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


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 previous positions
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
Vision Screening
Immunizations
Alcohol, Tobacco, and Drug Use Prevention
Oral Health
Reproductive Health
Injury and Violence Prevention
Healthy Eating, Active Living, and Weight Management
Better health care experience

Triple Aim

Lower cost

Improved outcomes for population
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: 29.2%
- Primary care and mental health: 33.4%
- Primary care only: 37.4%
Geographic Location of SBHCs (n=1364)

- Urban: 54.2%
- Rural: 27.8%
- Suburban: 18.0%
Ethnic/Racial Profile of Students
(n=1381)

- Hispanic/Latino: 35.9%
- White: 28.9%
- Black/African American: 26.8%
- Other: 8.4%
> 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)
Grants and In-kind Sources for SBHCs
(n=1020)

- State Government: 74.7%
- Federal Government: 53.4%
- Private Foundations: 40.4%
- School/District: 33.1%
- Hospital: 32.6%
- City/County Government: 32.3%
- MCO/Insurer: 27.4%
- Corporations: 18%
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.
“Could someone help me with these? I’m late for math class.”
Other School Staff

School mental health provider (n=1302)
- 36.1% in school, separate from SBHC
- 50.7% in school, co-located with SBHC
- 13.2% not in school

School nurse (n=1303)
- 22.6% in school, separate from SBHC
- 42.5% in school, co-located with SBHC
- 34.8% not in school
### Types of Mental Health Providers in SBHCs (n=978)

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Counselor</td>
<td>13.5%</td>
</tr>
<tr>
<td>Licensed social worker/counselor/therapist</td>
<td>85.1%</td>
</tr>
<tr>
<td>Unlicensed social worker/counselor/therapist</td>
<td>19.9%</td>
</tr>
<tr>
<td>Psychiatric nurse practitioner</td>
<td>2.9%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>11.2%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>24.3%</td>
</tr>
</tbody>
</table>
## Successful Learning Activities Provided by SBHCs (n=1299)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Individuals</th>
<th>Small groups</th>
<th>Classroom/school-wide</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropout prevention</td>
<td>59.1%</td>
<td>18.6%</td>
<td>17.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>School/academic performance intervention</td>
<td>62.6%</td>
<td>19.8%</td>
<td>18.2%</td>
<td>16.2%</td>
</tr>
<tr>
<td>School attendance</td>
<td>65.0%</td>
<td>19.1%</td>
<td>19.3%</td>
<td>16.8%</td>
</tr>
</tbody>
</table>
## Healthy Living Promotion Activities Provided by SBHCs

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Small groups</th>
<th>Classroom/school-wide</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal relationships (race relations, conflict resolution) (n=1300)</td>
<td>75.5%</td>
<td>32.2%</td>
<td>24.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Emotional health and well-being (stress management, hopefulness) (n=1299)</td>
<td>86.2%</td>
<td>36.7%</td>
<td>29.5%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Positive youth development (e.g. skills building, youth engagement, multiculturalism) (n=1299)</td>
<td>72.8%</td>
<td>37.3%</td>
<td>29.4%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>
# Injury and Violence Prevention Activities Provided by SBHCs

<table>
<thead>
<tr>
<th>Activities</th>
<th>Individuals</th>
<th>Small groups</th>
<th>Classroom/school-wide</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual orientation/gender identity differences (n=1300)</td>
<td>65.3%</td>
<td>20.2%</td>
<td>18.5%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Violence prevention/bullying and cyber-bullying prevention/weapon avoidance (n=1300)</td>
<td>82.5%</td>
<td>34.3%</td>
<td>34.8%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Sexual assault/rape prevention and counseling (n=1300)</td>
<td>76.2%</td>
<td>22.2%</td>
<td>20.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Intimate partner/teen dating violence prevention and counseling (n=1300)</td>
<td>75.8%</td>
<td>26.5%</td>
<td>22.7%</td>
<td>14.5%</td>
</tr>
<tr>
<td>School safety/climate (n=1299)</td>
<td>76.1%</td>
<td>31.4%</td>
<td>30.1%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>
Alcohol, Tobacco, and Drug Use Prevention Activities Provided by SBHC Staff (n=1301)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Individuals</th>
<th>Small groups</th>
<th>Classroom/school-wide</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>77.9%</td>
<td>30.5%</td>
<td>33.8%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>81.6%</td>
<td>31.0%</td>
<td>35.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Drug use</td>
<td>77.5%</td>
<td>29.7%</td>
<td>32.8%</td>
<td>20.2%</td>
</tr>
</tbody>
</table>
## Behavioral Health Services Provided by SBHCs Based on Staffing Model

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

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
School-Based Health Alliance
Contact Information

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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
- Meetup.com
  - http://www.meetup.com/Corps-Community-Day

Direct Contact:
- Leah Henao, Division of External Affairs,
  LHenao@hrsa.gov, (301) 443-7749
Thank you!

Questions?