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A Call to Improve Behavioral Health Care in Philadelphia Through School-Based Health Center Investment and Expansion

January 2024

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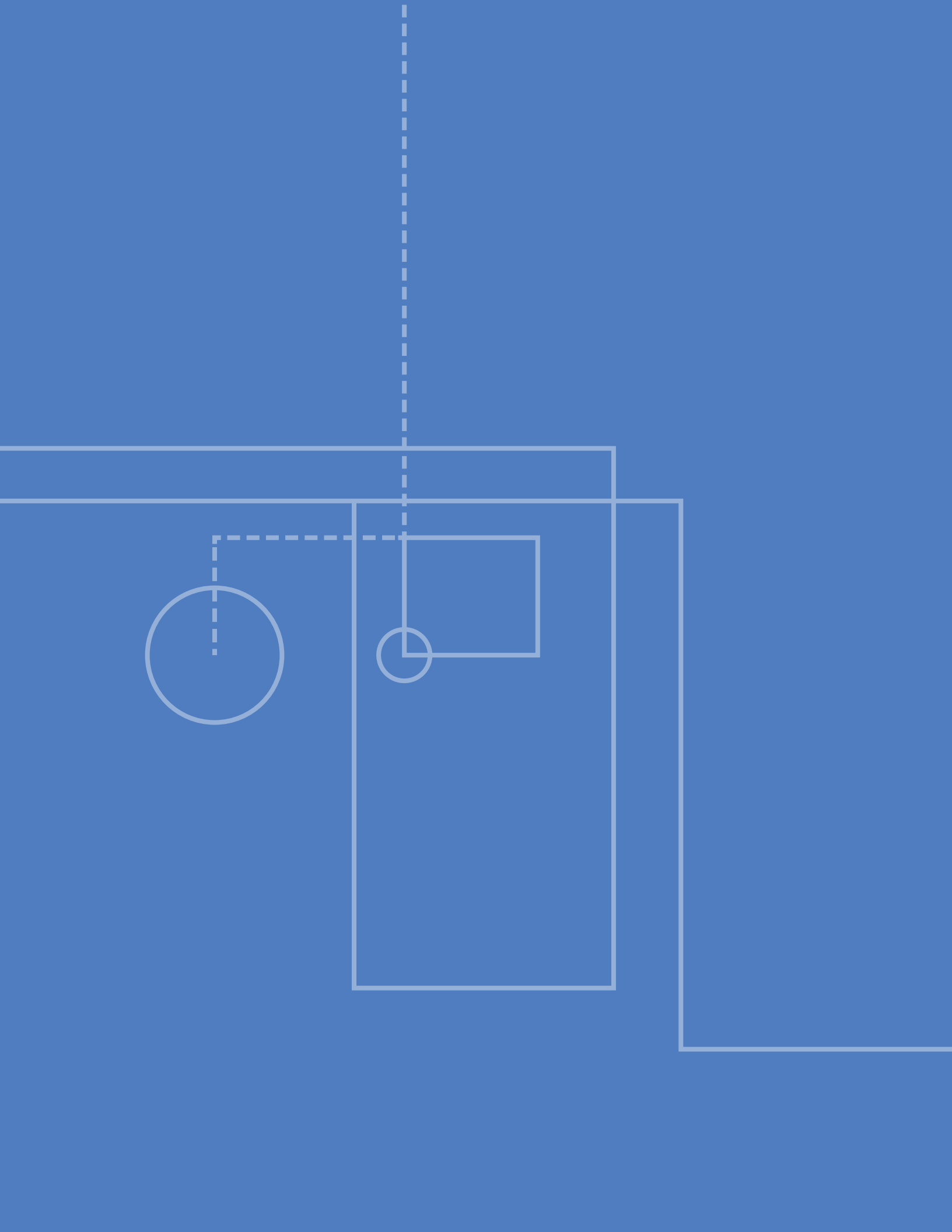

Dear Reader,

Now more than ever, youth across the country are experiencing a behavioral health crisis. We know that adverse childhood events and behavioral health outcomes are particularly severe in Philadelphia and the demand for behavioral health and primary care services far outpaces the capacity of those systems.

We believe that school-based health centers (SBHC) are an integral part of the healthcare continuum and can play a valuable role in the physical and mental wellness of school-aged children. This white paper examines the potential for SBHC expansion to improve access and outcomes related to behavioral care as a solution to this crisis. The paper concludes with three specific, feasible policy recommendations aimed at improving the financial sustainability of SBHCs and incentivizing SBHC implementation within the Philadelphia region.

We hope you join us in advocating for the expansion of SBHCs by sharing this paper with your programmatic partners, local, state, and federal decision makers, advocacy organizations and voters.

Sincerely,

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Abstract

Children in Philadelphia are grappling with a behavioral health crisis. Adverse childhood events (ACEs) and behavioral health outcomes are particularly severe in Philadelphia and disproportionately impact children who live in low-income households. The demand for primary care and behavioral services exceeds the current system's capacity in Philadelphia, especially in neighborhoods affected by ACEs like crime and socioeconomic disadvantage, resulting in delays in care that strain both youth and the Philadelphia health care system.

The need for systems change is evident, and Philadelphia youth have accordingly called for improved integration of behavioral health services within community settings.

The need for systems change is evident, and Philadelphia youth have accordingly called for improved integration of behavioral health services within community settings. This white paper examines the potential for SBHC (school-based health center) expansion to improve access and outcomes related to behavioral care as a solution to this crisis. It finds that decades of evidence indicate that expanding SBHCs will improve the physical and behavioral health of Philadelphia's children and adolescents. The paper concludes with three specific, feasible policy recommendations aimed at improving the financial sustainability of SBHCs and incentivizing SBHC implementation within the Philadelphia region.

Youth Behavioral Health in Philadelphia

Introduction

Children in Philadelphia are struggling with a behavioral health crisis due to a confluence of adverse childhood experiences (ACEs) and insufficient access to resources and health care providers.

According to the CDC's 2021 Youth Risk Behavior Survey (YRBS), high-school students in Philadelphia County were substantially more likely to experience traumatic events like physical fighting and witnessing community violence than the national average (1). ACEs such as feeling unsafe in one's neighborhood, experiencing racial discrimination, and experiencing abuse, neglect, and other forms of adversity in the home increase the incidence of mental health conditions among Philadelphia children and adolescents, particularly among those living in low-income households (2).

Furthermore, 44.6% of respondents reported feeling sad or hopeless for two or more weeks in the past year, representing an increase of over 4% from 2019. Twenty-nine percent of respondents reported that their mental health was mostly or always "not good" (YRBS, 2021). Philadelphia high-school students were notably more likely to attempt suicide than the national average (YRBS, 2021). Finally, there is an uneven distribution of behavioral health resources across the geographic landscape of Philadelphia County, as described in the 2017 Place Matters publication (3).

Substance Use and Misuse

Substance use represents a concerning health risk behavior among young Philadelphians. For example, vaping increased from 7.1% to 17.1% from 2019 to 2021 among Philadelphia high-school students. In 2021, 19.8% of Philadelphia high-school students used marijuana, 12.0% misused prescription pain medications, and 19.6% were offered, sold, or given an illegal drug on school property (1).

Community Violence

Philadelphia County falls within the top third of counties nationally for firearm homicide concentrations (4). Among children in Philadelphia, exposure to community violence is associated with increased diagnosed mental health conditions and mental health-related pediatric emergency department visits (2,5). Data from Philadelphia shows that exposure to community violence is associated with higher rates of both future violence perpetration and victimization (2). This finding is congruent with research suggesting that exposure to domestic and community violence in childhood is associated with increased gun violence involvement in adulthood, signifying a need for community-based behavioral resources aimed at alleviating the impact of violence exposure (6).

Access to Care

In 2021, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescents, and Children's Hospital Association declared a national emergency in child and adolescent mental health (7). Accordingly, in 2022, the AAP began recommending that pediatricians screen all children and adolescents for anxiety, depression, and suicide risk in the primary care setting, acknowledging the importance of the primary care point of contact in initiating behavioral health care (8). Children living in neighborhoods with concentrated socioeconomic disadvantage in Philadelphia have far less access to pediatric primary care, suggesting that many children likely go unscreened, and representing a critical health equity issue (9).

Philadelphia County falls within the top third of counties nationally for firearm homicide concentrations.

Moreover, even when a child screens positive, the demand for specialized behavioral health care in Philadelphia outpaces the capacity of the current system. A previous Scattergood publication found that 28% of Philadelphia's zip codes have no pediatric behavioral health care providers, despite many of these zip codes representing high-risk areas characterized by spatial concentration of disadvantage, crime, and other ACEs (3). Especially for LGBTQIA+ youth, behavioral health providers in Philadelphia have described referrals and inquiries for care that far exceed their capacity, which has worsened due to the COVID-19 pandemic. This lack of capacity impedes early diagnosis, treatment, and intervention, leading to more acute mental health crises (10, 11).

Vocalized Needs

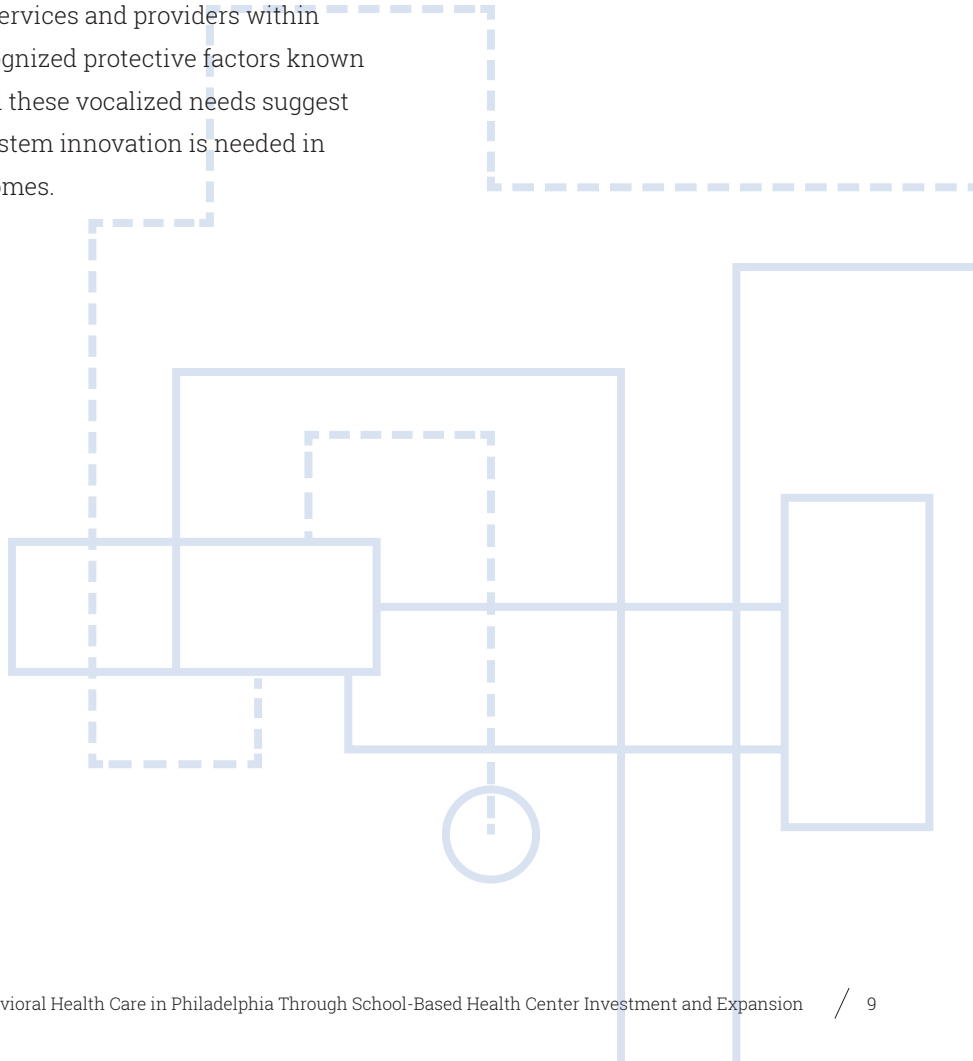
It is no surprise that Southeastern Pennsylvania's 2022 Community Health Needs Assessment identified "mental health conditions" as the top health priority in the region, explicitly identifying rates of depression, mental distress, suicidality, and trauma due to socioeconomic disadvantage, community violence, and racism as areas of critical concern (12). Populations particularly affected include children and adolescents, who emphasized a desire for increased access to safe spaces for openly discussing mental health, improved training within schools, and an integrated care model that coordinates mental health services across a given community (13).

Protective Factors and Opportunities

The CDC identifies several individual, family, and community factors that decrease the risk of experiencing ACEs. These include communities where families can readily access medical care, behavioral health services, and safe and nurturing childcare (13). The CDC has recognized that students who experience more school connectedness, defined as "belief that peers and adults support, value, and care about their individual well-being as well as their academic progress," are less likely to have emotional distress, have thoughts of suicide, or engage in risky behaviors related to violence, sexual health, and substance use. They are more likely to engage in positive health behaviors like physical activity and healthy eating, and are more likely to perform better in school (14).

Section Conclusion

In summary, the behavioral health crisis in Philadelphia, exacerbated by the effects of ACEs like socioeconomic deprivation and community violence, is further compounded by the uneven distribution of pediatric primary care and ready access to behavioral health providers. The Philadelphia youth community has expressed their desire for a change in the system, explicitly conveying a need for improved access to behavioral health services and providers within community settings, which align with CDC-recognized protective factors known to improve childhood well-being. This crisis and these vocalized needs suggest that culturally competent, community-based system innovation is needed in Philadelphia to improve behavioral health outcomes.



School-Based Health Centers

Introduction

The expansion of school-based health centers (SBHCs) has grown as a community-based solution to poor health care access. In a SBHC model, health care providers from a local health care organization such as a community health center, hospital system, or local health department partner with schools or school districts to offer clinical services within school settings. This model first emerged in the 1960s and 1970s in various regions of the US (15). SBHCs offer services similar to those of traditional primary care providers, including acute sick care, comprehensive well-child visits, administration of scheduled pediatric vaccines, reproductive health counseling, lifestyle counseling, chronic care management, medication prescriptions, and sports physicals, among others (16). Similar to traditional primary care providers in office-based or hospital clinics, SBHC primary care providers serve as a critical point-of-care and connection to the health care system, offering referrals and coordinating care for patients' various health concerns, including behavioral health concerns. However, what distinguishes SBHC providers is their ability to reduce barriers to access by meeting students in the school setting, where the students are already present. Due to their ability to deliver health care in otherwise underserved settings, SBHCs have developed a mission to minimize the effects of socioeconomic disadvantage and other ACEs by providing primary care and behavioral services where they are needed (16).

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SBHC: Education and Health-Related Outcomes

SBHCs are unequivocally associated with improved health and educational outcomes. A recent systematic review found that when students have access to an SBHC, they experience improved grade point averages, reduced suspension and increased graduation rates, and reductions in the proportion of students excluded from school because of a lack of state-mandated physical examination (17). Additionally, when children have access to an SBHC, they experience improved health-related outcomes such as decreased emergency department (ED) utilization, hospital admission rates, and asthma-related morbidity, increased vaccination rates, and improved outcomes related to prenatal care (17). SBHCs also improve school connectedness for children, particularly for those living in communities characterized by lower income (18).

In addition to primary care, some SBHCs (about 70%) offer dedicated behavioral health services by employing mental or behavioral health professionals

Behavioral Care Delivery within SBHCs

In addition to primary care, some SBHCs (about 70%) offer dedicated behavioral health services by employing mental or behavioral health professionals such as psychiatrists, psychologists, counselors, social workers, and other behavioral health specialists. These services include crisis intervention, classroom behavior/learning support, substance abuse counseling, evaluation of learning problems, peer conflict mediation, and medication management (19). However, offering these dedicated services requires more funding and resources: an analysis of SBHCs within the National School-Based Health Alliance found that SBHCs are more likely to offer behavioral health services if they have access to resources like electronic billing or health record systems, are able to bill for services through Medicaid state agencies, and are able to utilize state, federal, managed care organization (MCO), or private insurance reimbursement and funding (Larson et al., 2017) (19).

SBHC Behavioral Care Access and Outcomes

Students' visits to SBHCs related to behavioral concerns typically involve issues including pregnancy, depression, suicidal ideation, peer conflict, and interpersonal violence (20). An analysis by Juszczak, Melinkovich, and Kaplan (2003) found that children were 21 times more likely to seek behavioral care in SBHCs than in other clinic environments (21). Furthermore, children with either public or no insurance, as well as children with demonstrated mental or behavioral health issues (like substance use, alcohol use, trouble sleeping, depression, and suicidal ideation, among others), were more likely to utilize behavioral health services in SBHCs (20). When children have access to SBHCs, they experience reductions in health-risk behaviors like tobacco, drug, and alcohol use and reductions in the frequency of depressive episodes and suicide risk (Keeton et al., 2012 [drug and alcohol use]; Paschall & Bersamin, 2018 [depressive episodes and suicide risk]) (22, 23). Studies have shown that access to SBHC reproductive health services increased utilization of those services including the likelihood of hormonal contraception use among sexually active female students (24, 25). In an analysis from 12 SBHCs, Soleimanpour and colleagues found that behavioral health care providers reported improvements in outcomes for various reproductive and behavioral health concerns, such as anxiety, depression, eating disorders, grief, defiant behavior, relationship conflict, self-injury and substance abuse, and use of contraceptives (26).

SBHCs offer a successful solution to improve behavioral health outcomes for children in health care-underserved communities by leveraging the school setting as a point-of-contact with the health care system.

Section Conclusion

SBHCs offer a successful solution to improve behavioral health outcomes for children in health care-underserved communities by leveraging the school setting as a point-of-contact with the health care system. In communities particularly affected by ACEs and trauma, SBHCs' ability to meet students where they already are can allow for culturally competent, trauma-informed behavioral health care. Policymakers seeking to improve health equity within their region by improving outcomes related to educational success, physical health, mental health, and health behavior should pursue policies that bolster the financial sustainability of SBHCs and incentivize stakeholders to partner with SBHCs. The following section outlines three feasible policy recommendations to expand SBHCs in Philadelphia.

Policy Recommendations

POLICY RECOMMENDATION #1:

Increase and Maintain Pennsylvania State Funding for SBHCs

A significant barrier to SBHC development is the start-up costs of establishing partnerships with clinical providers, building or refurbishing school infrastructure for clinical space, and reaching the necessary clinical volume and insurance billing revenue to meet or exceed expenses. The Pennsylvania School-Based Health Alliance (PSBHA), which serves as the Pennsylvania affiliate of the NSBHA and works with elected officials and partners to guide SBHC implementation, reached an important milestone in May 2022 when they received a $2.85 million health equity grant from the Pennsylvania legislature. This grant supports expansion of behavioral health services within the 32 existing Pennsylvania SBHCs that serve over 10,000 students (27). This funding also supported the Pennsylvania SBHC Data Hub, which tracks services, utilization and ultimately impact and outcome measures of SBHCs throughout the Commonwealth (27). The impact of this investment is clear: from September 2022-March 2023, more than 5,816 students visited Pennsylvania SBHC providers, and 24% of those visits were related to behavioral or reproductive health (28). Behavioral health screening was conducted for 1,791 students, and over 700 students who met the criteria for behavioral health risk or distress were identified and referred for services (28). Notably, 59% of students who utilized SBHCs were Medicaid beneficiaries, and 4% received CHIP (28).

The data demonstrates how Harrisburg's investment in SBHCs led to direct and immediate benefits, particularly regarding behavioral health access and outcomes. Importantly, we must acknowledge that these benefits are limited to schools with established SBHCs. To expand these benefits to other Pennsylvania and Philadelphia youth in need, we recommend that the legislature increase and maintain financial support for SBHC expansion, with a particular focus on expanding behavioral health services in both new and existing SBHCs across the state. To accomplish this, **we recommend that Pennsylvania enact and maintain the PSBHA's proposed $6.04 million budget line item within the state's annual budget, which earmarks $100,000 per school clinic for new and existing SBHCs and funding to continue and expand upon the SBHC Data Hub**.

POLICY RECOMMENDATION #2:

Pennsylvania's Medicaid Plan Should Recognize SBHCs as Unique Providers

Seven states (Delaware, Illinois, Louisiana, Maine, New Mexico, North Carolina, and West Virginia) have defined SBHCs as a unique provider type within their Medicaid plans (29). Adopting a similar policy could benefit current and potential SBHCs in Philadelphia in two major ways. First, by assigning each SBHC a unique ID number, this change allows state Medicaid agencies to formally credential, track quality assurance, and measure health outcomes associated with each SBHC. This step improves understanding of best practices and service utilization among SBHCs and aligns state objectives with SBHC goals. Second, tracking of outcomes would provide a much-needed opportunity to restructure the financial sustainability of SBHCs through Medicaid reimbursement as stipulated by Pennsylvania's Medicaid plan by establishing a structure grounded in value-based care. This change would decrease the need for substantial ongoing grant funding to sustain school-provider partnerships. Therefore, **we recommend that Pennsylvania DHS define SBHCs as a recognized provider type within Pennsylvania's Medicaid plan and, in collaboration with SBHC policy experts like PSBHA, leverage this definition toward developing an SBHC care reimbursement structure that supports the financial sustainability of provider partnership with schools**.

POLICY RECOMMENDATION #3:

Philadelphia Nonprofit Hospitals Should Consider Integrating SBHCs into ACA-Mandated Implementation Plans for Community Health Improvement

As a part of the nonprofit accreditation process, the Affordable Care Act (ACA) mandates that nonprofit hospitals conduct Community Health Needs Assessments (CHNAs) and develop Implementation Plans (IPs) every three years to identify and address community health needs (30). Implementation Plans offer opportunities for hospitals to align their resources and strategies with the specific health needs of their communities. We argue that nonprofit health care systems In Philadelphia, including Jefferson Health, Temple Health, Tower Health, the University of Pennsylvania Health System, and the Children's Hospital of Philadelphia, are vital in improving access to behavioral health care services for Philadelphia's youth. By codifying action steps within their IPs to partner with or expand SBHCs, these hospitals can make a substantial impact by preventing hospital visits and improving health and academic outcomes for the state's most vulnerable children and youth.

Supporting and developing preventive behavioral health services aligns with the missions of Philadelphia nonprofit hospitals. Considering this, **we recommend that Philadelphia nonprofit hospitals consider supporting SBHC behavioral care as a part of their ACA-mandated IPs**. Options for these investments include financial contributions, SBHC partnerships, assistance with Federal grant procurement, and state or national advocacy.

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