



# **Bridging the Gap: A Health Center and School Collaborate for Culturally Responsive Behavioral Health Care**



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**And**

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**Mary's Center School Based Mental Health Program**

**[www.maryscenter.org](http://www.maryscenter.org)**



# Objectives

- Describe 3 strategies that are necessary to ensure successful implementation of a culturally responsive and comprehensive Schools Based Behavioral Health Program: \*Braided\* or Blended Funding, A Strong Collaborative Relationship, Successful Outreach and Family Engagement.
- Demonstrate 3 expected outcomes of a successful model of a school based behavioral health partnership that is accessible to immigrants: Strong Family Engagement, School Stakeholder Satisfaction, High Utilization of Behavioral Health and Social Support Services.
- Discuss funding models that can lead to sustainability: Braided or Blended Funding, In Kind, Fee for Service/Billable.



# Mary's Center



## Our Mission:

**Building better futures through the delivery of health care, education, and social services by embracing our culturally diverse community and providing the highest quality care, regardless of ability to pay.**

**Became a Federally Qualified Health Center in 2005**

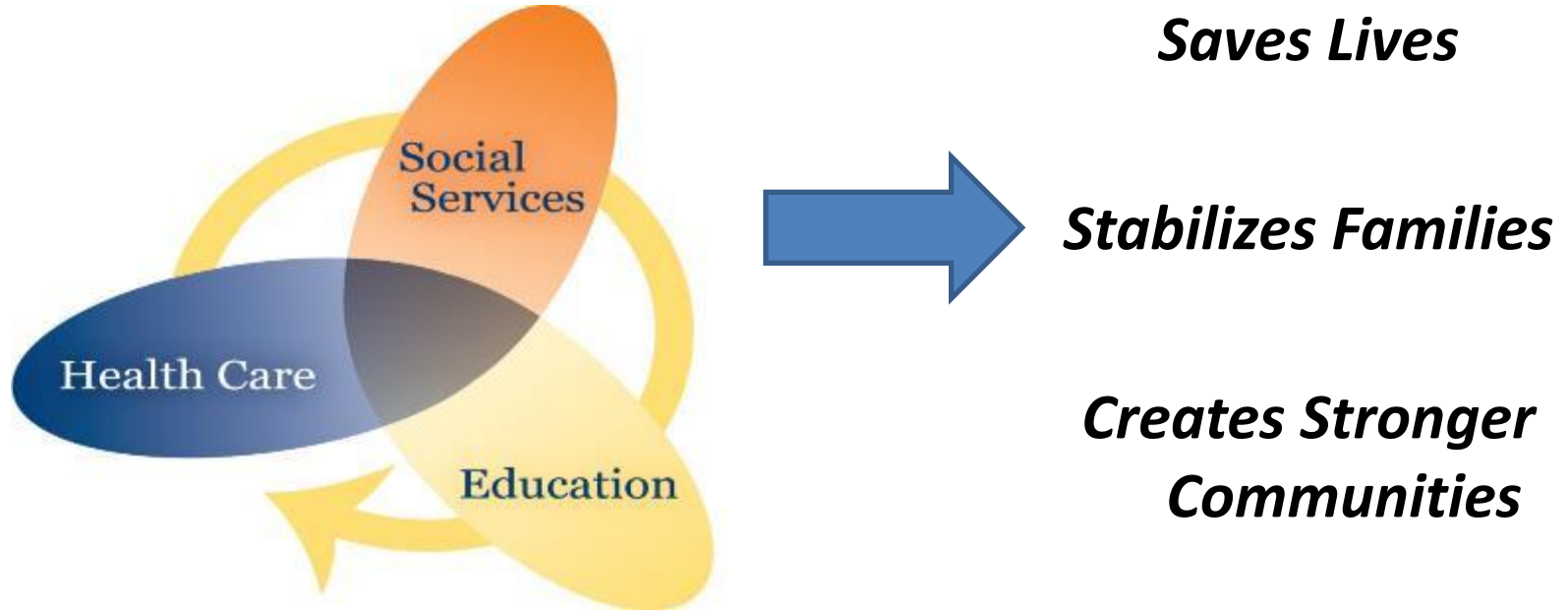
**Provide Culturally and Linguistically Appropriate Services**

**Serve over 41,000 socially and medically vulnerable individuals**

**Historic focus on serving low-income immigrant families**



# Mary's Center's Social Change Model





# Family Engages Mary's Center...



Health

Education



Social  
Services





# Overview of Programs

## HEALTH

- Prenatal
- Pediatrics/Adolescents
- Adult Medicine
- Psychiatric
- Dental
- Health Promotion
- Chronic diseases
- Pharmacy

## EDUCATION

- Early Childhood Education
- English and Computer Classes for Adults
- Parenting Classes
- High School Diploma
- Child Care Credential Training
- Medical Assistant Training
- Child Care Licensing Technical Assistance
- Coaching Hub for Infant and Toddler Child Care Providers
- Adolescent Tutoring and College Preparation

## SOCIAL SERVICES

- Case Management
- Behavioral Health
- School Based Mental Health\*access point\***
- Senior Health and Wellness
- Early Intervention for Children with Special Needs
- Home Visiting
- Benefits Enrollment Assistance
- WIC Program





# Immigrant Landscape in Washington, DC

- 1 in 5 children in DC is born into an immigrant family
- Over 50% of children from immigrant families live in low income households
- Children of immigrant families are twice as likely to lack a usual source of health care compared to native families
- The vast majority of these immigrants have experienced multiple traumas and losses and deleterious effects of these traumas prior to seeking or being identified for care
- Traumas experienced include: forced separation from family (escaping violence or abuse or war), physical and sexual abuse, deaths, often violent of family members or loved ones, traumatic border crossings (lack of food, water, abuse), to name a few.



# Tubman Elementary School a DC Public School

- PK3-Grade 5
- Enrollment of 542 in 2015-2016
- Community experienced large increase in Latino immigrant families in recent years
- 100% Free and Reduced School Lunch
- Several community partnerships: sports, theater, gardening, early childhood STEM, academic enrichment
- Families utilize Mary's Center for Primary Care and other services



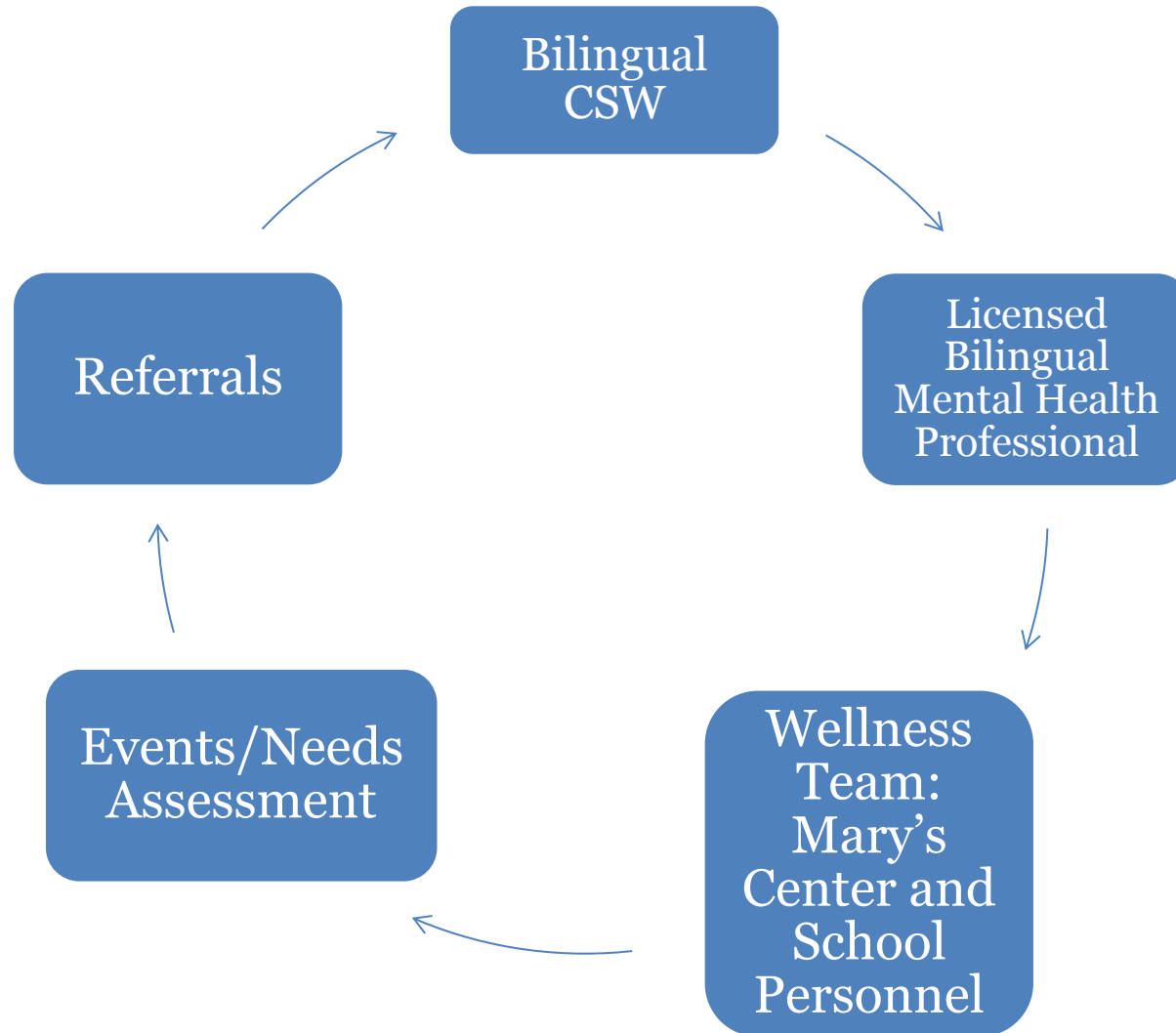


# SBMH/Tubman Program Model

- **Bilingual Mental Health Professional** supplements and enhances existing school wellness team.
- **Community support worker or similar role**, provides education and awareness of all services available to students and families – start with concrete needs. \*This is a grant funded position through City Fund\*
- **Events** are springboards for immigrant outreach: parent coffees, back to school nights, first day of schools, teacher conferences, staff meetings, (bilingual materials).
- **Wellness team** identifies student behavioral issues and community support worker is point person for more concrete needs.
- **Referrals** for assessments made through wellness team or come through teachers via special projects (ELL writing exercise).
- **Assessment is adapted to ensure collection of relevant information**



# SBMH Program Model





## **Assessing clinical impact of immigration: where to start?**

### **Assessment**

- When did you immigrate? Who came with you?
- Why now? How much time did you have to prepare?
- Who did you leave behind? Did you get to say goodbye?
- Were you mistreated/hurt/abused en route? Did you witness violence?
- Did you eat enough? Sleep enough?
- Were you detained, and what was that like for you?
- Were you separated from loved ones?
- Are there any threats toward you in the US or home country?
- Do you have a family support system in the area?
- Are you connected to a clinic, place of worship, community center, etc.?

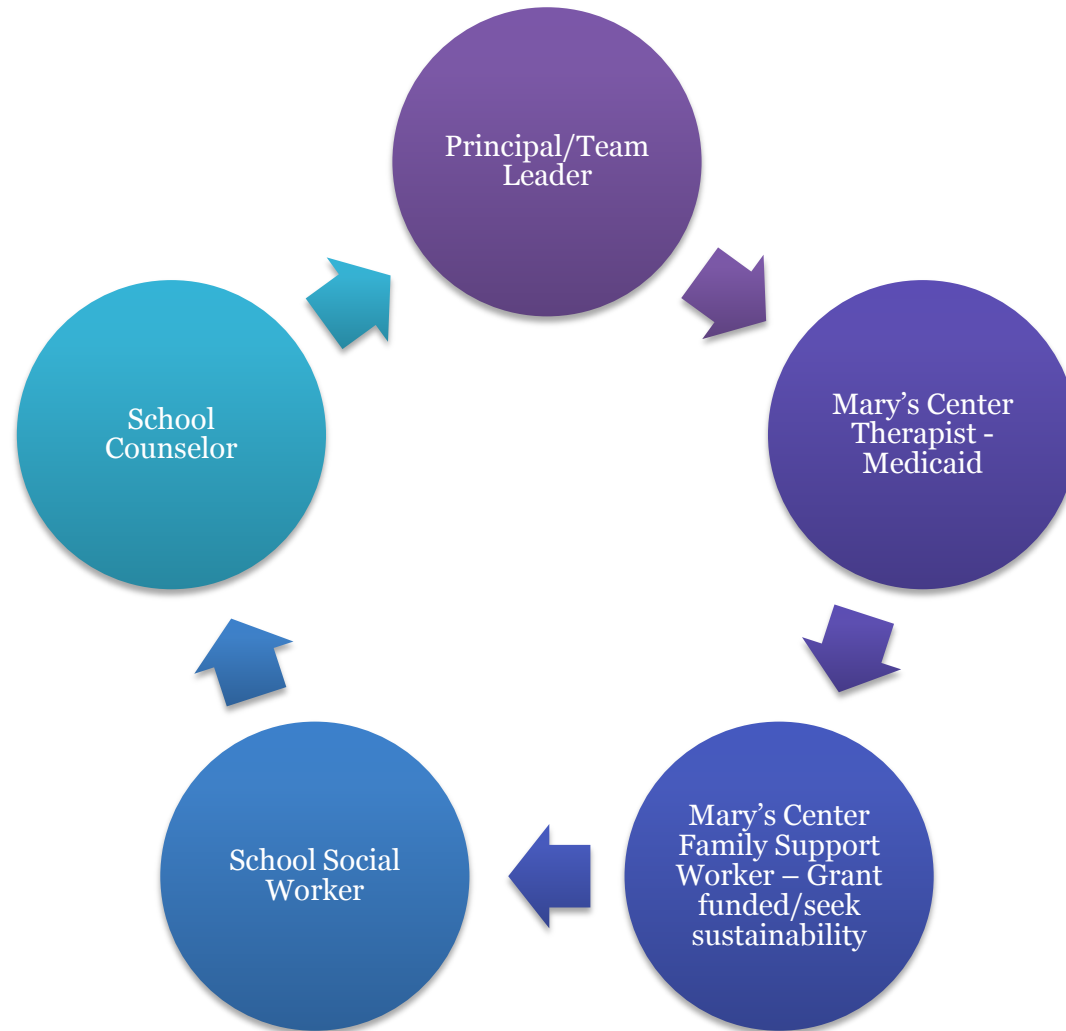


What's in your backpack?  
Individual, group, or classroom strategy





# The Wellness Team





# Tiered Services

## **Tier 1 (non-billable)**

- School health and advisory lessons on socio-emotional wellness
- Workshops for parents on positive discipline and stress management
- Trainings for teachers on trauma-informed education

## **Tier 2 (mostly non-billable):**

- Interdisciplinary team meetings to discuss supports for at-risk students
- Targeted parent workshops on cyber bullying, gang prevention, family reunification
- Short-term, brief counseling episodes of care for at-risk students

## **Tier 3 (all-billable):**

- Individual therapy (ex: Trauma-focused Cognitive Behavioral Therapy)
- Group therapy (ex: mindfulness, anger management, anxiety, newcomer support)
- Family therapy (ex: Parent-Child Interaction Therapy, Attachment-based Family Therapy)
- Community Support services – with grant support

**Goal: maximize T3 billing to allow for T1 and T2 impact in collaboration with school partners**



## Tier 1 - Outreach. Access.

Monthly parent resource groups in English and Spanish

Dental Bus Access through Mary's Center

Enrollment in Medical Insurance through Bilingual Health Access Program

Behavioral Health Screening Process with Family Support Worker

Immediate on site connection to Mary's Center Behavioral Health Provider



## Tier 2 - Education. Consultation. Support.

Educate/Train teachers and staff on immigrant experiences, migration, loss, violence.

Training on immigration experience led to learning about chronic stress and trauma: shared experiences of all students and families.

Behavioral manifestation of trauma in the classroom and how to address it through trauma informed practices.





## Tier 3 – Behavioral Health Intervention

- Diagnostic Assessment, Treatment Planning, and *on site* Behavioral Health Intervention.
- Brief or long term – in the therapy room or out.
- Individualized treatment planning to include individual, group, and family therapy.
- Referrals for psychiatry and other specialists if indicated.



# **SBMH Elementary School Program Highlights**

**Parent-Child Interaction Therapy (PCIT) services on-site, an evidenced based modality that works with young children and their caregivers.**

**Mary's Center Therapist partnered with school staff to provide Tier 1 classroom lessons about immigration and political changes, bullying, and personal safety and boundaries.**

**Mary's Center Therapist developed a group for recently-arrived 3<sup>rd</sup> – 5<sup>th</sup> grade students. The group used art, movement and mindfulness to help students build a positive cultural identity and increase emotional self-regulation. The group is replicated among our sites and adapted to developmental levels**



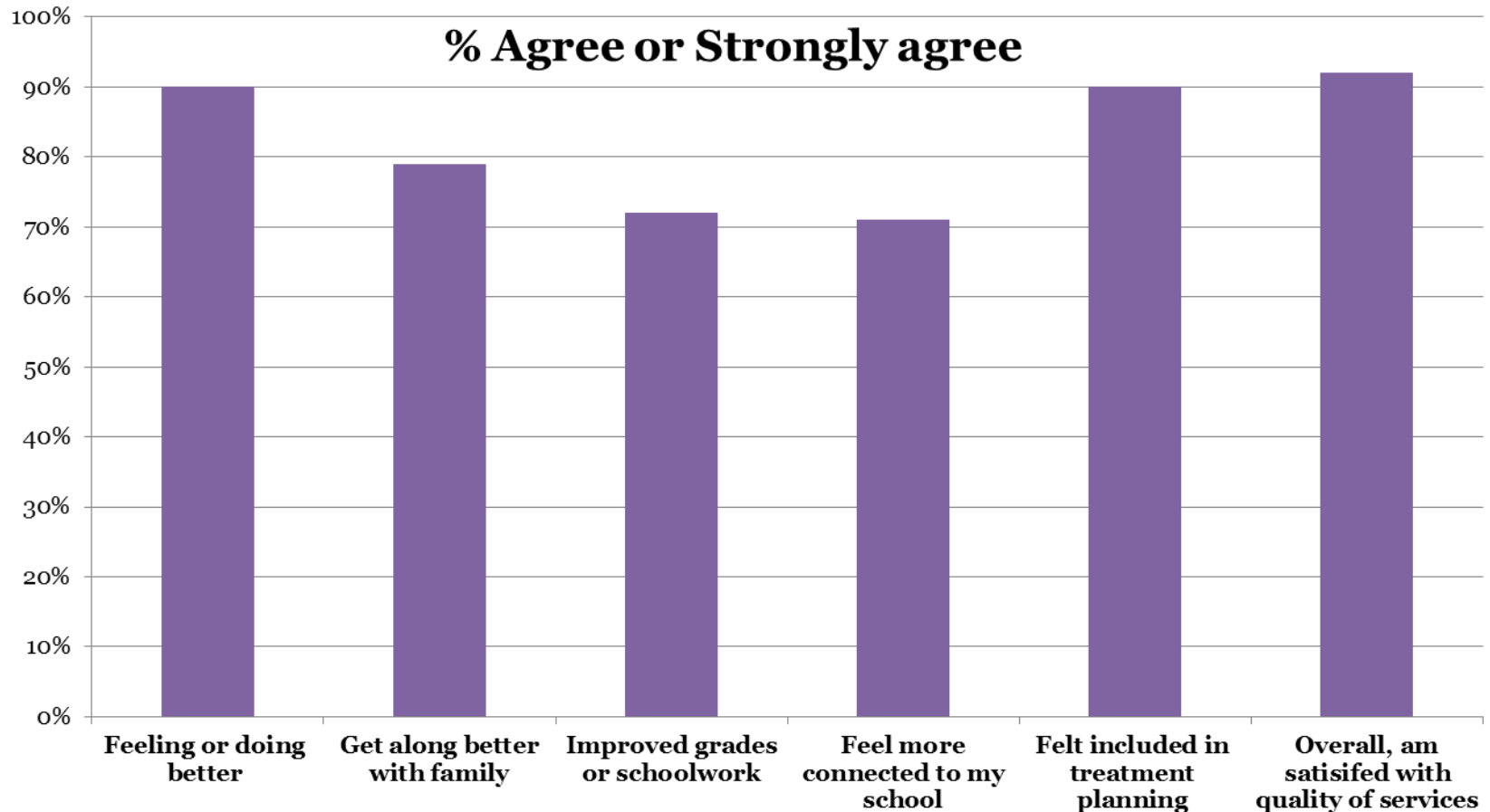
# A Collaborative Model for Change

- Strong collaborative partnerships with schools to support culture of wellness and trauma-informed systems
- Braided funding supports buy in and leverages billing to provide additional supports such as: prevention groups, parent workshops, community support and referrals, linkages to healthcare etc.
- Successful Family engagement is supported through grants that allow for outreach, events, parent leadership, mentoring etc.



# Client and Parent Satisfaction

As result of receiving SBMH services, I/my child...

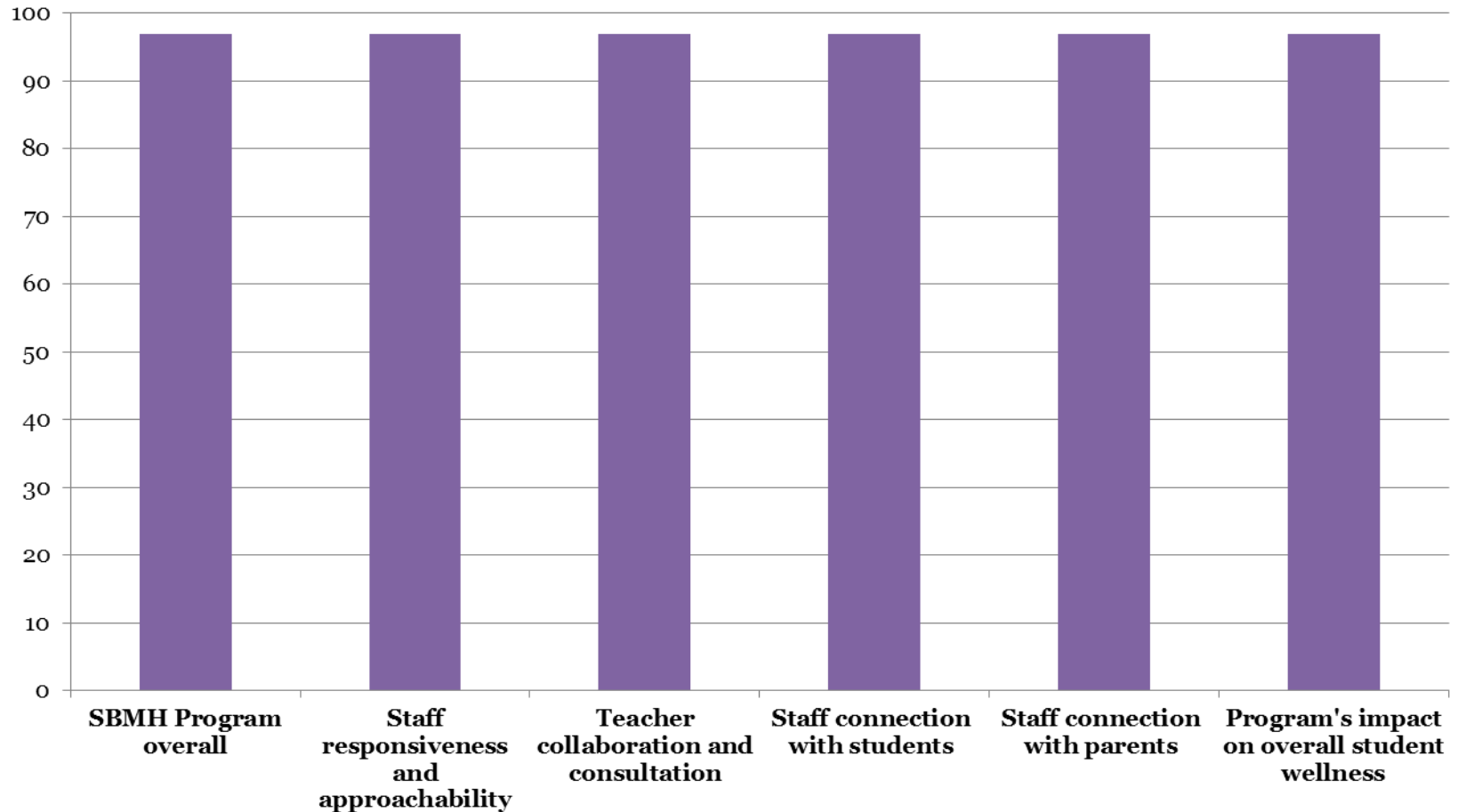


n=160



# School Stakeholder Satisfaction

**% Satisfied or Very Satisfied with...**



n = 36



# Lessons learned – Considerations for best practices

- **Anticipate trauma**: If you are going to ask or screen, be ready to intervene! Where can you refer parents? Who is a support in the school? Mary's Center can refer parents or therapy through its clinics nearby
- **Screen and assess assuming trauma is there** – be trauma informed and know special indicators for newly arrived immigrants – separation, attachment, violence in home country, adjustment
- **Take care of your partners**: Teachers, principals, school personnel may share some of these stories, be prepared for reactions. Mary's Center recognizes that Tier 2 support can come in the form of supportive listening for teachers – to include “office hours” for consultation
- **Take care of each other** – create intentional, strong, and supportive teams. Practice trauma informed supervision.



# School Based Mental Health (SBMH) Program Today

- Eliminates access barriers by staffing MH providers on-site in school settings
- Provide full episode of care with added opportunities for care coordination
- 
- Partner schools are proximate to clinics for easy linkage to additional services
- Supplement and bolster – *not replace* – existing school mental health services
- Partner schools are majority Medicaid-insured students
- Program operates and self-sustains through Tier 3 Medicaid billing and limited grant support
- SY 2016-17: served **856** clients through **9,488** encounters in **15** schools



## Challenges Ahead. Moving Forward - Adelante!

- Tier 1 and 2 work is not billable – the more you provide, the more schools depend on it. \*Seek more consistent funding\*
- This work can be challenging to sustain consistently as it depends on billable encounters.
- Funding for prevention is an ongoing need.
- Flexibility in funding and in kind contributions make it possible.
- School systems/health care/behavioral health care systems must be willing to partner and collaborate.





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