School Behavioral Health Programs and Services are critical components of the New Mexico Behavioral Health System Redesign according to the Interagency Behavioral Health Purchasing Collaborative (IBHPC). The Request for Proposals to the Statewide Entity (SE) will require the SE to ensure that behavioral health providers work in an integrated fashion with public schools throughout New Mexico for both services and collaboration and that local system of care (LSOCs) partnerships include school involvement.

**Rationale:** Linking behavioral health supports to schools follows Goal 4 of the President’s New Freedom Commission where “Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice” and the related objectives to:

- Promote the mental health of young children.
- Improve and expand school mental health programs.
- Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

In addition, school behavioral health programs and services support the purpose of the IBHPC which:

- Promotes behavioral health and well-being of children, individuals and families;
- Encourages a seamless system of care that is accessible and continuously available;
- Emphasizes prevention and early intervention, resiliency, recovery and rehabilitation.

School behavioral health programs and services also support the IBHPC philosophy:

- Services will be individually centered and family-focused based on principles of individual capacity for recovery and resiliency
- Services will be delivered in a culturally responsive and respectful manner in the most appropriate, least restrictive mode (appropriate to their legal status), including home- and community-based settings wherever possible.
- Services will be coordinated, accessible, accountable, and of high quality.
• Services will include behavioral health promotion, prevention, early intervention, treatment, community support, and activities that further recovery and resiliency.

Schools are where our children spend each day. It makes sense to link scarce resources and supports such as behavioral health programs to the community sites where our children can be found. Schools are accessible community settings that are comfortable for families, minimize stigma, and ease transportation issues. School providers are able to observe students in a variety of settings including the classroom, the lunchroom, and the playground and thereby have more information for making appropriate interventions. Partnerships among families, school personnel and mental health providers are enhanced when all can come together easily to support the individual student. Those providing behavioral health supports in schools are more often able to identify those youth with “internalizing “ disorders, such as depression, anxiety, and post-traumatic stress, in addition to the more obvious disruptive behaviors most often recognized by school personnel.

Critical components for school behavioral health services success include:

• Integration of the services into the school culture.
• Collaboration of school behavioral health systems and community health care systems.
• Improvement of the School Behavioral Health services sustainability through diversification of funding and by the development of community partnerships and linkages.
• Increased capacity of School Behavioral Health Services to access both public and private payer sources and reimbursement mechanisms.
• Financial, in-kind, and program collaboration between Local Education Agencies (LEAs) and community partners.
• Integration of behavioral health services with primary physical health services.
• A full continuum of school behavioral health services including training, prevention programs, screening, direct services, case management services, and enhanced school behavioral health interventions.
• Strong linkages with physical and behavioral health systems in the community

**Definition**-School-based behavioral health services are a continuum of on-site services that promote student mental health, prevent the onset of mental health and substance abuse problems, and provide for the screening, early identification, and treatment of mental health and substance abuse disorders. These programs and services include, but are not limited to, proven mental health and/or substance abuse prevention programs, screenings, evaluations and early intervention and other treatments in a range of modalities including counseling/psychotherapy, case management and psychiatric services, as well
as crisis intervention and medication management. When appropriate and/or necessary, referrals should be made to a community treatment continuum of services including community support programs, residential and/or inpatient care, and outpatient programs.

**School Behavioral Health Program and Service Requirements:** School-based behavioral health programs and services may be provided as stand-alone services or as a component of a School-Based Health Center (SBHC) program. School behavioral health programs and services may be provided by a Local Education Agency (LEA) through its employed school health professional staff or by community behavioral health providers working in a school setting to provide services. In either case, all state requirements for community-based child and adolescent behavioral health providers and agencies, as well as the existing standards for school behavioral health programs and SBHCs of the Department of Health’s Office of School Health (OSH), must be followed. These include requirements related to patient confidentiality, medical records, HIPPA, Medicaid, and credentials of clinical providers. It may be important for LEAs that are not prepared to meet all of these requirements to partner with community behavioral health providers to develop school behavioral health service partnerships contractually or through other relationships.

**School-Based Health Center Services:** SBHCs are a unique model for meeting the health needs of children and adolescents, as demonstrated through the Medicaid School-Based Health Center/Managed Care Organization (SBHC/MCO) pilot project. The project, which was administered by the Human Services Department in partnership with Department of Health (DOH) and in collaboration with the Children, Youth and Families (CYFD) and Public Education Departments, explored best practice models for:

- Collaboration in the delivery of services among primary care providers, behavioral health providers and MCOs;
- Increasing access to care for children and adolescents covered through Medicaid managed care;
- Strengthening the provision of comprehensive and preventive care; and
- Promoting the integration of systems, particularly for primary and behavioral health and substance abuse services.

Guidelines were implemented for care coordination and communication; management of certain medical diagnoses, including depression and substance abuse; and for using the EPSDT screen and wellness check to identify risk and intervene early with the student. Implementation of the guidelines facilitated one of the most visible successes of the project, namely the SBHCs’ attention to the needs of the whole child and adolescent and integration of physical and behavioral health services. It is recommended that SBHCs continue to be key providers and the project’s practice guidelines be implemented in the new behavioral health system.
School Behavioral Health Case Management: School behavioral health case management facilitates a client’s access to necessary behavioral health care and the quality of such care. Case managers in schools use a psychosocial model that advocates for, and builds upon, a client’s and family’s strengths and needs, ensures continuity of care, facilitates the use of a client’s natural helping resources in the community, coordinates behavioral health, physical health, and social services, and assists in problem-solving and client goal-setting. Case managers also link as necessary with school IEP teams where appropriate. The five functions of case management include: assessment, service planning, linking, monitoring and advocacy.

Funding and Transition Issues in School Behavioral Health: Current funding for school behavioral health programs comes from a variety of sources throughout state government, including funds from the Human Services Department via Medical Assistance Division, Department of Health’s Behavioral Health Services Division, CYFD’s Family Services Division, and the School Health Unit, Grants Management Unit, and Office of Special Education in the Public Education Department.

It is expected that any funds linked to school behavioral health services in the Human Services Department and the Behavioral Health Services Division of DOH will be included in the First Phase of the redesign process. There are other issues regarding the use of the remaining funds that may require a more transitional approach to their rollout. In addition, certain additional reimbursement mechanisms will need to be established to ensure the cost-effectiveness and viability of school behavioral health services in the prioritized community-based system.

Transition of SBHC Behavioral Health Funds into the Redesign Process: Currently, the state funding for New Mexico’s state-funded SBHCs comes primarily from a financial partnership between DOH and CYFD, where OSH provides the funds for primary care and CYFD provides the behavioral health funds. This partnership has allowed for true integration of behavioral health and primary care services at the involved sites. Statewide SBHCs competed for these funds through an RFP process in the spring of 2003 from which 17 SBHCs were awarded contracts and are receiving funding through June 30, 2007. Of some concern is the possibility that the behavioral health component of these funds could be pulled from this program in year 3 of a 4 year SBHC contract period to be included in Phase 1 of the behavioral health redesign. Pulling these funds in the beginning of this process has the potential to destroy the integration of SBHC services early in the redesign process, before school behavioral health programs and linkage to primary care services have been clearly developed. It is recommended that the SBHC program continue with its current state funding stream through at least year 2 of the statewide entity (SE) transition process and also that the state’s SBHCs serve as critical pilot sites throughout the state for
working out the complex issues in the integration of primary care and behavioral health services during this redesign process. A second, less preferred option, would be to include these funds in the first phase of the behavioral health redesign but allow them be clearly provided to the existing SBHCs sites by the SE until the completion of the June 2007 SBHC contract period, to preserve these funds for the previously committed sites and not destroy the critical integration currently in place.

**Safe and Drug Free Schools Funds**—Currently most federal funds for Safe and Drug Free schools are not seen as specific substance abuse prevention or mental health funds. These funds mostly flow through the Public Education Department through the Grants Management Unit and go directly to schools for use determined by each school District, according to federal guidelines. A small component of Safe and Drug Free schools funds are designated as the Governor’s component, which are given to schools through the Behavioral Health Division’s Prevention Programs in DOH. Further clarification of the federal guidelines for the flow through and use of Safe and Drug Free schools funds will be necessary before the issue of their inclusion in the behavioral health redesign in the second phase of the transition can be established. The Public Education Department will take the lead in this effort.

**Medicaid Funds for School-Based Services**—The School-Based Services program, formerly known as Medicaid in the Schools, allows LEAs to obtain Medicaid reimbursement for providing Medicaid reimbursable services written into the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) of Medicaid-eligible Special Education students. The funds schools received for these services must be used for health and health-related services within the school district that all students in the district may access. Within the range of covered school-based services are a number of behavioral health services, including evaluation, counseling on an individual and/or group basis, and case management. It may be extremely difficult and unrealistic to separate out the behavioral health component funds that are part of the school-based program from the other IEP physical health service funds. In any case, it is strongly recommended that behavioral health services provided as part of the school-based services program meet the same standards, including those related to confidentiality, medical records, proven effectiveness of treatment modalities, and clinical provider credentialing, that other school behavioral health services must meet.

**Enhanced School Behavioral Health Interventions**—Sometimes the most useful intervention services are not covered by the current Medicaid program. To differentiate from the regular Medicaid program, these services are called “enhanced”. This group of enhanced school-based services supports the face-to-face efforts of school behavioral health providers and includes:
• Collaboration and information sharing -- including teachers, support team, IEP committees, school counselor, parent liaison, SBHC wrap-up meetings, community mental health professionals, attorney, police, JPA, PCP for specific purposes of treatment planning, monitoring, and evaluating the student’s progress
• Observation -- observation of student/students in the classroom, playground, or other school setting for the purpose of evaluation, reassessment or providing treatment recommendations;
• Acute response.

While this service may be linked to case management services on a school site, it will be important that school based providers not be required to be certified case management agencies in order to bill for this code.

School Behavioral Health Standards- In the 2002 New Mexico Behavioral Health Gaps Analysis, the issue of school behavioral health standards was raised as a specific recommendation:

“For school-based mental health services, OSH, BHSD, DHI, SDE and providers of school-based services should come together to determine what professionals, settings and services are appropriate in school settings. These standards should not only address clinical competencies and interventions, but should also address the minimum requirement for service capacity (e.g., assessment, referral, prevention/education and intervention) that should be available in every school at each grade level (i.e., elementary, middle school, and high school). This process will require that a cost analysis be attached to these requirements and that a phase-in approach to these requirements be developed as part of the system-wide and regional planning…”

As the School Behavioral Health Programs are being developed and implemented for this process, the time has come to clarify the roles, functions, and practices of school behavioral health providers, whether school employees or community providers working in schools. Over the next 9 months, a group of statewide stakeholders will be convened from state and community agencies, school districts, professional organizations, advocacy organizations, and youth to develop school behavioral health standards for behavioral health programs and services in schools and plan for their implementation. The School Mental Health Programs in the Office of School Health, in partnership with the School Health Unit and the Special Education programs in the Public Education Department, will take the lead in this effort.