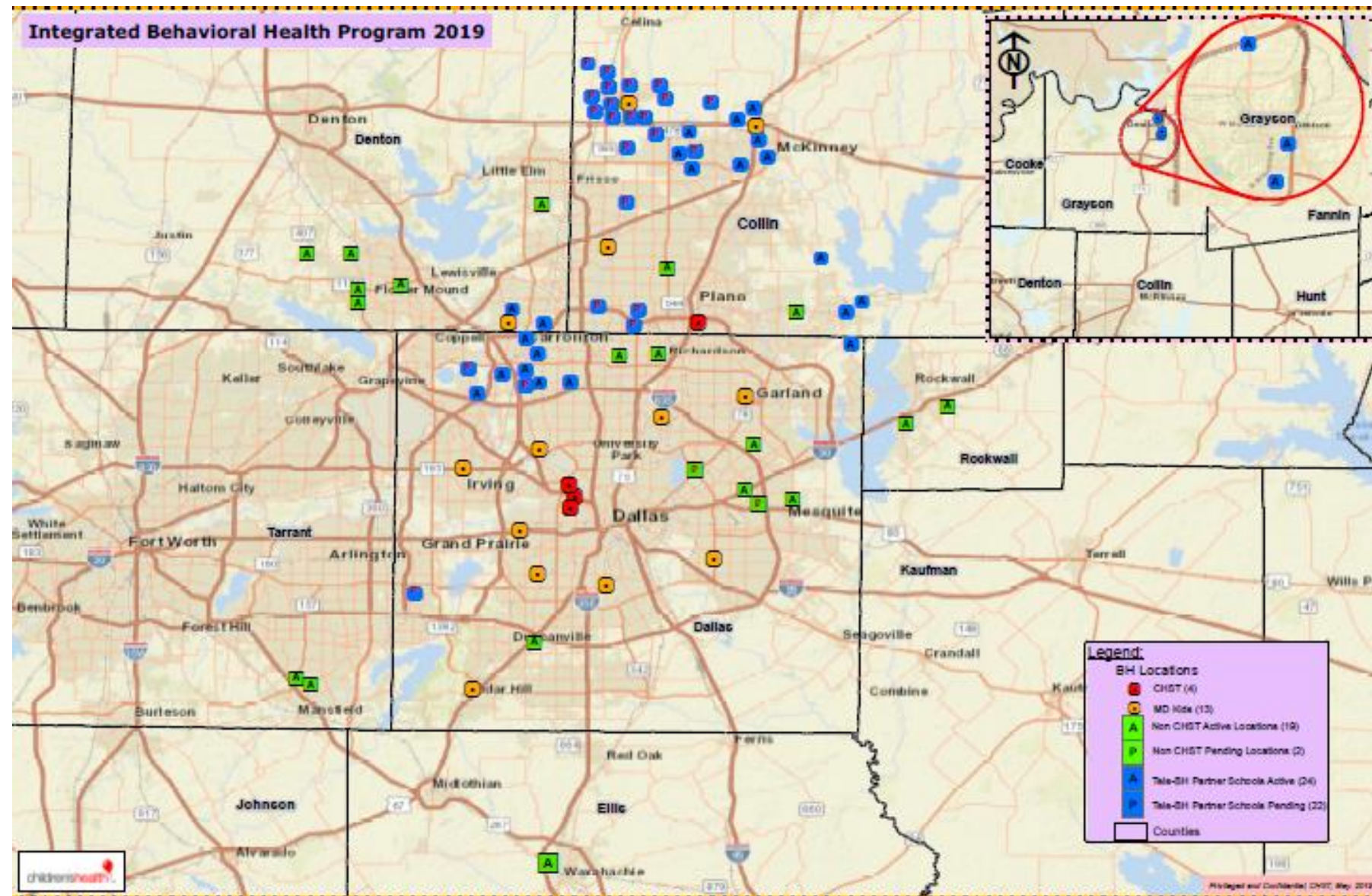
Beyond ABC Report: Assessing the Well-Being of Children in North Texas (2017)

- The Texas Medical Association states 43 million Texans live with a mental health disorder<sup>2</sup>
- 1.2 million of them are children<sup>2</sup>
- Texas ranks last in per-capita funding for people with mental illness<sup>3</sup>
- Desperation for treatment has created an economic burden of more than \$1.5 billion a year in emergency room costs and \$650 million in local justice system costs<sup>4</sup>

# Children's Health Integrated Behavioral Health Programs

- The mission: Making life better for children by integrating the physical, mental and social wellbeing components of health in accessible and sustainable ways within our community
- Programs' Goals:
  - Secondary prevention through early intervention: Issues identified earlier in disease process and family life cycle with rapid referral, assessment and treatment
  - De-stigmatization: Behavioral Health issues become a normal part of everyday life and healthcare
  - Convenience: Treatment provided in spaces where children live, go to school or go the doctors
  - Reduced demand on limited resources: Many issues can be treated efficiently without the need for psychiatry/psychology/long-term therapy referrals such that these precious resources can be saved for longer term, more severe cases
  - Resilience: Children (and parents) learn how to better manage life's challenges through our program curriculum and interventions – skills that will stay with them as they grow and mature

# Integrated Behavioral Health: Expanded Access Points



# The School-Based Tele-Behavioral Health Pilot Program

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- Initial Launch Strategy:
  - Import our clinic-based Integrated Behavioral Health program into the school setting
  - Utilize Children’s Health virtual technology platform
  - Leverage existing partnerships forged by school-based telemedicine
    - Identify space needs
    - School personnel needs
  - Geo-specific funding for a local school district through a generous grant from a local foundation

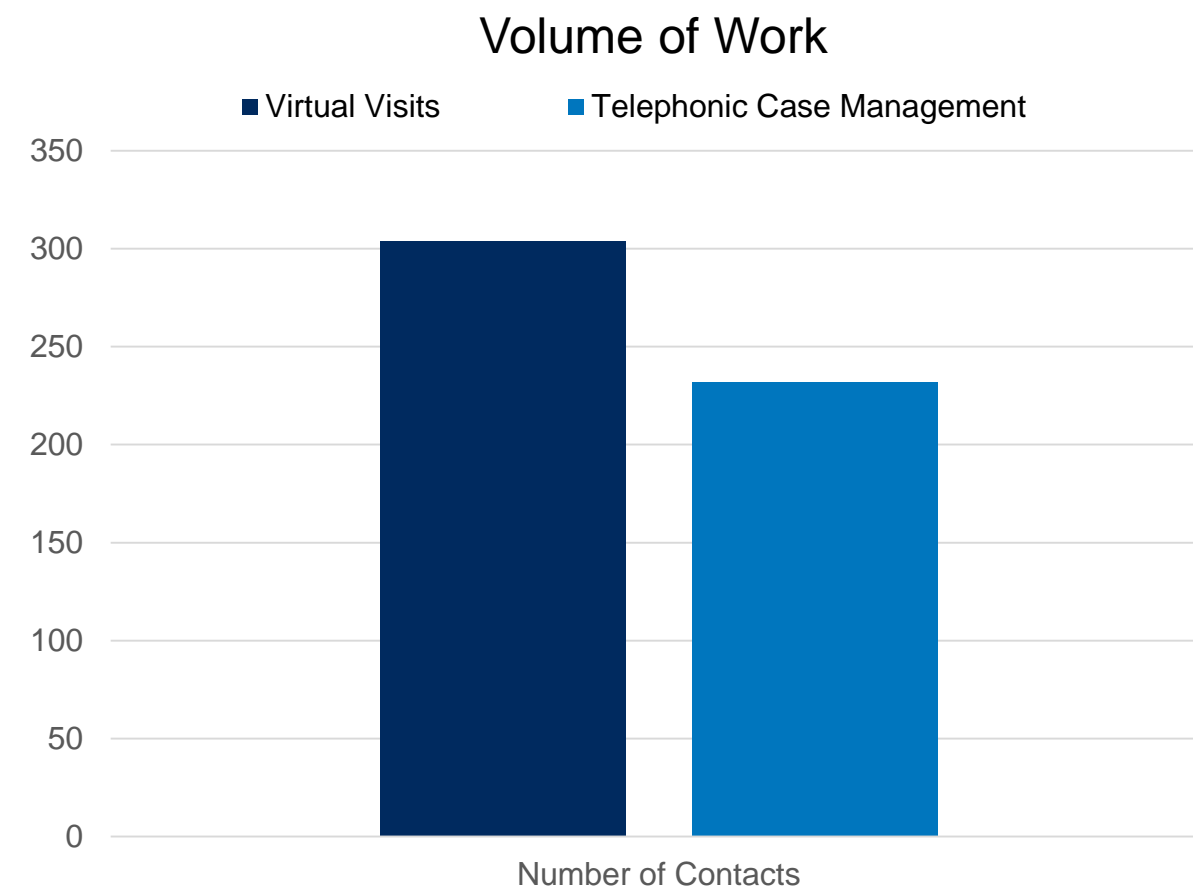
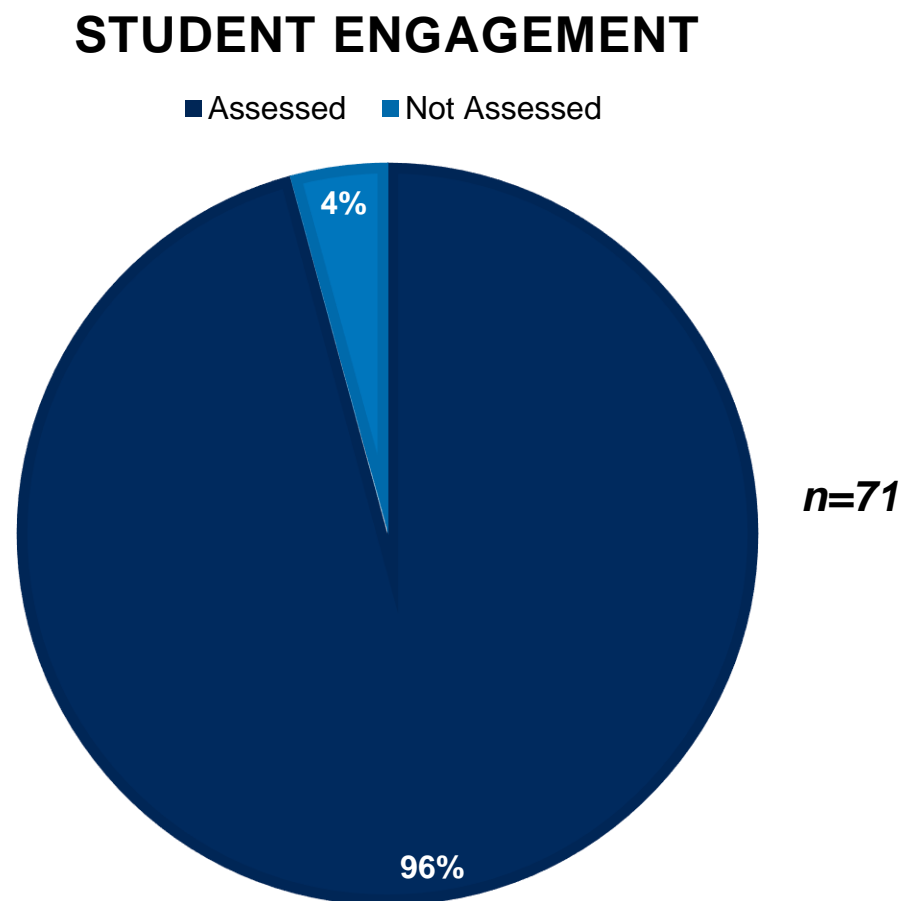


# Current Program Structure

- 4 School Districts – 24 Campuses (approximately 23,000 students)
- Each high school was given an iPad with the Virtual Visit application
- Dedicated Children’s Health Behavioral Health Care Managers (BHCM) - Two Bilingual Licensed Professional Counselors, 1 Licensed Clinical Social Worker
  - 3.0 FTES
  - 1.0 FTE per 7500K students
- School Counselor contacts family to explain the program, obtains parent/guardian consent and refers to BHCM
- BHCM contacts family via telephone and conducts an assessment
- In collaboration with the family, a treatment plan is made which can include:
  - Virtual counseling sessions
  - External referrals to community providers, with telephonic care management follow-up
- Documentation in CH EMR system.

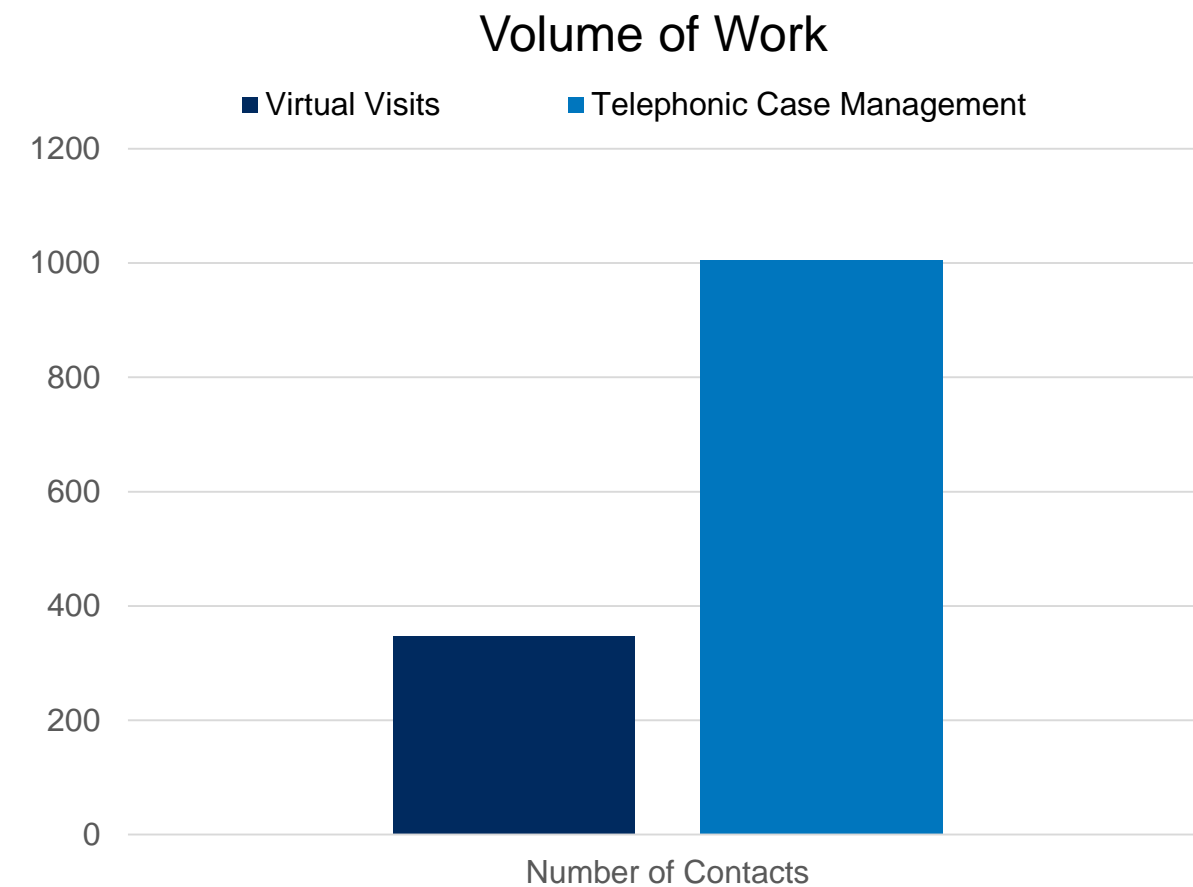
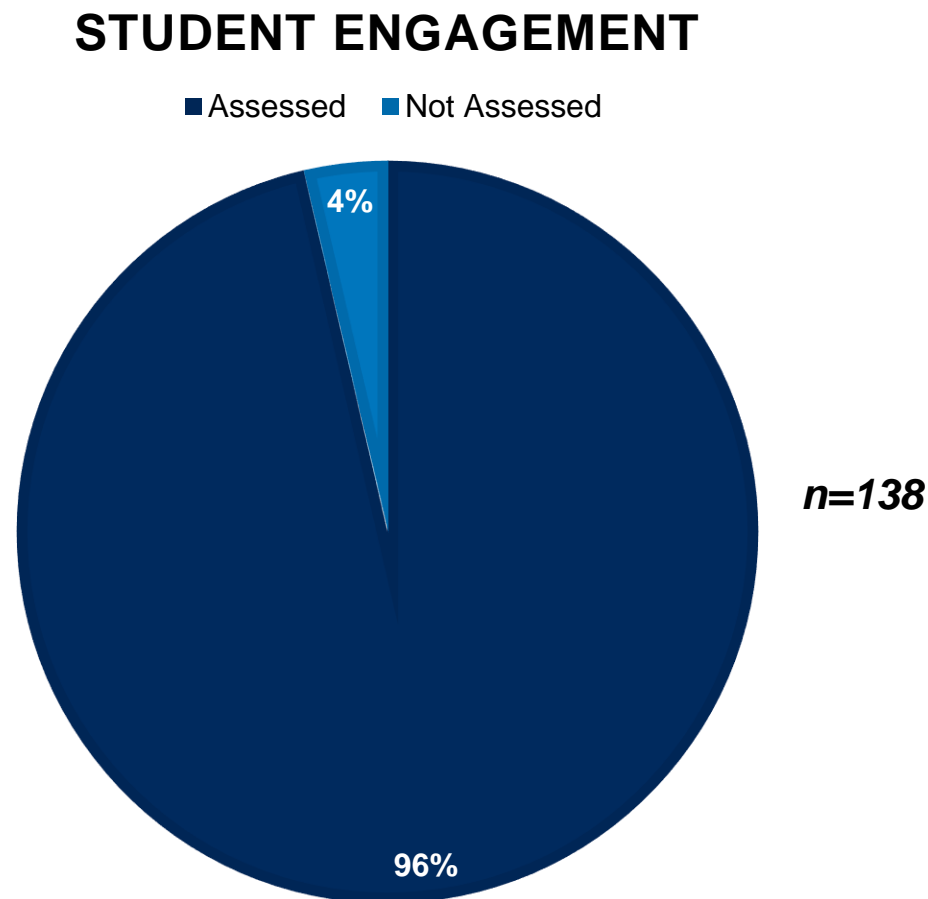
# Program Data: Year 1: Results (09/18/17 – 06/01/18)

- 71 students referred
- 68 telephonic assessments (96% engagement rate)
- 304 virtual visits provided to 62 students (4.9 visits per student)
- 232 additional telephonic case management follow-up contacts for 39 students
- 85% successful, planned discharges



# Program Data: Year 2: Results (08/2018 – 03/31/2019)

- 138 students referred
- 133 telephonic assessments (96% engagement rate)
- 348 virtual visits provided to 64 students (5.4 visits per student)
- 1005 additional telephonic case management follow-up contacts for 126 students (8.0 contacts per student)





# Clinical Outcomes



30% Improvement on Patient-Centered Goals

# Two-Year Customer Satisfaction Results

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- Feedback sessions held in spring 2018 and 2019
- During that meeting confidential surveys were distributed
- Results:
  - All of the school counselors surveyed indicated they believed their students have benefitted from the program
  - Additionally, initial results indicate we may have positively impacted:
    - Students' moods
    - School attendance

# Year Two Program Development

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- Began serving in middle and late elementary school students
- Billing for virtual visits
- Increased on-campus contacts with school counselors to increase referral volume
- Attended faculty meetings/staff development training
- Delivered program flyers and information card with biography and photo of BHCM for counselors to give to students/families
- Attended Back-to-School events in 2018 to market the program and increase visibility
- Revised consenting process and revised consent form

# Learnings

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- Anecdotally, teens respond well to therapy via videoconference
- Recruiting and training clinical skills applicable to virtual therapy
- IT resources are key, both ISD and Children's Health
- Widen the referral net
- Comprehensive Behavioral Health Strategy
  - Mental Health First Aid
  - Parent Education
  - Staff Training
  - Peer-to-Peer Programs

# Next Steps

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- Coordinated marketing efforts with district public relations personnel direct to parents:
  - School/District Websites
- Continue to increase on-campus contacts with school counselors to increase referral volume
- Attend faculty meetings at all schools and provide staff development training (Mental Health First Aid)
- Provide educational presentations to parent groups (PTA, Coffee with the Principal)
- E-consenting process
- Continued expansion to other districts in growing markets
- Continue to seek financial partners as part of overall sustainability strategy

# Human Impact

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## A Case Example



# Acknowledgements

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- Matt Moore, Vice-President, Government Relations

# References

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