Partnering with NORTH CAROLINA System of Care

Toolkit for School Systems to Engage with Community Behavioral Health Partners

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CENTER for INTEGRATIVE HEALTH

insight to innovation

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Purpose of Toolkit:

The concept behind the toolkit is to provide all school systems in North Carolina with a process designed to strengthen connections with their behavioral health partners to better serve children, youth, and families. The process is designed to enhance current connections and mechanisms for education and community partnerships and is further designed to meet the school system and their behavioral health partners where they currently are in these partnerships. This process can be used anytime there are challenges that may require new approaches and new partners. Even though it is designed to be a short-term process, it can produce actions and systems that are long-term.

Overview of Need for Toolkit:

A recent survey of high school students by the United States Centers for Disease Control and Prevention (CDC) found that 44 percent of respondents had experienced persistent feelings of sadness or hopelessness. Addressing this crisis will take coordination among schools, behavioral health providers, community groups and families. To help increase this needed coordination, the NC Department of Health and Human Services (NC DHHS), in partnership with the Department of Public Instruction (DPI), awarded the i2i Center for Integrative Health a grant to strengthen school districts' connections to community mental health partners using the national framework of System of Care. Where these connections are strong, students' access to treatment, and their overall mental health, improve.

Meeting students' growing mental health needs requires collaboration among school systems, mental health providers, community groups, youth and families. By working together, these partners can create a system of care for school children and their families.

System of Care (SOC) is a framework that was developed by the federal government and is followed by health and human service partners. Every state uses the System of Care principles to build unique frameworks of support for children, youth, and families. In North Carolina, System of Care is being aligned with recent changes to Medicaid, and mechanisms used include community collaboratives and child and family teams. School systems can connect with their System of Care community collaboratives and child and family teams through the LME/MCO System of Care Coordinators.

Whole School, Whole Community, Whole Child is a framework that was developed by the federal government and is followed by education systems. The framework is similar to System of Care in that it is a set of guiding principles. In North Carolina, the State Superintendent has endorsed the use of the Whole School, Whole Community, Whole Child principles in school systems. Below is a chart that shows the System of Care principles and Whole School, Whole Community, Whole Child principles where it is clear there is strong alignment.

Whole School, Whole Community, Whole Child Principles	**System of Care Principles**

Family Engagement	Family and Youth Driven
Community Involvement	Interagency Collaboration
Social and Emotional Climate	Culturally and Linguistically Responsive
Physical Environment	Individualized and Strength-Based
Nutrition Environment and Services	Data Driven
Counseling, Psychological and Social Services	Home and Community Service Driven Trauma-Informed Evidence-Based
Health Services	
Physical Education and Physical Activity	
Health Education	
Employee Wellness	

Lastly, North Carolina is in the process of fully implementing Medicaid managed care. This has brought about new roles and a focus on integrated, whole child care in the North Carolina public health and human services system. Schools have relied on Local Management Entity/Managed Care Organizations for behavioral health needs. LME/MCOs (that have the contracts for Tailored Plans) remain critical partners with school systems for children with complex behavioral health needs and now there are additional behavioral health management partners of Standard Plans. All plans are/will be responsible for the physical healthcare of their Medicaid members as well. Medicaid managed care has also brought care management to the forefront and value-added benefits such as tutoring are covered through Medicaid plans.

Webinar Series:

The i2i Center for Integrative Health conducted a webinar series that includes three webinars that can be found on the i2i Center webpage for the project and are linked below:

Webinar 1: The Intersection of System of Care and Whole School, Whole Community, Whole Child

System of Care Webinar - i2i Center for Integrative Health

Webinar 2: Changes in Medicaid: Focus on Standard Plans

- Standard Plan - Section One
- Standard Plan - Section Two
- Standard Plan - Section Three
- Standard Plan - Panel

Webinar 3: Changes in Medicaid: Focus on Tailored Plans

- Tailored Plan - Section One
- Tailored Plan - Section Two
- Tailored Plan - Section Three
- Tailored Plan - Panel

The webinars were developed in segments as we recognize that school system personnel are busy! Each segment can be watched separately, or each webinar can be watched in total.

Resource Guide:

A Resource Guide has been developed to be used by school systems. These resources have been developed through the health and human services system and are useful for all partners. Take some time to look through them and use the links to get new resources that support your work!

To access the Resource Guide, use this link.

Identification of Common Issues for Convenings:

Six school systems that participated to strengthen school districts' connections to community mental health partners using the national framework of System of Care led the topics of discussion with their community behavioral health partners. The i2i Center for Integrative Health served as a facilitator in these discussions. The goal throughout the process was to develop action steps that lead to stronger connections between school systems and their community behavioral health partners. Below is the description of the process that was used. The i2i Center has been successfully using this process with a variety of partners to address different topics because there are many times when challenges cannot be addressed without enhancing processes used in the past. The toolkit gives school systems and their community partners the designed model that reaps this success.

"Building effective school-community partnerships requires recognition of barriers along with time and commitment from school districts and community agencies to overcome those barriers. Addressing the challenges while also building partnerships may be overwhelming, but this work is essential for ensuring effective outcomes for children and youth." School-Community Alliances Enhance Mental Health Services, Phi-Beta-Kappan School Community Partnerships, Vaillancourt and Amador, December 2014/January 2015

Designed Process to Develop Action Steps that Lead to Stronger Connections

- **Identification of Facilitator:** An identified neutral convener can steward the process and ensure an environment that values all perspectives.
    - The facilitator is responsible for finding the commonalities across stakeholders to develop an agenda.
    - The facilitator will also have the knowledge of why each stakeholder is interested in participating in the process and should design agendas that meet the why for each stakeholder.
    - The facilitator does not have any preconceived ideas of action steps or outcomes and allows the final products to be driven organically by the group.
    - The facilitator does keep the discussion moving toward action items, outcomes, and products.
- **Discovery Meetings:** Pre-convening conversations between the facilitator and the varying stakeholders give each stakeholder an opportunity to identify their goals in participation, to articulate their challenges, and to begin the trust in this process. The facilitator can assist in each Discovery Meeting by asking questions that help that stakeholder:

    - Determine what they hope to gain from the convening and identify what they bring to the discussion.
    - Articulate the Topics
    - Identify Challenges and Opportunities
    - Identify other Key Partners
    - Identify Key Resources
- **Assisting Parents, Caregivers, Youth in Participation:** Following the Whole School, Whole Community, Whole Child and System of Care principles to ensure discussions are driven by families, children and youth may take some additional preparatory work to ensure that particular stakeholders come to the convening confident that their perspective is valued and that they can be a part of a discussion that is often geared toward day-to-day operations and policies. This additional work may be a personal contact with the individual, additional background information to help the person understand the current challenge, interpreters to assist individuals when English is not their first language, and an additional personal contact when the convening is over.
- **Inviting Partners:** The Discovery Meetings will help to build the partners list of invitees to the convening. There are certainly times when a Discovery Meeting isn't needed to know that someone is a stakeholder who should participate in the convening. That stakeholder still needs some background information, the goal of the convening and the invitation to have their valuable expertise in the discussion.
- **Holding the Convening to Identify Action Plans:**
    - Leveling the Knowledge: It is paramount that each stakeholder has a basic level of understanding about the topic of discussion. To ensure that is the case, and that everyone has gotten the same information, the convening should begin with a "leveling the knowledge" portion that reviews the topic and current status.
    - Intentional Introductions: Time should be allotted during the convening for each stakeholder to introduce themselves and their reason for participation in the convening. An attendance list with contact information should be developed and shared with each stakeholder after the convening to facilitate further connections.
    - Framing the Issue: The facilitator or a key stakeholder can frame the issue for the discussion. This goes beyond "leveling the knowledge" to what that stakeholder has experienced or understands about the issue.
    - Discussion: The facilitator will broaden the framing of the issue and provide opportunities for all stakeholders to provide their thoughts. There are times when this may even require asking a stakeholder directly for their thoughts.
    - Identification of Action Steps: The facilitator or a designated stakeholder should take notes of action steps as they are identified. The facilitator can use this to sum up the work during the convening and ensure that it has been captured correctly by involving all participants. The action steps may use existing mechanisms, and groups and should include timeframes for completion.
- **Developing Resources:** Stakeholders have stated that a key driver for participation is learning about new resources that other partners bring to the discussion. The facilitator or a designated stakeholder should compile the resources that stakeholders bring or talk about during the convening (preferably with links to the materials) to send out to the group after the convening.

Identifying Topics for Convenings:

There are a multitude of issues for which this process design can be used to develop partners and actions. The first part of this section of this toolkit identifies four topics that

were raised in every convening with school systems and where action steps between school systems and community partners could be identified. The second part of this section of this toolkit identifies topics that were raised in convenings with school systems and are best addressed at a statewide, systemic level.

NOTE: In all cases where sharing students' information with schools, community partners, etc., is referenced, it is mandatory that parental permission is secured for sharing such information.

Four Topics Addressed in this Toolkit:

1) ***Supporting School Resource Personnel with Ongoing Communication and Resource Building in Behavioral Health Knowledge***
2) ***Information Coordination Among Schools and Behavioral Health Providers***
3) ***Family Engagement in Meeting Behavioral Health Needs of School-Age Children***
4) ***Raising Behavioral Health Awareness Among School System Leadership***

Compiled Slide Deck Used for Convenings

Supporting School Resource Personnel with Ongoing Communication and Resource Building in Behavioral Health Knowledge

1. **Background**
   While clinical and administrative school personnel are often familiar with a variety of terms related to behavioral health issues, there was agreement that many other key individuals within each school simply do not have the background or information necessary to recognize/understand/address mental health issues in children. Lacking a rudimentary understanding of mental health issues may interfere with early identification and intervention and result in exacerbation of behavioral difficulties in the classroom, while also interfering with students' ability to learn, to develop positive peer relationships, and to feel positive about themselves.

2. **Challenges, Opportunities, and Partnerships**
   Questions that were raised regarding behavioral health issues included the following:
   - What are common clinical terms associated with mental health and children, and what do these terms mean?
   - What's the difference between a behavioral health issue and emotional disturbance or are they the same?
   - What does Severe Emotional Disturbance (SED) mean and when do you know that a child has an emotional disturbance?
   - How do we approach moderate to high suicidal ideation?
   - How do we handle Psychogenic Non-Epileptic Seizures (PNES)? What are de-escalation strategies to use? How can school resource personnel be trauma-trained?
   - How can we use telehealth to expand access?

   Addressing these questions comprehensively will require information that can be utilized by all school personnel – teachers, assistants, administrators, staff, and support staff. Given the limited amount of time available for in-service training, this will be a heavy lift.

Additionally, personnel turnover will require schools to make this information available annually.

While these challenges are notable, they also create opportunities for coordination and collaboration with local subject matter experts, including local mental health providers, community collaboratives, family and peer supporters, and Medicaid plans, e.g. Standard Plan/Tailored Plan outreach representatives. These represent a cross section of potential community partnerships whose resources and knowledge are readily accessible.

Information Coordination Among Schools and Behavioral Health Providers

1. **Background**
   A common concern across participating schools involves a significant lack of preparation for students re-entering school following hospitalization or residential stay for psychiatric/behavioral treatment. As described, too often the school is unaware that a student is returning post-treatment, leaving teachers and administrators alike unprepared, and thus making the student's re-entry less successful or smooth for the student. While a variety of reasons for this were articulated (e.g., rapid discharge, parental hesitation to share difficult information with schools), a central theme reflects the apparent absence of an individual whose job it is to coordinate discharge information across settings, and who is available to work with parents/guardians to ensure they understand the need for information sharing and are comfortable with doing so.

2. **Challenges, Opportunities, and Partnerships**
   The overarching question is how a school can encourage parents to share information when a child re-enters the school after an inpatient or Psychiatric Residential Treatment Facility (PRTF) stay.

   Medicaid managed care and System of Care both offer opportunities that may help families/parents and schools in this regard. Both Standard and Tailored Medicaid plans provide care management services, Students who require high levels of psychiatric treatment (i.e., inpatient or residential care), regardless of Medicaid plan, should be assigned a plan care manager, whose duties include ensuring that all service providers, as well as parents/guardians and the student, are informed and connected in a timely manner regarding the individual's care plan and needs. This includes discharge plan development and timing and information sharing.

   At times, parents/guardians worry that sharing information regarding their child's issues will negatively affect the perception of their child in school, and they may also be hesitant to share such information in smaller communities, citing confidentiality concerns. In these instances, providing parents with Family Partners and Peer Support can be extremely helpful. These are people who live in the community, often have similar cultural backgrounds as the family, and have lived experience managing behavioral health issues. Sharing their experiences and offering a 1st person perspective can help to resolve anxiety and break down perceived barriers. Tailored Plans are responsible for Family Partners and can access Peer Support groups. Additionally, System of Care Collaboratives in communities also are very familiar with these supports and can provide direction and connections.

School and community mental health clinicians are important resources in sharing information and should be included in meetings and communications as a child reenters the school setting.

In all of these examples, it becomes clear that, in order for schools to connect with services, it is necessary for the school to know how to correctly reach out. All Medicaid recipients are given a Medicaid card, and that card now indicates which managed care plan is responsible for behavioral health services. School systems may wish to add this information to student health records, in addition to other medical information.

Family Engagement in Meeting Behavioral Health Needs of School-Age Children

1. **Background**
   Post-COVID, school systems consistently identify an increase in behavioral health needs among students. In particular, they note that depression, anger, and suicidal behavior have risen sharply. Especially alarming is the perception that suicidal behavior among primary school aged children is on the rise – a concern that was identified across participating schools. While school personnel address as much of this as possible, the need to engage families/parent/guardians in these critical situations is obvious, and sometimes schools struggle to do so.

2. **Challenges, Opportunities, and Partnerships**
   This leads to a number of questions:
   - How can the school and the local behavioral health community work together to increase parental awareness of the benefit of mental health services and supports?
   - What can the family partner role do to support increasing parental awareness and to secure parental consent? Are there other roles that can support this?
   - Are there cultural approaches that would increase parent awareness, e.g. bilingual services?
   - How can community efforts such as the community collaborative, School Health Advisory Committee, and Juvenile Crime Prevention Council be coordinated and coordinated with the school systems?

As noted above, a potential key in engaging families may well be connecting with other parents and families who have had similar experiences and who can appreciate the barriers parents face in accessing services and sharing information. Family partners have 1st hand experience negotiating with schools, understand that social determinants of health impact families, and often have dealt with their own worries about people in the community hearing about their child's issues and judging them for this. Family partners usually have similar cultural and religious backgrounds, as well as language, and can offer a perspective that may not be the same as that of professionals. And as members of similar communities, trust issues may be less of a barrier.

Simultaneously, community groups like System of Care collaboratives and School Health Advisory Councils (SHACs), an advisory group composed of individuals selected primarily from the health and education segments of the community, can ensure that

representatives of schools are invited to participate in meetings and are encouraged to bring concerns to these groups.

Raising Behavioral Health Awareness Among School System Leadership

1. **Background**
   Many school systems currently offer in-house services for counseling and behavior support for students in need. Administrators and clinical staff (i.e., school psychologists, school social workers) consistently work to add an array of school-based services to support academic progress in student populations. District leaders are highly invested as well.

2. **Challenges, Opportunities, and Partnerships**
   Despite these system-wide and local commitments, these services are necessarily limited due to budgets, schedules, and competing needs. School resource personnel (clinicians, counselors, safety officers, nurses) often express the hope of increasing in-school supports, which requires the combined efforts of local, system-wide, and state leaders. Even in the most supportive systems, it seems like the need for behavioral health services falls short of the level of service available.

   Improving this situation will not occur if all responsibility for expanding supports is left to individual schools. A proactive approach that combines the efforts of school resource staff and system-wide administrators with Medicaid funders along with community supports (community collaboratives, cultural organizations, churches, etc.) may lead to increased options for change.

Topics Best Addressed at Statewide, Systemic Level

- School systems capacities to bill for Medicaid services
- Need for expedited engagement and processing at the state level on innovations such as in lieu of services and licensure
- Coordination with Plans when school is billing for Medicaid services
- Workforce shortage and turnover
- Communication pathways for school systems to be aware of statewide and regional health and human service resources
- Awareness of statewide behavioral health professional organizations of the importance of connecting with school system staff
- Additional training resources on serving younger children with behavioral health needs
- Additional training resources geared toward School Resource Officers that are trauma-informed and assist with de-escalation.

Statewide Venues to Discuss the Topics:

School Mental Health Initiative: a multi-disciplinary partnership of stakeholders related to the provision of mental health services to children and youth.

Live Binder School Mental Health Initiative Webpage

Live Binder School Mental Health Initiative Regional Networks Webpage

North Carolina Collaborative for Children, Youth and Families: a forum for collaboration, advocacy and action among families, public and private child and family serving agencies and community partners to improve outcomes for all children, youth and families.

School-Based Mental Health Committee