

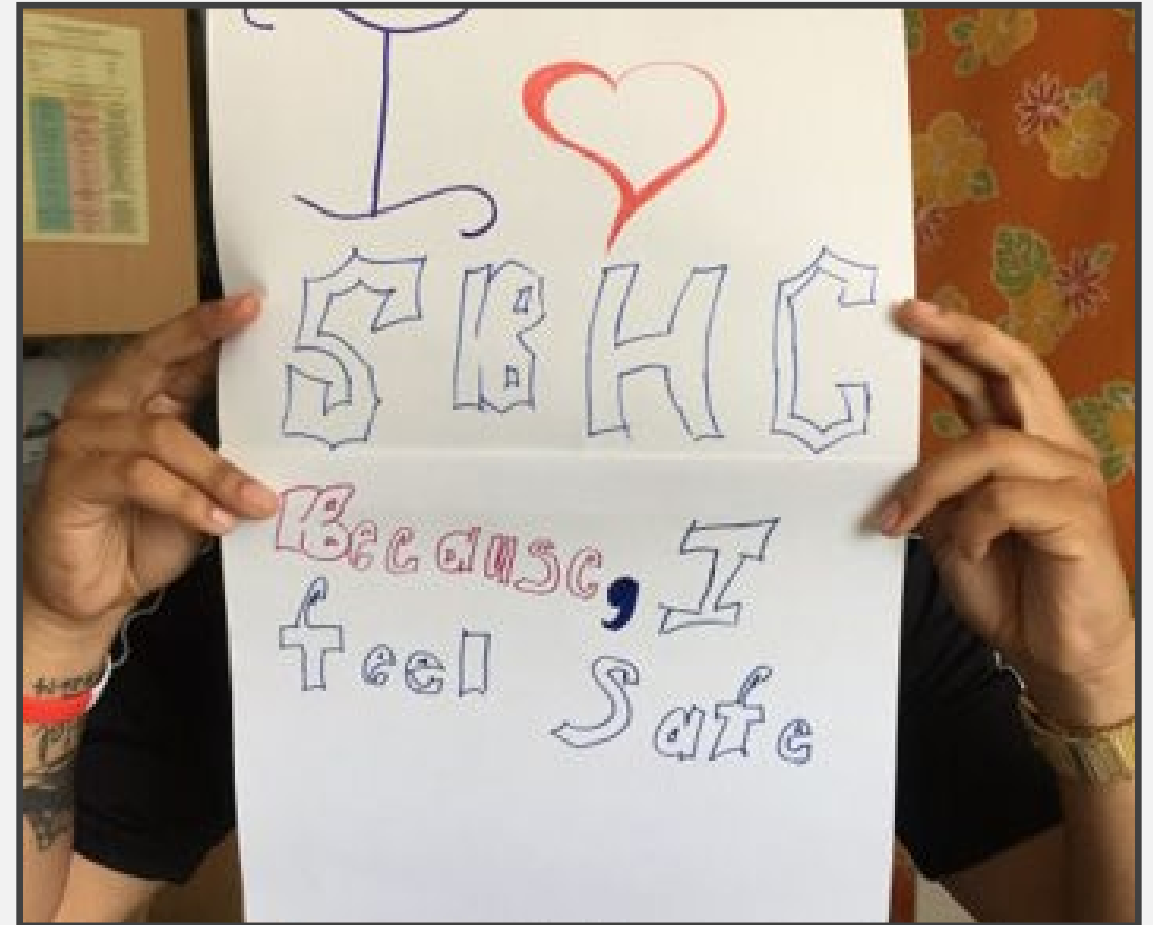
Seeing the Big Picture:
The Role of Collaboration Within School-Based
Health Centers to Support the Whole Person

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Presenters:
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and
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Healthcare where children are.

- Primary, Behavioral, Oral, Vision and Nutritional health care
- Facilities are on or near school grounds
- Collaborative relationships with school personnel, families and community organizations
- Currently more than 2500 SBHCs in USA
- MA has more than 50 SBHCs in 38 communities
- Mostly act as satellite health centers to larger community health centers/health care organizations



Hilltown Community Health Center: Gateway Regional SBHC

Demographics:

- School District with 752 students High School has 172 students
- District is 91.5% White, 6% Hispanic, .4% African American
- Attendance Rate 90.4%
- High school is 84% High Need and 70% Low Income Dropout Rate of 1.9%

Visit Types:

- Primary Care: Well child, sick visits and medication management for K through 12 students and school personnel.
- Behavioral Health: Individual and Family therapy for students with a variety of diagnoses. Triage/emergency and long term ongoing visits.
- Oral Health: Biannual cleanings and some fillings/restorations.
- Optometry: Yearly vision screenings
- Community Health Worker: Supports families with insurance coverage, fuel and food assistance and other social determinants of health.

MGH School Based Health Center at Chelsea High School

DEMOGRAPHICS:

- High school with ~1600 students 2023-2024
- 88% Hispanic, 6% white non-Hispanic, 4% African American
- 45% ELL, 78% low income, 91% high needs
- Attendance rate: 88.6%, high rate chronically absent
- 64% 4 year graduation rate, 15% dropout

Visit Types:

- Pediatric nurse practitioner (PNP), licensed mental health counselor (LMHC), PSC (patient service coordinator)/CHW (community health worker); part time Physical Therapy, virtual Raising Healthy Hearts appts with medical providers at MGH
- Caseload > 300 students annually
- > 1000 medical and ~1000 behavioral health (BH) visits annually
- Extension of primary care
- Sports physicals, acute care
- Bulk of visits are to supplement care, especially in areas of reproductive health, substance use, behavioral health
- Reinforce care - chronic illness, health education
- Connect to care -specialists, BH (SBHC, MGH Chelsea, CBHC, Cartwheel (virtual therapy, referrals through school SW)
- Availability of integrated BH care. Individual therapy – mostly long term
- Collaboration with school/family/primary care
- Referrals to PHP/inpatient

Seeing the Big Picture

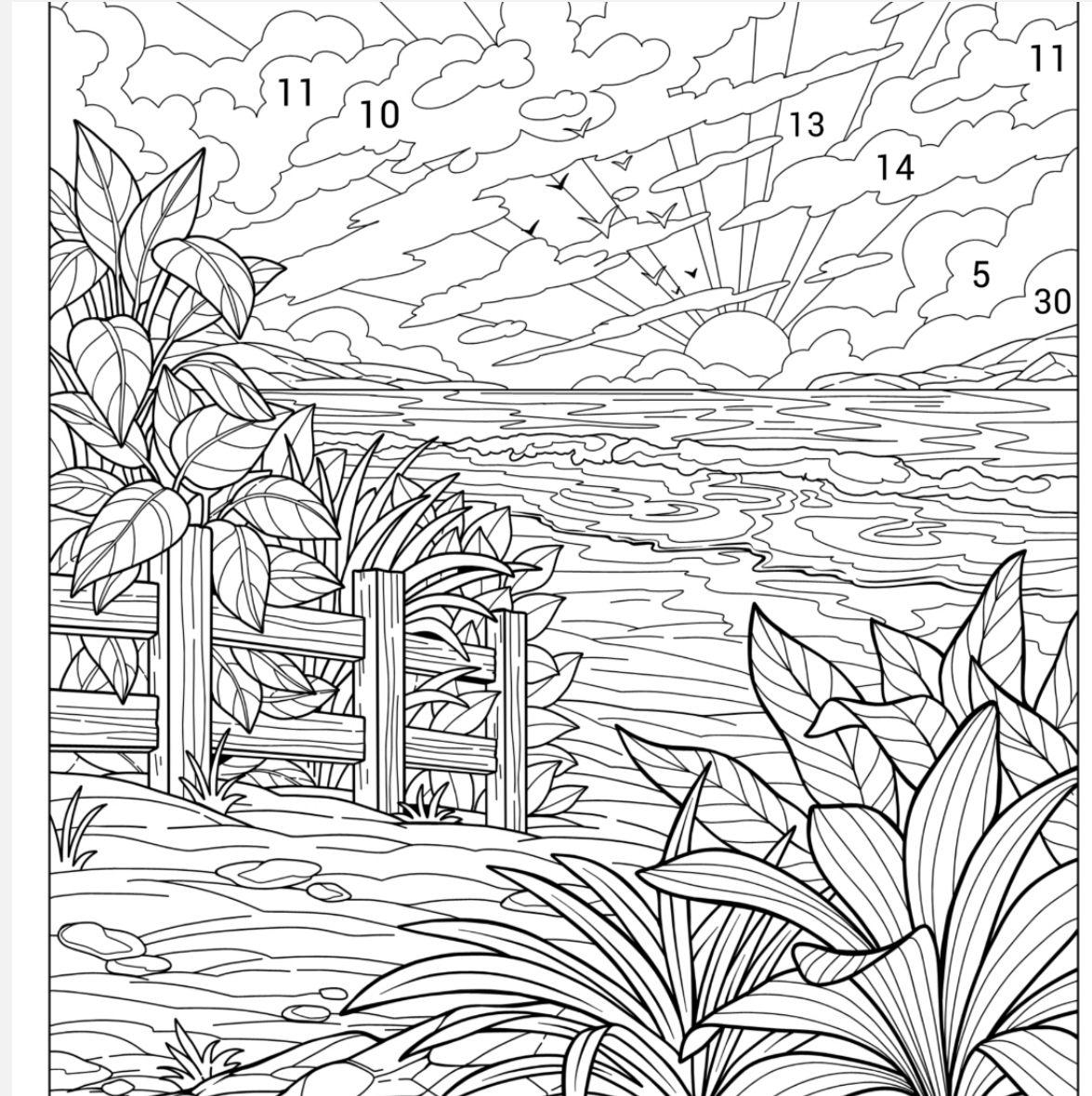


New Referral: New Ideas

No person is their diagnosis

No person lives outside of systems

Physical and mental health challenges are often impacted by social, cultural and economic challenges



Physical Health Collaboration

Physical Health

Screenings

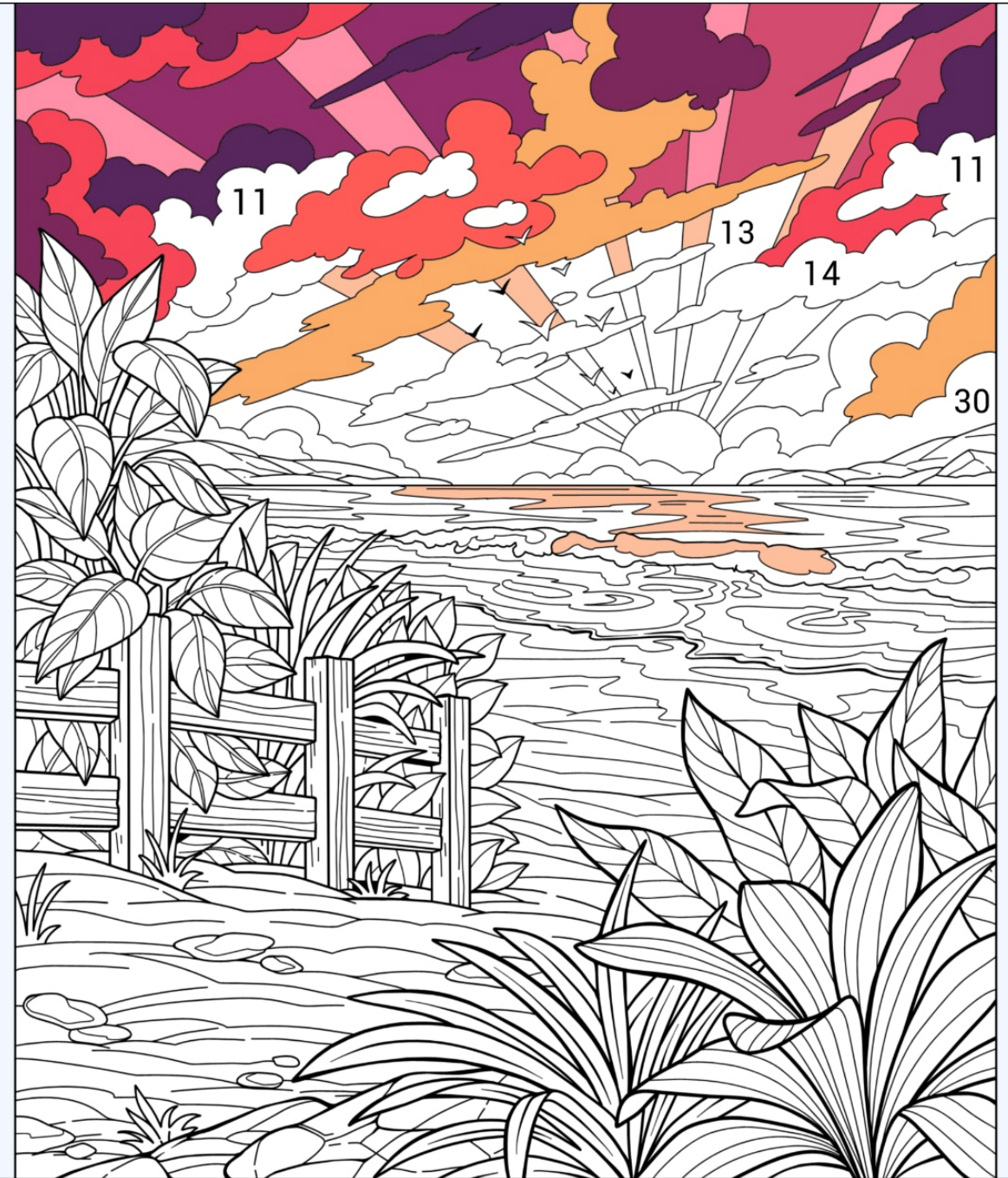
Somatization

Med MGMT

Presentation

Interactions with family

Greater understanding of systems



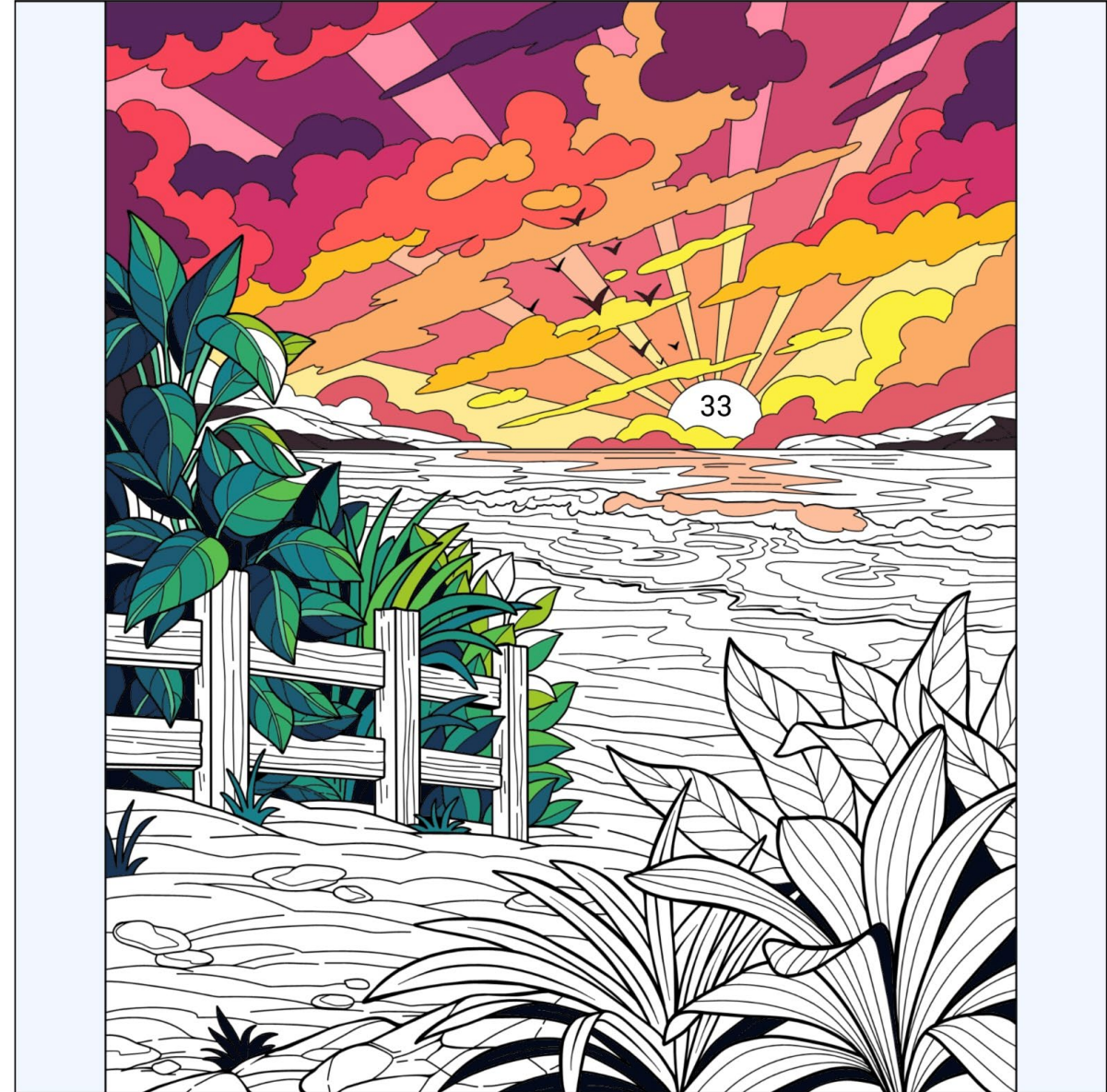
Oral/Optomerty/Nutrition Community Health Collaboration

Warm hand off/trust

Anxiety

Behavioral Change

Access to Concrete Resources



School Collaboration

School Social Worker

School Counselors

Teachers/Admin

Attend regularly scheduled meetings

Attend IEP and 504 meetings

Attend Emergency Meetings

Relationship with School Nurse



Family Collaboration

Presentation at home

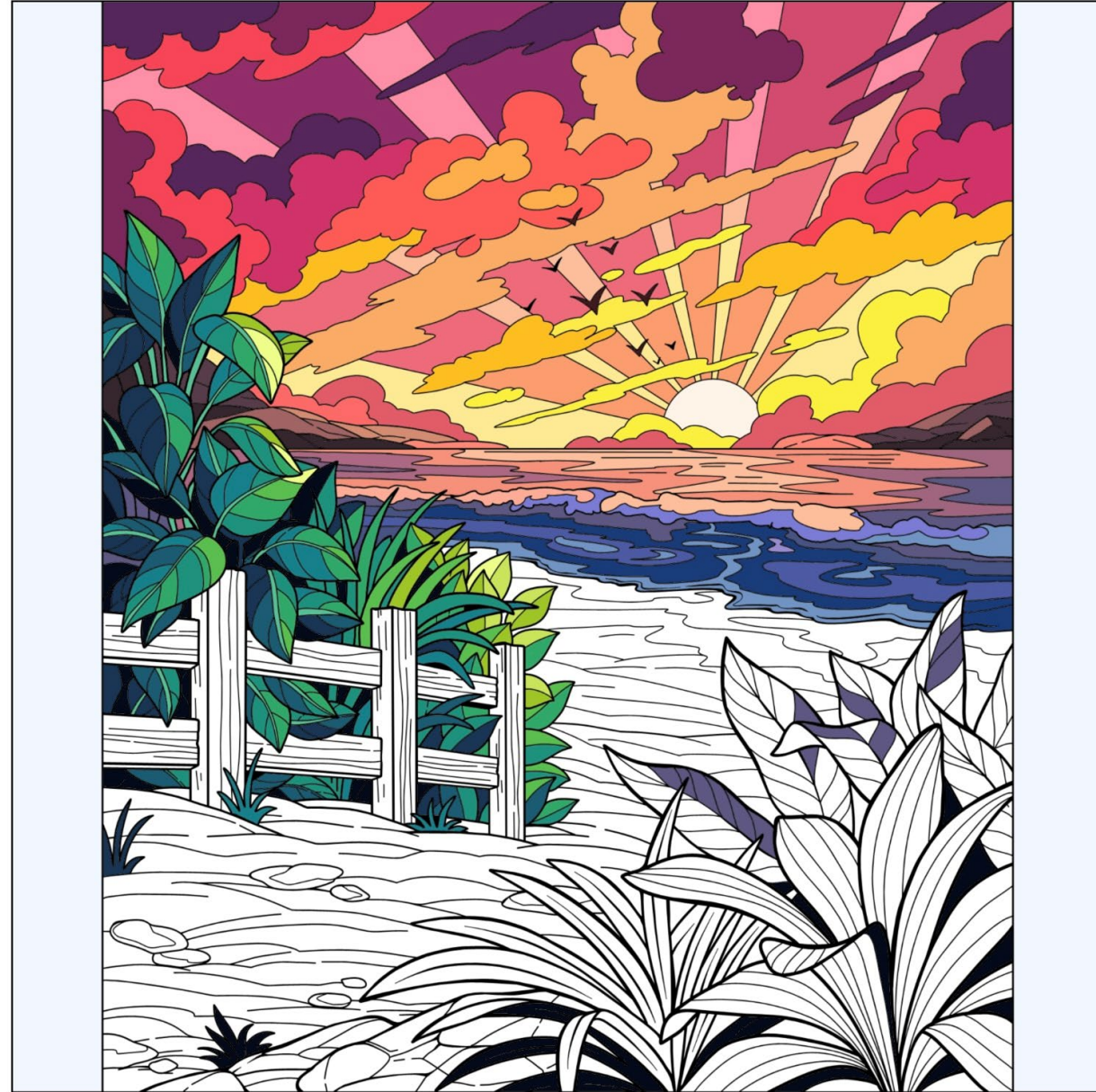
Family involvement in care

Family behavioral/routine change

Family HX of mental health

Family Hx of Physical Health

SDOH challenges



Specializations: DCF,
CBHC, CBHI, PHP, Inpatient

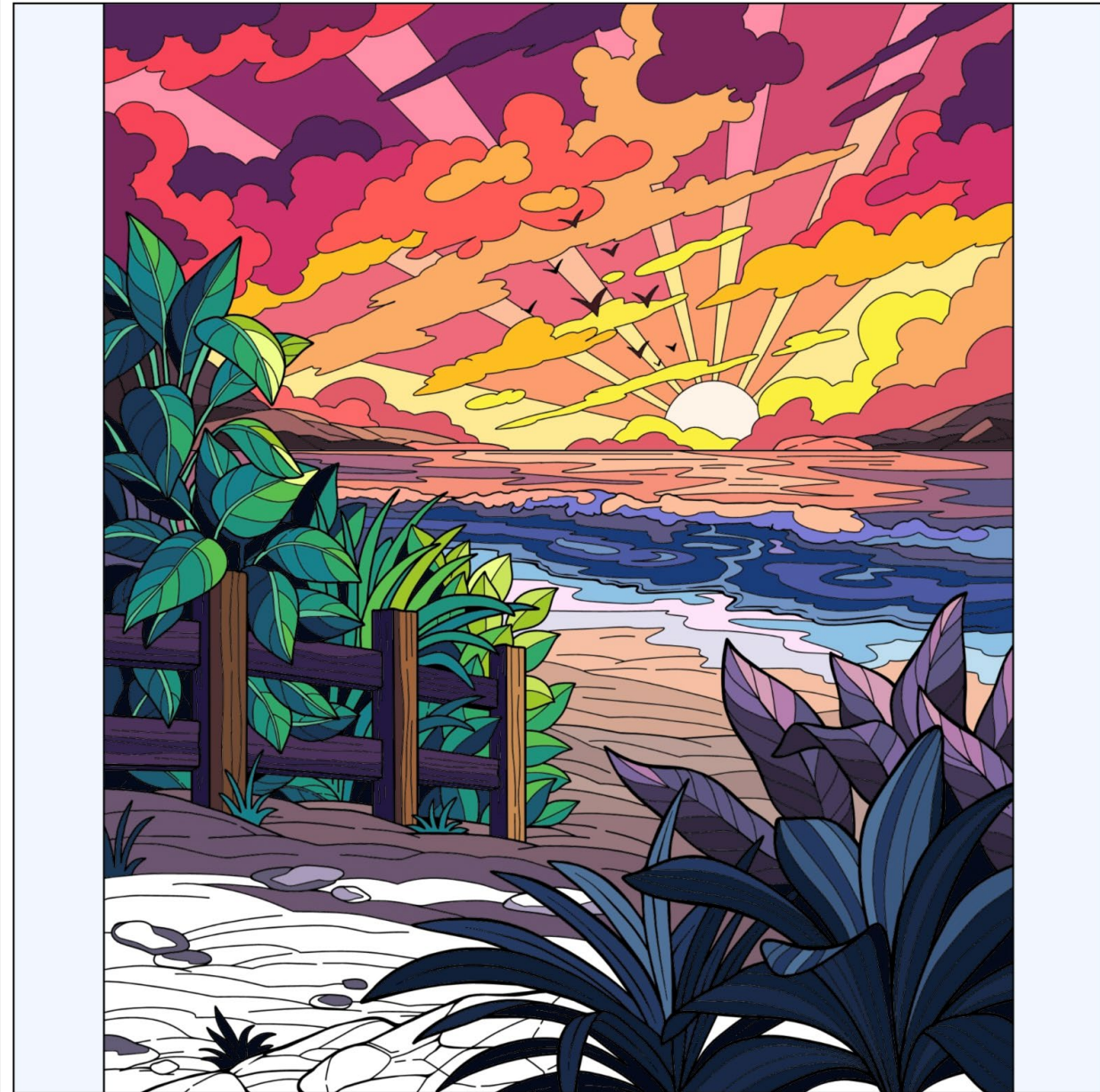
DCF Treatment Plans

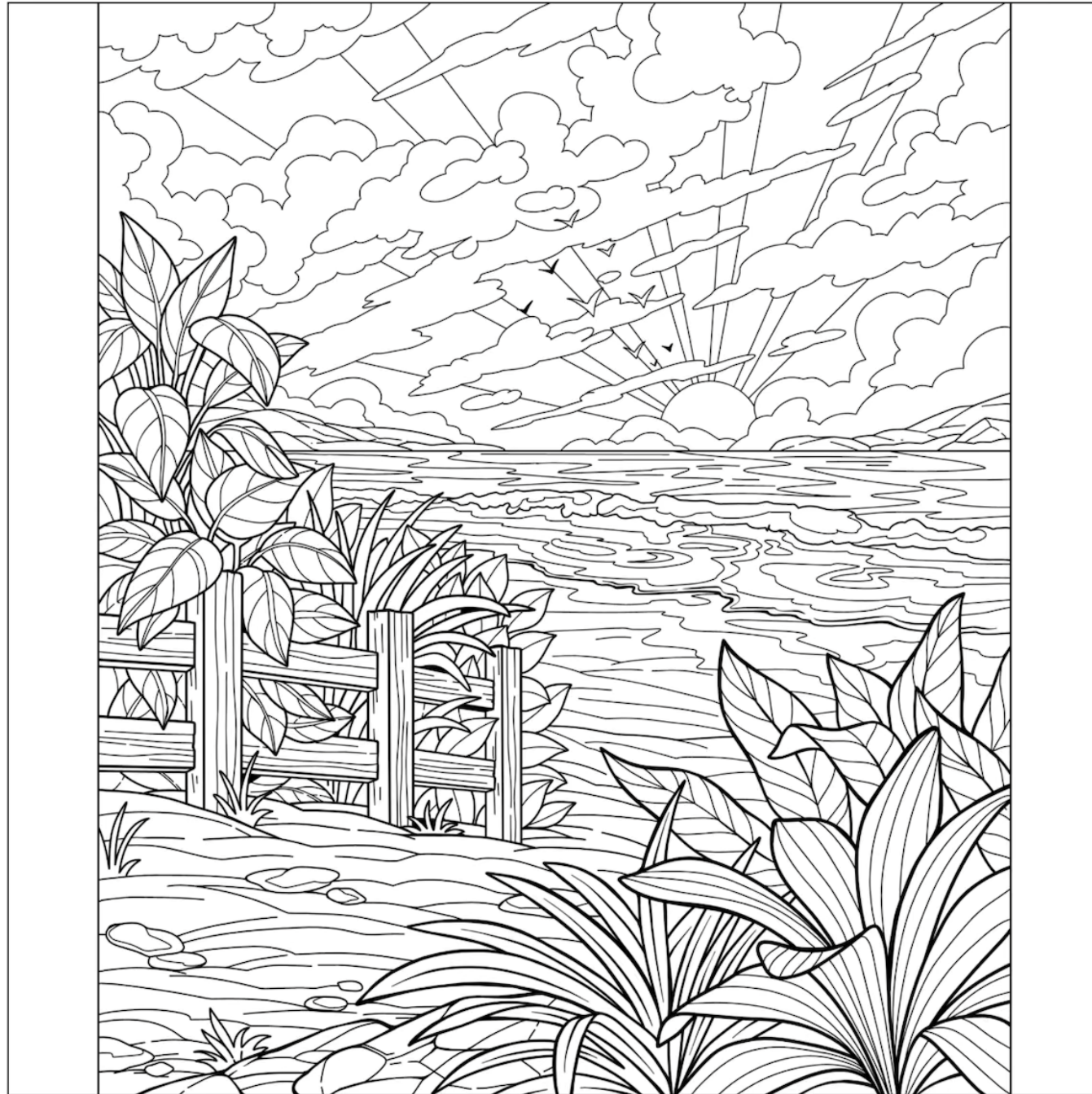
Emergency Crisis

ICC, In Home Therapy, Therapeutic
Mentors

Partial Hospitalization

Inpatient Hospitalization





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