

How School-Based Health Centers Intersect Arkansas Healthcare System Reform: Behavioral Health Management

In Arkansas between 2011 and 2012, 22 percent of children ages 2-17 were reported to have one or more emotional, behavioral, or developmental condition including autism, developmental delays, depression or anxiety, attention deficit disorder/attention deficit hyperactivity disorder, or behavioral/conduct problems.¹ According to the Arkansas Department of Human Services, there is insufficient focus on prevention, early identification and timely treatment of mental health and behavioral disorders in children. Those children who do have such disorders are served in multiple systems, which often fail to communicate, share information and resources, and transition care smoothly from one system to the next.

The comprehensive scope of services delivered by School-Based Health Centers (SBHC) play a critical role in preventing, screening, and treating some of the most common behavioral health issues known to affect student performance, health, and personal safety: depression, anxiety, social conflict, toxic stress, and attention disorders.²

According to an American Academy of Pediatrics Gateway article, when mental health services are offered in SBHCs, student access to mental health services is improved and communication is facilitated between students, school personnel, SBHC staff, and parents.³

Use of mental health services through a SBHC has been shown to result in a decrease in school absences, a decline in school discipline referrals, and a significantly increased likelihood of staying in school and graduating or being promoted.³

SBHCs can help provide the benefits of a better coordinated and integrated approach to delivery of mental health services, which include:

- Early identification of emotional and behavioral problems.
- Enhanced resources available to children and families.
- Improved monitoring and a collaborative approach to crisis management.
- Allowing both medical and behavioral professionals to get the “full picture” about the clients they are treating.
- Identification of co-occurring disorders such as chronic medical conditions, developmental delays, or other mental health diagnosis.

In Arkansas, nearly 15 percent of children have Attention Deficit Hyperactivity Disorder (ADHD).⁴ Because of its prevalence in Arkansas, ADHD was developed as an Episode of Care in the Arkansas Health Care Payment Improvement Initiative. School-Based Health Centers’ front-line approach increases the opportunity for obtaining quality and cost goals set forth in the ADHD episode.

References

¹ “Kids Count Data Center: Children Who Have One or More Emotional, Behavioral, or Developmental Conditions.” *The Annie E. Casey Foundation*. Data Source: National Survey of Children’s Health (NSCH). Updated August 2013; accessed March 2, 2016, at <http://datacenter.kidscount.org/data/tables/6031-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=5&loct=2#detailed/2/5/false/1021,18/any/12694,12695>.

² “2013-14 Digital Census Report.” Washington, DC: *School-Based Health Alliance*, Accessed March 2, 2016, at <http://censusreport.sbh4all.org>.

³ “Pediatrics: A School-Based Health Centers and Pediatric Practice.” [Policy Statement; volume 129/Issue 2] *American Academy of Pediatrics*, February 2012. Accessed March 2, 2016, at <http://pediatrics.aappublications.org/content/129/2/387>.

⁴ “State Data Profiles.” *Attention-Deficit/Hyperactivity Disorder (ADHD)*. Content Source: *Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention*. Updated January 22, 2016; accessed March 2, 2016, at www.cdc.gov/adhd.