



The District's Dime

Going Beyond the Budget Book

The DC Fiscal Policy Institute blog
www.dcfpi.org

April 13, 2016

Let's Use School Health Centers to Connect Troubled Students to Emotional and Mental Health Help

By Ed Lazere

The fiscal year 2017 budget offers a great opportunity to use school health centers in new and innovative ways to help students with mental health or other emotional needs – by connecting them to an array of resources beyond the school. A proposed pilot program would use “telehealth” – or video technology – as a starting point to link students to behavioral health specialists in the community, as well as to address family issues that may be affecting a child’s mental well-being, such as housing instability. Given that most schools do not have a mental health clinician on site, this is a cost-effective and holistic way to address social and environmental factors that affect behavioral health.

The need is great, especially given the stresses of poverty that affect thousands of DC children. An estimated 13,000-20,000 children in DC have mental health needs, according to [Children’s Law Center](#). Common problems include anxiety, depression, behavioral or mood disorders, and substance abuse. Untreated problems affect the ability of children to succeed in school. About 70 DC public schools and public charter schools have a school-based mental health program, but this is only about one-third of all schools.

That’s where the School-Based Behavioral Health Improvement Act of 2016 comes in. Using school health centers as an entry point, the legislation would create a pilot program to connect students to behavioral health counseling and to other social services partners. When mental health services are provided in schools, students are much more likely to use them, according to a 2014 DCFPI [report](#).

Some key components of the pilot program are:

- School-based clinical staff – such as nurses – would screen children for behavioral health needs and social service needs.
- Once a student’s needs are identified and with parents’ permission, a remote care coordinator would connect the student to a behavioral health specialist, who would conduct consultations through a video tele-health connection. The care coordinator also would connect the student and family with social services, through designated community partners, to address issues affecting the student’s emotional and behavioral health.
- The pilot would use secure electronic records to connect students to services. This would make it easy for all partners to coordinate care for students, and would allow for robust data collection and program evaluation.

The pilot is an ideal example of the Accountable Care Communities model under the federal Affordable Care Act, which recognizes that efforts to improve health outcomes need to address social and mental health issues that can contribute to poor health.

With less than \$1 million, two school health centers could be used to pilot this approach next year. We hope the DC Council will move forward to leverage a convenient and trusted source of health care for students to connect students and their families with comprehensive behavioral health and social services.