How Tennessee Schools are Working to Improve Children's Mental Health

Research motivation and aims

Research motivation: rising numbers of children with unmet mental health needs, who are more likely to experience disciplinary problems, chronic absences, high school dropout, and poorer health/functioning as adults.

We aim to fill gaps in our understanding of the effectiveness of school-based or school-linked health interventions, with a focus on mental health:

Limited research on their effects on children's *mental health* outcomes	Few studies use data over time (before and after interventions).	Little in-depth investigation of different types of interventions and how they improve children's health.
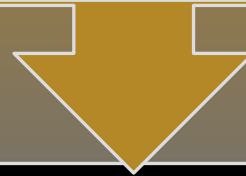
How we are advancing knowledge with our partners' participation:
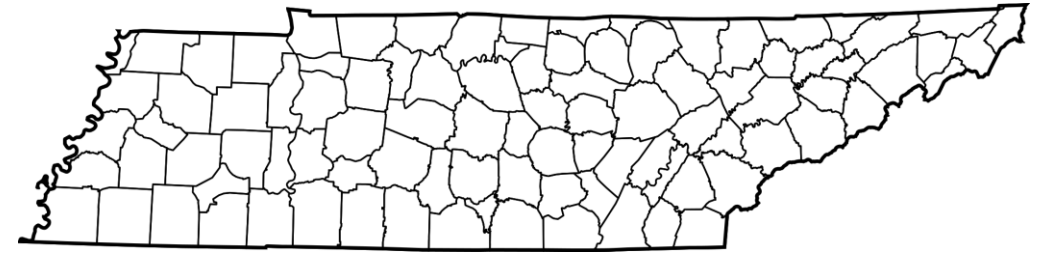
Examine the prevalence of mental health conditions in low-income, school-aged children over time.	Rigorously assess how these interventions affect children's health and education outcomes over time.	Examine the implementation and effects of varying types of interventions.

The data we are using
(current analysis)

Deidentified, child-level longitudinal health and education data linked from 2006-2019 in TN

Linkage process uses SSN or VUMC Health Policy vital statistics algorithm as needed

EDUCATION DATA
- Demographics
- Student achievement
- Attendance
- Mobility
- Disciplinary incidents

HEALTH DATA
- Vital statistics
- Family structure
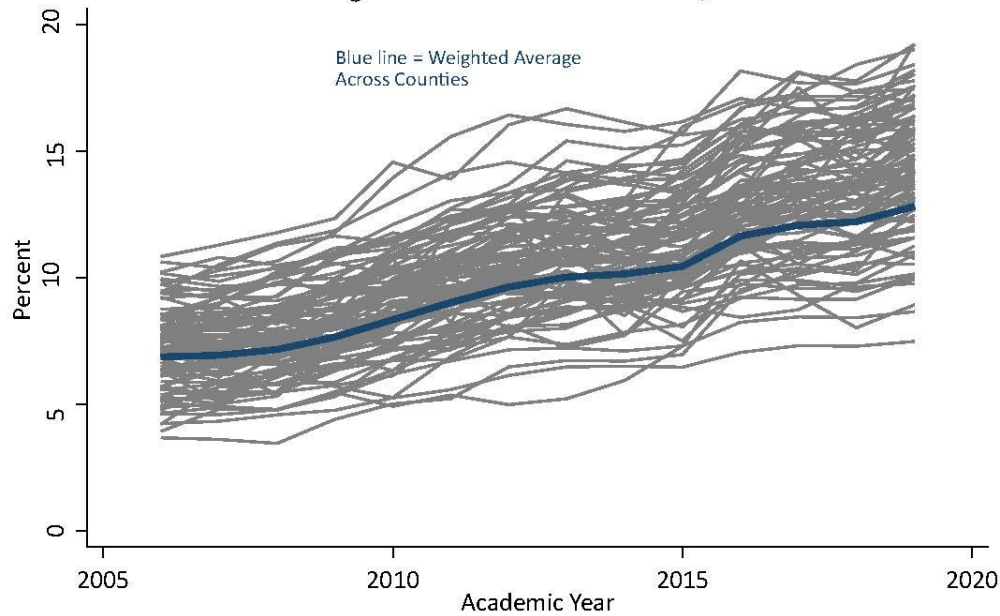- Health outcomes
- Health service utilization

67.5% of students in Tennessee were enrolled in TennCare at some point between 2006 and 2019.

|	Observations (unique)	Observations (across time)
All students	2,483,432	14,369,049
TennCare students	1,575,411	9,705,840
Schools	2,453	24,428

Rates of <u>mental health conditions</u> among Tennessee children (Medicaid enrollees) nearly doubled between 2006 and 2019.

Percent with Any Mental Health Condition by County
Tennessee school-aged children ever on Medicaid, 2006-2019
Blue line = Weighted Average Across Counties

Percent with Any Mental Health Condition (District Average) Over Time by Presence of SBHC and AWARE Grant Resources

AWARE 2014 + SBHC ⋯⋯⋯ SBHC Only
Neither

Mental health conditions included: ADHD, anxiety, depression, bipolar disorder, self-harm, suicide ideation or attempt
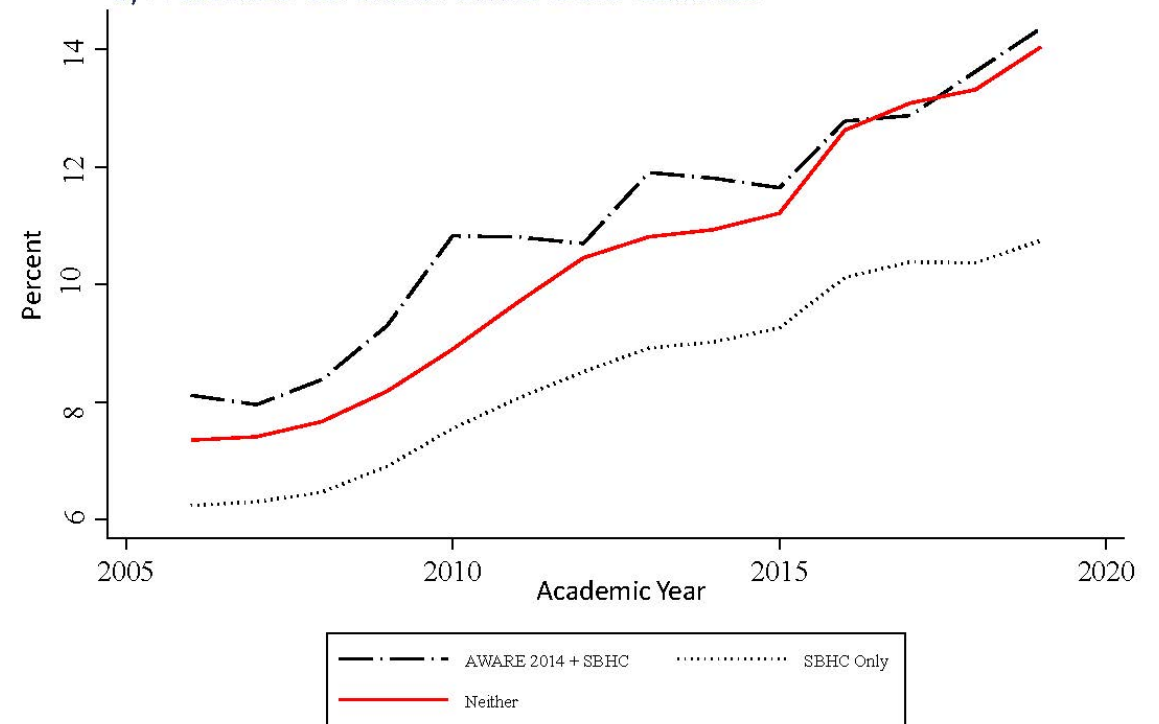
School average over study period=10.2%

No AWARE, no SBHC

Has SBHC, no AWARE

Has AWARE and SBHC

Has AWARE, no SBHC

Other / no data

Had SBHC or AWARE ever during 2006-2019

School-based/School-Linked Health Centers (SBHC/SLHC) and Advancing Wellness and Resiliency in Education (AWARE) grant locations

- 10 AWARE grants awarded in 3 rounds
- 55 SBHCs confirmed in 2023-24 school year (including past status)
  - 21 started in 2020 or later, 14 SBHCs are now closed

Schools are frequently firsthand observers of children's mental health care needs, and SBHCs often serve as a "medical home" for rural, economically disadvantaged, and historically underserved children.

Insights from interviews on school district infrastructure for mental health services delivery

➢ Interviews conducted to date across Tennessee suggest that school staff draw on a range of grant funding sources to offer and expand mental/behavioral health services

- Examples of valuable supports include Resilient School Communities, Stronger Connections, and Communities in Schools grants, Family Resource Centers, and ESSER (COVID relief) funds

- Many grants are small, time-limited, and narrow in scope of use

- Partnerships with hospitals, nonprofits and other community-based organizations leverage other services and staff support

➢ School districts with <u>and</u> without SBHCs/SLHCs use a patchwork of funding and a web of community relationships to develop infrastructure for identifying and serving children's health needs

- Service capacities expand (and sometimes contract) over time

- Infusion of funding may present the first opportunity to identify and serve children's mental health needs

Early empirical findings

On average, schools with SBHCs/SLHCs and/or AWARE grants saw a decrease of 0.4 percentage points (or a 5.9% reduction) in the rate of diagnosed mental health conditions (ADHD, depression, anxiety, bipolar disorder, self-harm, suicide ideation or attempt) after their introduction, compared to schools without these resources.

- Shelby County (Memphis) schools reduced diagnosed mental health conditions by 20% from their baseline rate

  - Multiple SBHCs, full-service mental health center, open year-round to students, families, and community members

- Hamilton County strengthened SLHC services and reduced diagnosed behavioral health conditions (drug use, tobacco use, eating disorders, STIs, pregnancy) by 21% from baseline rate

  - Partners include: Helen Ross McNabb Center, Mental Health Cooperative, CenterStone, Erlanger Behavioral, Johnson Mental Health, Agate Youth Behavioral Health, Valley Mental Health Center

DISTRICT CASE PROFILE

Background

📍 : **Region 4**

🏫 **Large, Urban District**
222 schools

📈💲 **57% Economically Disadvantaged***
*Parent/Guardian does not have a high-school degree or the student is eligible for free and reduced meals.

HEALTH & MENTAL HEALTH SERVICES OVERVIEW

▶ Established in **2009**, the District had 4 school-based health centers, and now has 2 SBHCs, plus a mental health clinic.

INNOVATIONS IN PROGRAMMING & SERVICES

> **Expansive infrastructure for health/mental health services**

- ◆ **School-based health centers**
  - Full primary care services at various locations year-round and outside of school hours for all students, families and community members.
  - Referrals and/or telehealth for mental/behavioral health, dental, and other specialized care. Provider has several clinic locations for various types of services located throughout the city.
  - If uninsured, a sliding scale payment system is used.
- ◆ **Mental health center** and large staff of mental health professionals serving in schools year-round.
- ◆ **Family Wellness Centers**
  - Educational supports, counseling, mental health/SEL supports, psychiatric services, etc. for students, families, and staff (open year-round and have evening hours)
- ◆ **Family Resource Centers** to support social health (i.e., job opportunities, provide food, etc.)
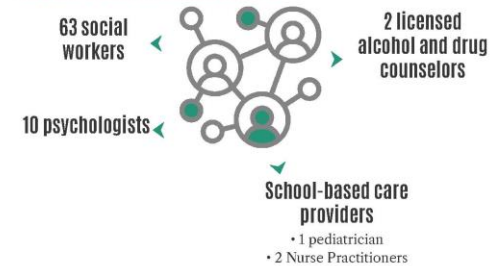
> **Collaboration between health/mental health staff and other school personnel**

- Mental health staff are assigned to schools in SEL teams (includes counselors, social workers, behavior specialists, etc.) to develop relationships and reduce barriers to engaging in mental health
- SBHC staff collaborate with school counselors and staff to target and refer students for services and other administrative tasks.

Major Developments

> **3 Family Wellness Centers opened in 2022.**
  - 2 additional future sites planned.
> **FQHC transitioned in 2020 from Wellchild to Christ Community Health Center.**

HEALTH & MENTAL HEALTH SERVICES STAFFING & COMMUNITY PARTNERSHIPS

63 social workers

2 licensed alcohol and drug counselors

10 psychologists

School-based care providers
- 1 pediatrician
- 2 Nurse Practitioners

COMMUNITY PARTNERS

> Federally qualified health center, Christ Community Health Center.
> Partnership with Wellchild for vision and some mobile health screenings.

Capturing innovative practices across the state

DISTRICT CASE PROFILE

Background

📍: Region 1

Small, Rural District
6 schools
• 4 Elementary
• Pre-K Learning Center

33% Economically Disadvantaged*
* Parent/Guardian does not have a high-school degree or the student is eligible for free and reduced meals.
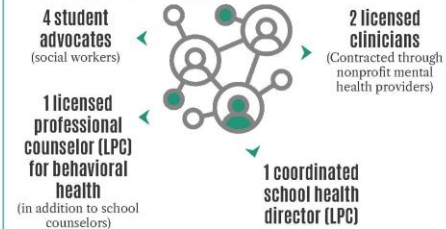
HEALTH & MENTAL HEALTH SERVICES OVERVIEW

➤ In **2012**, the District implemented school-linked health services, and in **2022**, added telehealth options.

INNOVATIONS IN PROGRAMMING & SERVICES

➤ Partnering with area university and nonprofit health provider on a Resilient Schools Communities grant.

➤ Created "reset spaces" at the middle and high schools first, then elementary schools, to support student mental health and reduce absences.

  ➤ Massage chair, exercise equipment, white board, calming materials, and telehealth access.
  ➤ Students check in/out with counselors to use space to monitor, track student needs.

➤ Providing behavioral health training for **all** staff on restorative practices, trauma-informed practices, ACEs, Building Strong Brains (including bus drivers, cafeteria workers, etc.); now have a designated trauma-informed school.
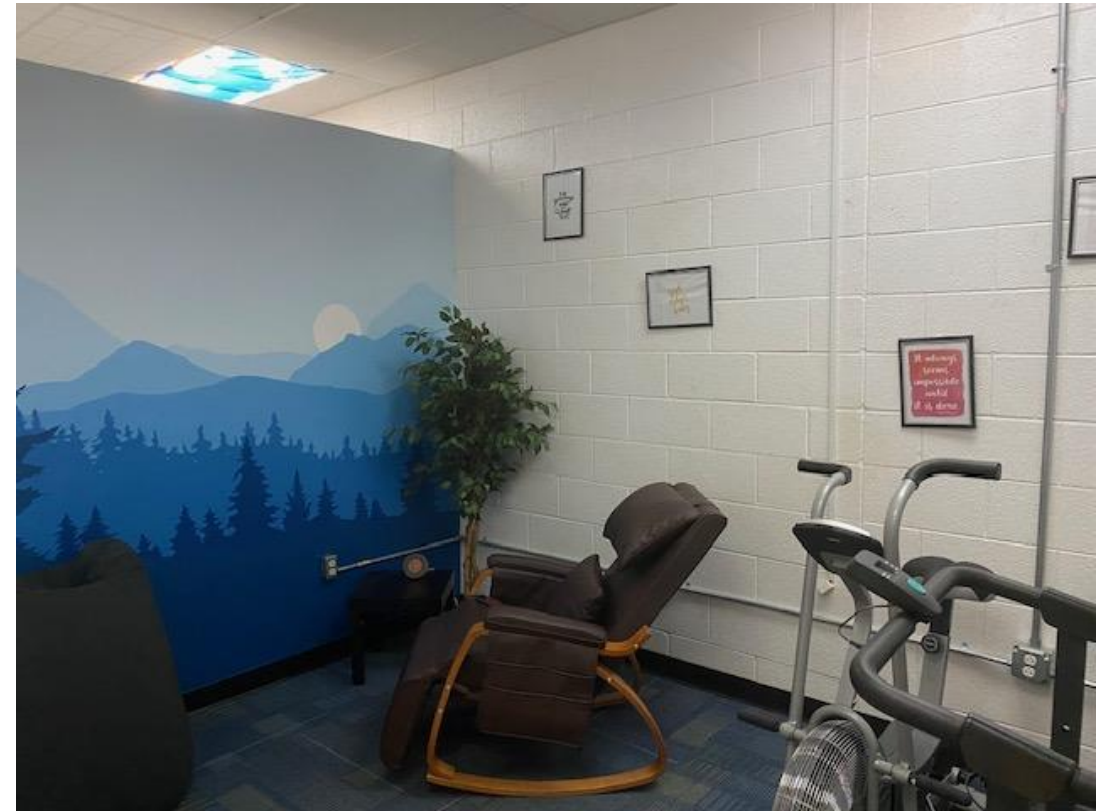
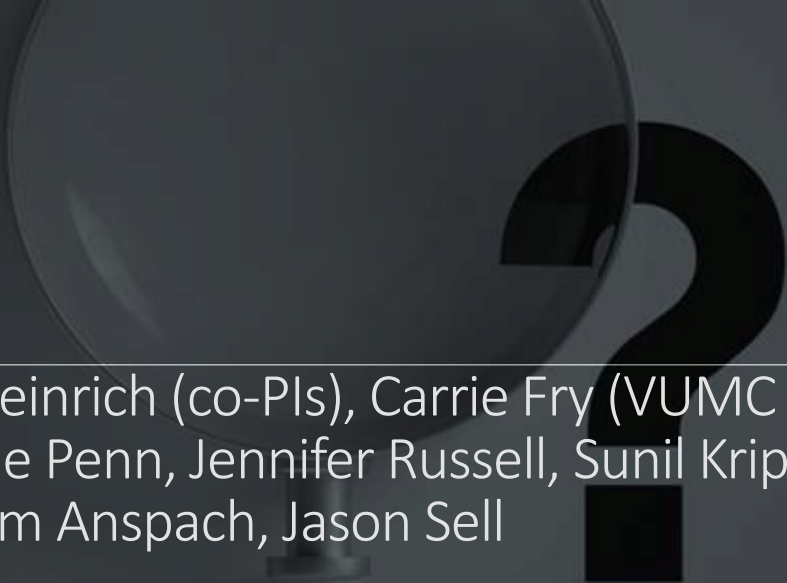### HEALTH & MENTAL HEALTH SERVICES STAFFING & COMMUNITY PARTNERSHIPS

4 student advocates (social workers)

2 licensed clinicians (Contracted through nonprofit mental health providers)

1 licensed professional counselor (LPC) for behavioral health (in addition to school counselors)

1 coordinated school health director (LPC)

COMMUNITY PARTNERS

➤ 2 nonprofit mental health providers (Frontier Health and Ballad Health)
➤ University partner (ETSU)
➤ County health department
➤ Community anti-drug coalition

https://mentalhealthresearchtnschools.com/