

**Health Resources and Services Administration
Bureau of Primary Health Care
Behavioral Health Integration in School-Based Health Centers and
National Health Service Corps Enrichment Webinar
October 30, 2014, 2 to 3 pm ET**

Coordinator: Welcome and thank you for standing by. All participants are in a listen-only mode for the duration of today's conference, which is being recorded.

If you have any objections, you may disconnect at this time. After the presentation we will conduct a question and answer session.

At that point if you have a question you may press Star 1 then record your first and last name clearly when prompt. Your host for today is Commander Jacqueline Rodrigue. Thank you. You may begin.

Jacqueline Rodrigue: Good afternoon. I'm Commander Jacqueline Rodrigue, the Chief of the National Partnership Branch of the Office of the National Assistance and Special Populations.

Welcome to the Bureau of Primary Health Care series of Special and Vulnerable Populations Enrichment Webinars.

The purpose of the Behavioral Health Integration and School-based Health Centers and National Health Service Corps Enrichment Webinar is to provide current health trends of school age children, adolescents and youths served at health centers.

I would now like to turn it over to David Bates, Project Officer for the School-based Health Alliance National Training and Technical Assistance Cooperative Agreement.

David will introduce today's panel of experts. Thank you.

David Bates: Thank you Commander Rodrigue. As she said, my name is David Bates and I'm a Public Health Analyst and Project Officer also in the Office of National Assistance and Special Populations.

We're going to wait just one second here. I believe the slides are coming up and there we go. As she said, this is the Behavioral Health Integration and School-based Health Centers and National Health Service Corps Enrichment Webinar.

And next slide please. As you see here we have a full agenda so we are going to go ahead and get started to make sure that we have time for questions at the end.

So our first speaker today is Jannette Dupuy who is the Behavioral Health Lead here at the Bureau of Primary Health Care. I'd like to turn it over to Jannette.

Jannette Dupuy: Good afternoon everyone. My name is Jannette Dupuy and I'm the Behavioral Health Lead for the Bureau of Primary Health Care as David just mentioned.

I would like to provide some introductory remarks on behavioral health integration and the Health Center program.

Let me start off by saying that these are very exciting times for behavioral health. There's a lot of movement going on both nationally and within distinct states as it pertains to behavioral health integration.

With respect to behavioral health HRSA recognizes that primary care settings have become an important gateway for many individuals with both behavioral health and primary care needs.

To address these needs we are seeing more and more health centers integrate behavioral health into their primary care model.

In 2013 over a million people received behavioral health treatment at health centers -- an increase of 28.7% since 2010. Currently more than 6500 behavioral health providers are working in health center sites -- a 28.5% increase from 2010.

There have been a couple behavioral health funding opportunities that were released over the summer and I'd like to briefly touch on those as well.

On July 31, 54.6 million were awarded to 221 health centers through the Behavioral Health Integration Funding Opportunity.

The Behavioral Health Integration Funding Opportunity was a competitive funding opportunity to improve and expand the delivery of behavioral health services through the establishment and/or enhancement of an integrated primary care behavioral health model at existing health center program grantee sites.

This includes bringing a behavioral health providers and a plan for achieving or enhancing a fully integrated primary care and behavioral health service model care that includes the use of Screening, Brief Intervention and Referral to Treatment, also known as SBIRT and other evidence-based practices and the use of a team-based integrated model of care.

Through this specific funding opportunity we anticipate 484 new licensed behavioral health providers and several thousand new patients across the health center program.

Also in early June 2010, HRSA released the fiscal year 2014 Affordable Care Act Health Center expanded services supplemental funding opportunity to an additional 240 existing health centers looking to expand in behavioral health.

This funding opportunity will support increased access to comprehensive primary health care services. And like I said 240 of them selected to expand behavioral health capacity.

I'd like to congratulate all of the behavioral health integration or expansion service awardees who are currently on this call. We're excited and look forward to the practice integration and transformation that will take place across the health center program.

I'd also like to briefly touch on behavioral health related performance measures. Data collection is very important across the Health Center Program.

Currently we have two behavioral health related clinical performance measures. All HRSA funded health centers are required to report screening, brief intervention and referral to treatment SBIRT services delivered via the Uniform Data System on an annual basis.

We're aware that about 55% of health centers provide on-site substance abuse services.

Additionally, the second UDS measure, beginning in 2014 we've included a new depression screening and follow-up clinical quality measure which will encourage health centers to implement routine depression screening for all

patients aged 12 and older using a standardized tool and documented follow-up.

These two measures will help health centers identify patients and particular youths who are in need of behavioral health services. I'd like to conclude my portion of this presentation by providing some resources most commonly accessed by our grantees.

The first resource is the Bureau of Primary Health Care Behavioral Health Technical Assistance Page which provides several integration resources. You can see the links on this slide.

The SAMHSA HRSA Center for Integrated Health Solutions page which provides technical assistance to health centers to promote behavioral health integration.

Also, for additional technical assistance grantees may contact their appropriate PCA, PCO, or NCA. I've also included my contact information on this slide. For behavioral health content or technical assistance questions please send questions to the BPHC help line.

As we move forward in your work I encourage you to continue to increase the coordination and collaboration of primary and behavioral health services within your health centers and communities nationwide. Thank you and now I'll turn it back over to David.

David Bates: Thank you Jannette. Before we go any further I want to let you know that you're able to download today's presentation. If you look to the left of your screen there's today's presentation module. And you'll see the file available for download.

In addition we will have a question and answer session at the end of the presentations. If you'd like to enter a question before we get to that section you can type into the Q&A module which is on the lower left-hand portion of your screen.

Our next speaker is Laura Brey, Senior Training and Technical Assistance Specialist at the School-based Health Alliance.

She has been with SBHA formally known as the National Assembly on School-based Health Care for over 14 years and has been working on school-based health care at both the state and national levels for over 20 years.

Her 35 year career also includes work in clinic, public-health and nonprofit administration management, consultation and training.

In her role for the school-based health alliance she is responsible for the SBHC national convention, continuing education offerings, in person and online training and technical assistance curricula, tools, resources and professional services.

I'd like to turn it over to Laura Brey. Laura?

Laura Brey: Thanks David for that great introduction and good afternoon everyone. It's really a privilege to be able to speak with all of you.

I'd like to start out with for those of you who don't know who the school-based or what the School-based Health Alliance is or the National Assembly on School-based Health Care, our former name, we are that national voice for school-based health care, the only organization that speaks for that particular aspect of healthcare.

We were founded in 1995. We're in our 20th year. Let me show you a little - okay, it's not advancing, Kay, could you advance the slides for me? Thank you.

So our vision is that all children and adolescents are healthy and achieving at their fullest potential. And our mission is to improve the health status of children and youth by advancing. And we do that through training and technical assistance.

As David mentioned the annual convention that we have that we have webinars four to six of them every month on all kinds of topics for training. We do provide direct TA through a number of different avenues. And we have a website www.sbh4all.org with lots of technical assistance information.

And we have a policy and government affairs where we advocate for school-based health care at both the national and state level. We have 18 state affiliates and a number of emerging ones, so soon to be around 26 actual state organizations for school-based health care.

There are 25, approximately 2500 School-based Health Centers in the United States at the present time.

The first ones were developed in the - actually in the late 1970s there were about three of them. And now we've grown over the years to 2500 and they continue to grow.

Could you advance the next slide?

So what is a School-based Health Center? It is a trusted - the words that come to mind are trusted, familiar, immediately accessible, developmentally

appropriate, culturally appropriate and confidential. It's a setting that is trusted and familiar to children and adolescents. It's their school.

The services that they provide include, not only primary care, but mental health, oral health, reproductive health in some instances, injury and violence prevention, healthy eating, active living, alcohol, tobacco and drug use prevention, immunization, vision screening.

And a number of them are even moving into delivering vision services on-site where you can get eye exams, full eye exams, dilation and glasses.

Next slide please. They are designed around the triple aim, which is the quality aim for a better healthcare experience for the vulnerable school aged children and youth in our country and in our communities.

They are at lower cost and they improve the population outcomes for these young people. There are a number of common characteristics of high-performing School-based Health Centers. And I'm going to talk with you about some of them.

The first one is that they provide quality comprehensive care. The team approach that was talked about earlier is - has been a component of School-based Health Centers since their inception.

They are located in or near a school, open during school hours. Many are also open before and after school on weekends. And throughout the school year if the school is not open year round many of them, actually the majority of them now stay open all year.

They also are organized through similar to a community health center but school community and health provider relationships in direct response to a community need.

And usually it's a direct response to the needs expressed by the school community initially but then many of the other community organizations come together.

Many of them are being formed in community schools too which is another aspect of a community response to not only education but many of them are also developing School-based Health Centers as well.

And they are staffed by qualified health professionals who are credentialed; licensed, just as any other clinical setting would have licensed professionals.

The thing that's probably different I would say about a School-based Health Center is because of the access and the location being in the school, they are really able to look at prevention, early intervention and treatment, on a daily basis, for medical and behavioral concerns that can interfere with a student's learning. And that's why they're focused on the need of the school and academic achievement being one of them.

Over the years there has been a growing evidence base about school-based health care in the literature and in research. And the research shows that, first of all, there is a large relationship between SBHC usage and emergency room usage.

Having a School-based Health Center can reduce inappropriate ER use when the student usually, you know, the student can't get to the doctor, they don't have insurance and they're really sick with a sore throat, fever and they usually go to the ER.

But when there's a School-based Health Center we know that they don't go to the emergency room because they're getting that care right at school when they get sick. And so that's been shown in the research to be about 50% reduction in asthma related ER use.

In addition, students used primary care and they learned how to use primary care appropriately those services because they can initiate when they want to go to see the doctor. It's not where they have to wait for someone else to schedule an appointment for them. And the older they get they learn how to use the health care system appropriately.

The same is true of the evidence based around hospitalization. Because of better control of diseases like diabetes, asthma, and those chronic illnesses that children have there's decreased hospitalization among those youth as well as the ER use because they have a School-based Health Center that they use. They have the ability to manage and co-manage those conditions.

Up to a \$3 million savings was noted on asthma related hospitalization costs in New York City related to school-based health care being available to those children.

Also they really are for those vulnerable hard to reach populations, especially minorities and the males in particular.

Adolescents in one of the studies were ten to 21 more times. So there's been multiple studies that have repeated this research issue they're more likely to come to a School-based Health Center especially for mental health services then they would go to their primary care doctor, an HMO, a community health center.

The primary reason for that is that because it's a team approach and, there are many services provided within the health center, nobody knows why they're going into that center.

They're not going to a community mental health center where they're identified as someone going to mental health. It's easy access for them.

They could be going in there to get their teeth examined. They could be going in there to get an immunization or they could be going in there to see the mental health provider.

So the confidentiality and the anonymity works very well in that instance as well as with males. Traditionally males as they age into adolescence they are less and less likely to use primary care services until they're very ill.

But in a School-based Health Center it's very interesting because the ratio of male to females is almost the same. It's about 49% male users and about 51% female users.

And a part of that is because they're able to get their sports physicals there and one - or they get regular screening questions asked of them.

So once they go there and they find out that they like the environment, it's user-friendly they find that they like going there and they continue to use at almost the same rate as females.

Another evidence-based aspect is about academic success. And so the research shows that -- and this is really important to schools -- it's one of the reasons why they want it there -- is that it decreases absenteeism and tardiness.

So of course it increases attendance. But not only attendance which is really important to schools if you don't work - and you haven't worked with schools, schools get paid by seat time.

And so if a student is not in school the majority of the school day -- I think it's about 2/3 of the day -- the school does not get their education allotment from the state.

And so it's really important for them to have that student be there for money purposes but also for being able to be in class and to learn.

But if they're not healthy, even if they're in class, they're probably not learning well. But School-based Health Centers to try to remove them from the class during non-Corps periods that do not interfere with, you know, their Corps subjects where they really need to be there.

Also they increase the GPAs over time. So one of the first indicators of a student who is not well, both behaviorally or physically, is the drop in their school performance.

And so as a result of staying healthy and using the services many studies are showing that not only their GPAs go over time but they actually graduation rate goes up in schools that have School-based Health Centers.

And just the whole environment of the school creates higher academic expectations and environmental safety and respect, protective factors so to speak and more engagement in the school itself.

So now I'd like to talk to you about the different kind of model of SBHCs. When I started in school-based health care the first entrance - introduction I

had to it was in the early 1980s when I wrote a grant for a School-based Health Center.

And there were no census so the information I'm giving you now is related to a census that we do every three years on School-based Health Centers.

The current data that is here is from the 2010-2011 time period. Currently we are doing the census for the 2013-2014 school year. And that will be ready probably about May or June of next year.

However just to say we wrote a grant for the first School-based Health Center in Chicago where I was working and we had a team approach.

We had adolescent medicine. And we had pediatric residents working. It was through a hospital program as well as we had pediatric adolescent psychiatrists and psychologists working in the center.

But that's not all we - what's the case. Many of the School-based Health Centers initially they started working and when the new ones startup they start out with primary care.

And so this slide shows you that about as of the 2011 I mean 2010-2011 school year about 29% were only primary care providers being in the site.

But soon because about 50% or more of the issues that students present with are behavioral issues that may present as biomedical issues soon they learn that they really need to provide behavioral health as well.

And so over time they get into a second model which we call the primary care and mental health model.

And then over time as they grow and some of these School-based Health Centers they had one now they have 20 they have ten, they have eight, I mean all kinds of numbers of replication in multiple sites because if a student had it in elementary school they want it in middle school, they want it in high school or the school district realizes this is such a great model they want to offer to all ages and all - as many schools as they can suddenly they realize what we're going to go beyond that model and have the primary care mental health plus.

And that means that they have the primary care provider behavioral health provider and oral health provider or a vision provider, or a nutritionist or any combination of different other services are brought in.

So it's a very large team of multidisciplinary providers all under one roof.

So the majority of staffing in School-based Health Centers is about 85.8% are clinical support staff, they have - they have primary care and clinical support staff.

About 71% have a mental health provider on staff. About 16% oral health providers, 16% have a health educator and about 11% have a nutritionist.

Now I'd like to talk to you about where they're located. Vulnerable children and youth are in all different parts of the country but we've seen the majority of School-based Health Centers being in urban areas.

However, there has been a growth in the rural areas nearing 30%. And part of that is because of telemedicine with school-based health care.

They are trying to use that and link schools to primary care providers that way or by having a traveling clinic or something like that that is reaching out to the

sites as well as sharing staffing coming up with creative ways to deliver care to the rural areas and even some suburban areas which traditionally did not have School-based Health Centers are having them as well.

In terms of who uses the health center the ethnic and racial profile of the students is about 36% Hispanic, 29% Caucasian, 27% African-American and 8.4% other.

Primarily they are low income. Seventy-seven percent of the students are eligible for free and reduced lunch. And 68% are located in schools that are known as Title I schools.

Hours of operation I mentioned this a little bit earlier that of about their access but, for us, because the school day is about 31 hours we define School-based Health Centers that are full-time as 31 hours or greater than 31 hours per week so about 67% fall into that.

Those that have afterschool services, 73% and those that are open before school 61%.

Seventy-one percent of the School-based Health Centers also have a source of 24/7 care. And they are the medical home for many adolescents because they are responsible to offers students on a prearranged basis both their daily care and their after-hours care through a nurse line or a local community clinic.

And they also are linked to a sponsoring organization that's probably most like a community health center or other like a hospital or a health department has services when the school is not open where they can seek care.

School-based health centers over the last few years, especially those sponsored by community health centers have also moved out to provide

services not only to the students who use the School-based Health Center but to their parents, and siblings as well as sometimes those other individuals in the community based on the needs of that community.

Would you give me the next slide please? On this slide you'll see that 51% are actually serving students that are from other schools. And we call those linked to centers or feeder schools.

So the center might be in one larger facility and then they come up with creative ways to bring the students to that main center from feeder schools like elementary to a middle or a middle to a high school.

And those students may be bussed by a van from a community health center or from a school bus or if it's available where they could actually walk to them. Some are not far away. And if they're the students are able to do that they can walk to and from.

Thirty-seven percent are families of students especially their - even their parents are, still many of them are still adolescents.

Or instead of having a pediatric focus on the certification of the provider if they're family nurse practitioners or the PA they will also offer services sometimes to the parent as well as to siblings.

Employee wellness and school personnel health has become also important. So 37% of them are now providing services to the faculty and the school personnel.

And then a number of them even required in some states are offering services to out of school youth 33% by this census and then also to, as I mentioned, other community members.

And this huge change took place between we saw this trend started in the '07-'08 school year and its continued to grow over time to serving populations but mainly keeping the focus on the student in the school and then expanding the population served at times when the students aren't being served like before school sometimes after school, weekends and evenings.

Okay next slide please. And this slide if you're wondering how do they get money because there is no federal program for just for School-based Health Centers?

So they are funded by a blended or a braided system. And so you can see here many are funded through partially through state government money that may help that may help get them started and supplement the funding just as 330 money may supplement, could supplement a School-based Health Center money or supplements the needs that you can't get through reimbursement or insurance or third-party payments out of pocket from self-pays.

So in a state government piece maybe they're MCHB program is paying for it or helping subsidize it.

Again the federal government that would primarily be related to programs such as the Bureau of Primary Health Care funded programs or Office of Professional Services or it's like where - careers for medical professions, that's the government office.

And then a number of states where they don't have state programs use private foundations, hospitals through their pediatric departments and community benefits programs, tax levies from city and county governments. And of course they do get third-party insurance. A lot of that comes from Medicaid and chip as well as some other third-party payers and so forth.

Okay. So now I'm going to transition to look at now you've seen what School-based Health Center looks like and the regular services and the staffing. Now I want to focus on mental health and behavioral health.

So here's some statistics. One out of five children in the United States experience a mental health disorder during a given year.

Average delay between symptoms and the time that most young people get an intervention for their care for their issue is between 8 and 10 years.

And only 15 - 50% of students with behavioral health problems receive student - receive treatment. And even at that we're spending \$247 billion a year on childhood mental health disorders.

So if you look at these statistics knowing that again here's the other side shows you that 20% of youths ages 9 to 7 have a mental or addictive disorder that it's giving them some type of minimal impairment.

And so how can they function in school if they don't have the individual - they may have an IEP or an Individual Education Plan. But if they're not getting the care they need oftentimes they end up expelled from school, not going to school and eventually they just drop out.

Next slide please. So the next slideshows and interesting caricature. This is the principal of a school like the first day of school and this young person is coming to school with all their baggage such as sickness, hunger, homelessness all of the special, you know, the special population needs.

That's the student that many of us are seeing in our classrooms when we're teaching or in the schools where there's School-based Health Centers.

In addition to that sometimes the teachers are also stressed and they're suffering from the same thing. So it makes sense to offer mental health services at schools whether they have School-based Health Centers or not.

And especially some of the violence we've seen and the shootings, the one just recently in Washington state, again keep reminding us that we need to have at least mental health services whether they're connected to primary care are not available in schools.

So the next slide shows you that schools have, many schools have, even with School-based Health Centers have other staff there that can help related to behavioral and even physical health conditions.

So school nurses, that's usually the first line of defense but many schools don't have full-time school nurses.

But the statistics show that about 43% have a school nurse in the school where there's a School-based Health Center but they're not connected to the School-based Health Center.

So there not triaging to them, they're really doing a whole entirely different service than the School-based Health Center. All about 35% have the school nurse working right there with the School-based Health Center and they work as a team. And that's the best way to have it.

And they have to work through HIPAA and FERPA and that's another discussion about how education, privacy confidentiality interact with HIPAA and how you make that all work.

And then over 23% don't have a school nurse at all in their schools or and where there's a School-based Health Center.

So that means the School-based Health Centers is also picking up the school nurse role which is really not appropriate often for medical services but kids still need that kind of medical care when it's - if there's a medical facility there you try to provide that care.

Also there are mental health providers located in schools such as school counselors or mental health providers that are dealing with students with IEP's in particular or other issues that are not receiving treatment in the School-based Health Center.

And there's about 51% that have the school mental health provider who's located separate but they're still in the school where there's a School-based Health Center.

Thirteen percent they're co-located right there with a School-based Health Center. And then in 36% of the schools with a School-based Health Center there is no mental health provider there.

I have seen it were even there's a mental health provider in smaller schools where they work half of their time as a mental health provider for all the students and then they are providing counseling, interventions and things like that at a School-based Health Center so they share them. So there's all kinds of ways that they have worked this out.

Next slide, please. These are the types of mental health providers that are in School-based Health Centers.

But from the data earlier you can extrapolate that there are over 1700 School-based Health Centers with a mental health provider in them because there's 2500 in the United States.

And that's great to know that they all have at least one. Some of them have more than one because the needs are so great.

Usually that counselor is a licensed social worker or an LPC or Licensed Professional Counselor. However there as you can see here there are different other types of providers working in them as well such as a psychologist or an alcohol and drug counselor.

And we too have an initiative going on now in School-based Health Centers. And we're starting to spread that where we're offering the expert training at many state at the state level even through our national organization the School-based Health Alliance to provide expert to adolescence in School-based Health Centers.

And we can - we don't necessarily see all alcohol or drug counselors but we're trading our counselors to provide alcohol and substance abuse interventions as well as psychiatric evaluation or medication management is often needed. And so you see there are some programs that are definitely have psychiatric care available.

Next slide, please. So this slide tells you what the behavioral health services look like in a School-based Health Center comparing those that have only a primary care provider to those that have the mental health provider in this setting.

And in spite of the fact that there is only a primary care provider they still have to provide a lot of mental health services.

As I mentioned earlier 50% or more of the presenting issues with a child are behavioral so they have to still know how to evaluate and treat behavioral disorders, assess and treat learning problems, provide crisis intervention. That's always going to happen. Do substance abuse counseling and classroom behavioral support.

So we make sure that we try to train the primary care providers to be as savvy as they can be in motivational interviewing, cognitive behavioral brief interventions that they can do during their office visits as well as know what kind of behavioral health screening and the best tools and resources that are out there for them as well as teaching them how to develop linkage agreements and referral and case management when they don't have a mental health provider available.

But if you look at the other column you'll see how much mental health is provided in the school-based health settings.

Actually mental health providers or behavioral providers have almost as many visits with students as the primary care providers do. So they're an essential provider once they become the norm in this setting.

So I'd like to tell you a little bit about how the uniqueness on the next two slideshows how School-based Health Center provider - behavioral health providers and health educators as well deliver school wide prevention and in clinic screening, early identification and short-term individual and peer group interventions related to behavior health issues.

So this first slide shows you how they're really doing this not long-term therapy or counseling but really early intervention work around academic success, dropout prevention, picking up on academic performance and

working with that, working with families, finding out why the student is not coming to school and helping that family.

A lot of times the student is staying home because their parents are sick or they're babysitting and trying to help that family deal with that and get the student back in school. So that's one area.

The next slide shows about how they're dealing with issues related to relationships and social skills and how students can function in the school setting and in groups.

So they're deal with how to do conflict management, relational relations and conflict, how to deal with crisis and sadness, depression, hopelessness, stress management. A lot of kids dealing with things like that in school.

And they work around these issues with them so they can stay in school and succeed as well as how to get students engaged in youth activities and multiculturalism and actually growing them as leaders instead of a negative image that they would have.

The next slide also shows how they're dealing with injury and violence prevention in their settings. And they're doing things around bullying, sexual and gender identity, the cyber bullying.

So a lot of this is classroom outreach but it could be one-on-one in groups that they run in the centers around these issues. How they're dealing with rape prevention, sexual assault prevention, raising awareness about not bringing weapons to school.

And also they're are available there for the crisis such as the shootings that take place or even when the Twin Towers, it was amazing when the Twin

Towers were taken down. The School-based Health Centers in New York and Connecticut all of them had mental health providers.

And they were able to be there to respond for those students whose families their parents were lost. They never came home and also for the teachers who were grieving the loss of and what was going on with their students. And so they were there as immediate responders to help with that.

The same was true with Hurricane Katrina. We have a lot of School-based Health Centers in Louisiana in both East Baton Rouge, Baton Rouge and New Orleans. And they were there to help with the response to posttraumatic stress disorder and things like that.

So it's pretty amazing the work that they are able to do and have been doing. That is not something you can provide in a regular behavioral health setting.

Next slide, please. And last but most very importantly is the alcohol, tobacco and drug abuse or drug use prevention that they do.

They've always provided this type of service. However now with SBIRT we are able to really deliver what we consider more streamlined approach to early screening identification some even school wide screenings.

And then we also have identified some evidence-based interventions because we have behavioral health providers on staff that are able to actually do that in the school with the children that are not addicted yet. And you can do it actual evidence-based intervention with them and be able to get them to stop using alcohol, stop using drugs before they become addicted.

And then also having very good community linkages for referral and then also referral for treatment as well as helping the students transition when they come back to the environment.

So my last two slides talk about the resources that we have at the School-based Health Alliance related to behavioral health. The - we developed a set of best practice protocols for delivering behavioral health in a School-based Health Center.

And this was to assist not only the new centers coming on with their mental health providers but established School-based Health Centers to develop and improve their efficiency, effectiveness and quality around behavioral health.

And so all of these protocols are available for download on our website and they are in agreement with established behavioral health and primary care practices at the national, state and local levels. They were developed by an expert committee. You can read all about it online. And they are downloadable in a template in Word.

So School-based Health Centers can personalize them to meet unique individual circumstances of their own School-based Health Center but also know what should be the national standards for protocols.

They're intended to be implemented by behavioral health providers but they really show the roles that all SBHCs staff play. So it's important for managers, healthcare providers to also be aware of these procedures and how they interact and work together as a team.

In addition they don't address everything. So there's always other circumstances that need to be worked on but these was the minimums that was so should be addressed.

And we also have a PowerPoint and an archived webinar on our website when we introduced the protocols in January 2014, called Driving the Behavioral Health Intersection in Schools: New Protocols.

So if you want more information about how they were developed and why you can go and look at those resources as well.

And in addition we also have a template called the Mental Health Planning and Evaluation template. So if a School-based Health Center does not have a mental health program or they're in their infancy or they want to improve it this is a planning tool to help the team do a quality improvement collaborative around how to develop that mental health program and what areas they need to work on.

And it will keep the data. Every team member can go online and enter their data and get resources to help them improve and get to the next level, to improve their mental health services at the School-based Health Center. And it will keep the data in there for three years.

So that's what I have to offer and talk to you about today. If you would like more information you can always contact me at the School-based Health Alliance either by email lbrey@sbh4all.org or my phone number there as well as you can please visit our website. We have lots of wonderful tools and resources, a whole section on behavioral health. Thank you.

David Bates: Great. Thank you very much Laura. Our next speaker is Leah Henao, a Public Health Analyst at the Division of External Affairs in HRSA's Bureau of Health Workforce. Leah?

Leah Henao: Great, thank you so much. And that was a great presentation Laura. I'm really happy to follow you today.

And as David said my name Leah and I am with the Bureau of Health Workforce. I mainly work on outreach for the National Health Service Corps and NURSE Corps programs.

And what's great is we have a lot of sites, over 250, National Health Service Corps sites that are actually in school-based settings.

And so it's great to be able to be on the call today to talk about the National Health Service Corps and the - what we provide to primary care providers who are working at National Health Service Corps site providing primary care to those that have limited access. And like I said most some of those are actually at school-based sites.

So my first slide here is Corps Community Day. And I'm very thankful for David and his seem to have us on this call today. Actually, this Friday is our last official day of October and where we're celebrating our annual celebration which is Corps Community Day.

It's a yearly celebration we do. We're in our fourth year this year. And what we're attempting to do is to basically raise awareness about the National Health Service Corps, as well as the importance of choosing primary care careers.

And so before I go into great detail of what Corps Community Day is it's probably a good idea to take a step back and tell you what the National Health Service Corps is.

I'm sure many of you on the phone have heard about it. If you're not too intimately aware of it maybe this would be a great time to just refresh your memory of what our program offers.

So we are obviously a HRSA funded program. We've been around since the early 70s. And our goal is to provide support either through scholarships or loan repayment to primary care providers who are working in health professional shortage areas.

We have scholarships for medical students, dental students, nurse practitioners students, PA students and midwife students.

We basically, how the scholarship works is that every year that we provide a scholarship to a student they are committed to working at one of our sites when they are fully graduated and independently licensed.

And then our - we have to loan repayment options. One is our traditional loan repayment program which is basically someone would find a job at a National Health Service Corps site.

Because they are employed by that site they are eligible to apply to the federal government or HRSA for an additional benefit of helping to repay loans.

For a two year commitment to a National Health Service Corps site which could be at a school-based clinic a clinician will receive \$50,000, up to \$50,000 for a two-year commitment there.

If someone would want to stay on for longer they are more than welcome to do that and apply for additional loan repayment on a year by year basis.

I'm also really excited to share that we have an application that's open right now specifically for medical students in their last year of school right before they're ready to start their residencies.

For a medical student who is sure that they'll be applying to a primary care residencies we invite those students to apply to the students to service Loan Repayment Program.

This is our fourth year of doing this program and for the first time in history of the Corps we are extending the opportunity to have loan repayment while in residency. And so we're very excited about this and we're definitely looking for a robust applicant pool this year.

And so please if you know of any medical students who are interested in pursuing a primary care residency and are interested in practicing in underserved communities our application is open until November 13.

The benefit is essentially \$120,000 in tax-free loan repayment for three years during residency and then the commitment is three years post residency at one of our sites.

So that's pretty much the National Health Service Corps in a nutshell with our scholarship and loan repayment program.

And we're really excited because we have over 8900 providers who are currently in our program. They are medical providers, dental providers and mental and behavioral health providers.

And so just coming back to Corps Community Day now like I said we're in our fourth year of doing this annual celebration.

We - the official date for Corps Community Day 2014 was October 9. And the reason why we choose to do Corps Community Day during the time that we do is because it falls within National Primary Care Week which is hosted by the American Medical Student Association.

And so this year's theme was partnering to support primary care career choices. We had over 170 events all across the country.

Over 80 of those events were actually hosted at either a college or university. We even had some we even - we even had some events at secondary level education like high schools and middle schools where we had folks provide presentations on the National Health Service Corps.

We had our sites, some of our sites that hosted open houses and wellness events. We were very successful in gathering the national press release this year for primary - for not only national primary care week but also for Corps Community Day.

We're excited that we're in over 30 local and national news outlets including television and radio.

And so we just had a really great year this year where we're - all of our partners are coming together to put on grassroots events and also just do what they can to raise awareness of the importance of choosing a primary care career.

I would invite those who are thinking about ways to do recruitment for your sites who are National Health Service Corp approved to consider taking part in next year's event.

Again it'll be during the second week of October. And you can already get started with thinking about those events by reaching out to local NHSC contacts in your communities.

We have nearly 1000 volunteer ambassadors all across the country. You can find their contact information on our website if you go to <http://nhsc.hrsa.gov/ambassadors/>. There's a link there to our online directory.

I encourage you to reach out to those ambassadors to start planning early for Corps Community Day events for next year.

I also encourage you to reach out to those ambassadors to just during this year make sure that whatever your sphere of influence is around the primary care careers as well as mental behavioral health careers to make sure that any students you know or practicing clinicians you know about the availability of the scholarship and loan repayment program to those professionals.

We also have a National Health Service Corps Job Center. It's an online job center where someone can go. It's a Google-based mapping system where you can go to find all of our sites across the country not only school-based sites but also the other sites that are eligible for our program. So definitely check that out as well.

And I think with that I'll conclude my presentation here and just want to say thank you so much for your time.

David Bates: Great. Thank you so much Leah. This concludes our three presentations for today. And at this point I believe we are ready for the question and answer portion of the call. Operator?

Coordinator: Thank you. At this time if you have a question please press Star 1 and state your name clearly when prompted.

Once again if you have a question, please press Star 1 and state your first and last name when prompted. One moment please for our first question.

David Bates: Great. As we are waiting for questions to queue up on the phone I believe we have one or two that came in through the chat module.

Woman: Describe some of the FQHC SBHC collaborative best practices currently working or underdevelopment?

Laura Brey: Oh my, good question. Well there's lots of them because right now about over 1/3 of all of the School-based Health Centers are sponsored by FQHC.

And so, you know, of those 2500, you know, over 17 - no, no 13, about 800 of them or more are sponsored by Federal Qualified Health Centers.

So how do those collaboratives work? Usually the Federal Qualified Health Center has reached out and worked in a planning process with a school and also with maybe a hospital, health department, community organizations and has gone through a large planning process and started a Federal Qualified Health Center in some instances or they may just call it an expansion of their service care right there at the school.

A number of them are offering services to not only the students in that school but their families and their, you know, the parents of the children -- all of that.

So in terms of a best practice I mean I think that having a successful partnership like that where they're able to do that and realizing that they're - and a lot of times it's been the - it's an adolescence like middle school or high

school where they know they're not able to get their catchment of those children to come in for all their well-childhood visits. And they're able to have that done right there and get it at the school. That has been phenomenal.

So in terms of where they're located they're all over the country right David? I wouldn't even know where to start about the best ones.

I mean there's some in New York that are very large at Montefiore Medical Center and in the Bronx. There are some in the rural areas of Colorado, I mean in all the states. They're all over. There's many of these partnership.

And new ones in development actually there's a number of them that I'm working with right now across the country that are planning and starting new ones at the same time.

So if you'd like to talk more about it if you're interested please contact...

Coordinator: Our first question - I'm sorry.

Laura Brey: That's okay. Please contact me.

Coordinator: Our first question comes from Christian Beronia from HHS. Your line is open.

Christian Beronia: Hey thank you very much for the really helpful presentations. And I was just wondering if you could talk a little about - more about the degree to which Medicaid and other sources of reimbursement are used by the School-based Health Centers?

Laura Brey: Okay. Well it all it really depends because to have multiple-based health centers like I said most of them are - about 71% of them have students who are eligible for free and reduced lunch.

So that means that they're eligible for Medicaid unless they're undocumented or they haven't applied -- things like that. So the marker of poverty is very similar to what it would be for Medicaid or CHIP.

And so in terms of reimbursement in many states, you know, they are eligible to get reimbursed at the rate if they are sponsored by that FQHC if they've been approved for cost-based reimbursement they're available to get reimbursed at the same rate for Medicaid or for CHIP.

So the and they do the outreach and enrollment and they partner with their states with everyone, you know, with their FQHC or other programs, there's been outreach and enrollment models just for School-based Health Centers in Colorado and in New Mexico.

So the Medicaid reimbursement rates may not be as high in those that are sponsored by a regular health department where the reimbursement is the physician scale or in a hospital that's not getting facility fees and things like that.

But still, you know, upward of 70% or more are eligible for Medicaid and are billing and getting reimbursements for those services.

Christian Beronia: Thank you.

Laura Brey: Okay.

Woman: Okay. We have one more question online. Advanced nurse practitioners are often more cost effective and sustainable for SBHCs.

How many slots does the National Health Service Corps have available for mid-level practitioners and how many mid-levels are in SBHCs?

Leah Henao: But I don't mind answering that first part of the question. As far as the question about nurse practitioners, there being slots for nurse practitioners that's not really how we provide our awards through the loan or payment.

So basically what I can say is that if a nurse practitioner would apply for to work at a FQHC or at a school-based clinic their application would be evaluated just as any other provider.

And the way that we - that a provider can increase their likelihood of receiving the loan payment is by working at a site that has a higher health professional shortage area score.

So as far as a second part of that question Laura do you know the data on that?

Laura Brey: The exact data I would have to pull but I do have it in our census. I did not create a slide on that but, approximations I can, from my experience I can tell you about that.

So in terms of nurse practitioner or mid-level providers because that would include the physician assistants as well I would say the majority of School-based Health Centers are staffed that way.

They have a medical provider who is a physician who's often their medical director and acts as their consultant and things like that. The majority of them though are staffed by mid-levels.

And if I were to make a guesstimate I would say that of those mid-levels probably at least 2/3 of them are nurse practitioners.

But it also depends on the state to where the PA practice or the nurse practitioner can practice and how they can practice has influenced the type of mid-level staff that they will have in the School-Based Health Center.

So I hope that answers your question well enough. And again get in touch with me if you need the exact data of how many there are but there are a lot of nurse practitioners.

And there are a number of nurse practitioners that have worked in - through the Health Service Corps program because we've pushed that at our national organization for a number of years trying to get School-based Health Centers to apply at sites and then to try to get staff in their hard-to-reach areas through the National Service Corps that not only the nurse practitioners but also the mental health providers if possible. And some of them have even gotten dentists so yes.

David Bates: Great. Well, I believe that's all the time we have for today but before we go I want to quickly turn it back over to Commander Jacqueline Rodriguez who has a message.

Jacqueline Rodrigue: Well I'd like to thank all of you for attending the webinar series. Our next webinar series will be on homeless and veterans populations.

It's scheduled for November 18 from 2:00 to 3:00 pm Eastern Standard Time. So thank you once again.

Coordinator: Thank you. This concludes today's conference. Participants may disconnect at this time. Speakers please stand by. Thank you.

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