

Welcome to Behavioral Health Technical Assistance (BH TA) Virtual Brown Bag TA Sessions

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People





Behavioral Health in a School-Based Setting

Addie Van Zwoll, M.J., M.S.W., LCSW-Presenter

Amber Murray, B.S.N., M.A.—Virtual Brown Bag TA Task Lead and Facilitator

Wednesday, April 5, 2023, from 11 a.m.-12 p.m.

Vision: Healthy Communities, Healthy People



Housekeeping—Connecting to Audio

By computer:

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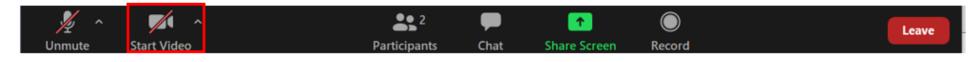


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 We encourage everyone to keep their video enabled. Click Start Video to join by webcam.



 To ask a question using the Chat feature, click the Chat icon located at the bottom center of your Zoom window.





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Continuing Education (CE)

- We will be offering **1 CE credit** for your attendance at today's session.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- CE credits will be distributed within 3 weeks of the event.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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Virtual TA: Presenters and Facilitators



Presenter: Addie Van Zwoll, M.J., M.S.W., LCSW School-Based Health Alliance



Facilitator: Amber Murray, B.S.N., M.A. Deputy Project Director & Task Lead JBS International, Inc.



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School-Based Health Alliance Transforming Health Care for Students

Our Focus

The School-Based Health Alliance Works to Support & Grow SBHCs



We support the improvement of students' health via schoolbased health care by supporting and creating community and school partnerships <u>www.sbh4all.org</u>





Learning Objectives

Participants will be able to...

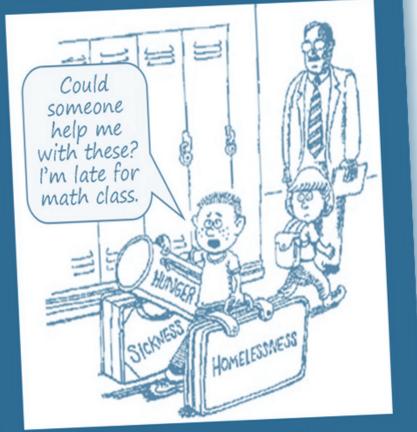
- Describe school-based health centers (SBHCs) and common school-based health care services.
- Explain the ways in which SBHCs can support youth mental health and well-being.
- Discuss ways in which SBHCs can address the overwhelming need and demand for mental health services.





Why School-Based Health Care?

Only when we meet our most vulnerable young people where they are...



...do we afford ALL children the opportunity to thrive



Artist: Scott Spencer



Whole School, Whole Community, Whole Child Model (WSCC)



The WSCC model has 10 components:

- 1. Physical education and physical activity
- 2. Nutrition environment and services
- 3. Health education
- 4. Social and emotional climate
- 5. Physical environment
- 6. Health services
- 7. Counseling, psychological, and social services
- 8. Employee wellness
- 9. Community involvement
- 10. Family engagement





What Are School Health Services?

School health services include, but are not limited to:



School nurses



School psychologists



School counselors



School social workers



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What Is School-Based Health Care?

School-based health care is provided through school and community health organization partnerships and in collaboration with school administration and health services staff.

This care includes but is not limited to:

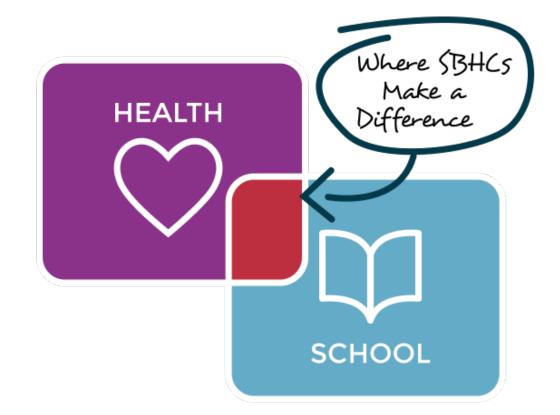


SBHCs offer the most comprehensive type of school-based health care. The Centers for Disease Control and Prevention's (CDC) Community Preventive Services Task Force recommends SBHCs as an evidence-based model that improves educational and health outcomes.





In the transformational power at the intersection of health and education.



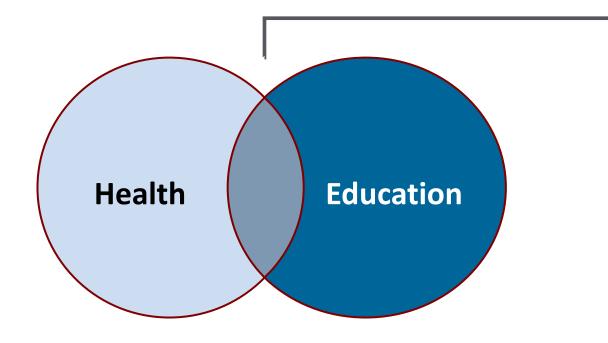


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School-Based Health Services

Types of Services

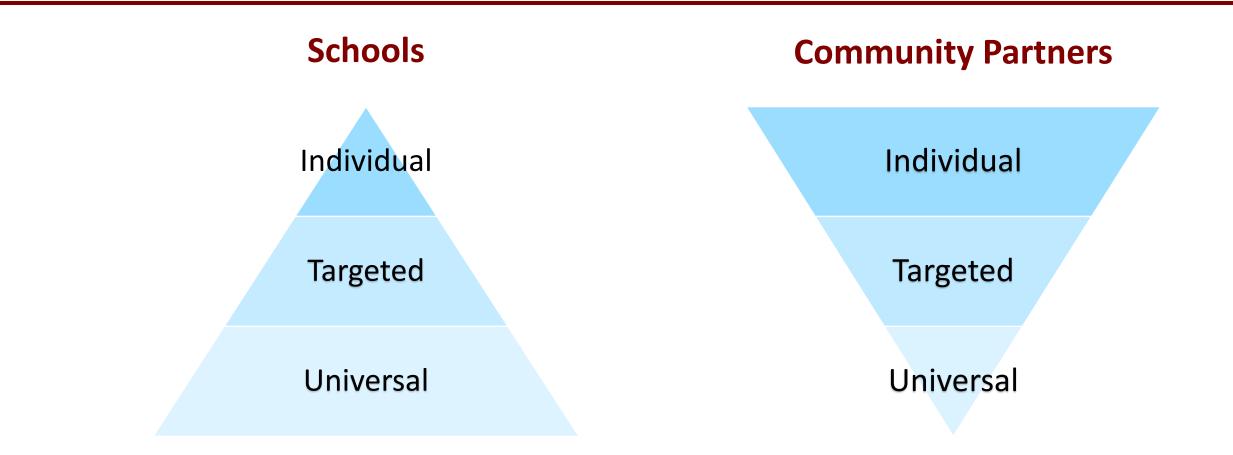


- School nurses
- School psychologists
- School counselors
- School social workers
- Health educators
- Nutritionists
- School-based health care/school-based health centers





Complementary Roles and Resources





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Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.



Possible Avenues for School-Based Healthcare Partnerships





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Help students and their families overcome access barriers.



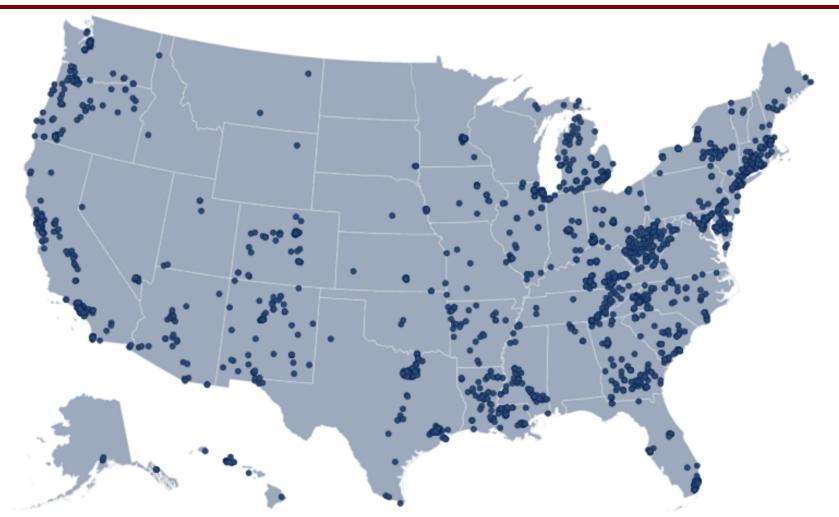




SBHC Locations

6.3 million students* in **10,629** schools

have access to a SBHC.





*Exact number is 6,344,907 students representing 13% of students and 10% of public schools nationwide.



About School-Based Health Care:

Consents

- Parents/guardians involvement is important and encouraged. They decide what services are or are not beneficial for their children, and their consent is required for care.
- Available services are NOT provided without permission except as allowed by state minor consent law.
- Confidentiality laws and requirements between patients and providers differ across states.

Scope of Services

• Services determined at the local level and in accordance with state and local policies and/or law

Existing Services

- Does NOT replace required school health services for free appropriate public education (FAPE) but instead supports and enhances
- Does NOT replace parents/guardians, school nurses, school counselors, pediatricians, or other existing services



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SBHC Delivery Models

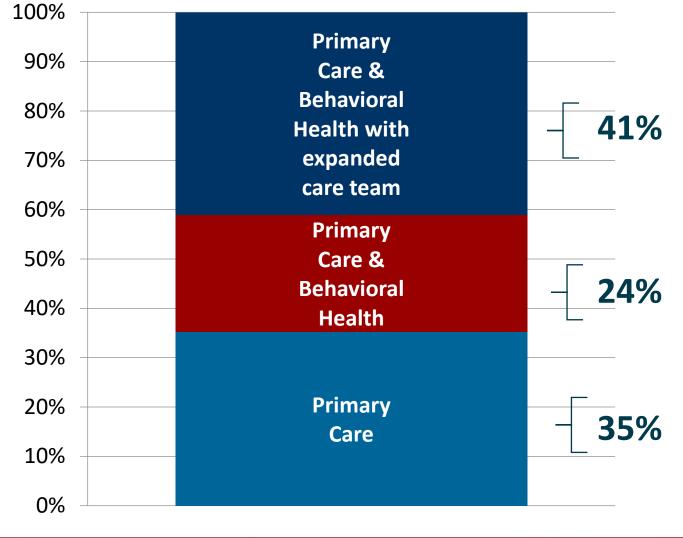
	Traditional (87.1%)	School-Linked (3.8%)	Mobile (3.0%)	Telehealth Exclusive (11.5%)
Location where a student accesses care	A fixed site on school campus	A fixed site near school campus	Mobile van parked on or near school campus	A fixed site on school campus
Location where providers deliver care	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	All primary care delivered remotely, and other services may be available onsite or remotely





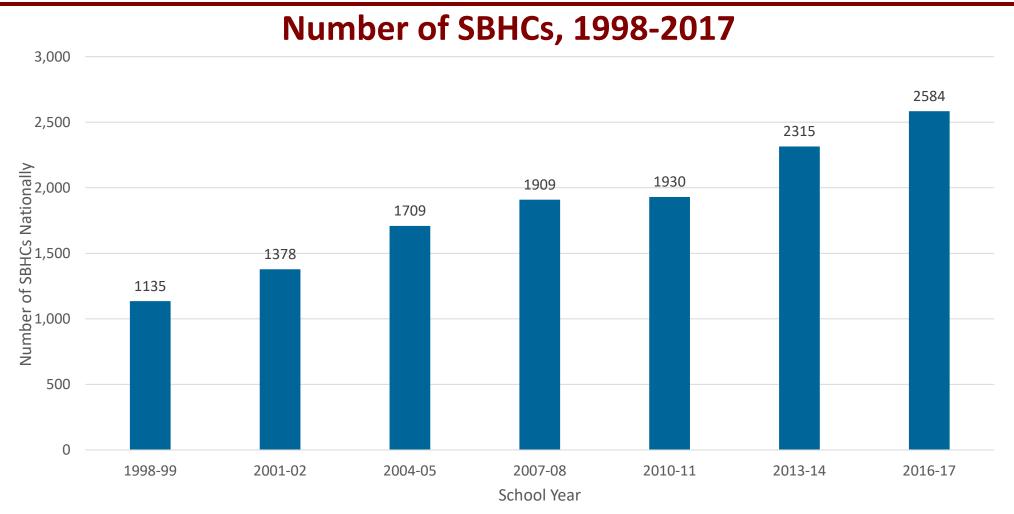
SBHC Provider Teams

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National School-Based Health Care Census





Note: From 1998-1999 through 2013-2014, behavioral health and oral health only programs were included in the overall count of SBHCs. For the 2016-2017 Census, we elected to only include SBHCs with primary care and SBHCs that we confirmed are open (n=2,301).





https://www.thecommunityguide.org/

Evidence-Based Approaches and Recommendations

https://www.thecommunityguide.org/sites/default/files/ assets/OnePager-SBHC.pdf

Health Equity

SBHCs: recommends the implementation and maintenance of school-based health centers in low-income communities to improve educational and health outcomes.

Vaccination Programs Schools and Organized Child Care Centers: strong evidence of effectiveness in increasing vaccination rates and decreasing rates of vaccine-preventable disease and associated morbidity and mortality.

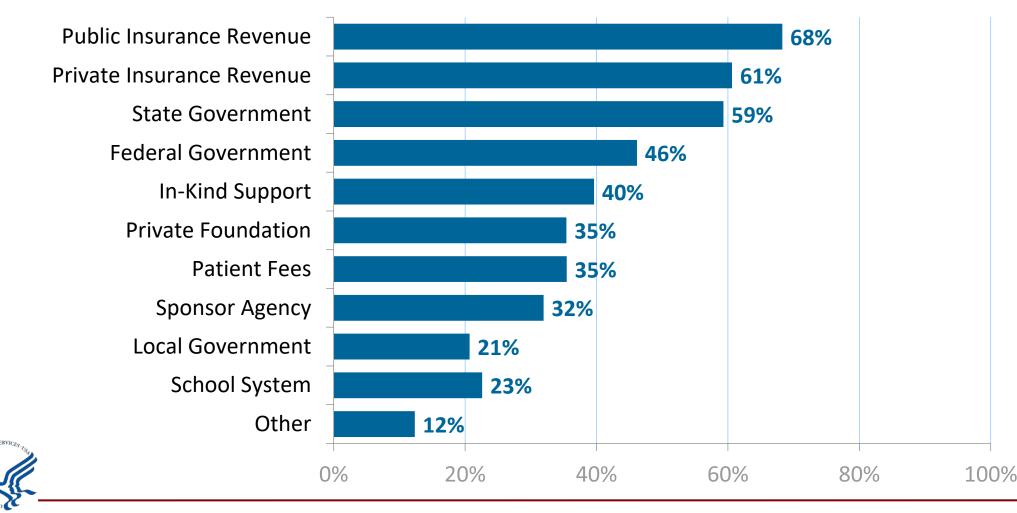




SBHC Funding

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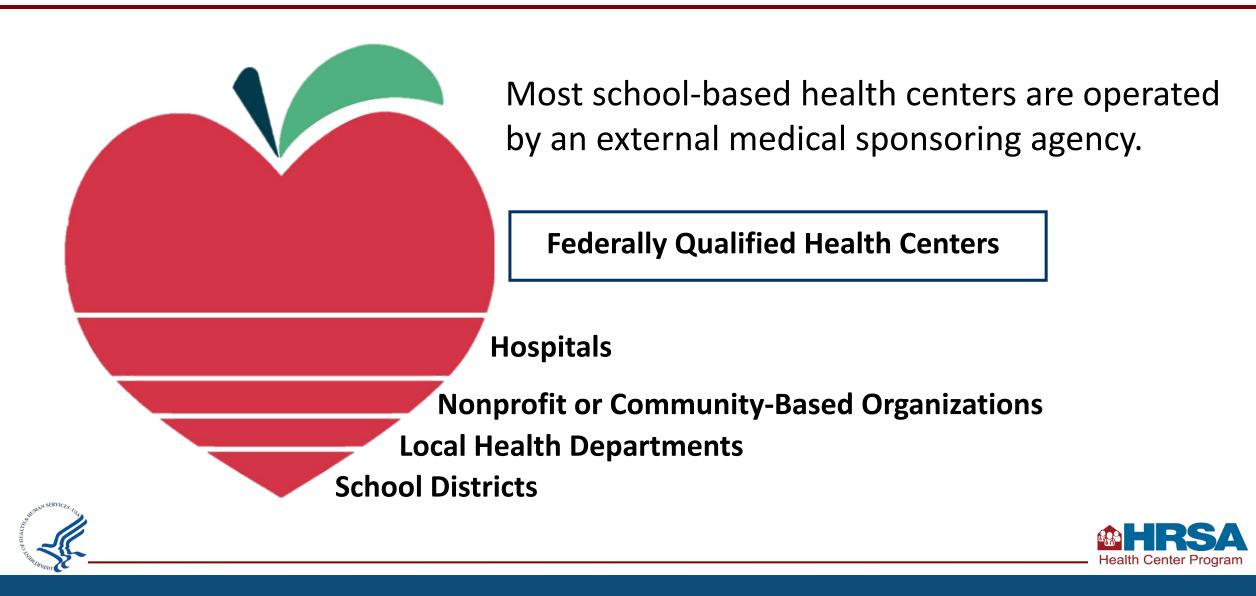
Funding Sources for SBHCs

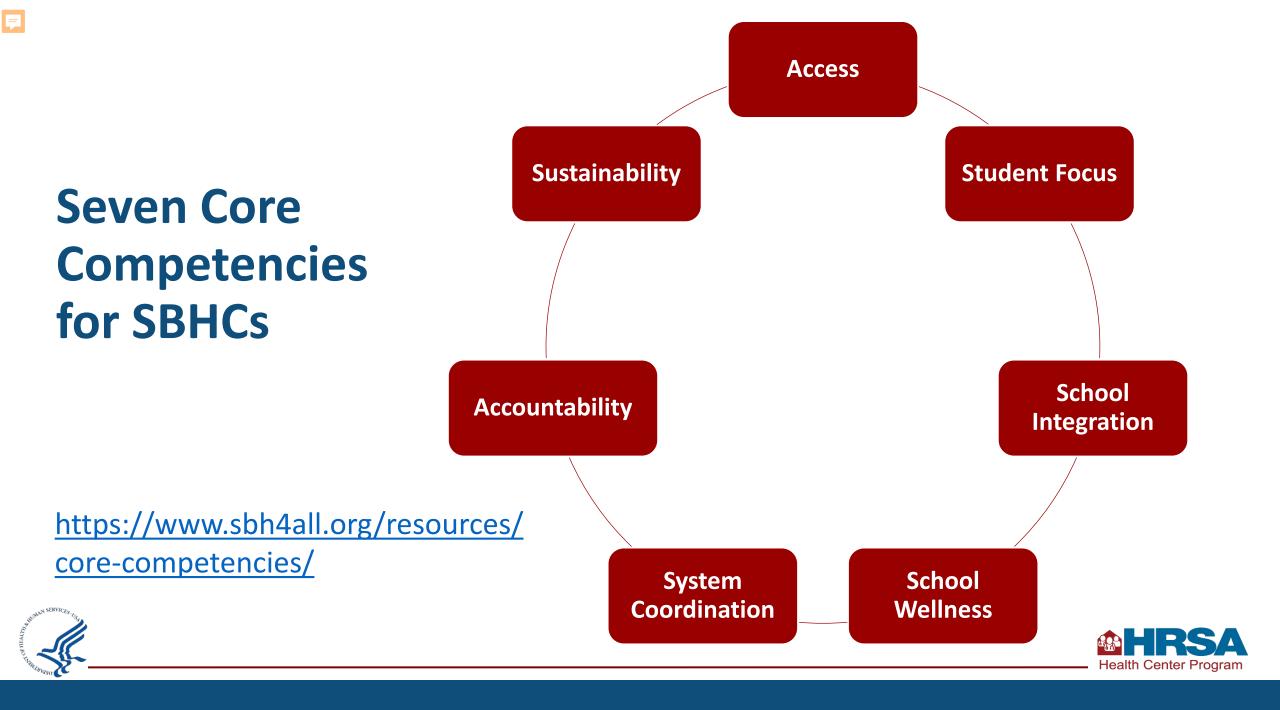




SBHC Sponsors

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Access to Mental Health Supports = Greater Connection to School

- A study conducted in a northeast city found that screening for mental health issues and referrals to appropriate services significantly reduced school absences and tardiness.
- Students who receive mental health services on campus report greater connection to school and more caring relationships with adults at school.
- In studies of SBHC service utilization, mental health counseling is repeatedly identified as the leading reason for student visits.





Access to Mental Health Supports = Improved Social and Emotional Well-being

- Students who receive mental health services on their school campus have lower suspension rates and get along better with peers than students who have mental health needs and do not receive school-based treatment.
- Students are 21 times more likely to visit an SBHC for behavioral health care than they are to visit a community clinic.
- Students with access to behavioral health services at SBHCs report lower frequencies of cigarette, marijuana, and unauthorized prescription drug use.
- SBHC providers who have relationships with teens may be better situated to identify and respond to substance use in their adolescent patients.



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Screening for Mental Health Issues in Children and Youth

Addressing Opportunities and Barriers

Opportunities	Barriers
Early identification	Staffing
Connection to appropriate services	Time
FREE and accessible screening tools	Lack of referral sources
Screening itself is quick	Lack of training/specialization
Children and youth are generally open to talking about how they are feeling	Children and youth may not feel comfortable if parent is present

What do you see in your clinics/communities?







RESOURCES

Vision: Healthy Communities, Healthy People

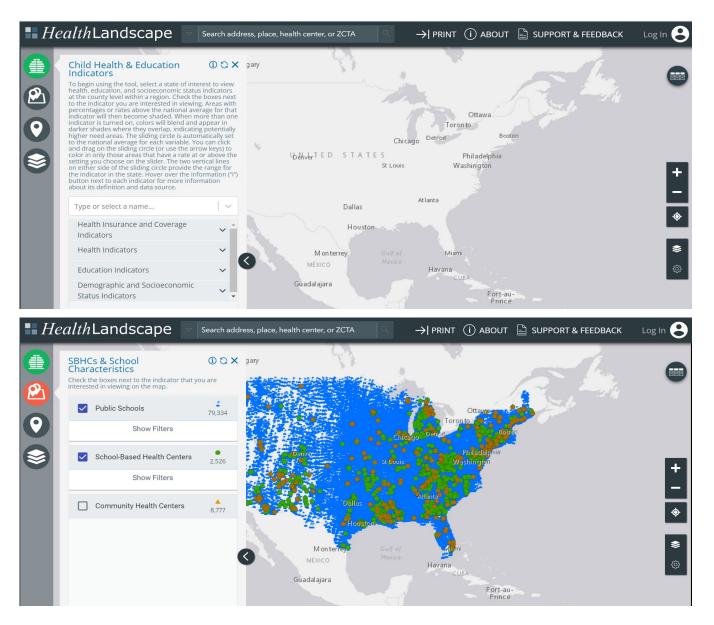


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Resource Highlight

Children's Health and Education Mapping Tool

http://data.sbh4all.org/sbhadb/maps/







Learning Collaboratives

Past and current topics include:

- SDOH Care Improvement
- SDOH Screening Start-Up
- SBIRT in SBHCs
- Childhood Diabetes Prevention
- Addressing Adolescent Relationship Abuse
- Partnering with Schools to Support School-Based Mental Health Services

Learn about upcoming opportunities by subscribing to the SBHA Digest: https://bit.ly/3dB6HZ6

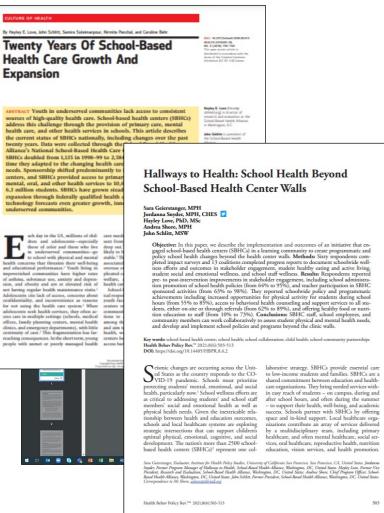




Resource Highlight:

Articles/Briefs

- JAMA Pediatrics: What are School-Based Health Centers? .
- Journal of Pediatric Health Care: Mental Health Service • Provision at School-Based Health Centers During the **COVID-19** Pandemic: Qualitative Findings from a National Listening Session
- Health Behavior and Policy Review: Hallways to Health: • School Health Beyond School-Based Health Center Walls
- Health Affairs: Twenty Years Of School-Based Health Care **Growth And Expansion**
- Harvard Graduate School of Education Ed ReDesign Lab School-Based Health Center Research Brief Series









Resource Highlight, cont.

Joint Policy Letter

- Xavier Becerra, *Deputy Secretary of the* Department of Health and Human Services
- Miguel A. Cardona, Secretary of Education

Full Letter PDF:

https://www.hhs.gov/sites/default/files/school-based-health-servicesletter.pdf

Webinar archive:

https://safesupportivelearning.ed.gov/events/webinar/lessons-fieldexpanding-school-health-center-partnerships





March 22, 2022

Dear Governors:

The COVID-19 pandemic caused the Nation's children and youth to face unprecedented challenges and further exacerbated preexisting inequities. Childcare centers, schools, after-school programs, and recreational activities closed, disconnecting nearly 60 million children and youth from essential resources and supports.1 Many families faced job loss, economic hardship, and food insecurity.

Our Nation's children have been particularly impacted by the COVID-19 pandemic, including significant impacts on their mental health. As of June 2021, approximately 140,000 children have lost a parent or grandparent caregiver to COVID-19.2 Youth reports of psychological distress have doubled since the pandemic began, with 25 percent reporting depressive symptoms and 20 percent reporting anxiety symptoms.³ Trauma and stressor-related disorders, including acute stress disorder and adjustment disorder, are common among young children under five, as a result of the pandemic.⁴ Children and youth with intellectual or developmental disabilities and those with prior childhood trauma are at particular risk for pandemic-related mental health challenges,⁵ as are those who have faced previous discrimination in the health care system, including children and youth of color, immigrant children, children with disabilities, and those who are LGBTO+ 67

"...the U.S. Department of Health and ^{eff}eus Human Services (HHS) and the U.S Department of Education (ED) have joined together to develop and align resources to ensure children have the physical and behavioral health services and supports that they need to build resilience and thrive."



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A JOINT STATEMENT FROM

School Nursing & School-Based Health Centers in the United States

Working Together for Student Success



School nurses and school-based health centers working together share a critical mission: protecting and advancing the health and well-being of our nation's school-age children. One does not replace the need for the other. Each has a distinct and complementary function.

- Students' health, overall well-being, and academic success improve.¹
- Students acquire the health knowledge and skills they need to become independent in providing self-care.
- School absence rates decrease and graduation rates increase.²
- Student access to equitable health care increases, including health promotion, disease prevention, and illness management.
- Continuity of care occurs when health professionals coordinate with each other about student health needs. This frees educators to focus on teaching and allows parents/caregivers to remain at work.³

School-Based Health Centers

Bring a multidisciplinary healthcare team from local health organizations to provide an array of services to the school, in person and/or via telehealth, which may include:

- Primary care
- Prevention and early intervention
- Behavioral health counseling
- Oral health services
- Health education and nutrition counselingLab work and prescriptions

Represent a shared commitment between schools and healthcare organizations to support the health, well-being, and academic success of students.⁴

Partner with school nurses to increase access to healthcare services that help students succeed in school and life.

Create a culture of health within the school community to include students, families, and school staff.

Are recommended by the CDC Community Preventive Services Task Force as an evidencebased intervention to address disparities in health and education outcomes.

Provide access to 6.6 million K-12 students (13%) from more than 2,500 school-based health centers in approximately 10,500 (10%) of public schools.⁵

Are typically funded by:

- Healthcare systems
- Grants (public and private)
- Insurance reimbursement

Learn more at www.sbh4all.org

School Nurses

Bring a multidisciplinary healthcare team from local health organizations to provide an array of services to the school, in person and/ or via telehealth, which may include:

- identifying and addressing mental health issues
- leveling the field on health disparities and promoting healthy behaviors
- enrolling children in health insurance and connecting families to healthcare providers
- handling medical emergencies.⁶

Advocate for equitable, student-centered school health policies, programs, and procedures.

Lead the school health services team to address actual or potential barriers to student health and academic success.

- Develop, implement, and evaluate a student's individualized healthcare plan and emergency care plan.
- Collaborate with health and education leaders to design systems that allow students and school communities to develop their full potential.

Serve as public health sentinels within and across school populations:

- Monitor for symptoms of disease
- Screen for early detection of conditions that can lead to adverse health and academic outcomes.
- Mitigate potential health issues and school emergencies.

Provide access to individual students and entire school population; more than 95,000 nurses are employed full time in 39.3% of schools.⁷

Are typically employed by schools and districts, and paid with regular or special education funds.⁸

Learn more at www.nasn.org

Why should schools have both a school nurse and a school-based health center?

School nurses and school-based health centers assume leadership roles to advocate for healthcare & education reform, which includes funding and reimbursement, policy development/implementation, as well as a uniform data set.

Communication that is reciprocal and respectful helps to ensure continuity of healthcare services inside and outside the school setting. This allows both the school nurse and the School Based Health Center to work together toward a common health goal for the student.

School nurses and school-based health centers coordinate care, thus providing the best student-centered care possible, and ensuring the student is healthy, safe, and ready to learn.

School nurses and school-based health centers work collaboratively to address both social needs and to advocate as partners for systems level changes to help alleviate social determinants to health and their causes. The "social determinants of health" refers to the conditions in which people are born, live, learn, play, work, age, and worship, as well as what kind of access they have to healthcare services. Together these affect a wide range of health functions and overall quality-of-life outcomes.







What happens when

school nurses and

school-based

health centers

work together?

Toolkit Resources

- Quality Counts: Clinical Performance Measures QI Toolkit
- <u>School-Based Telehealth Playbook</u>
- Hallways to Health
- <u>School Oral Health Playbook</u>
- Quality Counts: Sustainable Business Practices QI Toolkit
- Quality Counts: Test Measures QI Toolkit
- Adolescent Substance Use Prevention in School-Based Health Centers
- <u>School-Based Health Center Playbook on Health Care Transition</u>
- <u>Toolkit to increase Well-Child Visits and Vaccinations in School-Aged Youth</u>







Online Resources

- School-Based Health Alliance: https://www.sbh4all.org/
- The Blueprint Resources (tools, examples, guides, including memorandums of understanding): https://www.sbh4all.org/resources/the-blueprint/
- School-Based Health Alliance Children's Health and Education Mapping Tool: https://www.sbh4all.org/resources/mapping-tool/
- Health Centers and Schools: Uniting for Young People's Success: https://conferences.nachc.org/nachc/sessions/2623/view
- School-Based Health Center Planning Checklist: <u>https://www.sbh4all.org/wp-</u> content/uploads/2022/05/SBHC-PLANNING-CHECKLIST.pdf





Additional References

- Gall, G., Pagano, M. E., Desmond, M. S., Perrin, J. M., & Murphy, J. M. (2000). Utility of psychosocial screening at a schoolbased health center. *The Journal of School Health, 70*(7), 292–298. <u>https://doi.org/10.1111/j.1746-1561.2000.tb07254.x</u>
- Juszczak, L., Melinkovich, P., & Kaplan, D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. *The Journal of Adolescent Health*, 32(6 Suppl), 108–118. <u>https://doi.org/10.1016/s1054-139x(03)00073-9</u>
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- Stone, S., Whitaker, K., Anyon, Y., & Shields, J. P. (2013). The relationship between use of school-based health centers and student-reported school assets. *The Journal of Adolescent Health*, 53(4), 526–532. <u>https://doi.org/10.1016/j.jadohealth.2013.05.011</u>
- Strolin-Goltzman J. (2010). The relationship between school-based health centers and the learning environment. *The Journal of School Health*, 80(3), 153–159. <u>https://doi.org/10.1111/j.1746-1561.2009.00480.x</u>
- Paschall, M. J., & Bersamin, M. (2018). School-based health centers, depression, and suicide risk among adolescents. *American Journal of Preventive Medicine*, 54(1), 44–50. <u>https://doi.org/10.1016/j.amepre.2017.08.022</u>





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Celebrating & Growing THE WORKFORCE 111111 June 26-28, 2023 . . .

NATIONAL SCHOOL-BASED HEALTH CARE CONFERENCE





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<u>Website</u>

Preliminary Program

Register Link



Let's connect!

Subscribe to our bi-weekly e-newsletter (Digest)
 Go to <u>sbh4all.org</u> > scroll down to the bottom of the page > subscribe!

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https://twitter.com/sbh4all



https://www.linkedin.com/company/school-based-health-alliance/



https://www.instagram.com/sbh4all/

3. Keep in touch! avanzwoll@sbh4all.org

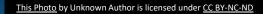


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Questions?







What were the main reasons for your participation in today's event? Select all that apply.

- 1. To learn more about the topic from the presenter
- 2. To engage with other health centers
- 3. To raise questions about this topic as it relates to my health center
- 4. To learn about the experiences other health centers have related to this topic





BPHC-BH TA Portal

https://bphc-ta.jbsinternational.com/

- Access Past BH TA Resources
- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options



Welcome to the BPHC-BH TA Resource Portal!

View	Edit	Delete	Revisions

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as "behavioral health"), with an emphasis on the opioid epidemic.

This portal allows UDCA funded health conters to

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours

Upcoming Events

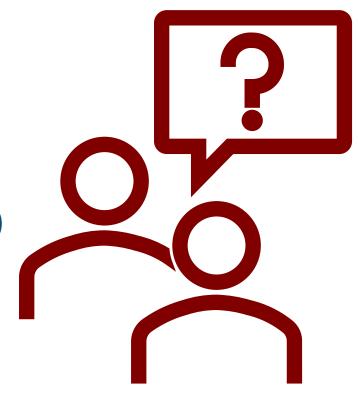
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TA Opportunities for Health Centers

- One-on-One Coaching
- Communities of Practices (CoPs)
- Virtual + On-site Site Visits T/TA
- Oral Behavioral Health Learning Collaborative (LC)
- Virtual Brown Bag TA Sessions
- Webinars







Upcoming T/TA Opportunities

Integration of Oral Health and Behavioral Health Virtual Learning Collaborative Session 4

Trauma Informed Care: Creating Partnerships for Better Oral Health

 Wednesday, April 12, 2023, from 1:00 pm to 2:30 pm ET <u>https://us06web.zoom.us/meeting/register/tZApduGtqz8iHdTRTRf30-922zwJqMa1H_2I</u>

Trauma Informed Care: Creating Partnerships for Better Oral Health Discussion Session

• Thursday, April 20, 2023, from 1:00 pm to 2:30 pm ET

https://us06web.zoom.us/meeting/register/tZYode2qrTsqGdY2Mgv7BS8bOxM5e2ifRzNI





CEs and the Satisfaction Assessment



- We'd love your feedback—please complete a satisfaction assessment.
 <u>https://survey.alchemer.com/s3/7183607/Health-Center-TA-Satisfaction-Assessment-Brown-Bag-Session-4</u>
 - We are offering one CE for your participation—you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
 - 1. Follow the link provided in the chat here.
 - 2. You will receive a link from us by email via Alchemer, our survey platform.



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Thank You!

Please submit questions to Amber Murray: <u>amurray@jbsinternational.com</u>



