



Behavioral Health Integration in School-Based Health Centers and National Health Service Corps Enrichment Webinar

October 30, 2014

Agenda

- Introduction
- Bureau of Primary Health Care (BPHC) Behavioral Health Update
- School-Based Health Centers (SBHC) 101 and Behavior Health
- National Health Service Corps (NHSC) in SBHCs
- NHSC Corps Community Day

BPHC Behavioral Health Update

Behavioral Health Integration Resources

BPHC Behavioral Health Landing Page:
<http://bphc.hrsa.gov/technicalassistance/behavioralhealth/>

Center for Integrated Health Solutions
<http://www.integration.SAMHSA.gov>

Additional technical assistance may be obtained by contacting the appropriate PCAs, PCOs, or NCAs. For a list of contacts, see <http://www.bphc.hrsa.gov/technicalassistance/partnerlinks>

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LAURA BREY, MS SENIOR TRAINING AND TECHNICAL ASSISTANCE SPECIALIST



- Joined School-Based Health Alliance staff in 2000.
- Responsible for SBHC National Convention, continuing education offerings, in-person and online training and technical assistance curricula, tools, and resources, and professional services/ consulting projects.
- 35 year career in clinic, public health, and nonprofit administration, management, consultation, and training
- 20 years of school-based health experience at the state and national levels including 4 previous positions



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens

Our Vision

All children and adolescents are healthy and achieving at their fullest potential.

Our Mission

To improve the health status of children and youth by advancing and advocating for school-based health care.

**What is a
school-based
health center?**

Trusted

Developmentally appropriate

Familiar

Culturally appropriate

Immediately accessible

Confidential

**Mental
Health**

**Oral
Health**

**Vision
Screening**

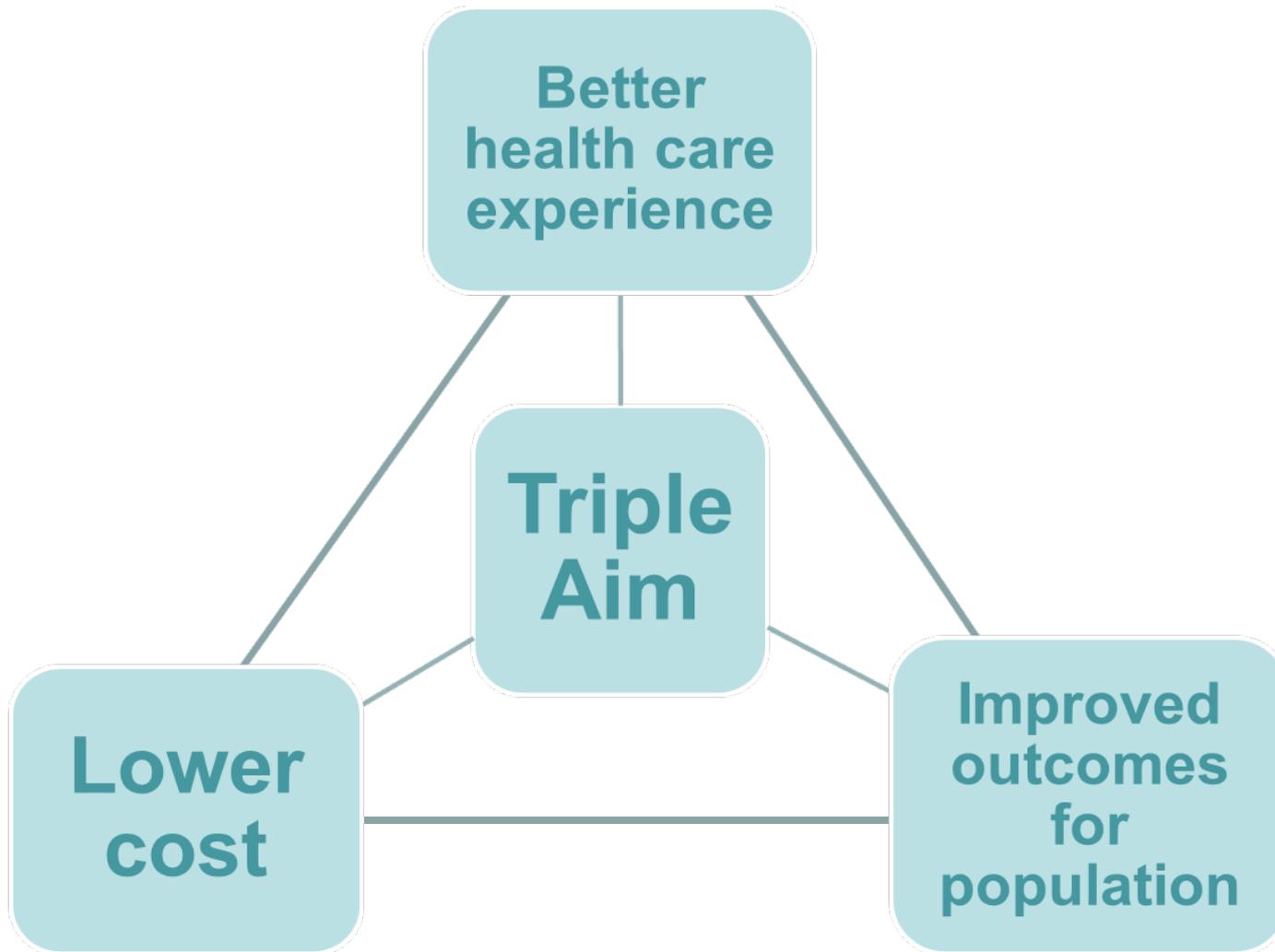
**Reproductive
Health**

Immunizations

**Injury and
Violence
Prevention**

**Alcohol,
Tobacco, and Drug
Use Prevention**

**Healthy Eating,
Active Living, and
Weight Management**



Common Characteristics High-Performing SBHCs

COMMON CHARACTERISTICS

High-Performing SBHCs (1/3)

- Provide quality, comprehensive health care services that help students succeed in school.
- Located in/near school and open during school hours.



COMMON CHARACTERISTICS

High-Performing SBHCs (2/3)

- Organized through school, community, and health provider relationships in direct response to community needs.
- Staffed by qualified health care professionals



COMMON CHARACTERISTICS

High-Performing SBHCs (3/3)

- Focused on the prevention, early identification, and treatment of medical and behavioral concerns that can interfere with a student's learning



SBHC Evidence Base

SBHCs: The Evidence Base

-  use of primary care
-  inappropriate emergency room use
 - Greater than 50% reduction in asthma-related emergency room visits for students enrolled in NYC SBHCs



SBHCs: The Evidence Base (Cont'd)

↓ hospitalizations

- \$3 million savings in asthma-related hospitalization costs for students enrolled in NYC SBHCs

↑ access for hard-to-reach populations - esp minorities and males

- Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a CHC or HMO.



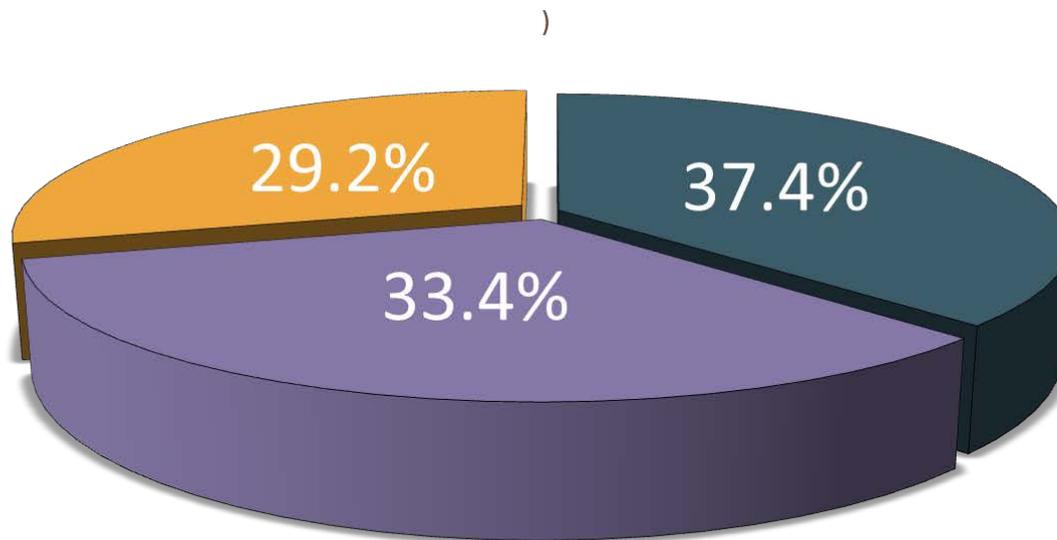
SBHCs & Academic Success

- ↓ absenteeism and tardiness
- ↑ attendance
- ↑ in GPA over time
- ↑ academic expectations, school engagement, and safety and respect



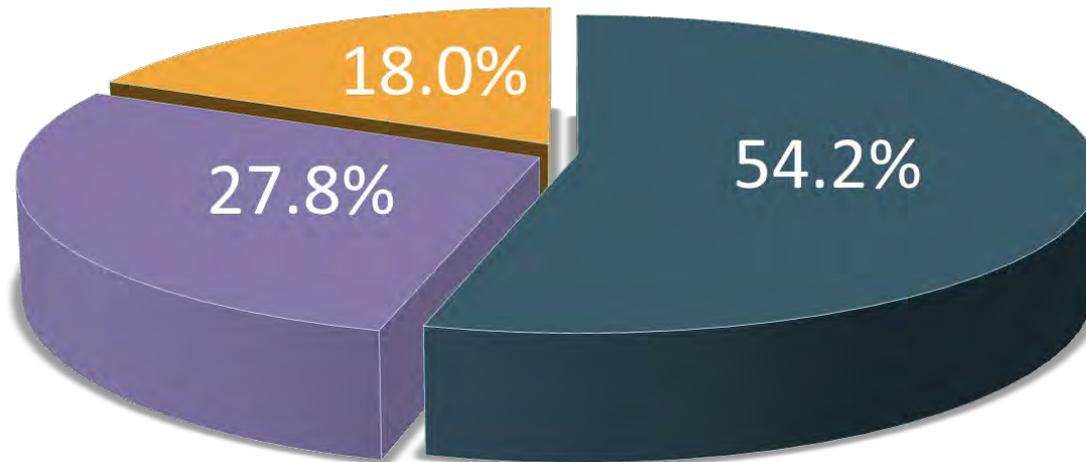
SBHC Models of Care

SBHC Staffing Profiles (n=1381)



- Primary mental health plus
- Primary care and mental health
- Primary care only

Geographic Location of SBHCs (n=1364)



■ Urban ■ Rural ■ Suburban

Ethnic/Racial Profile of Students

(n=1381)

35.9%

Hispanic/Latino

28.9%

White

26.8%

**Black/African
American**

8.4%

Other

> 31 HOURS/WEEK

66.6%



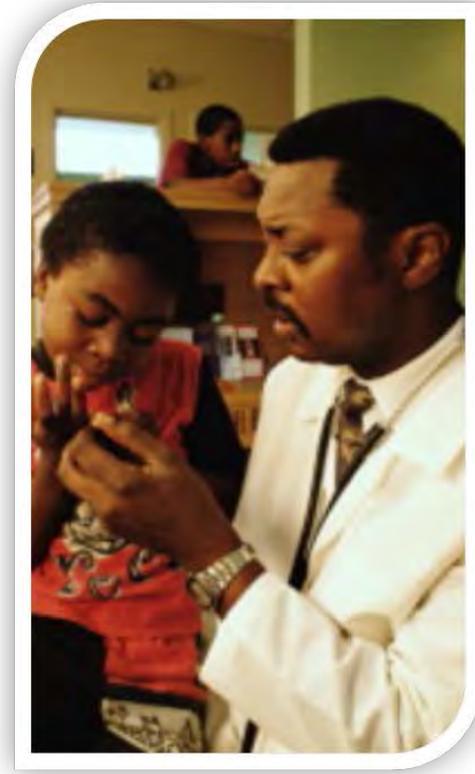
AFTER SCHOOL

73.1%



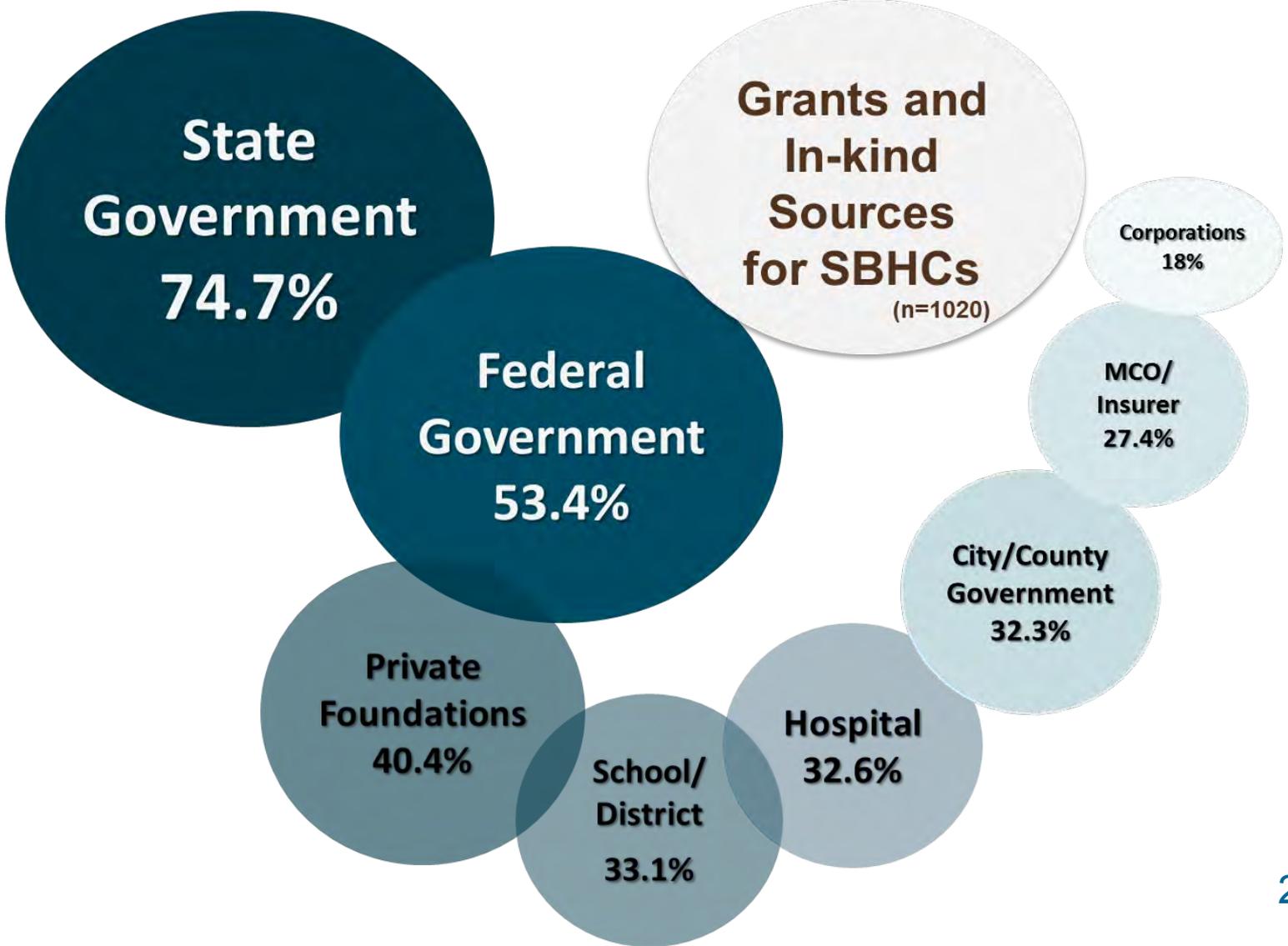
BEFORE SCHOOL

60.8%



Populations Eligible to Use SBHCs

- 50.7% Students from other schools
 - 37.4% Family of student users
 - 37.1% Faculty or school personnel
 - 33.1% Out-of-school youth
 - 18.9% Other community members
- 2 of every 3 SBHCs serve at least one population other than students (n=1264)



**21% OF YOUTH AGES
9-17 HAVE A
DIAGNOSABLE
MENTAL OR
ADDICTIVE DISORDER
THAT CAUSES AT
LEAST MINIMAL
IMPAIRMENT.**

Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school.

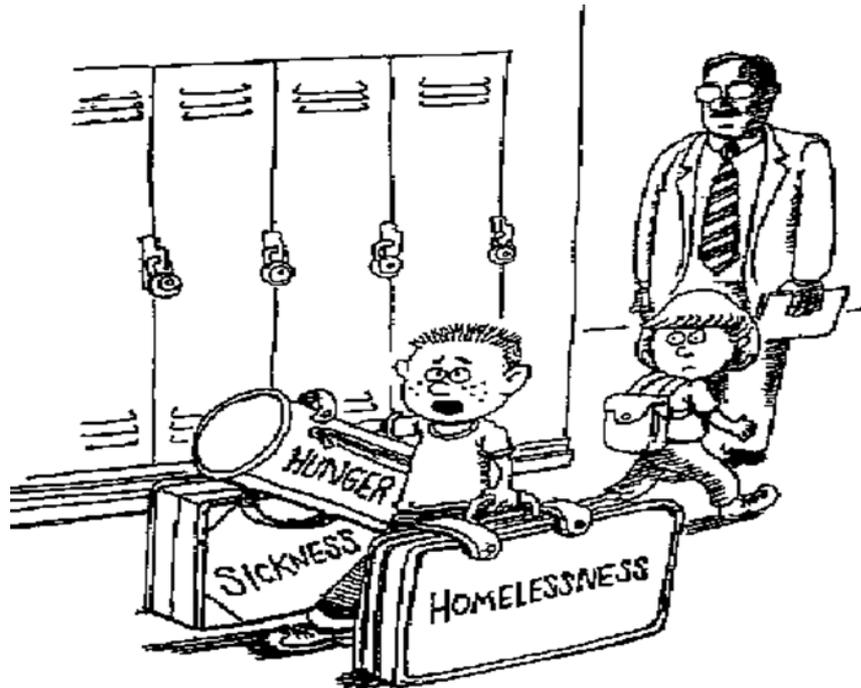


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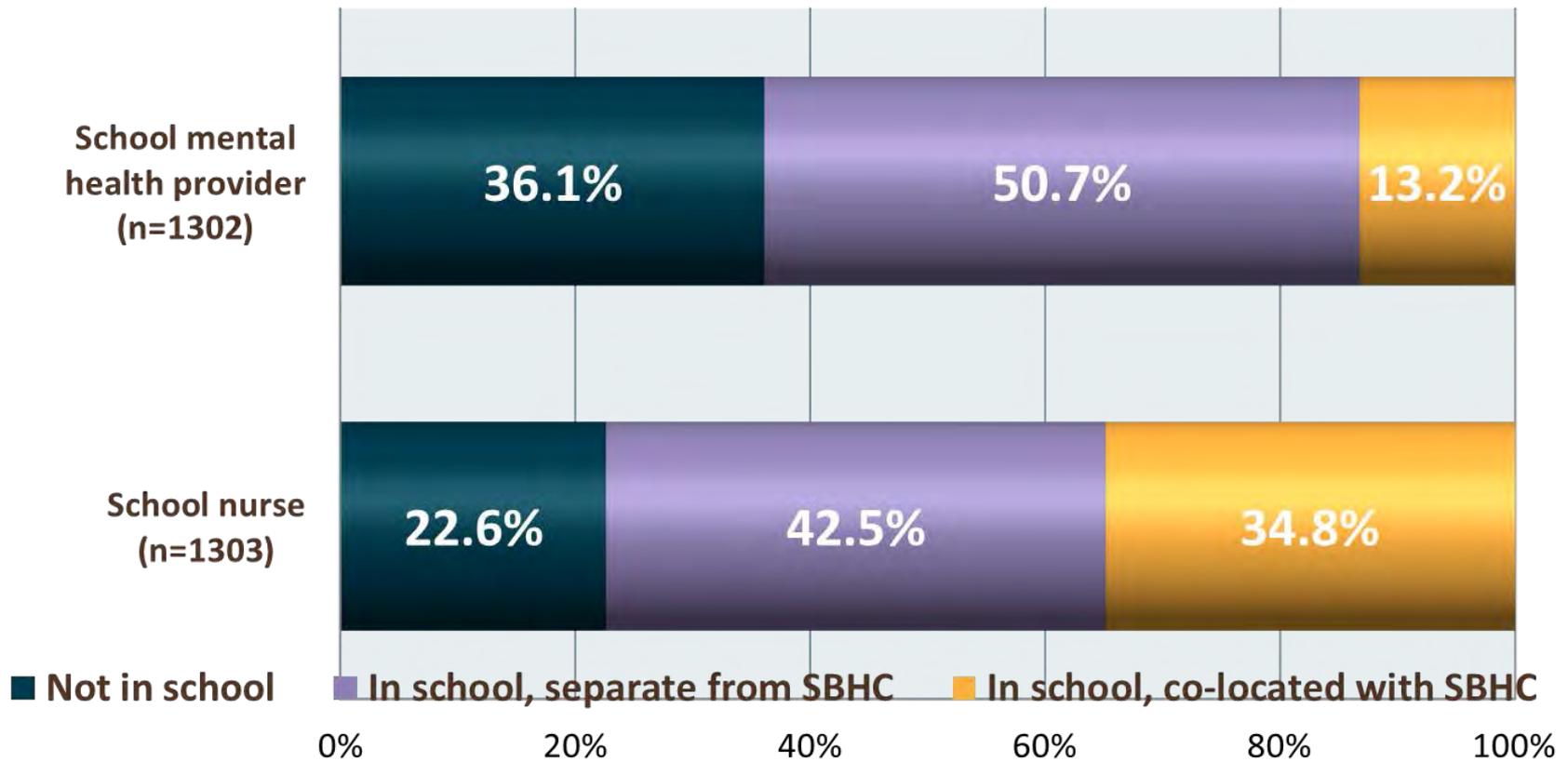


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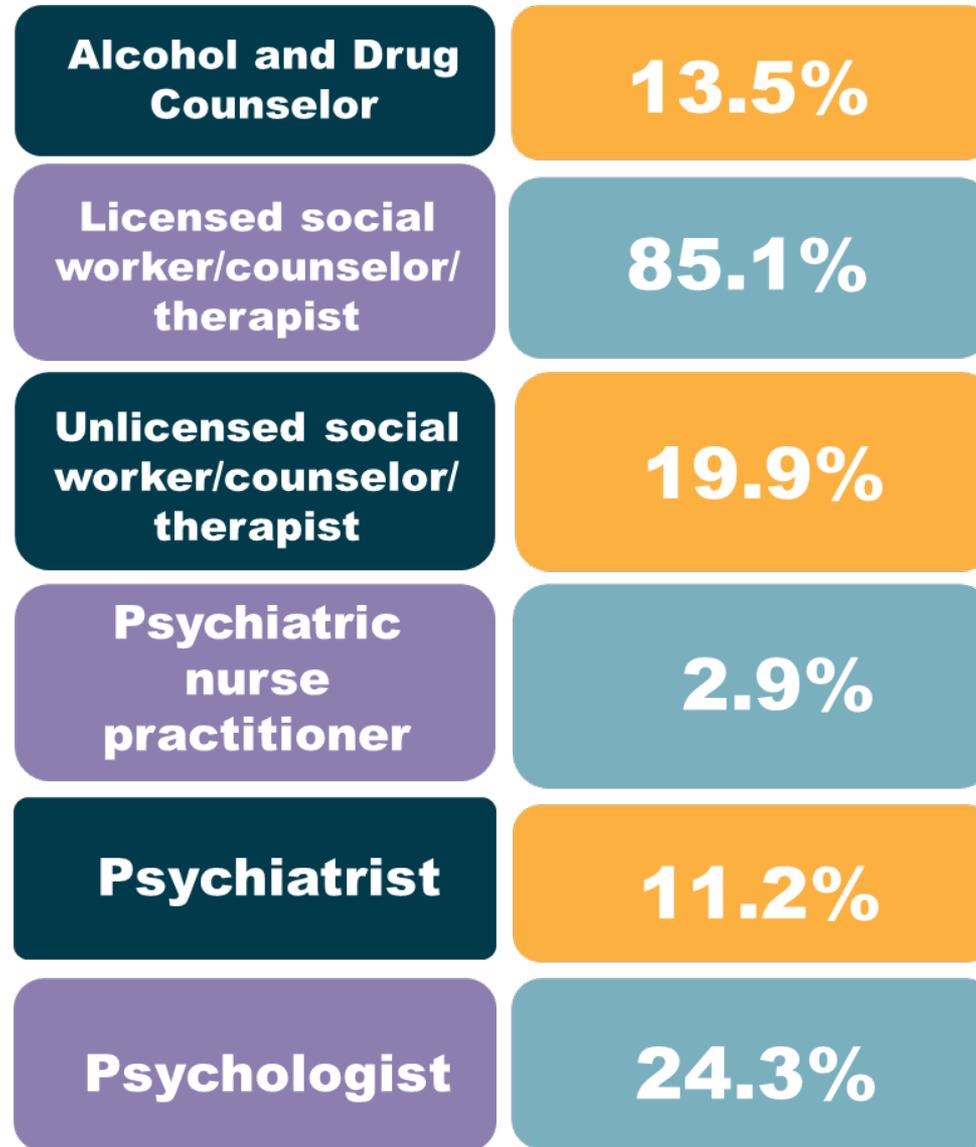
***“Could someone help me with these?
I’m late for math class.”***



Other School Staff



Types of Mental Health Providers in SBHCs (n=978)



Successful Learning Activities Provided by SBHCs (n=1299)

Activities	Individuals	Small groups	Classroom/ school-wide	Parents
Dropout prevention	59.1%	18.6%	17.7%	14.2%
School/academic performance intervention	62.6%	19.8%	18.2%	16.2%
School attendance	65.0%	19.1%	19.3%	16.8%

Healthy Living Promotion Activities Provided by SBHCs

Activities	Individuals	Small groups	Classroom/ school-wide	Parents
Interpersonal relationships (race relations, conflict resolution) (n=1300)	75.5%	32.2%	24.0%	15.0%
Emotional health and well-being (stress management, hopefulness) (n=1299)	86.2%	36.7%	29.5%	19.2%
Positive youth development (e.g. skills building, youth engagement, multiculturalism) (n=1299)	72.8%	37.3%	29.4%	17.2%

Injury and Violence Prevention Activities Provided by SBHCs

Activities	Individuals	Small groups	Classroom/school-wide	Parents
Sexual orientation/gender identity differences (n=1300)	65.3%	20.2%	18.5%	9.9%
Violence prevention/bullying and cyber-bullying prevention/weapon avoidance (n=1300)	82.5%	34.3%	34.8%	22.0%
Sexual assault/rape prevention and counseling (n=1300)	76.2%	22.2%	20.2%	15.4%
Intimate partner/teen dating violence prevention and counseling (n=1300)	75.8%	26.5%	22.7%	14.5%
School safety/climate (n=1299)	76.1%	31.4%	30.1%	17.5%

Alcohol, Tobacco, and Drug Use Prevention Activities Provided by SBHC Staff (n=1301)

Activities	Individuals	Small groups	Classroom/ school-wide	Parents
Alcohol use	77.9%	30.5%	33.8%	22.4%
Tobacco use	81.6%	31.0%	35.7%	23.6%
Drug use	77.5%	29.7%	32.8%	20.2%

Behavioral Health Services Provided by SBHCs Based on Staffing Model

Services	% of Primary Care only SBHC	% of Primary Care and Mental Health, and Primary Care, Mental Health Plus SBHCs
Comprehensive individual evaluation and treatment	30.1%	89.9%
Individual assessment and treatment of learning problems	26.4%	59.3%
Crisis Intervention	39.9%	92.4%
Case management	34.8%	81.5%
Peer mediation	17.0%	53.4%
Substance abuse counseling (individual or group)	25.3%	74.7%
Classroom behavior/learning support (individual, group, or classroom)	32.8%	73.7%



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Behavioral Health Protocols

The following *Best Practice Protocols for Delivering Behavioral Health Services in a School-Based Health Center* have been developed by School-Based Health Alliance to assist both established and new school-based health centers (SBHCs) develop and/or improve the efficiency, effectiveness, and quality of their behavioral health services.

While the majority of these protocols are intended to be implemented by behavioral health providers; many specify roles of other SBHC staff. Therefore, it is important that all SBHC staff -- particularly managers, behavioral health providers, and healthcare providers -- become familiar with the best practices and procedures outlined in these protocols.

Although extensive, the protocols do not address every aspect of delivering behavioral health services nor every function or role assumed by a mental health provider. SBHCs are encouraged to adapt these protocols to address the specific programmatic, clinical, and administrative needs of their SBHC. SBHCs may also wish to use this set of protocols to develop their own, based on the services provided and population served.

The School-Based Health Alliance endorses these SBHC protocols as consistent with established best behavioral health and healthcare practices at national, state, and local levels. These protocols have been reviewed by an expert panel of school-based behavioral health administrators and clinicians.

Download a complete version of the [Behavioral Health Protocols here](#).

You may also download the individual protocols in Word format to make adjustments to fit your SBHC's needs.

1. Behavioral Health Staffing
2. Behavioral Health Services
3. Behavioral Health Screening and Assessment
4. Behavioral Health Clinical Visit
5. Behavioral Health Integrated Care
6. Behavioral Health Documentation
7. Confidentiality
8. Behavioral Health Referrals
9. Student Behavioral Health Crisis
10. Behavioral Health Collaboration with the School

Thank You to our Expert Panel

The School-Based Health Alliance would like to thank the following individuals for their assistance in developing these protocols:

Robert E. Burke, DNP, RN, FNP-BC, Nurse Practitioner
Montefiore School Health Program, New York



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Mental Health Planning and Evaluation Template (MHPET)

To skip intro click here: MHPET Menu

The School-Based Health Alliance developed the Mental Health Planning and Evaluation Template (MHPET) in partnership with the Center for School Mental Health (CSMH) to systematically assess and improve the quality of mental health services delivered within school-based settings. Originally conceived as a tool to be applied in school-based health centers (SBHCs), the MHPET can also be used in evaluating activities and services across the field of school-based mental health. The MHPET can also be equally utilized for new or established school mental health programs.

The MHPET is a 34 indicator measure that operates as an assessment tool to target areas of strength and improvement in school-based mental health quality. The MHPET is organized into eight dimensions:

- operations
- stakeholder involvement
- staff and training
- identification, referral, and assessment
- service delivery
- school coordination and collaboration
- community coordination and collaboration
- quality assessment and improvement

In considering whether to use the MHPET, please note the following three assumptions:

1. The activities and services to be evaluated have the support of the sponsoring organization and the school and community being served.
2. It is not the sole responsibility of mental health service providers to achieve the indicators. Rather, it is a shared responsibility of the providers, sponsoring organization, school, family, community, and youth partners.
3. If evaluating the mental health services within a school-based health center (SBHC), it is assumed that the SBHC has adopted the School-Based Health Alliance's Principles and Goals of School-Based Health Care.

Click the button for instructions and to start/continue the survey





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<http://www.sbh4all.org>

<http://www.meetup.com/Corps-Community-Day>

CELEBRATING ACROSS THE COUNTRY
CORPS COMMUNITY DAY
PARTNERING TO SUPPORT PRIMARY CARE CAREER CHOICES

Rockville, MD

104 Corps Community Day communities

LARGEST CORPS COMMUNITY DAY COMMUNITIES

Chicago, IL

5 Primary Care Friends

1 week until next Meetup

Top Meetup planners

NEXT WORLDWIDE MEETUP DAY:
NHSC Virtual Job Fair in Celebration of Corps Community Day
Happening in 16 communities
Oct 7, 2014
October 7, 2014 from 7pm to 10pm ET. NHSC Virtual Job Fairs are on-line versions of traditional job fairs that connect qualified job-seekers with employers with open job opportunities. At an NHS...
All Worldwide Meetup Days →

About Corps Community



Contact/Resources

Email us:

- CorpsCommunityDay@hrsa.gov

Visit our Web page for more resources:

- NHSC Home Page
-<http://www.nhsc.hrsa.gov/>
- Corps Community Day Web page
-<http://www.nhsc.hrsa.gov/corpsexperience/corpscommunityday/index.html>
- Meetup.com
-<http://www.meetup.com/Corps-Community-Day>

Direct Contact:

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Thank you!

Questions?