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# Integrating Behavioral Health into a School Based Health Center **FREE**

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**Topics:** behavioral medicine

Program Goals: School Based Health Centers(SBHC) are well positioned to address health care needs of underserved populations, particularly adolescents. While adolescents are a relatively healthy population, mental health concerns often emerge during this developmental period, and the need for other behavioral health interventions for issues of substance use or exposure to relationship violence also arise. The USPSTF and the AAP recommend routine and universal screening for depression in teens, yet many high risk adolescents do not receive this screening, or do not interact with providers in health care settings that promote these preventive efforts. Our SBHC is located in an urban community with a student population in the high school of 650 youth. Of those students, 99% are African American and 85% receive free/reduced lunch. The community of where the SBHC is located faces a crime rate three times the national average. In March 2015, The SPOT (Supporting Positive Opportunities for Teens) @ JHS opened for case management and mental health services, with physical health services initiated in September 2015. The SPOT @ JHS is a comprehensive SBHC that provides primary and preventive care including reproductive health services for all high school students. All patients seen in the SBHC complete registration paperwork which includes PHQ-9 and CRAFFT screening tools. PHQ-9 (Patient History Questionnaire) is a validated 9 item screening tool for depression. The CRAFFT (Car, relax, Alone, forget, friends,

trouble) is a validated 6 item screening tool for substance abuse in adolescents. A positive score for PHQ-9 is a score  $\geq 11$  points, a positive score for CRAFFT is a score of  $\geq 2$  or 2 yes on 6 question screener. Evaluation: In the first year of the clinic, 135 patients sought services through the SBHC. 117 completed registration including signed parental consent for services in the center. All the registered patients completed screening with a PHQ-9 and CRAFFT. 31 students (26.5%) screened positive on the PHQ-9, while 21 students (17.9%) scored positive on the CRAFFT. 51 clients (45%) of those screened were referred for therapy / counseling service based on screening. Of the clients with negative score, 11 clients (10%) were already receiving therapy or psychiatric care. In the first year 18% (117/650) of the school youth have already received screening, case management, mental health, preventive and medical services. About 3% (18/650) more youth want to seek services, and have been asked to bring parental consents. Discussion: This program demonstrates that a comprehensive school based health center with access to mental health services can efficiently and effectively provide screening in an adolescent population and early identification of behavioral health needs.

Table 1: Demographics

<b>Gender</b>	Referred ( N=135)	Screened ( N=117)
Male	56	46
Female	79	71
<b>Primary Race</b>		
African American	132	114
Caucasian White	2	2
More than One Race	1	1
<b>Ethnicity</b>		
Hispanic or Latino	1	1
Non-Hispanic Non-Latino	131	141
Other	3	2
<b>Sexual Orientation</b>		
Bisexual	8	8
Gay	2	2
Lesbian	2	2
Pansexual/ Unsure	2	2
Straight	94	87
Unknown/ Missing	27	16

## Table 2

Table 2: Screening Data

Screen	Positive (%)	Negative (%)
PHQ-9	31 (26.5%)	86 (73.5%)
CRAFFT	21 (17.9%)	96 (82.1%)

Results of screening

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## Comments

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