Hawai‘i Island
Community Health Center

Advancing Equity and Excellence:

INNOVATIVE APPROACHES TO BEHAVIORAL HEALTH IN SBHC

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Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

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LAND ACKNOWLEDGEMENT

As we gather this week at American University in Washington, DC, we acknowledge that we are on the ancestral lands of the Nacotchtank (Anacostan) people, part of the larger Piscataway Nation, along with other Indigenous peoples who have long resided in and stewarded this region.

We honor the enduring presence, resilience, and contributions - past, present, and future - of communities affected by colonization, displacement, and injustice.

We strive to approach our work with a commitment to confronting inequities in health and education, listening to and learning from the people of this region, and advancing practices grounded in equity, dignity, respect, and justice for the students, families, and communities we serve.

CULTURAL ACKNOWLEDGEMENT

While we are not presenting from Hawai‘i Island today, we acknowledge that our work is deeply shaped by the knowledge, values, and lived experiences of the Native Hawaiian community of Hawai‘i Island.

We honor the ‘āina, the ‘ike kūpuna (ancestral knowledge), and the enduring stewardship of Kānaka Maoli, and we recognize Hawai‘i Island as a space of profound cultural, spiritual, and historical significance. We also acknowledge the history and ongoing impacts of colonization, including the displacement of Native Hawaiians and the resulting inequities that continue to affect community health and well-being.

Our approach to school-based health care is guided by the principles of hō‘ihi, kūpono, ho‘opai, aloha, and ha‘aha‘a - values that emphasize respect, excellence, advocacy, compassion, and humility. These principles remind us that health is rooted in relationships, collective responsibility, and connection to community and place.

We remain committed to providing culturally responsive, community-centered care that uplifts Native Hawaiian voices, honors resilience, and strengths, and supports healing and self-determination for present and future generations.

WORKSHOP OVERVIEW

INTRODUCTIONS

IDENTIFY CURRENT CHALLENGES

KNOWLEDGE SHARING

- STRATEGIES FOR INTEGRATION & COORDINATION
  - SCREENING TOOLS
  - SCHOOL COLLABORATION
  - REFERRAL SYSTEMS
- PRACTICES TO IMPROVE QUALITY & CONTINUITY
  - PARENT/ CAREGIVER ENGAGEMENT
  - CONTINUITY OF CARE

LEARNING OBJECTIVES

1. Participants will examine innovative strategies to enhance care integration and coordination within School-Based Health Centers (SBHCs), including referral systems, screening tools, and multitiered support models.

1. Participants will identify effective practices to improve behavioral health care quality and continuity in SBHCs, including practices that engage parents and caregivers and practices that promote continuity of care.

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WHO WE ARE

Hawai‘i Island Community Health Center

Mission

Hawai‘i Island Community Health Center promotes lifelong health and wellness through quality healthcare that is comprehensive, integrated, culturally responsive, and accessible to all.

Vision

A strong, healthy, nurturing community.

REACH Values

Respect (Hō‘ihi), Excellence (Kūpono), Advocacy (Ho‘opai), Compassion (Aloha), Humility (Ha‘aha‘a)

WHO WE ARE

School Based Health Center

Cecilia Sakata, BA

Cecilia is the Director of School Based Health at Hawai‘i Island Community Health Center. She oversees SBHC operations and administrative functions.

Anjulie Larson, BSN, RN

Anjulie is the SBHC Program Manager for Hawai‘i Island Community Health Center. Her role supports clinical functions, scheduling, and staff supervision.

WHO WE ARE: SBHC HISTORY

2019: HICHC opened the **first SBHC** on Hawaii Island.

2020: On-campus presence was interrupted during the *COVID-19 pandemic*.

2021: Supported student transition back to in-person learning through an innovative **care coordination** program.

2022: HRSA funding sponsored the opening of ***3 SBHCs***, expanding access to ***1500 students.***

2023: HICHC opened its 4th and 5th SBHC locations with a second round of HRSA funding.

2024: HICHC was awarded funding from a payor to purchase a ***mobile clinic*** for SBHC.

2025: SBHC access was **expanded to 7 additional public schools** in Hawaii County, serving **8500 students**.

2026: **Mobile** services will be extended to an **additional 11 public schools.**

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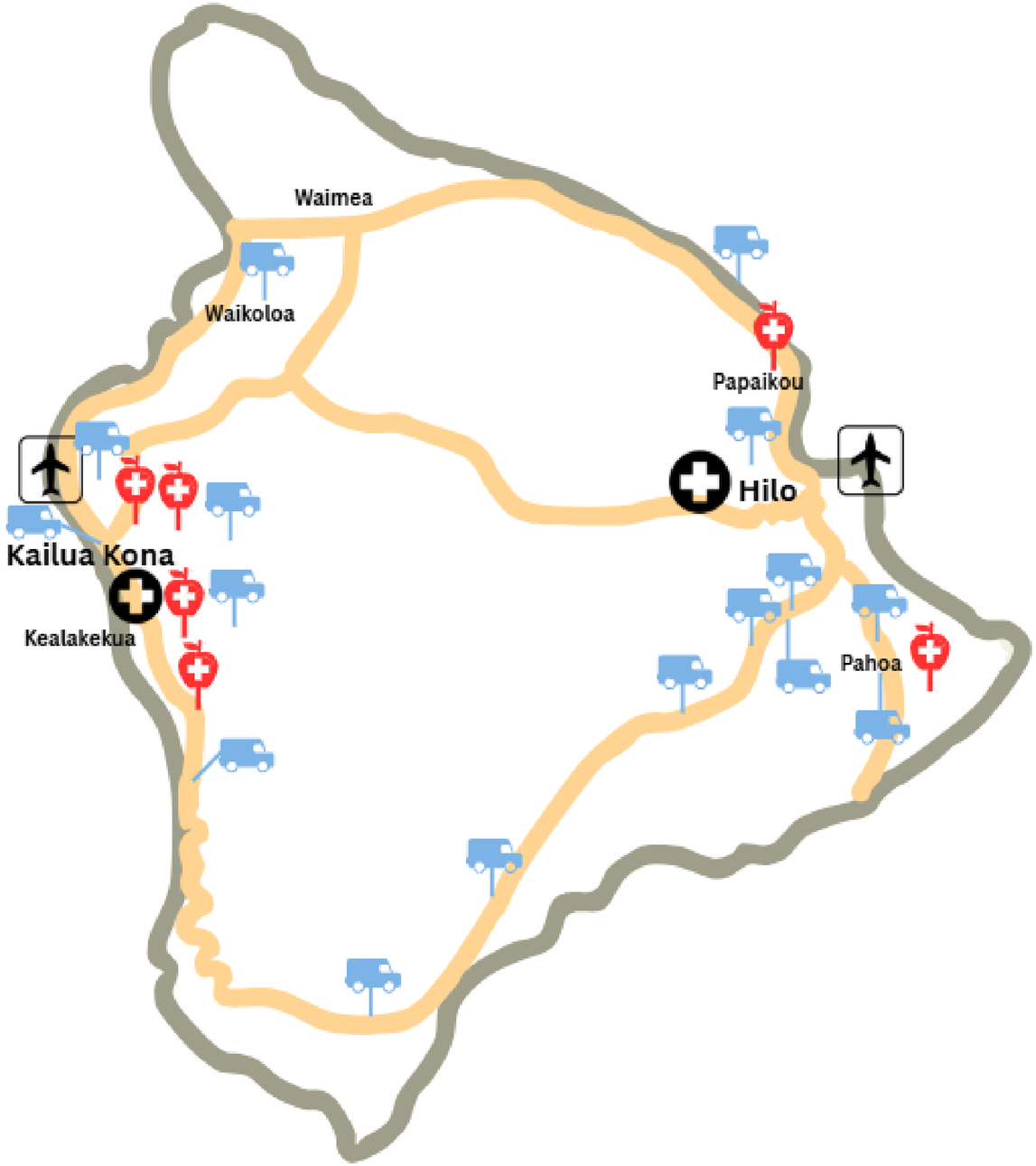
Locations

6 Brick-and-Mortar SBHCs

1 Mobile Health Clinic

26 Public schools throughout Hawaii County

Preschool and K-12



We would like to get to know our audience. Please scan the QR code to answer a few questions.

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WHAT WE DO

WHAT WE DO

SBHC Services at a Glance

- Behavioral Health
- Physical Health
- Oral Health
- Social Health
- Confidential Teen Health
- Health Education
  - Mental Health Literacy
  - Stanford Toolkit for Vaping Prevention
  - Meditation & Mindfulness Program
- Early Childhood Screening & Development Program

WHAT WE DO

Our Structure & Staffing Model

- Patient Navigators staff our SBHCs
- Weekly rotation of medical, behavioral health, and dental teams
- Our providers are clinic - based employees, not strictly school - based

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CURRENT CHALLENGES

DISCUSSION

What is the greatest barrier your organization faces to providing high-quality behavioral health care at your SBHC?

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CURRENT CHALLENGES

DELIVERING BEHAVIORAL HEALTH SERVICES IN SBHCS

- Workforce recruitment, training, and retention
- Demand for services exceeding available capacity.
- Fragmented care coordination across systems.
- Limited collaboration and communication with school partners.
- Inconsistent workflows and operational processes at the School level.
- Low parent and caregiver engagement.
- Disruptions in service continuity during school breaks.
- Staff strain and provider burnout.
- Language, cultural barriers, and stigma impacting engagement.

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SCREENING PRACTICES

DISCUSSION

What screening tools are you currently using in your SBHC?

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BEHAVIORAL HEALTH SCREENING TOOLS IN SBHC SETTINGS

STANDARDIZED TOOLS

- PHQ-A & PHQ-9
- GAD-7
- CRAFFT
- C-SSRS

UNIVERSAL SCREENING

PRESCREENING FOR ALL PRIMARY CARE VISITS FOR PATIENTS AGES 12+

WORKFLOW TRAINING

- CONSISTENCY
- DOCUMENTATION
- TRIAGE

EQUITABLE ACCESS

- EARLY IDENTIFICATION
- TIMELY REFERRAL & ACCESS TO CARE

HOW SCREENING WORKS

- Screening initiates every SBHC visit
- Embedded in clinical workflows
- Consistency
- Accurate documentation
- Linkage to provider
- Tracking & monitoring

WHY SCREENING WORKS

Screening As Prevention

- Comprehensive approach identifies students who are less likely to be referred through traditional pathways
- Increases detection of unmet needs during physical health visits
- Connects students to appropriate and timely care in real-time
- Intervenes before a student reaches crisis

WHY SCREENING WORKS

Leveraging An Interdisciplinary SBHC Model

- Integrates patient care across medical, behavioral health, and dental teams
- Ensures the right level of support
- Connects students to care earlier
- SBHCs serve as an access point to other resources

WHY SCREENING WORKS

Rural Care Realities

- No inpatient pediatric psychiatry locally
- Off-island transfer for hospital admissions
- Limited beds, long wait times
- Limited outpatient resources
- Screening reduces escalation to a higher level of care
- Screening keeps care closer to home and the community
    - Reduces disruptions in routine for the student and the family
    - Promotes stability
    - Reduces travel burden

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REFERRAL SYSTEMS

BEHAVIORAL HEALTH REFERRAL SYSTEMS IN SBHC SETTINGS

STANDARDIZATION

STANDARDIZED REFERRAL FORM AND INTAKE PROCESS

OPEN REFERRALS

REFERRALS ACCEPTED FROM A VARIETY OF SOURCES

WORKFLOW TRAINING

- CLEAR ASSIGNMENTS
- SHARED TRACKING DOCUMENTS
- CLOSED- LOOP COMMUNICATION

PRIORITIZATION

TIMELY ASSESSMENT AND CONNECTION TO APPOPRIATE LEVEL OF CARE

HOW REFERRALS WORK

- Fillable referral form
- Referrals from open sources
- Self-referrals
- Internal referrals

HOW REFERRALS WORK

- Standardized intake workflow
  - Prioritization based on acuity
  - Early identification for higher level of care
  - Shared EHR documentation
  - Shared tracking
  - Closed-loop communication

A	B	C	D	E	F	G	H	I	J	K	L	M
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OPTIMIZING REFERRALS

- Universal Use of Consent to Release of Information (ROI)
- Responsible Information Sharing
- Strengthened School - SBHC Collaboration

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MULTI- TIERED SYSTEM OF SUPPORT

HOW THE MTSS WORKS

Integrating SBHCs Into School Support Frameworks

- SBHCs as a part of the School's Multi-Tiered Support System(MTSS)
  - SBHCs are one component of a broader system of student support
  - Student BH needs cannot be met by a single program or service
- Shared Responsibility
- Why MTSS Matters
  - Matches students to the right level of support
  - Reduces duplication and fragmentation

KEY STRATEGIES TO SUSTAIN MTSS

RELATIONSHIPS

ON SITE SBHC TEAM WORKS CLOSELY WITH SCHOOL MTSS PARTNERS

COMMUNICATION

USE OF ROI ENHANCES COLLABORATION

COLLABORATION

REGULAR ATTENDANCE OF PEER REVIEW AND MTSS MEETINGS

DATA SHARING

SHARING PERFORMANCE DATA STRENGTHENS LEADERSHIP SUPPORT

HOW THE MTSS WORKS

Rural Care Realities

Challenge: Overburdened school staff, high caseloads, frequent turnover

- Date-driven triage
- Stable staffing
- Regular training

Challenge: Complex and outdated structures in the education system

- Standardized workflows and referral pathways
- Leverage SBHCs as an access point

Challenge: Historical and ongoing cultural distrust of healthcare systems

- Reliability, consistency, transparency, and collaboration
- Culture & relationship-based care

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FAMILY ENGAGEMENT

DISCUSSION

On a scale from 1 to 5, how effectively do you feel your SBHC engages parents and caregivers?

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DISCUSSION

Which strategies does your SBHC use to engage families and include them in their child's care?

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What strategies does your SBHC use to engage families and include them in their child's care?

Responses can be up to 200 characters and will appear here.

You can group responses if you get more than 10.

Turn on voting so people can flag their favorite responses.

menti.com

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0 of 2 responded

STRATEGIES FOR ENGAGING PARENTS & CAREGIVERS

ADDRESS BARRIERS

TIME, TRANSPORTATION, LANGUAGE, HEALTH LITERACY, MISTRUST, STIGMA

OUTREACH & FOLLOW-UP

CLEAR COMMUNICATION FROM INTAKE TO DISCHARGE

LETTERS & SURVEYS

PLAIN LANGUAGE PARENT HANDOUTS, LETTERS AND QUESTIONNAIRES

ACCESSIBILITY

FACE-TO-FACE, PHONE, PORTAL MSGS
CONTINUITY DURING BREAKS & HOLIDAYS

KEY TAKEAWAYS

School Based Health Center

- Strengthen understanding of community needs & challenges
- Implement universal, early screening & identification
- Develop streamlined, accessible referral pathways
- Integrate SBHC services across support systems
- Build strong & collaborative family & school partnerships

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Q&A

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CONTACT

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VISIT US ONLINE

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Mahalo!

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