

Case Study

Hospital and school district partner for emotional health

Abstract

In 2015, as part of their vision for improving mental health in the local community, leaders from Fillmore County Hospital met with officials from Fillmore Central Public Schools (an elementary, middle school and high school district in southeast Nebraska) to address behavioral health issues among the student population.

The group, known as the Collaboration Committee, first developed solutions for the most pressing needs, then devised long-term plans to promote mental health at younger ages and remove the stigma associated with therapy. They launched a pilot program integrating behavioral health in the school setting at the start of the next school year. Students in the program began demonstrating healthier social skills and increased willingness to proactively manage behavioral issues. Therapists, physicians, educators, parents and students are now engaged in a collaborative approach to mental wellness, promoting a caring and solution-focused community culture.

Opportunity

In 2015, educators and administrators at Fillmore Central Public Schools observed disturbing trends in the student population, such as increased use of prescribed medications for anxiety and depression, and rising incidences of suicidal behavior and suicide attempts. In addition to individual

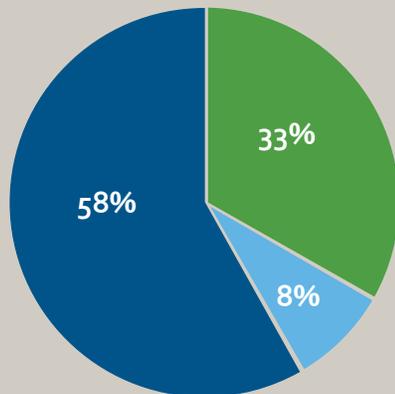
safety issues, classroom distractions frequently interfered with the learning process.

School staff, already skilled in developing individualized plans for struggling students, identified an opportunity to assist the most troubled through intensive interventions from experts at Fillmore County Hospital. The hospital, well known in the region for effectively managing complex behavioral health needs under a highly innovative and integrated care model that began in 2011, provided a solid foundation of knowledge to address the issues.

The two organizations initiated discussions in October 2015. Regular meetings ensued, resulting in a near-term plan to assist students facing imminent crises and long-term solutions to promote mental health at younger ages through innovative and positive experiences.

The team developed a therapy referral process for students exhibiting the greatest at-risk behaviors. The process, originating with the schools and involving parental approval, connects students and mental health professionals in a confidential setting within hours, either on school property or at the hospital's behavioral health clinic. To promote ongoing, sustainable mental wellness, the team implemented early intervention practices, parenting classes, and suicide awareness and prevention training for educators, parents, and students.

Age Distribution of Program Participants



■ Under 6 ■ 7 to 13 ■ 14 to 18

One-third of program participants in the first year were age 6 or younger. The average participant age is 12 years old.

“We set out six years ago to become the regional choice in behavioral healthcare. In our effort to attain this goal, we were able to cultivate strong community partnerships and create an open forum to discuss behavioral health in a whole new way.”

– Stephanie Knight,
Administrative Director,
Integrative Health Services,
Fillmore County Hospital

Partnership Approach

The Collaboration Committee, consisting of hospital and school district leaders, works as an informal coalition. After initially convening on an ad hoc basis, the committee now meets quarterly to address ongoing challenges and changing priorities, ensure continued communication and clearly articulated processes, continue best practice incorporation, and implement ongoing adjustments to address evolving needs. The schools provide the infrastructure and resources to identify and monitor at-risk behaviors, while the hospital and its behavioral health professionals deliver expert care and education. The program is funded by the Nebraska Department of Education.

Key Steps

- 2011 – Fillmore County Hospital embarks on a vision for integrated care that bridges the gap between physical health and emotional health locally and regionally.
- October 2015 – Fillmore Central Public Schools initiates an exploratory discussion with Fillmore County Hospital to address troubling mental health trends in the local school setting.
- Fall 2015/Spring 2016 – School and hospital leaders create educational programming such as the Youth Mental Health First Aid for school staff. Roles and procedures are developed.
- April 2016 – Collaboration Committee forms and begins monthly meetings.
- August 2016 – Collaboration Committee finalizes key logistical decisions involving process, staffing, transportation, privacy and communication mechanisms to support program launch.
- August 2016 – Program launches at start of school year, including communication to parents.
- Fall 2016 – Strong initial demand for service leads to multiple referrals per week.
- January 2017 – Collaboration Committee identifies opportunity to involve parents on a more proactive basis to address behaviors originating outside school.
- May 2017 – Evidence-based parenting classes begin.
- Ongoing – Collaboration Committee meets quarterly to continue adapting and expanding the program as needed.

“Our hospital’s partnership with the school district has been transformational for students. By focusing on emotional health at a young age, our youth are better prepared to lead more productive, fulfilling lives.”

– Paul Utemark, CEO, Fillmore County Hospital

Results

High demand for student mental health services initially resulted in 2-3 referrals per week. With the delivery of more proactive measures and educational opportunities, referrals decreased and stabilized over the first year. The program’s focus on creating a positive association with emotional health has lessened the stigma of therapy while promoting treatment and behavior modification at earlier stages. Observing the effects of therapy on their peers,

children and young adults have initiated increasing numbers of self-referrals—which are not managed through the school—indicating a willingness to seek assistance well before a typical school intervention would occur.

Students participating in the referral program receive individualized care plans prepared by therapists. Each care plan is updated monthly and managed collaboratively by educators, families, and the students themselves. This collaboration revealed a significant need for resources for parents, especially for those whose children exhibit behavioral health symptoms. As a result, the program offers free classes to parents when students' symptoms begin.

The school reports improved social behaviors and attendance from students in the program. In one case, a student progressed from averaging two absences per week to a continuous month with no truancy. Other reports of students showing improved coping skills have resulted in fewer classroom disruptions and an enhanced learning environment. Since implementation, additional school districts in the region have contacted the hospital to develop similar mental wellness plans for students.

The program is structured to allow for customization that accommodates emerging issues and changing priorities over time. Ongoing training is provided for all mental health professionals working with the students to ensure a variety of demographic and financial challenges are adequately addressed. The hospital continuously seeks to maximize its resources for future growth and agility when overcoming barriers posed by local and national financial challenges.

Lessons Learned

Shared Goal: The school and hospital established a common goal of providing the best chances of success through improved emotional health. Constant reinforcement of the goal, coupled with clear and consistent communication, enables the team to address a continuously evolving situation.

Adaptability: Program leaders initially expected teens to generate most referral volume. Instead, younger children drove the bulk of referrals, requiring administrators to quickly adapt.

Positioning: The program uses recovery and health terms, emphasizing emotional health and positive results, which has contributed to a more affirmative view of mental health and therapy.

Funding: The Nebraska Department of Education provided funds to support the pilot. To ensure continuous operations, the school is considering allocating budget to fund the program in the future.

Continuity: Because referrals are initiated by the schools, summertime poses a potential gap in the program. To address this, the district continues to provide referrals year-round as needed. Students already in the program may continue through the summer if warranted.

Community Partners

Fillmore County Hospital is a county-owned, 20-bed critical access hospital located in Geneva, Neb. Serving a population of approximately 7,000 in the Fillmore County region, the hospital delivers compassionate, innovative, and educational care experiences focused on patients and families.

Fillmore Central Public Schools is a three-campus district providing educational services to more than 500 students (K-12) in Fillmore County, Neb. The school strives to provide all students opportunities and support for achieving excellence, developing responsibility and becoming lifelong learners.

About Bryan Health

Bryan Health is a Nebraska-governed, nonprofit health system that cares for patients, educates tomorrow's health care providers, motivates our community with fitness and health programs, and collaborates to continually improve how we serve others.

Contacts

Carol A. Friesen, MPH, FHFMA
VP Health System Services
Bryan Health

Stephanie Knight, MA, LIMHP/PLADC
Administrative Director
Integrative Health Services
Fillmore County Hospital

Michele Rayburn
Special Education Coordinator
Fillmore Central Public Schools