Nebraska CMS School Health Affinity Group
Report of School Survey:
Meeting the Needs of Students with Mental and Behavioral Health Issues
August, 2018

EXECUTIVE SUMMARY

The CMS School Health Affinity Group was formed in Sept. 2017 as a result of a call for participation from the national Centers for Medicare and Medicaid Services (CMS). The purpose of the affinity group was to grow partnerships between state Medicaid programs, public health, and schools in order to improve access to and the delivery of preventive health services for children and adolescents. The Nebraska team was one of eight states selected for participation in the national group. The Nebraska team is comprised of staff from DHHS Divisions of Medicaid and Long Term Care, Behavioral Health, and Public Health, as well as the Nebraska Department of Education. From Public Health, partners represent the Title V Maternal and Child Health Block Grant, School Health, Home Visiting, and Rural Health.

One focus area of the Nebraska action plan was to examine more closely the extent to which community partners assist local schools in making referrals for mental health and behavioral health needs of children and adolescents. A survey was used to gather data from school administrators, special education coordinators, and school nurses. A total of 319 responses to the survey were received. All six behavioral health regions were represented in the survey responses, ranging from Region 1 (9.1% of responses) to Region 6 (23.8% of responses).

Significant findings include:

- Over one-third (39.8%) of respondents indicated their schools work with community partners to facilitate mental health and behavioral health referrals for students.
- Three-quarters of respondents (75.24%) do not believe there are adequate community resources available within a range of 25 miles to serve students with mental health or behavioral health issues.
- When students have mental health or behavioral health issues, 61.44% of schools inquire about a recent medical visit, 41.69% inquire about a vision checkup, and 31.03% inquire about a dental visit. (Physical, visual, or dental issues all can be implicated in a child's behavior.)
- Only 21% of respondents replied it was a routine practice to inquire whether the student with a mental or behavioral health issue is covered by health insurance. (Health insurance coverage is a gateway to accessing care.)

Schools are an authoritative voice concerning the well-being of children, and barriers to accessing services. Schools also function as an important source of information for families about health, health insurance, and health care. The role of schools can be further enhanced by partnering with local community resource providers to facilitate effective referrals for students and families.

INTRODUCTION

Nebraska faces a significant shortage of health professionals, with federally-designated Health Profession Shortage Areas (HPSA) in 88 out of 93 Nebraska counties. Thirty-two Nebraska counties have no mental/behavioral health providers of any type (psychiatrist, psychologist, nurse practitioner, or licensed mental health practitioner). This situation is even more severe for children and adolescents living in rural areas (*Center for Rural Health Research 2011*).
In the face of increasing behavioral health needs in families, there is a lack of dedicated and available mental/behavioral health professionals (*Evans, Polaha, Valleley, Jones-Hazledine, & Foster, 2006*). Improving access to preventive and early intervention mental health services for children is a current priority of Nebraska's Maternal Child Health Title V Block Grant, as is increasing levels of early and frequent social and emotional screening of children to improve early identification of treatment needs. The Behavioral Health System of Care is actively engaged in improving access to behavioral health for children and adolescents. The significance of psychosocial health to successful learning is established.

The Nebraska team desired to more closely examine the significance of, and opportunities for innovation related to, the shortage of mental health and behavioral health providers in Nebraska. Do schools function to grow resilience among children? Is lack of health insurance a barrier for children receiving health care? Are referrals being made effectively? Do schools and families know how to find a provider? In joining the national CMS School Health Affinity Group, one stated goal of the Nebraska team was to improve referrals between school and other community-based systems providers to help better meet the needs of children and youth with mental and behavioral health needs.

Among the 319 respondents, 81 stated their school participates in the School-Community Intervention Program (SCIP), and 46 stated their school participates in the Project Harmony Connections program. Both of these programs exist to form collaborative relationships with schools to better identify and meet the behavioral health and mental health needs of students. Both of these programs, in building linkages between schools, families, and community resources, place a high priority on engagement with parents.

METHODS

The survey was sent via email to all school superintendents (N=250), special education directors (N=130), and school nurses (N=350) in the state. Recipients were invited to forward the survey to others if appropriate in that location. Therefore the response rate to the survey is only an estimate at 44%. The sender was the Medicaid in Public Schools (MIPS) project and partners. Recipients were informed results of the survey will be used only in aggregate and anonymous form, with neither the schools nor respondents identified.

Three hundred nineteen (319) responses were received. The number of responses by behavioral health region, and percentage of total responses represented by each region, are shown below. For more information about Nebraska's behavioral health regions, see: http://dhhs.ne.gov/behavioral_health/Pages/beh_nebhrgb.aspx.

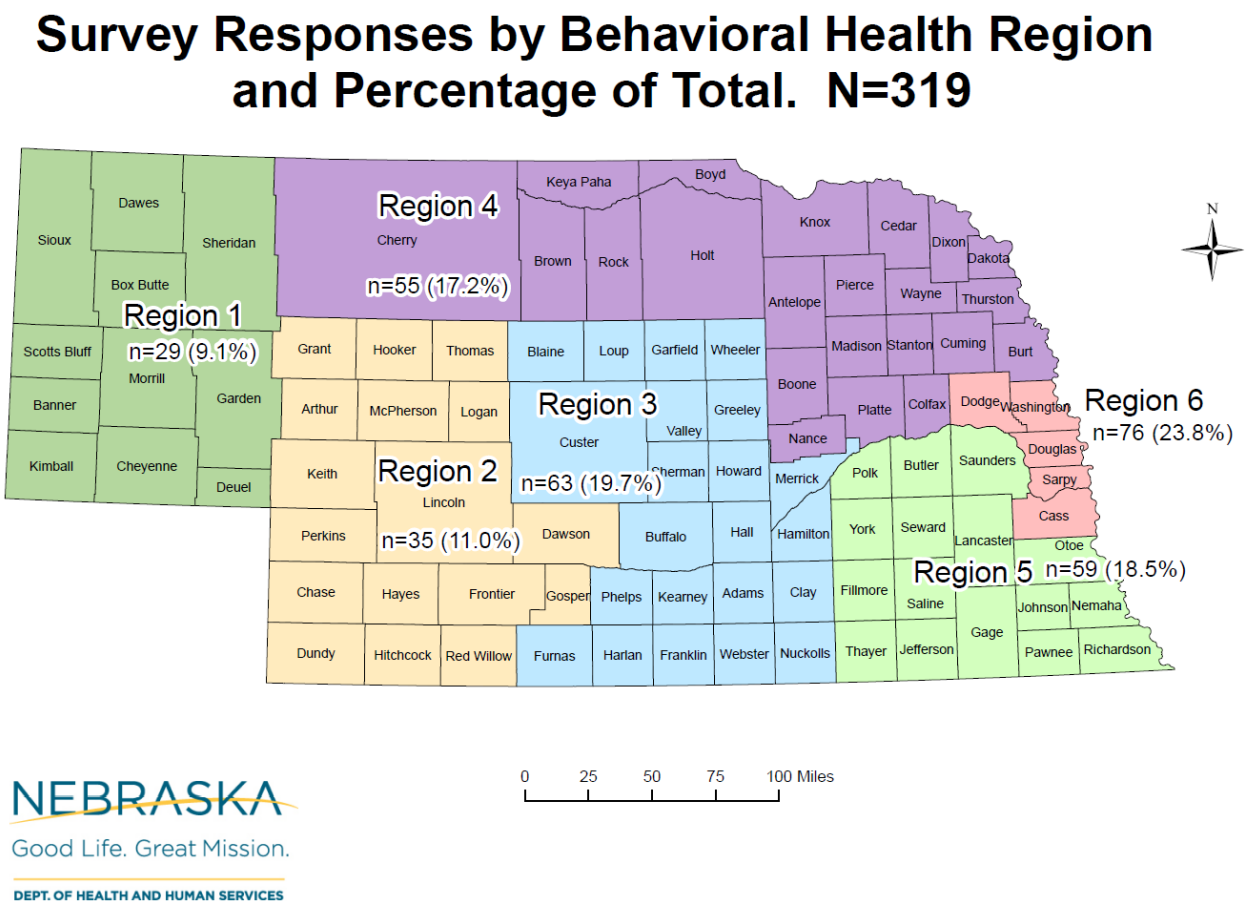

Figure 1: Survey Responses by Behavioral Health Region and Percentage of Total. N= 319

The survey consisted of eleven questions. Four questions were dedicated to obtaining very brief descriptors of the respondents.

1. Name of county, used to sort responses by behavioral health region.
2. What is your role, serving to validate the pool of respondents was populated by individuals in the school community knowledgeable of the challenging needs of students in the area of mental health and behavioral health.
3. Does your school participate in the School Community Intervention Program; and
4. Does your school participate in the Connections Program?

These final two questions help inform the current (baseline) status of the extent to which schools are partnering with community organizations to improve effectiveness of mental health and behavioral health referrals for students, and school success. These two examples were given as

they were identified as two examples in widespread use. There may well be other such organizational and community partnership examples in the state not yet identified by the CMS School Health Affinity group.

The survey was executed entirely by email communications and interested parties accessing the SurveyMonkey® link provided. Reminder messages were sent to the main communication channels used: email lists of School Administrators and Special Education Directors; and a statewide School Nurse listserv. Results were aggregated and analyzed by behavioral health region and statewide totals.

RESULTS

Results of the survey are discussed in aggregate form, by behavioral health region and statewide totals, in order to demonstrate alignment of this project with the Nebraska Behavioral Health System of Care (http://dhhs.ne.gov/behavioral_health/SOC/Pages/Home.aspx) and, where possible, Heritage Health, Nebraska's system of Medicaid Managed Care (http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx). This report will be posted on the School-Based Services website (http://dhhs.ne.gov/medicaid/Pages/SchoolBasedServices.aspx).

School Administrators including principals formed the largest percentage of respondents, followed by School Nurses and Special Education Directors. See results summarized below in Figure 2: Profile of Respondents. From this we conclude a fairly high and accurate knowledge of the topic of the survey, and consider the pool of respondents to be an authentic and knowledgeable audience.

ANSWER CHOICES	RESPONSES	
Superintendent	5.02%	16
Administrator/Principal	58.93%	188
Nurse	15.67%	50
Special Education Director	12.85%	41
Other (please specify)	7.52%	24
TOTAL		319

Figure 2: Profile of Respondents.

Figure 3 summarizes responses on participation in the School Community Intervention Program and the Connections Program provided by Project Harmony. In the survey, a web link to both organizations was provided in case the respondent sought more information. To verify that the Connections Program occurs primarily in the greater Omaha metropolitan area, Figure 3 also includes the subset of information demonstrating that in Region 6 specifically, 50% of respondents (significantly higher than statewide percentage of 14.42%) were aware their school partners with Project Connections.

Does your school district participate in SCIP? (http://scipnebraska.com/)

ANSWER CHOICES	RESPONSES	
Yes	25.39%	81
No	35.74%	114
Don't know	38.87%	124
TOTAL		319

Does your school district participate in the Connections Program?
(https://www.projectharmony.com/What-We-Do/Connections.aspx)

ANSWER CHOICES	RESPONSES	
Yes	14.42%	46
No	43.89%	140
Don't know	41.69%	133
TOTAL		319

Region 6 Only: Does your school district participate in the Connections Program?

ANSWER CHOICES	RESPONSES	
Yes	50.00%	38
No	21.05%	16
Don't know	28.95%	22
TOTAL		76

Figure 3: Participation in SCIP or Connection.

Respondents were asked whether they believe there are adequate community resources available to serve students with mental health and behavioral health needs within a 25 mile radius of the school. Overall, three quarters of respondents responded "No." Across regions, Region 6 had the highest "Yes" response, at 28.95%, while Region 1, at the far western boundary of state, had the lowest "Yes" response at 13.79%.

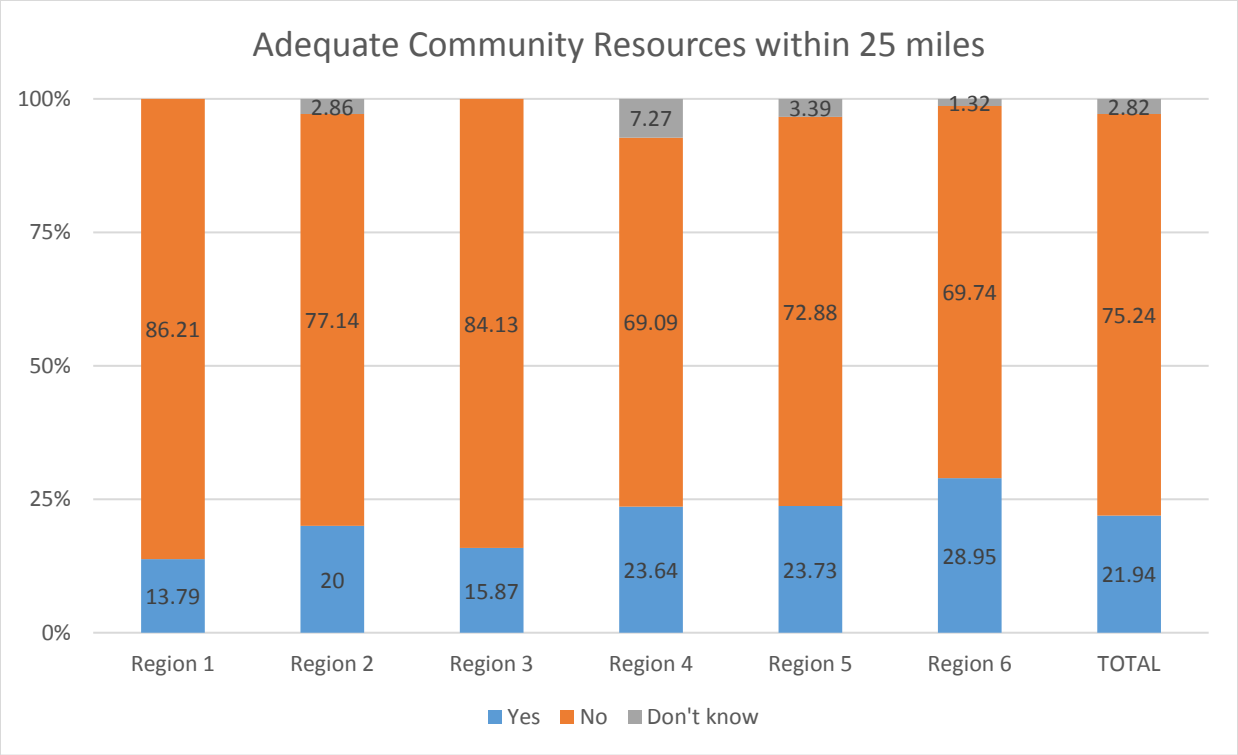

Figure 4: Do you believe there are adequate community resources available in your area (within 25 miles) to serve students experiencing mental or behavioral health issues?

Respondents were also given the opportunity to provide open-ended comments in response to this question. A total of 88 comments were received. Predominant themes expressed in comments included: *wait times, distance, increasing need, inadequate provider resources, and inadequate resources at school*. Figure 5 summarizes comments received.

ADEQUACY OF COMMUNITY RESOURCES				
Region	**No. of Comments**	**Most frequent comment on resources**	**2nd most frequent**	**3rd most frequent**
1	13	Wait time	Distance	Inadequate provider resources
2	8	Distance	Increasing need	Inadequate provider resources
3	16	Distance; transportation	Financial needs of families	Inadequate provider resources; Increasing need
4	8	Distance	High turnover in providers	Inadequate school resources
5	14	Increased need; not enough providers	Financial needs of families	Inadequate school resources; Language
6	29	Increasing need outstrips capacity	Wait time	In-patient resources; more school resources; Language

Figure 5: Respondents' Comments on Adequacy of Community Resources for Referrals, by Behavioral Health Region.

Respondents were next asked about the barriers they see to making referrals to needed resources for students experiencing mental health or behavioral health issues. Responses in open-ended form allowed the respondents themselves to identify themes from their own experience. A total of 260 comments were received. These results were analyzed by theme, and stratified by predominance for the respective behavioral health region, as shown below in Figure 6.

BARRIERS					
Region	**No. Comments**	**Most frequent responses**			
		#1	#2	#3	#4
1	28	Not enough providers	Cost	Distance; Travel	Lack knowledge of resources
2	29	Wait time; not enough providers	Cost	Refusal; lack of parent follow-through	Lack knowledge of resources
3	52	Lack knowledge of resources	Cost	Wait time; lack of providers	Transportation; Language
4	44	Distance	Cost	Lack of parent follow-through	Lack of parent follow-through; Language

5	43	Lack of parent agreement/follow-through	Cost	Distance; transportation	Lack of knowledge; limited school resources
6	64	Lack of parent agreement/follow-though	Stigma	Not enough providers; wait times	Cost; transportation

Figure 6: Respondents' Comments on Barriers to Referrals, by Behavioral Health Region.

In a series of three questions, respondents were asked whether it is a routine practice in their school to ask whether the student has had a recent medical, vision, or dental examination. See Figures 7, 8, and 9 below for regional and statewide results on each question. The results indicate that schools are more likely to inquire about recent medical visits, and least likely to inquire about dental examinations. On the medical visit question, the percentage of "Yes" responses was 61.44% overall, and ranged from a high of nearly 75% (73.68%) in Region 6 to a low of 47.27% in Region 4. On the visual evaluation question, the percentage of "Yes" responses statewide fell to 41.69%, ranging from 44.74% in Region 6 to 31.03% in Region 1. Agreement on the dental visit question fell even further, to a statewide 31.03%, and range from 38.1 in Region 3 to a low of 20.69% in Region 1.

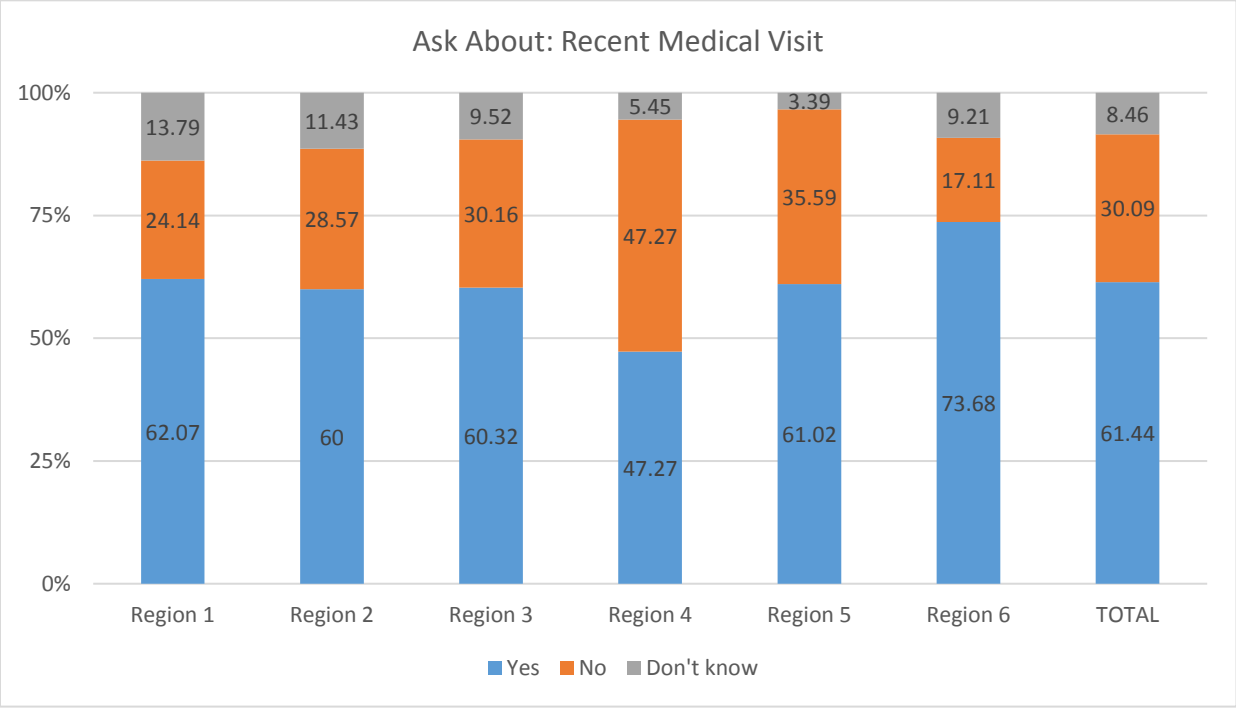

Figure 7: Is it a routine practice in your school to ask, when students have mental or behavioral health issues that may impact school performance, whether the student has had a recent medical visit?

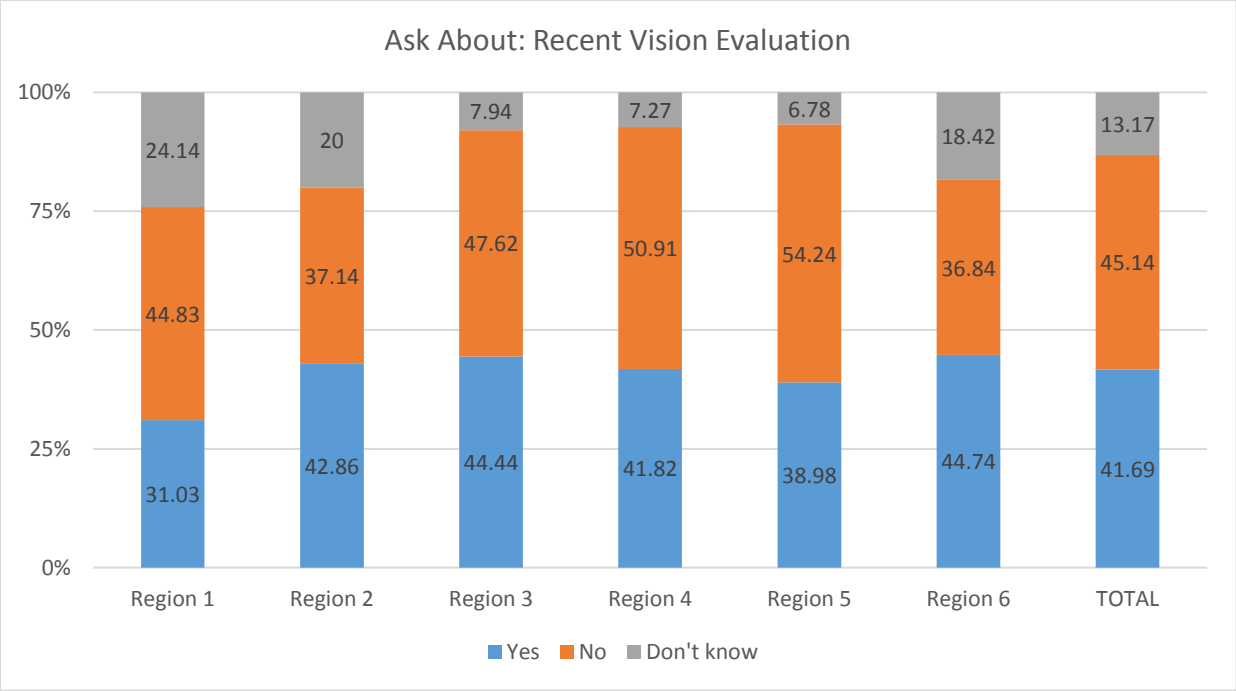

Figure 8: Is it a routine practice in your school to ask, when students have mental or behavioral health issues that may impact school performance, whether the student has had a recent visual evaluation?

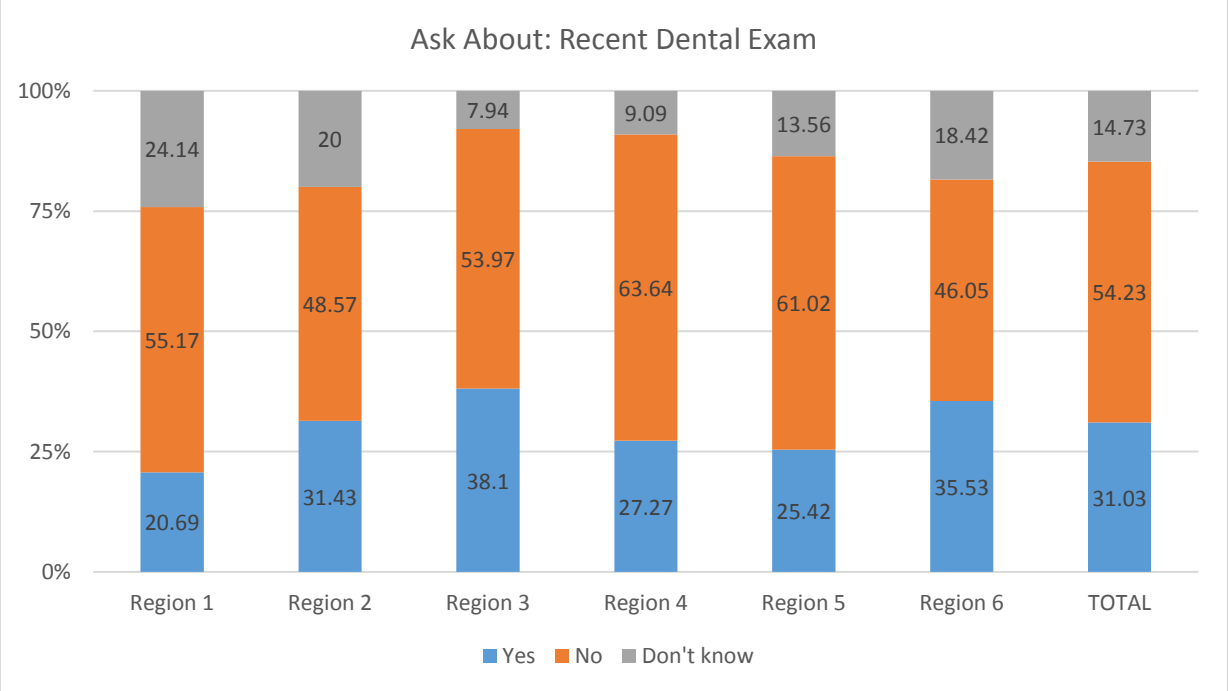

Figure 9: Is it a routine practice in your school to ask, when students have mental or behavioral health issues that may impact school performance, whether the student has had a recent dental examination?

The survey next asked respondents whether it is a routine practice to ask, when students have mental health or behavioral health issues, whether the student is covered by health insurance. Considering health insurance a gateway to care, knowing whether the student is insured, and whether assistance may be needed (another community referral) to help the family enroll, can be key to meeting any child's health care needs, including mental and behavioral, physical, vision, or dental. Survey results show, however, only 21% of respondents statewide stated even making the inquiry about health insurance is a routine practice in their schools. See results in Figure 10.

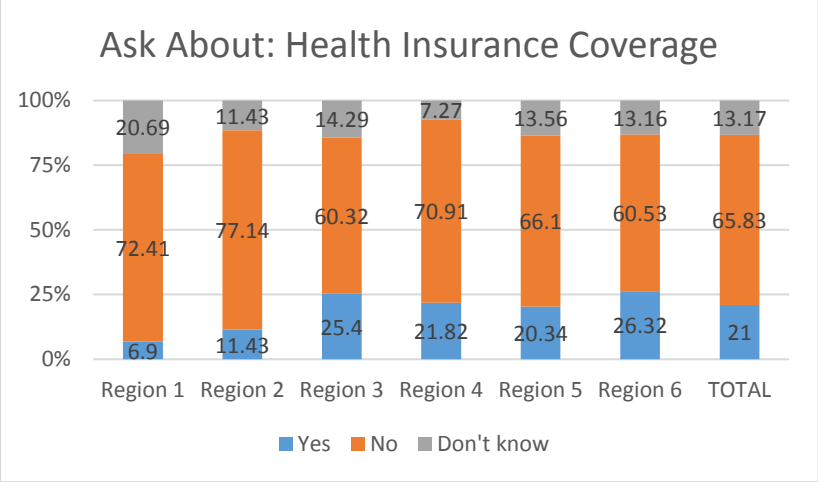

Figure 10: Is it a routine practice in your school to ask, when students have mental or behavioral health issues that may impact school performance, whether the student is covered by health insurance?

Figure 11 demonstrates results of the final survey question described in this analysis: whether the school provides information to family about health insurance if the student is not covered. Responses indicating a "Yes" to this question indicate the schools have the capacity to step forward with information to assist families. On this question, the highest "Yes" responses were in Regions 6, 3, and 1 (59.21%, 55.56%, and 55.17% respectively) and the lowest "Yes" response in Region 5 (38.98%).

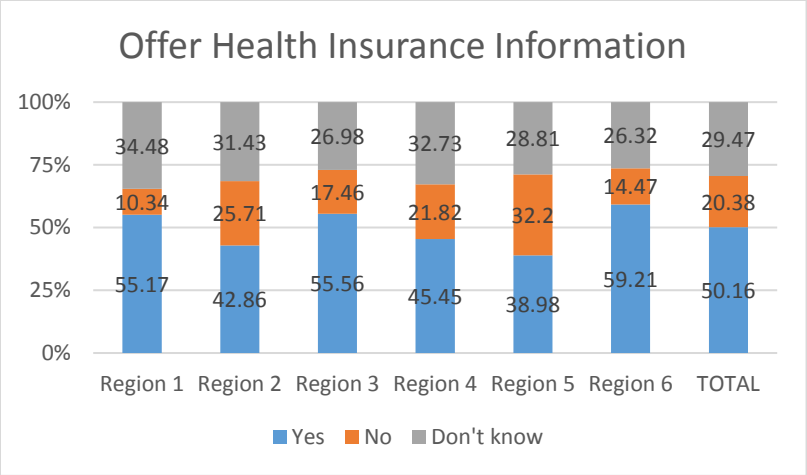

Figure 11: If a student with a mental health or behavioral issue is known to not have health insurance, does someone in your school offer information about Nebraska Medicaid, ACCESS Nebraska, or the Child Health Insurance program?

DISCUSSION

The survey results are significant in providing insight and information to the Nebraska CMS School Health Affinity group on three topic areas related to identifying innovative and effective approaches to improve children's access to preventive health care in partnership with schools, including mental health and behavioral health services.

1. Schools are authoritative voices in identifying the need for improved mental health and behavioral health service access, and the barriers faced by families and others in assuring services are obtained.

2. There may be "missed opportunities" in school settings to assure that students' preventive health care needs are met, while addressing mental health and behavioral health issues of students.

3. Schools have the capacity to provide information and assistance to families whose children need health insurance.

4. Adequately addressing behavioral health issues of youth may involve high complexity and need for care coordination. Collaborative systems work offers great promise for improved outcomes. At the time of this writing, the DHHS Division of Behavioral Health is releasing a School Resource Packet that reflects the broad scope of mental health and behavioral health topics school professionals may be called upon to address with students and families.

ACKNOWLEDGEMENTS

The CMS School Health Affinity Group recognizes the diverse contributions of the cross-sector partners investing time and interest in the 2017-2018 action plan, without whom the work products would not have been possible. Ms. Jennifer Irvine of Nebraska DHHS Division of Medicaid and Long-term Care leads the Nebraska CMS Affinity Group. The CMS Affinity Group also recognizes the valuable technical contributions of Mai Dang, of Nebraska DHHS Division of Public Health, for technical assistance. Appreciation is also extended to participating school personnel, and to DHHS leadership support for cross-systems work in order to help people live better lives.

The survey findings represent the outputs of the Nebraska CMS School Health Affinity Group, and the objective and consensus findings of the group. This report does not represent official policy of the Nebraska Department of Health and Human Services.