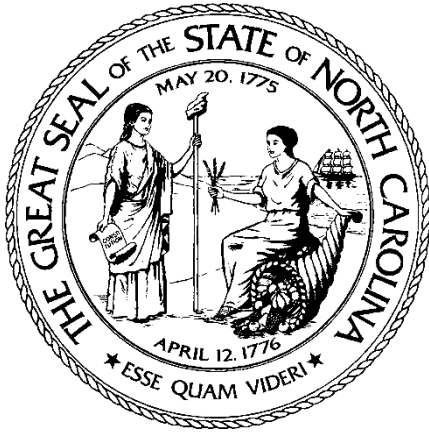


House Select Committee on School Safety
Student Health Working Group



Improving Mental Health Services in Schools

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Unrecognized and untreated, mental health issues can lead to academic failure in school, conflicts with teachers and family members, and justice involvement.

Those issues include:

- **Depression**
- **Anxiety & coping**
- **Eating disorders**
- **Substance use disorders**
- **Self harm, suicide** (2nd leading cause of death, 10-17 yo's)
- **Violence**

Prevalence of Mental Health Issues/Coverage

From DHHS' *Behavioral Health Strategic Plan*:

(released January 2018):

- *Nearly a quarter (23%) of NC's population of 10 million is under 18 yrs. of age*
- *Just over 10% or 250,000 of those under 18 are estimated to be struggling with a significant mental health or substance use issue*
- *About a third (31%) are not receiving help or treatment for their mental health or substance use issues*
- *Similar to national patterns, NC is experiencing a shortage of psychiatrists and other behavioral health clinicians*

From Kaiser Family Foundation *(2017 release, 2016 data)*:

- *Roughly 4-5% of all children lack health insurance.*

Current DHHS Involvement in Schools

Services, Funding, etc.

- **Funding IEP Services for Medicaid recipients enrolled in the Exceptional Children's Program**
 - *Speech/Language, Physical & Occupational Therapies, Audiology, Nursing, and Counseling Services*
 - *Reimbursement available to all LEAs*
- **School Nurses**
 - *Subject of a just-released PED study that looked at funding, ratios, etc.*
 - *School Nurses perform a variety of duties, including: responding to emergency conditions, immunization record reviews, health counseling, monitoring communicable diseases, managing chronic care, and assisting with referrals to primary & specialty care*

Current DHHS Involvement in Schools, cont'd

Services, Funding, etc.

- **School-Based Health Centers**

- *Located in or near middle schools and high schools, and targets youth 10-19 years old*
- *Services include management of chronic illnesses; mental health counseling; and preventive services, such as health education, physical and dental exams, and nutrition services*
- *Roughly 90 centers in 26 counties. Division of Public Health financially supports a third of all centers*

- **LME/MCOs**

- *LME/MCOs System of Care coordinators work with schools to improve student access to behavioral health services*
- *Care coordination for Medicaid and uninsured youth transitioning back to school from out of home behavioral health settings*

Future Efforts & Brainstorming Ideas

Training & Technical Assistance

- *Increase the number of individuals trained under youth & adult **Mental Health First Aid***
- *Expand use of the **Community Resilience Model (CRM)** by school personnel*
- *Expand **Counseling on Access to Lethal Means (CALM)***
- *Provide more training for clinicians thru **Center for Child & Family Health** and other efforts to better treat children with significant behavioral health needs*

Workforce

- *Increase the number of school counselors, psychologists, social workers and nurses*

Future Efforts & Brainstorming Ideas, cont'd

Payers

- **Medicaid & NC Health Choice (NCHC)**
 - *Expand number of services an LEA can bill Medicaid*
 - *Amend state law to exempt LEAs from collecting NCHC copayments (violation of “free and appropriation” requirement)*
- **LME/MCOs**
 - *Continue work to finalize the “School Mental Health Initiative,” a memorandum between each LME/MCO and LEA*
 - *Explore and refine use of “Mobile Crisis Services” that bring behavioral health professional on-site to respond to a crisis or event*
- **Private Insurers**
 - *From DHHS Behavioral Strategic Plan, consider requiring health insurers to offer parity in behavioral health services*

THANK YOU

Questions or Additional Information?

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