Needs Assessment of Oregon's School-Based Health Center Mental Health System

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Executive Summary
Identified Areas of Need for the Oregon School-Based Health Center (SBHC) Mental Health System

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Unmet Mental Health Care Needs*

34 middle and high school SBHCs (22 with a mental health provider) completed 590 responses to the question *"During the past 12 months, did you have any **emotional or mental** health care needs that were NOT met (count any situation where you thought you should see a counselor, social worker or other mental health professional)?"*

- In SBHCs **without** a mental health provider, 17% of students responded yes to having any unmet emotional or mental health care need.
- In SBHCs **with** a mental health provider, 7% of students responded yes to having any unmet emotional or mental health care need.

Having a mental health provider in the SBHC, significantly decreased the likelihood of reporting an unmet emotional or mental health care need in the past year.

Mental Health Staffing**

28 out of the surveyed 42 SBHCs (67%) have a mental health provider on site (averaging 26 hrs/wk of mental health provider time):

- 6/7 elem. school SBHCs (averaging 33 hrs/wk mental health provider time)
- 2/6 middle school SBHCs (averaging 11 hrs/wk mental health provider time)
- 20/27 high school SBHCs (averaging 25 hrs/wk mental health provider time)
- 0/1 K-12 SBHC
- 0/1 Elem/Middle school SBHC

Aside from the two combined level schools, middle school SBHCs were identified as having the least number of mental health providers with the lowest number of provider hours/wk.

State Encounter Data***

The SBHC State Program Office received encounter data for mental health providers from 18 out of 44 SBHCs. Ten centers that have a mental health provider on site were unable to report mental health provider encounter data.

Further work needs to be done to identify the exact barriers to providing the State with the mental health encounter data for mental health providers from those 10 sites.

Frequently seen Mental Health Problems**

The most frequently seen mental health problems in the SBHCs as reported by providers:

- Social, interpersonal or family problems
- Anxiety, stress or school phobia
- Mood disorders
- Adjustment issues
- Aggression or disruptive behaviors

These topics can be targeted as future trainings for providers, particularly regarding mental health coding of visits.

Barriers**

The surveyed SBHCs identified the following barriers as a significant to serious barriers to providing mental health services:

1.) Operational costs
2.) Inadequate mental health staffing
3.) Lack of community based mental health services for uninsured/underinsured

Centers may need to locate additional funding sources specific to mental health services to help support operational costs and increase staffing. Sites may also try to recruit volunteer services or partner with teaching programs.

There is a need for more community based referral sources for uninsured/underinsured clients from the SBHC and/or the development of stronger community partnerships.

Effects of Funding Restrictions**

The top 3 most commonly identified issues affected by funding restrictions to a moderate or major extent were:

1.) Number of clients that can be seen
2.) Types of mental health services provided
3.) Number of sessions or duration of mental health services

In order to meet the demand of mental health services, additional funding sources need to be located to increase mental health service capacity and sustainability.

Screening Tools**

SBHC providers were asked to list any screening tools they used in the areas of depression, anxiety, suicide, developmental, ADHD, substance use/abuse, and other mental health areas not listed. There were a wide range of responses within each category. Some centers listed global screening tools (i.e. GAPS) and others provided names of tools specific to a topic.

Based on the wide range of screening tools being used in SBHCs, more guidance and technical assistance on using specific evidence-based screening tools may be necessary.

<u>Trainings</u>**

The top 5 most requested trainings

1.) Eating disorders
2.) Brief/solution focused treatment
3.) Screening tools
4.) Anxiety
5.) Self-harming behavior

The State Program Office can target future trainings on the above identified topics areas.

* Results from 2006-07 SBHC patient satisfaction survey,

** Results from 2006-07 SBHC mental health needs assessment survey

*** Results from 2006-07 SBHC state encounter data

Introduction

In 2006- 2007, the Oregon School-Based Health Center (SBHC) State Program Office, which is part of the Public Health Division, Adolescent Health Section at the Department of Human Services, conducted a mental health assessment survey among Oregon's SBHCs. The goal of the survey was to:

- Identify gaps and barriers to providing mental health services in the current SBHC mental health system
- Set priorities for further organizational development
- Identify technical assistance and training
- Provide data to support sustainable funding for mental and behavioral health services

The purpose of this report is to provide a detailed analysis of the results while highlighting strengths within the current SBHC mental health system and identifying areas of need or potential improvement.
Topics:

- Mental Health Staffing
- Referral Sources
- Frequently seen Mental Health Problems
- Mental Health Services
- Barriers to Providing Mental Health Services
- Effects of Funding Restrictions
- Screening Tools
- Training

All 44 certified SBHCs in Oregon received a one-time web-based questionnaire (8 topic areas, 31 questions). Forty-two centers completed the survey: they were located on seven elementary, six middle, 27 high, one K-12, and one elementary/middle school campuses. Either an SBHC mental health provider, another SBHC health care provider or a team of providers completed the questionnaire for each center.

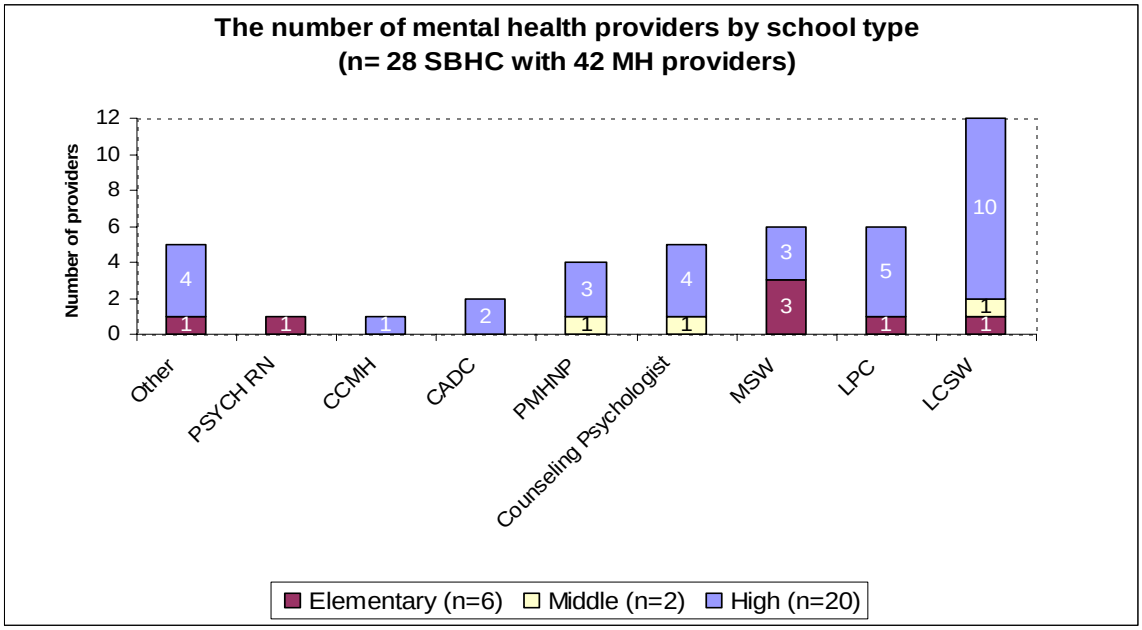
Assessment Survey Results

Mental Health Staffing

Sixty-seven percent of the surveyed SBHCs reported having a mental health provider on site at an average of 26 hrs/wk (33 hrs/wk for elementary school SBHCs, 11 hr/wk for middle school SBHCs and 25 hrs/wk for high school SBHCs.) Centers with mental health providers included six elementary, two middle and 20 high school SBHCs.

The definition of a mental health provider included any Masters level mental health specialist and did not include medical providers. Figure 1 shows the number of each type of mental health provider found in the surveyed SBHCs by school level.

Figure 1:



CADC: Certified Alcohol and Drug Counselor
CCMH: Certified Clinical Mental Health Counselor
LCSW: Licensed Clinical Social Worker
LPC: Licensed Professional Counselor
MSW: Master of Social Work
PMHNP: Psychiatric Nurse Practitioner
Psych RN: Psychiatric Registered Nurse
Other: 2 Masters in Counseling Psychology, 2 Marriage Family Therapist Interns, and 1 Psychologist Associate

Summary:
Twenty-eight out of the 42 surveyed SBHCs, 67%, reported having a mental health provider on site, with mental health providers found most often in high schools. This 67% is an increase from the 2005-06 school year when 58% of centers had mental health providers.

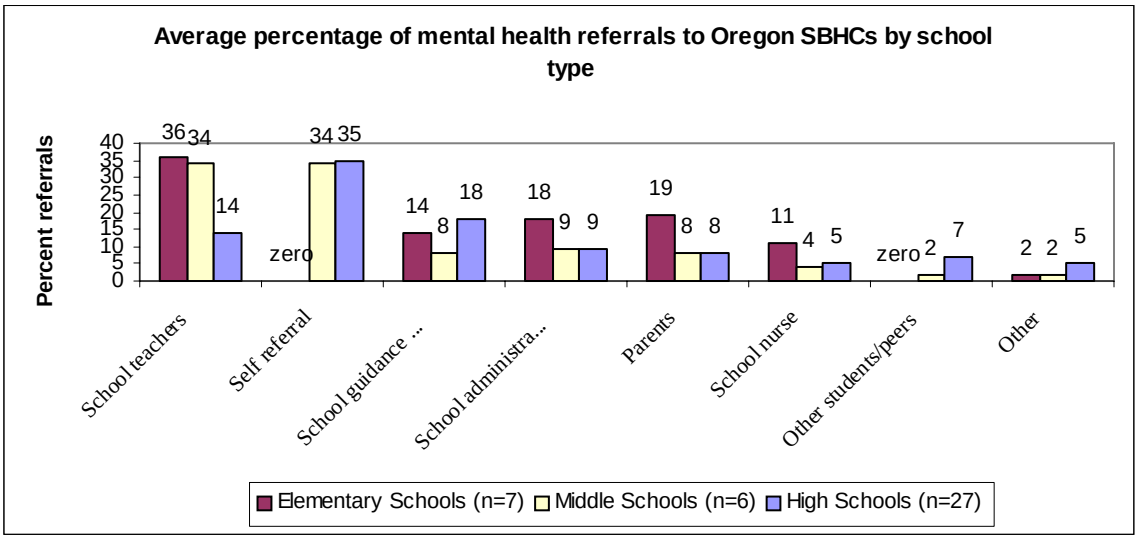
Although there were mental health providers found in all three SBHC school types, middle school SBHCs showed the fewest number of mental health providers and also offered the fewest mental health provider hours.

Referral Sources

Among all surveyed SBHCs, self-referral was the most common referral type (28%), followed by teachers (21%) and school guidance counselors (16%).

When broken down by school type, elementary school SBHCs reported schoolteachers as the most common referral source (36%) followed by parents (19%) and school administrators (18%). The most common middle school SBHC referral sources were self-referral (34%) and schoolteachers (34%) followed by school administrators (9%). High school SBHCs reported self-referrals as the most common referral source (35%) followed by school guidance counselor (18%) and schoolteachers (14%). Figure 2 shows the complete list of referral sources broken down by school type.

Figure 2:



Summary:

Based on survey results, SBHCs receive referrals for mental health care through a variety of referral sources both from school staff and parents. Parents and teachers seem to be fairly involved with referring younger children, whereas older adolescents seem most comfortable referring themselves. An indication of the transition from teacher referrals to self-referrals seems to occur in middle schools where both schoolteachers and self-referrals as more common referral sources.

While most referrals were coming from adult figures in the school or community, the school nurse seemed to play a minimal role in referring to the SBHC. In addition, students do not seem to refer their peers to the SBHC either. Further in this report, survey results show how stigma and confidentiality, which historically were issues related to accessing care, were not considered barriers in the SBHCs from the providers' perspective. (See Appendix Figure 8.)

"Other" referral sources included school health advocates, outreach workers and school tour guides (i.e. eighth graders learned about the SBHC when they toured the local high school).

Frequently seen Mental Health Problems

(See Appendix for full graphs.)

SBHCs were asked to rank their top three most frequently seen mental health problems for males and females. The following tables provide the results broken down by gender and school type.

Elementary school SBHCs (n=7):

	Ranked 1st	*Ranked 2nd*	*Ranked 3rd*
Males	Social, interpersonal or family problems	Aggression or disruptive behaviors	Adjustment issues
Females	Adjustment issues	Social, interpersonal or family problems	Anxiety, stress or school phobia

Middle school SBHCs (n=6):

	Ranked 1st	*Ranked 2nd*	*Ranked 3rd*
Males	Aggression or disruptive behaviors	Social, interpersonal or family problems	Anxiety, stress or school phobia
Females	Social, interpersonal or family problems	Anxiety, stress or school phobia	Mood Disorders

High school SBHCs (n=27):

	Ranked 1st	*Ranked 2nd*	*Ranked 3rd*
Males	Social, interpersonal or family problems	Anxiety, stress or school phobia	Mood Disorders
Females	Social, interpersonal or family problems	Anxiety, stress or school phobia	Mood Disorders

Although there were some variations in the responses, most SBHCs reported seeing the same five mental health problems most frequently. In addition, there were no significant differences in responses when the data was broken down by SBHCs with mental health providers and SBHCs without.

Summary:
The survey results regarding mental health problems and differences between school levels were very similar to results from previous studies regarding school mental health services (*School Mental Health Services in the United States*, SAMHSA 2002-2003).

The lack of difference between those SBHCs with mental health providers and SBHCs without suggests that students may see the SBHC as a place to receive mental health care regardless of the actual type of staff found in the center.

Mental Health Services

(See Appendix for full graphs.)
All surveyed SBHCs reported providing mental health screening and triage services. Other mental health services that can be found at more than half of the centers were: tracking/follow-up (90%), brief/solution-focused therapy (88%), conflict resolution (86%), crisis intervention (86%), skill building (83%), grief/loss therapy (81%), case management (79%), mental health diagnosis (76%), complete mental health assessment (76%), medication management/prescribing (76%), substance use/abuse counseling (73%), eating disorder counseling (68%), long-term therapy (57%). The least provided services were psychiatric evaluation (24%) and psychological testing (22%).

SBHCs *with* a mental health provider were significantly more likely to provide the following services: tracking/follow-up, conflict resolution, brief/solution-focused therapy, skill building, grief/loss therapy, case management, mental health diagnosis, substance abuse counseling and long-term therapy.

Differences were also observed when the data was broken down by school type; however, the number of sites for each school type was too small for significance testing

Summary:
Despite the fact that only 67% of the SBHCs having a mental health provider on site, a wide variety of mental health services are still being provided at centers. More than half of the centers reported providing 15 out of the 17 listed mental health services.

The presence of a mental health provider in the SBHCs significantly increased the likelihood of providing 10 out of the 17 services.

The differences observed among school types are probably due to the variation in mental health provider types found in the centers.

Barriers to Providing Mental Health Services
(See Appendix for full graphs.)
SBHCs were asked to rank a list of barriers to providing mental health services with 1 being "not a barrier" and 4 being a "serious barrier".

The average of the responses was calculated and only three factors were identified as being over the score of 3 (a significant to serious barrier): operational costs (3.5), inadequate mental health staffing (3.3) and lack of community based mental health services for uninsured/underinsured (3.2). The factors identified as least likely to act as a barrier were: difficulty coordinating care with other providers (i.e. DHS, community mental health) (1.8), lack of clinical training for mental health clinicians (1.6), lack of clinical supervision (1.5), and protecting student's confidentiality (1.4).

SBHCs *with* mental health providers were significantly more likely to report the following factors as barriers to providing care: paperwork requirements for SBHC mental health clinicians, language and cultural barriers, stigma associated with mental health services, perception by school staff that class time is lost with therapy and protecting student confidentiality. SBHCs *without* mental health providers were significantly more likely to report the following factors as barriers to providing mental health services in the SBHC: operational costs, inadequate mental health staffing in SBHC, and lack of access to psychiatrist.

Some significant differences were also observed when the information was broken down by urban versus rural SBHC locations. Rural SBHCs were significantly more likely to report lack of access to psychiatrist as barrier to providing mental health services. Urban SBHCs were significantly more likely to report language and cultural barriers and lack of clinical supervision as barriers.

The data was also broken down by school type, which revealed some differences. However, the numbers of sites for each school type were too small for significance testing.

Summary:
The factors identified as significant barriers to providing mental health services were mostly associated with cost and staffing. Confidentiality was identified as one of the least likely to act as a barrier in almost all SBHCs, which is traditionally seen as a barrier for the adolescent population in receiving mental health care in other health care settings.

All of the factors listed as significantly more likely to act as a barrier for SBHCs *with* mental health providers scored very low on the scale, indicating although there were significant differences they were not considered serious barriers to providing care. (See Appendix.)

Child psychiatrists are in high demand across the entire state and therefore it is not surprising that rural SBHCs report that access to a psychiatrist is a significant barrier. Urban sites identified language and cultural barriers, which are usually more of an issue in urban areas with diverse cultural communities. The lack of clinical supervision is most likely due to licensed mental health providers in the SBHC that practice independently and are not required to practice under further supervision. However, in bigger systems (multiple SBHCs operated by the same medical sponsor), which are usually in urban locations with more than one mental health provider, the lack of clinical supervision could cause practice inconsistencies across the sites, especially if clients access more than one center.

Effects of Funding Restrictions
(See Appendix for full graph)
SBHCs were asked to what degree certain issues were affected by funding restrictions.

More than half of the centers identified the following issues as being affected by funding restrictions to a *moderate or major* degree: number of clients that can be seen (86%), types of mental health services provided (74%), number of sessions or duration of mental health services (71%), providers considered eligible to provide services (62%), type of staff who can provide services (62%), number of uninsured/underinsured clients that can be seen (55%).

The only issue that was identified by less then half of SBHCs as being affected by funding restrictions to a *moderate or major extent* was location of service (33%).

When the data was broken down by whether or not the SBHC had a mental health provider, SBHCs *without* a mental health provider were significantly more likely to report the following issues as limited by funding restrictions to a *moderate or major* degree: types of mental health services provided, types of staff who can provide services, number of sessions or duration of mental health services, providers considered eligible to

provide services and location of service.

No significant differences were seen when the data was broken down by urban versus rural settings.

Even though the number of SBHCs within each school type is too small for significance testing, we observed some obvious differences among middle schools. All of the middle schools reported the number of sessions or duration of mental health services and types of staff who can provide services to be affected by funding restrictions to a moderate or major degree

Summary:
Funding restrictions seem to have a substantial affect on SBHCs and mental health care delivery, particularly regarding capacity and service provision. Most sites did not report the location of SBHC services to be affected by funding restrictions, which promotes the open access advantages associated with SBHCs.

Funding restrictions seem to affect similar factors to providing mental health services in all of the middle school SBHCs. The restrictions on funding possibly explain the lack of mental health providers found in middle schools and therefore the limited number of service hours they can provide.

Screening Tools
(See Appendix for full list of responses)
SBHC providers were asked to list any screening tools they used in the areas of depression, anxiety, suicide, developmental, ADHD, substance use/abuse, and other mental health areas not listed. There were a wide range of responses within each category. Some centers listed global screening tools (i.e. GAPS) and others provided names of tools specific to a topic.

Summary:
Based on the wide range of screening tools being used in SBHCs, more guidance and technical assistance on using specific evidence-based screening tools may be necessary.

Training
(See Appendix for full graph.)
SBHCs were given a list of mental health topics and asked to identify which topics they were interested in receiving more information or training. Respondents were able to choose as many areas as desired.

SBHCs identified eating disorders as the most common topic with 74% of sites wanting more information on this subject. The next most commonly identified training areas were brief/solution focused treatment (67%), screening tools (67%), anxiety (64%), and self-harming behavior (64%).

Summary:
Both the mental health providers and the non-mental health providers completed the survey and therefore it is difficult to differentiate which trainings were chosen by mental health providers or non-mental health providers. Nevertheless, regardless of the presence of an on-site mental health, most sites are providing a gamut of mental health services and therefore, trainings on mental health topics could benefit both groups.

Appendix: Full Graphs

Figure 1:

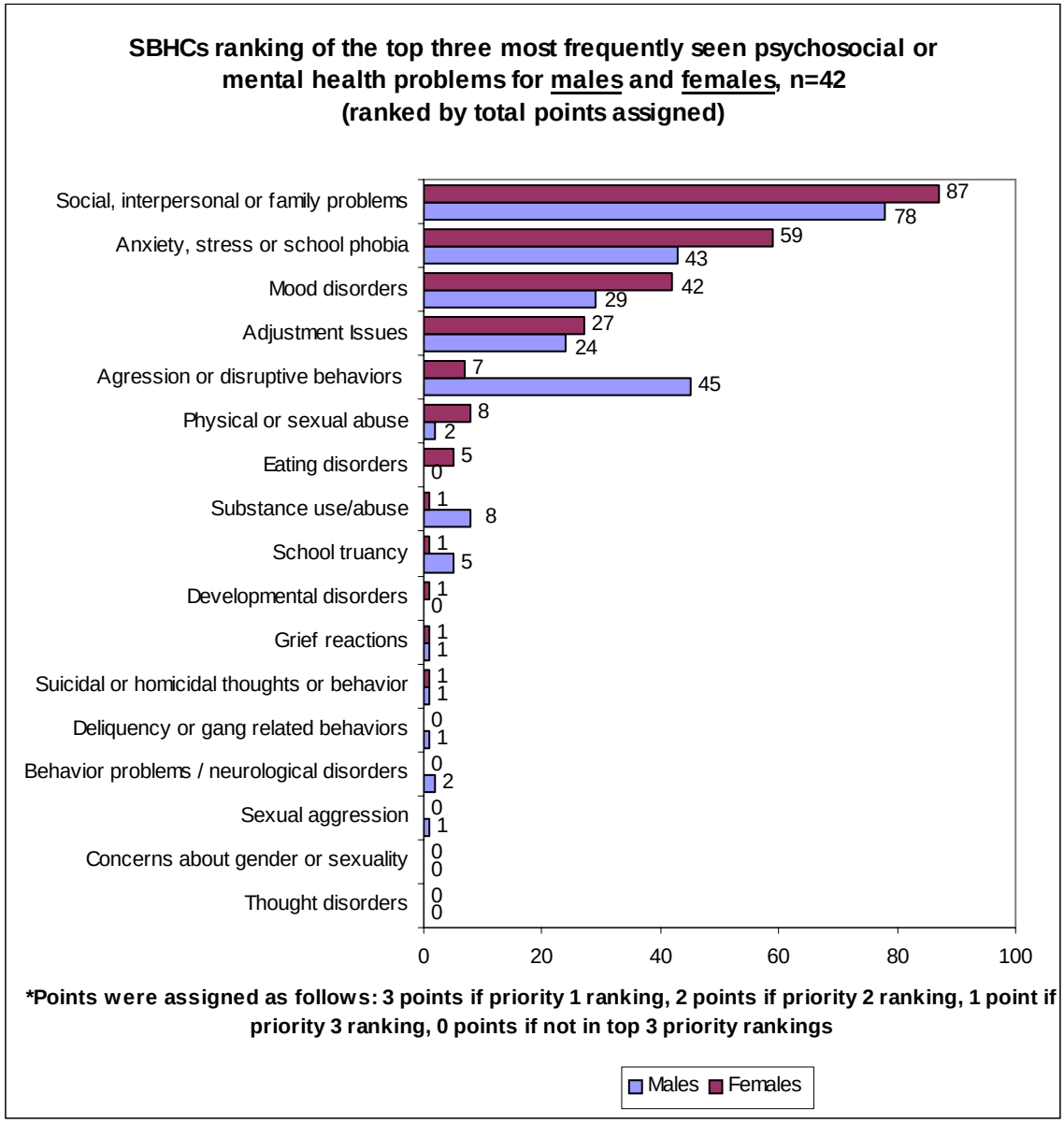


Figure 2:

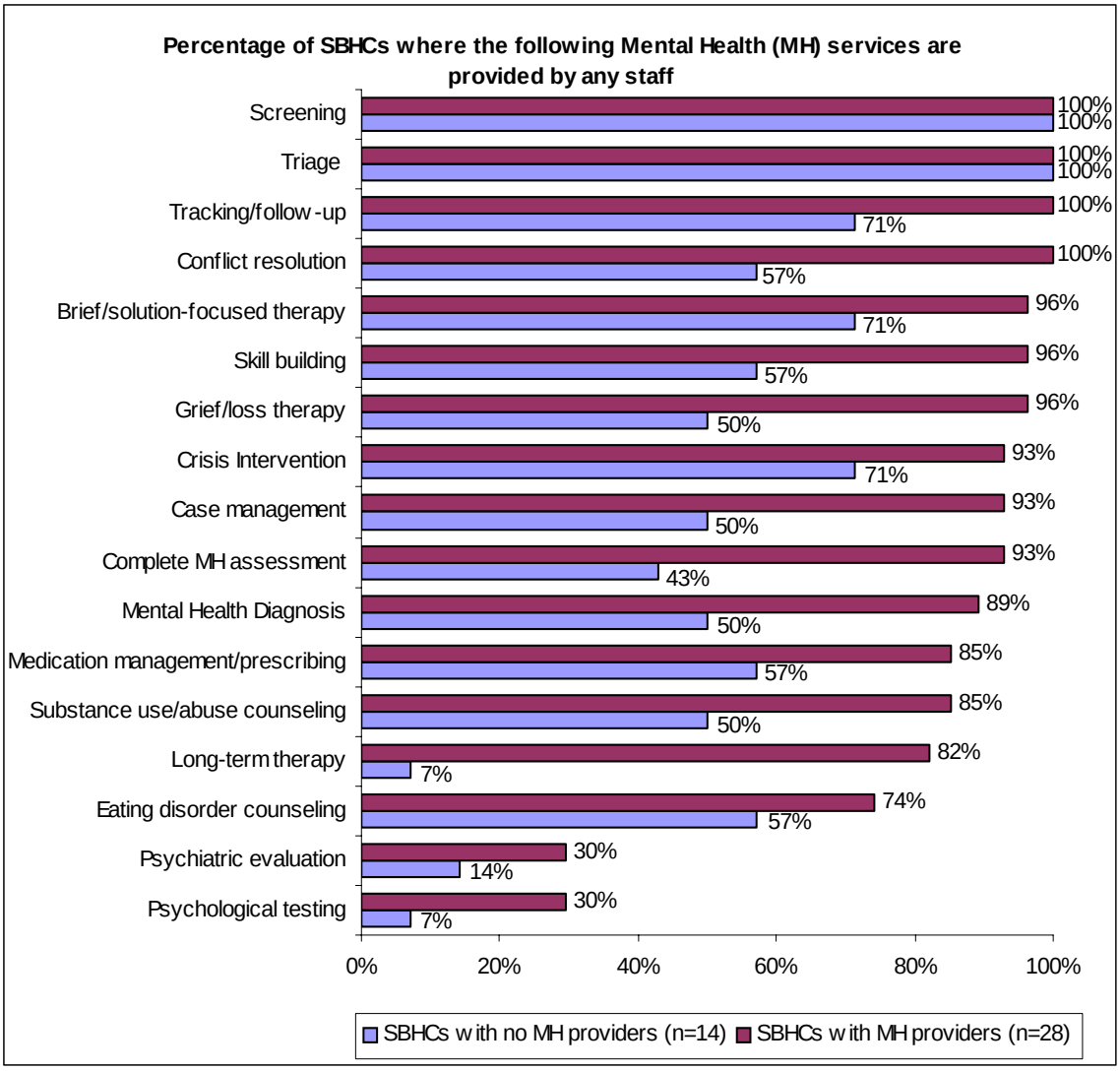

Percentage of SBHCs where the following Mental Health (MH) services are provided by any staff
Screening
Triage
Tracking/follow-up
Conflict resolution
Brief/solution-focused therapy
Skill building
Grief/loss therapy
Crisis Intervention
Case management
Complete MH assessment
Mental Health Diagnosis
Medication management/prescribing
Substance use/abuse counseling
Long-term therapy
Eating disorder counseling
Psychiatric evaluation
Psychological testing
100%
100%
100%
100%
100%
71%
100%
57%
96%
71%
96%
57%
96%
50%
93%
71%
93%
50%
93%
43%
89%
50%
85%
57%
85%
50%
82%
7%
74%
57%
30%
14%
30%
7%
0%
20%
40%
60%
80%
100%
SBHCs with no MH providers (n=14)
SBHCs with MH providers (n=28)

Figure 3:

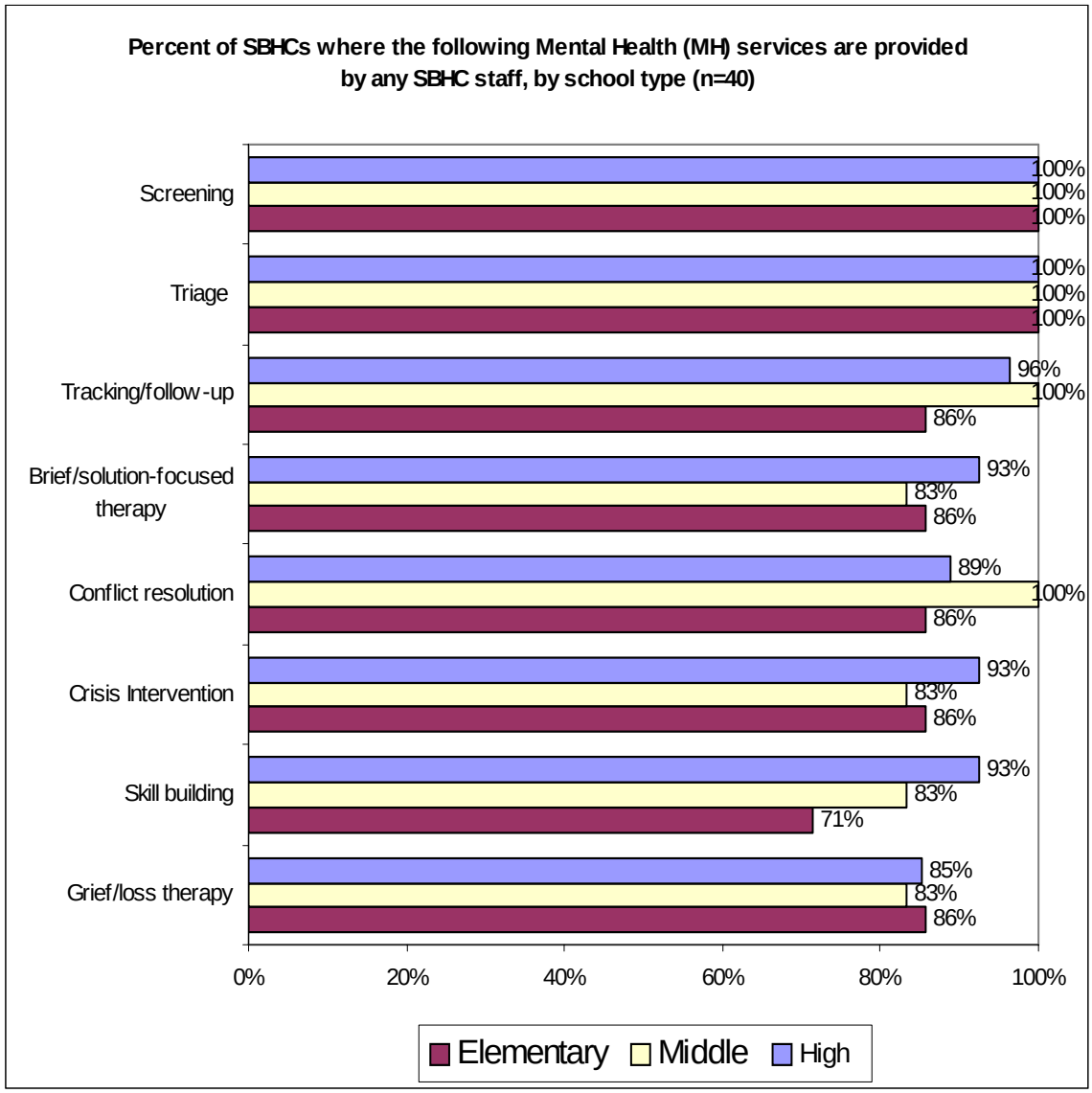

Percent of SBHCs where the following Mental Health (MH) services are provided by any SBHC staff, by school type (n=40)
Screening
100%
100%
100%
Triage
100%
100%
100%
Tracking/follow-up
96%
100%
86%
Brief/solution-focused therapy
93%
83%
86%
Conflict resolution
89%
100%
86%
Crisis Intervention
93%
83%
86%
Skill building
93%
83%
71%
Grief/loss therapy
85%
83%
86%
0%
20%
40%
60%
80%
100%
Elementary
Middle
High

Figure 4: Continuation of Figure 3

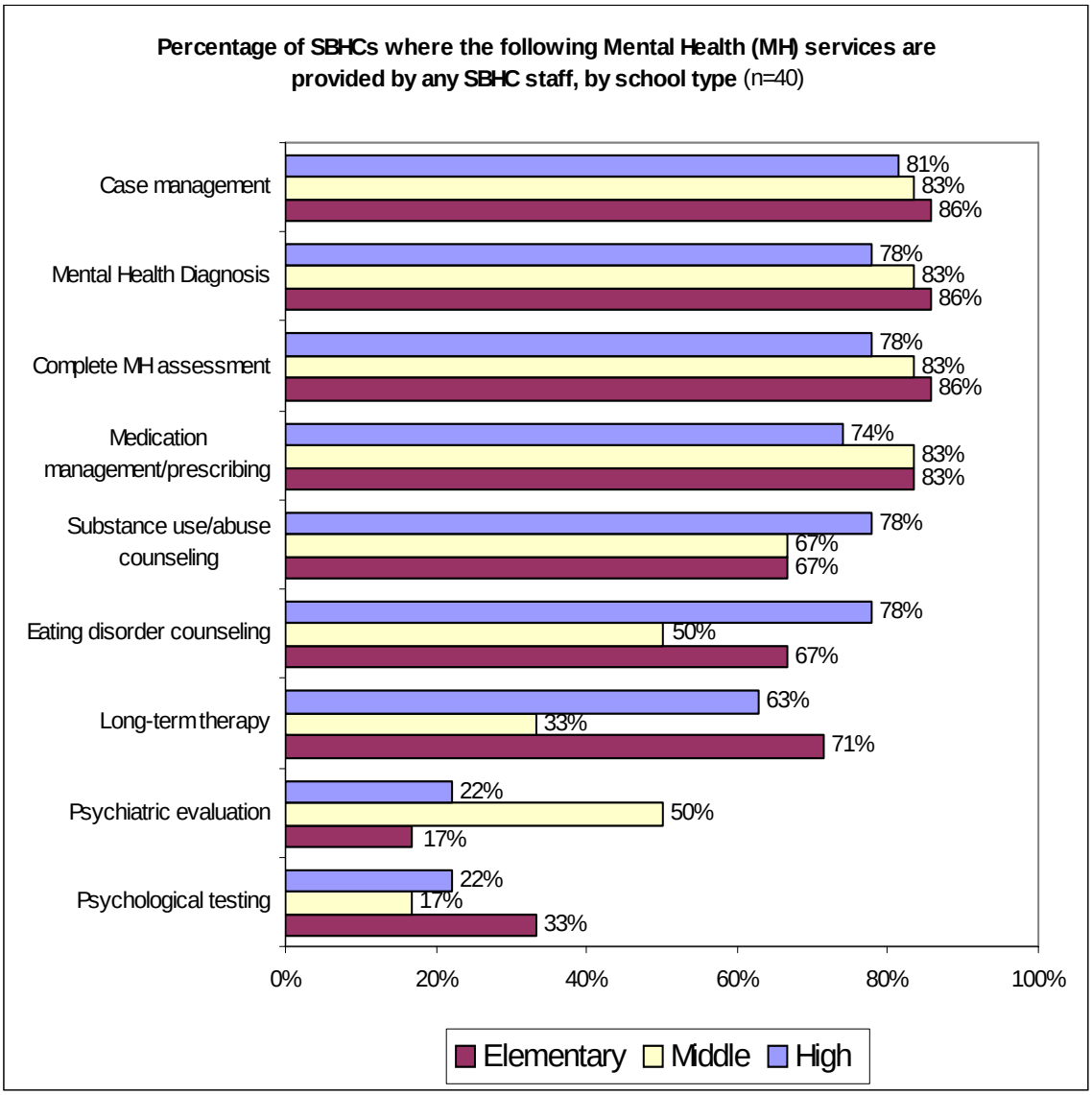


Figure 5:

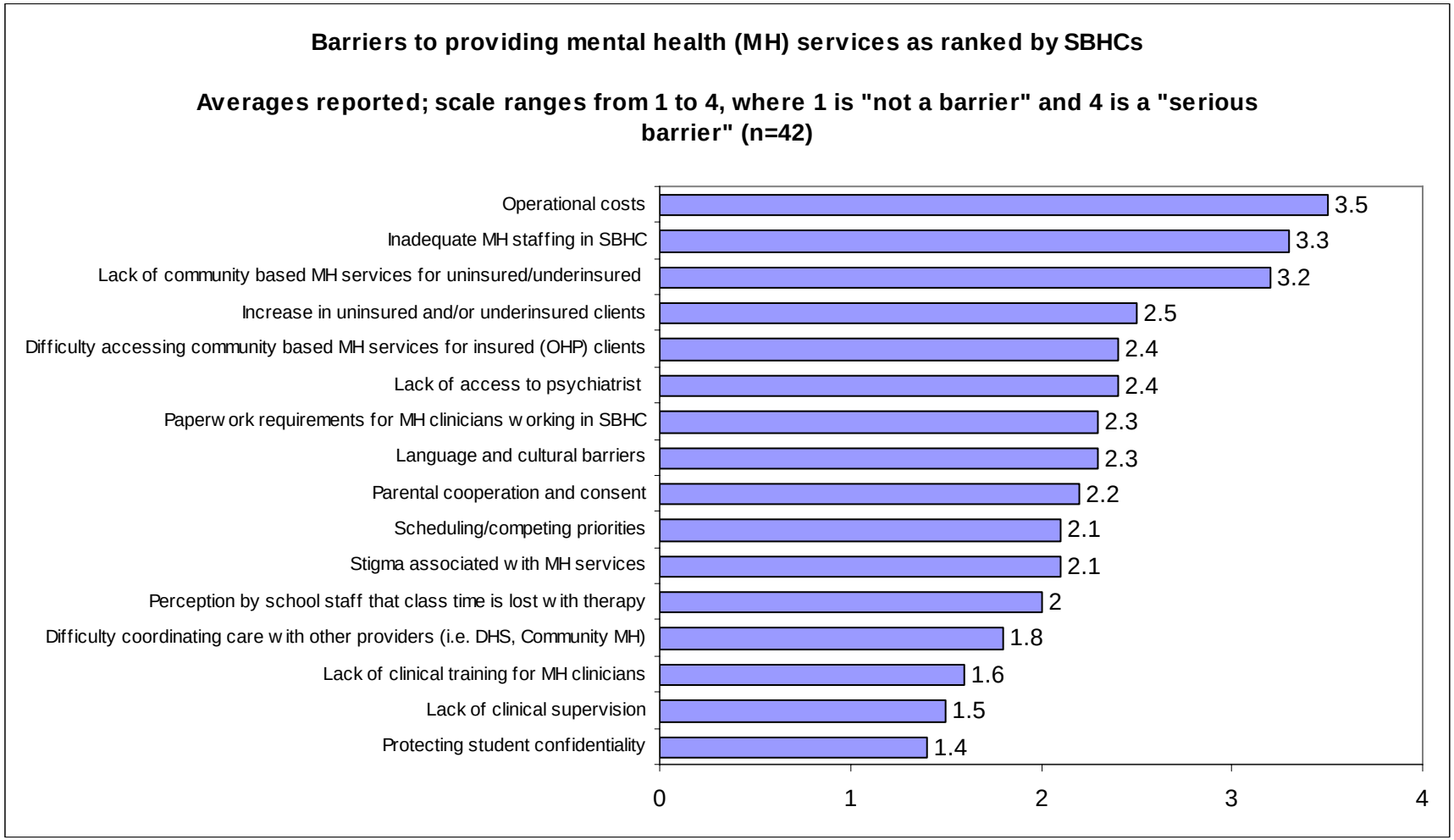

Barriers to providing mental health (MH) services as ranked by SBHCs
Averages reported; scale ranges from 1 to 4, where 1 is "not a barrier" and 4 is a "serious barrier" (n=42)
Operational costs
Inadequate MH staffing in SBHC
Lack of community based MH services for uninsured/underinsured
Increase in uninsured and/or underinsured clients
Difficulty accessing community based MH services for insured (OHP) clients
Lack of access to psychiatrist
Paperwork requirements for MH clinicians working in SBHC
Language and cultural barriers
Parental cooperation and consent
Scheduling/competing priorities
Stigma associated with MH services
Perception by school staff that class time is lost with therapy
Difficulty coordinating care with other providers (i.e. DHS, Community MH)
Lack of clinical training for MH clinicians
Lack of clinical supervision
Protecting student confidentiality
3.5
3.3
3.2
2.5
2.4
2.4
2.3
2.3
2.2
2.1
2.1
2
1.8
1.6
1.5
1.4
0
1
2
3
4

Figure 6:

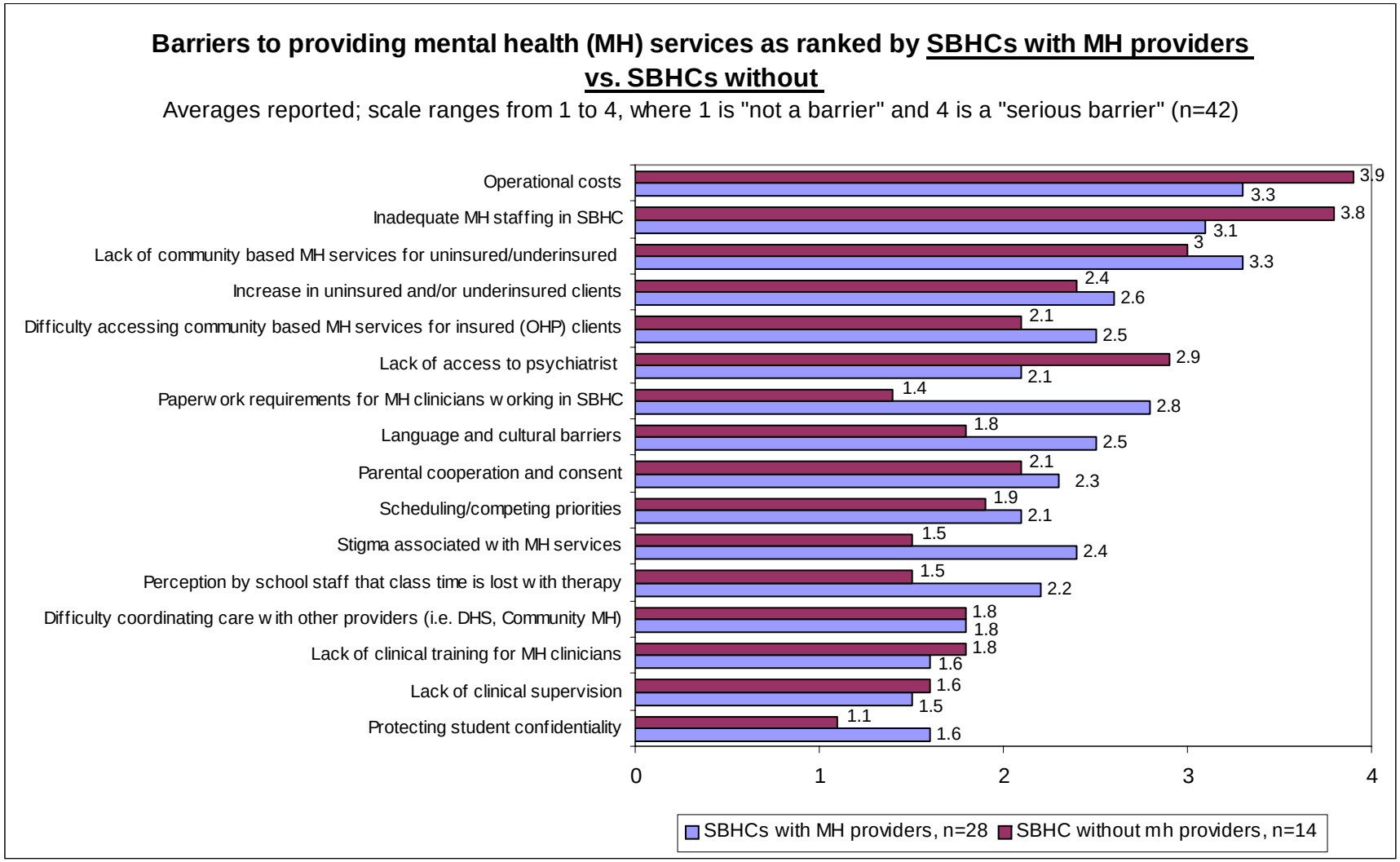

Barriers to providing mental health (MH) services as ranked by SBHCs with MH providers vs. SBHCs without
Averages reported; scale ranges from 1 to 4, where 1 is "not a barrier" and 4 is a "serious barrier" (n=42)
Operational costs
3.9
3.3
Inadequate MH staffing in SBHC
3.8
3.1
Lack of community based MH services for uninsured/underinsured
3
3.3
Increase in uninsured and/or underinsured clients
2.4
2.6
Difficulty accessing community based MH services for insured (OHP) clients
2.1
2.5
Lack of access to psychiatrist
2.9
2.1
Paperwork requirements for MH clinicians working in SBHC
1.4
2.8
Language and cultural barriers
1.8
2.5
Parental cooperation and consent
2.1
2.3
Scheduling/competing priorities
1.9
2.1
Stigma associated with MH services
1.5
2.4
Perception by school staff that class time is lost with therapy
1.5
2.2
Difficulty coordinating care with other providers (i.e. DHS, Community MH)
1.8
1.8
Lack of clinical training for MH clinicians
1.8
1.6
Lack of clinical supervision
1.6
1.5
Protecting student confidentiality
1.1
1.6
0
1
2
3
4
SBHCs with MH providers, n=28
SBHC without mh providers, n=14

Figure 7:

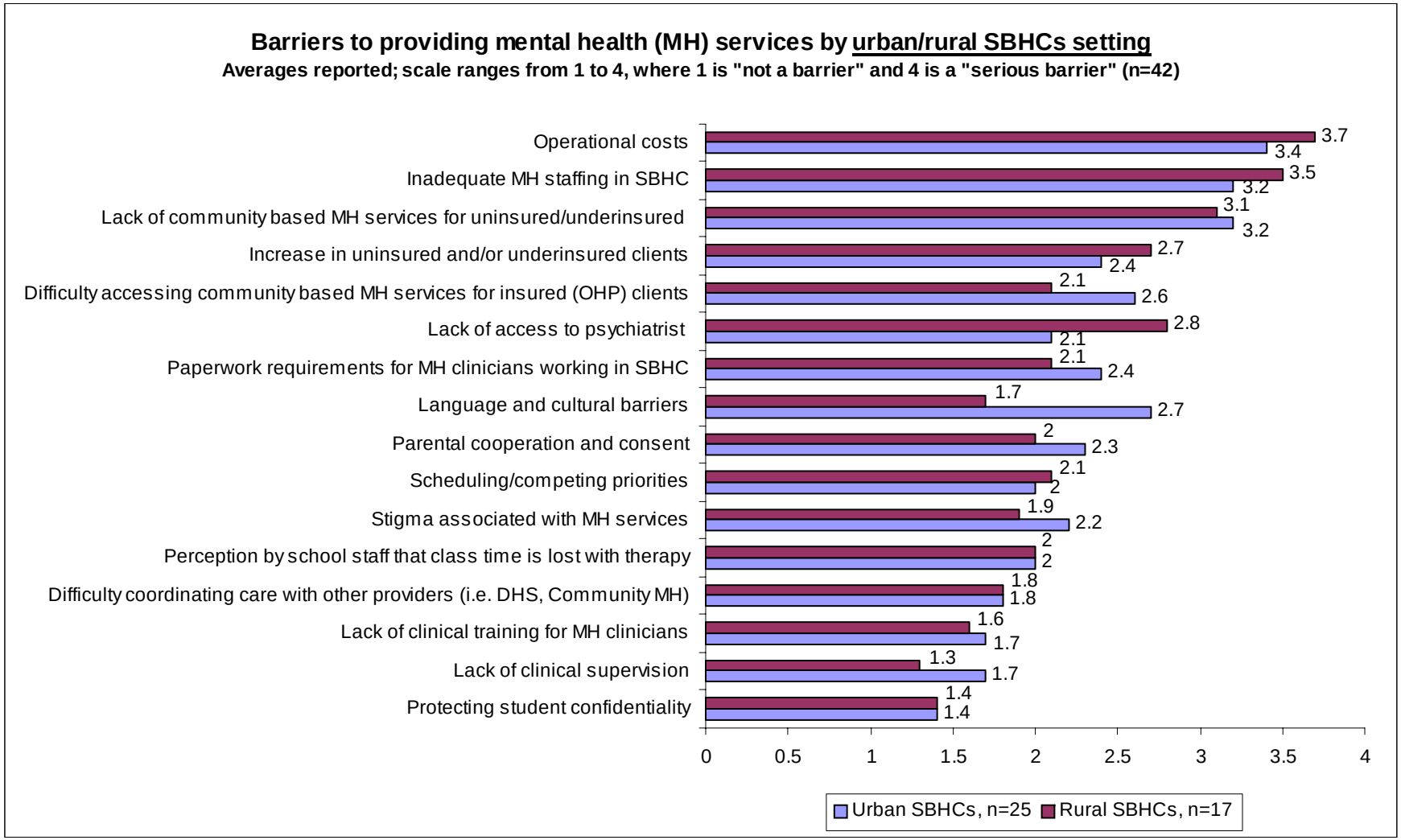

Barriers to providing mental health (MH) services by urban/rural SBHCs setting
Averages reported; scale ranges from 1 to 4, where 1 is "not a barrier" and 4 is a "serious barrier" (n=42)
Operational costs
3.7
3.4
Inadequate MH staffing in SBHC
3.5
3.2
Lack of community based MH services for uninsured/underinsured
3.1
3.2
Increase in uninsured and/or underinsured clients
2.7
2.4
Difficulty accessing community based MH services for insured (OHP) clients
2.1
2.6
Lack of access to psychiatrist
2.8
2.1
Paperwork requirements for MH clinicians working in SBHC
2.1
2.4
Language and cultural barriers
1.7
2.7
Parental cooperation and consent
2
2.3
Scheduling/competing priorities
2.1
2
Stigma associated with MH services
1.9
2.2
Perception by school staff that class time is lost with therapy
2
2
Difficulty coordinating care with other providers (i.e. DHS, Community MH)
1.8
1.8
Lack of clinical training for MH clinicians
1.6
1.7
Lack of clinical supervision
1.3
1.7
Protecting student confidentiality
1.4
1.4
0
0.5
1
1.5
2
2.5
3
3.5
4
Urban SBHCs, n=25
Rural SBHCs, n=17

Figure 8:

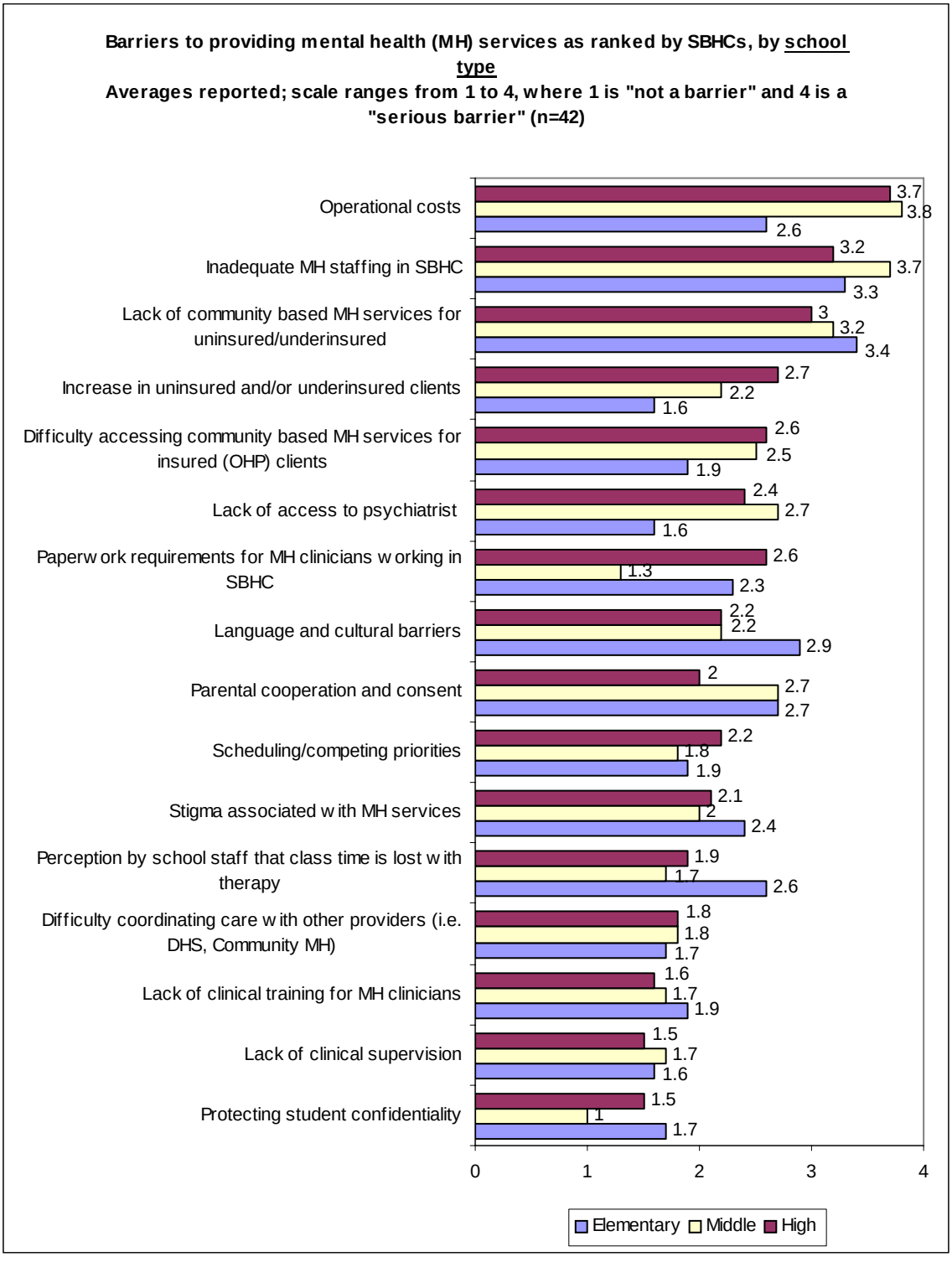

Barriers to providing mental health (MH) services as ranked by SBHCs, by school type
Averages reported; scale ranges from 1 to 4, where 1 is "not a barrier" and 4 is a "serious barrier" (n=42)
Operational costs
3.7
3.8
2.6
Inadequate MH staffing in SBHC
3.2
3.7
3.3
Lack of community based MH services for uninsured/underinsured
3
3.2
3.4
Increase in uninsured and/or underinsured clients
2.7
2.2
1.6
Difficulty accessing community based MH services for insured (OHP) clients
2.6
2.5
1.9
Lack of access to psychiatrist
2.4
2.7
1.6
Paperwork requirements for MH clinicians working in SBHC
2.6
1.3
2.3
Language and cultural barriers
2.2
2.2
2.9
Parental cooperation and consent
2
2.7
2.7
Scheduling/competing priorities
2.2
1.8
1.9
Stigma associated with MH services
2.1
2
2.4
Perception by school staff that class time is lost with therapy
1.9
1.7
2.6
Difficulty coordinating care with other providers (i.e. DHS, Community MH)
1.8
1.8
1.7
Lack of clinical training for MH clinicians
1.6
1.7
1.9
Lack of clinical supervision
1.5
1.7
1.6
Protecting student confidentiality
1.5
1
1.7
0
1
2
3
4
Elementary
Middle
High

Figure 9:

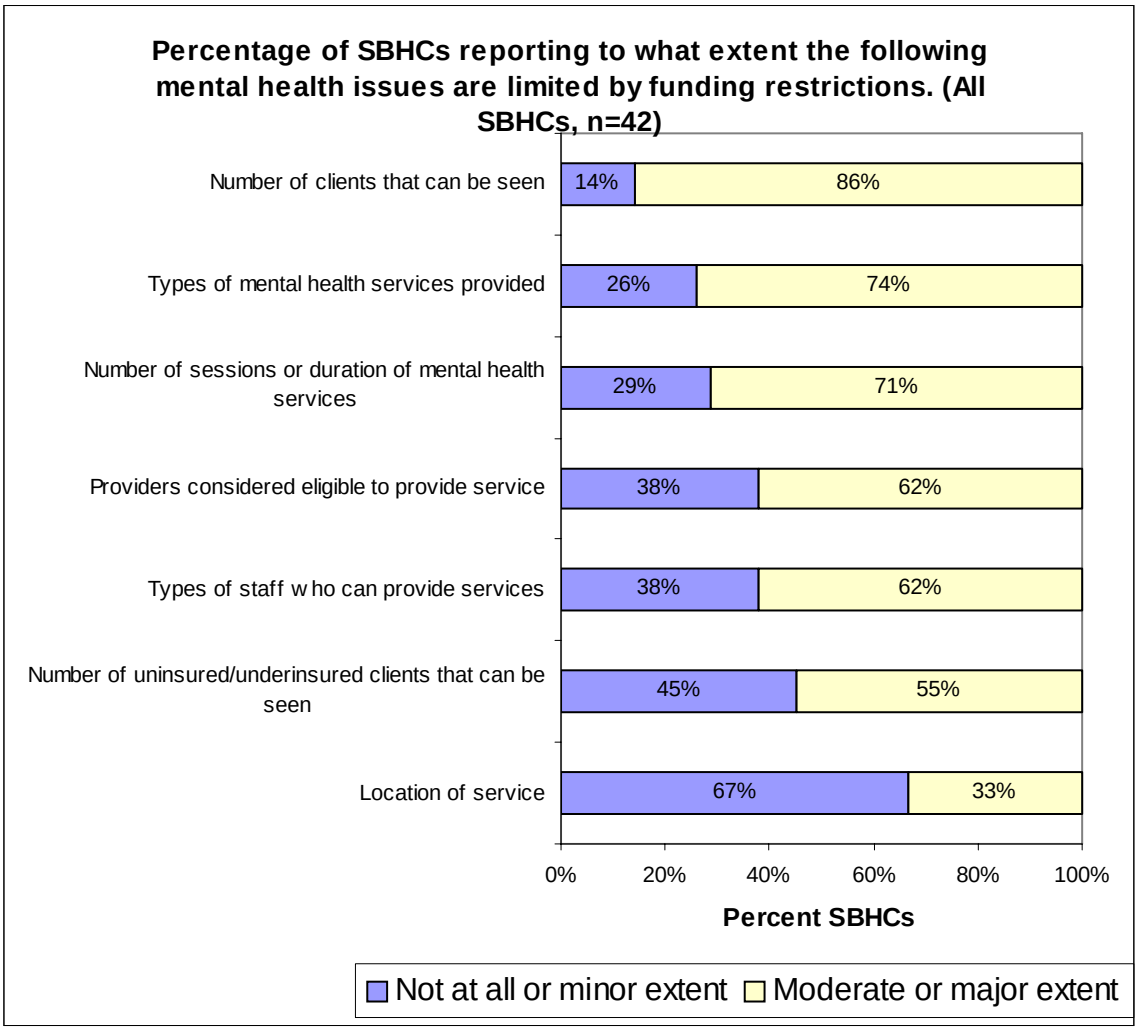

Percentage of SBHCs reporting to what extent the following mental health issues are limited by funding restrictions. (All SBHCs, n=42)
Number of clients that can be seen
14%
86%
Types of mental health services provided
26%
74%
Number of sessions or duration of mental health services
29%
71%
Providers considered eligible to provide service
38%
62%
Types of staff who can provide services
38%
62%
Number of uninsured/underinsured clients that can be seen
45%
55%
Location of service
67%
33%
0%
20%
40%
60%
80%
100%
Percent SBHCs
Not at all or minor extent
Moderate or major extent

Figure 10:

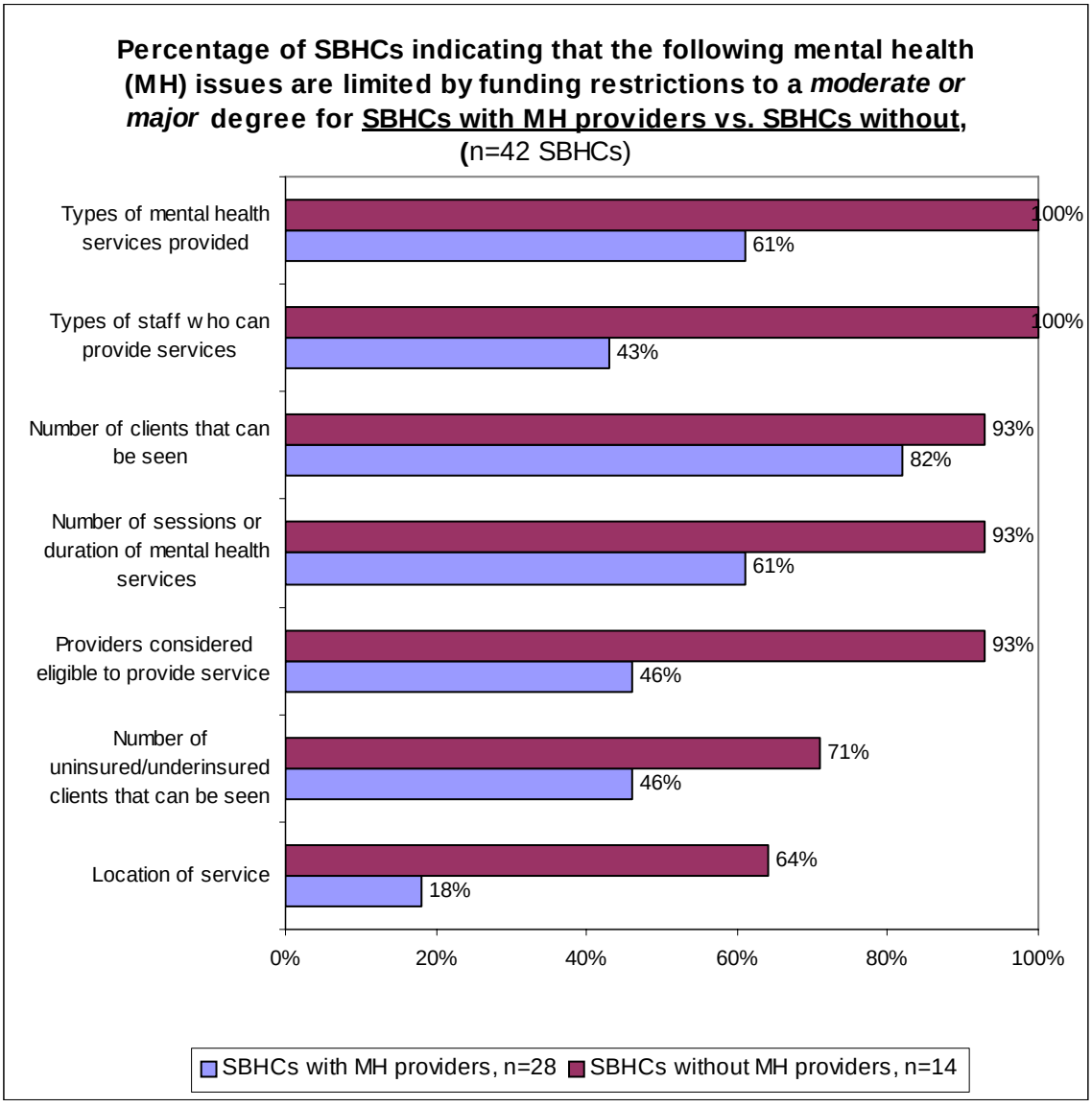

Percentage of SBHCs indicating that the following mental health (MH) issues are limited by funding restrictions to a *moderate or major* degree for SBHCs with MH providers vs. SBHCs without, (n=42 SBHCs)
Types of mental health services provided
100%
61%
Types of staff who can provide services
100%
43%
Number of clients that can be seen
93%
82%
Number of sessions or duration of mental health services
93%
61%
Providers considered eligible to provide service
93%
46%
Number of uninsured/underinsured clients that can be seen
71%
46%
Location of service
64%
18%
0%
20%
40%
60%
80%
100%
SBHCs with MH providers, n=28
SBHCs without MH providers, n=14

Figure 11:

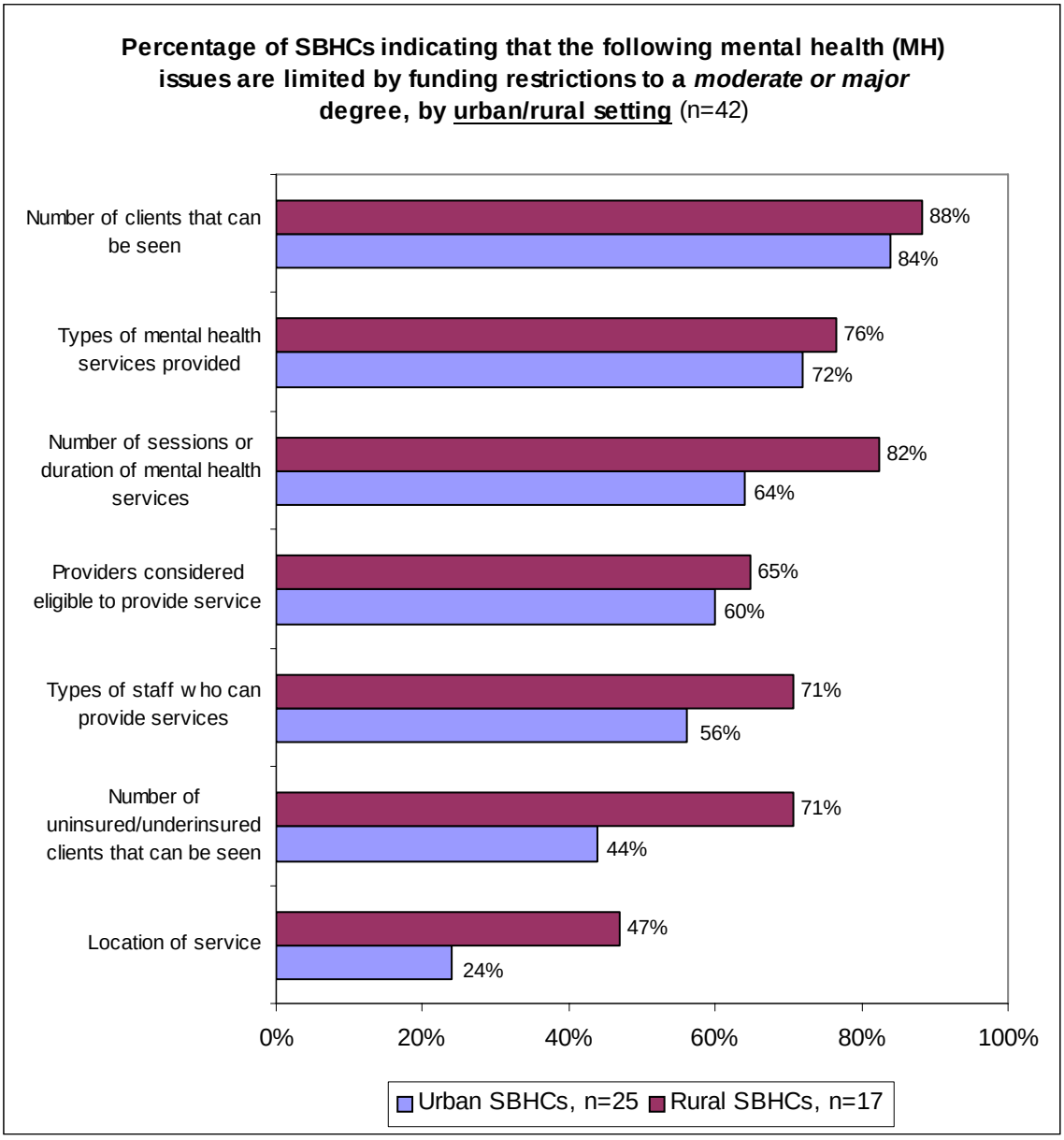

Percentage of SBHCs indicating that the following mental health (MH) issues are limited by funding restrictions to a moderate or major degree, by urban/rural setting (n=42)
Number of clients that can be seen
88%
84%
Types of mental health services provided
76%
72%
Number of sessions or duration of mental health services
82%
64%
Providers considered eligible to provide service
65%
60%
Types of staff who can provide services
71%
56%
Number of uninsured/underinsured clients that can be seen
71%
44%
Location of service
47%
24%
0%
20%
40%
60%
80%
100%
Urban SBHCs, n=25
Rural SBHCs, n=17

Figure 12:

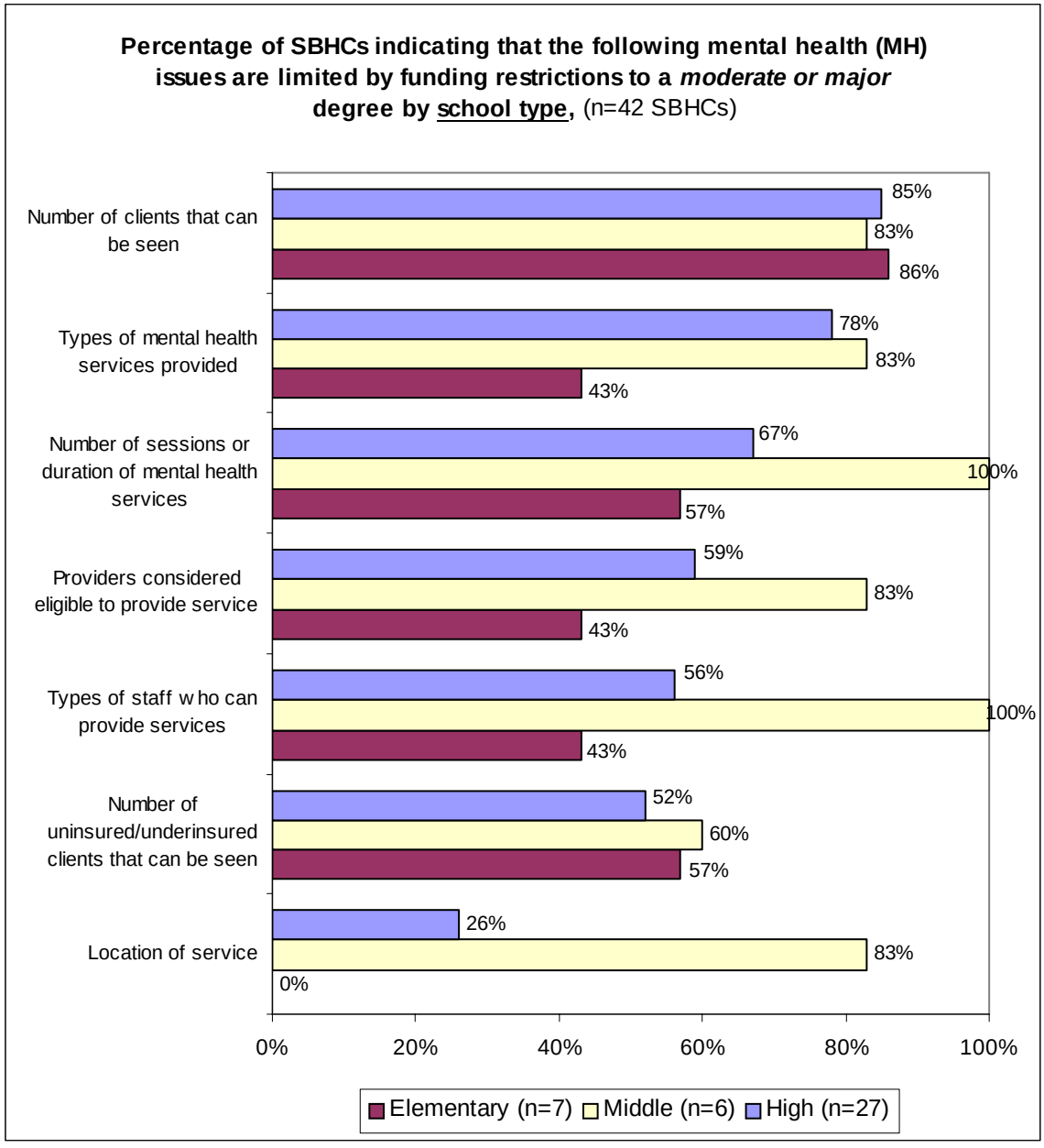

Percentage of SBHCs indicating that the following mental health (MH) issues are limited by funding restrictions to a moderate or major degree by school type, (n=42 SBHCs)
Number of clients that can be seen
85%
83%
86%
Types of mental health services provided
78%
83%
43%
Number of sessions or duration of mental health services
67%
100%
57%
Providers considered eligible to provide service
59%
83%
43%
Types of staff who can provide services
56%
100%
43%
Number of uninsured/underinsured clients that can be seen
52%
60%
57%
Location of service
26%
83%
0%
0%
20%
40%
60%
80%
100%
Elementary (n=7)
Middle (n=6)
High (n=27)

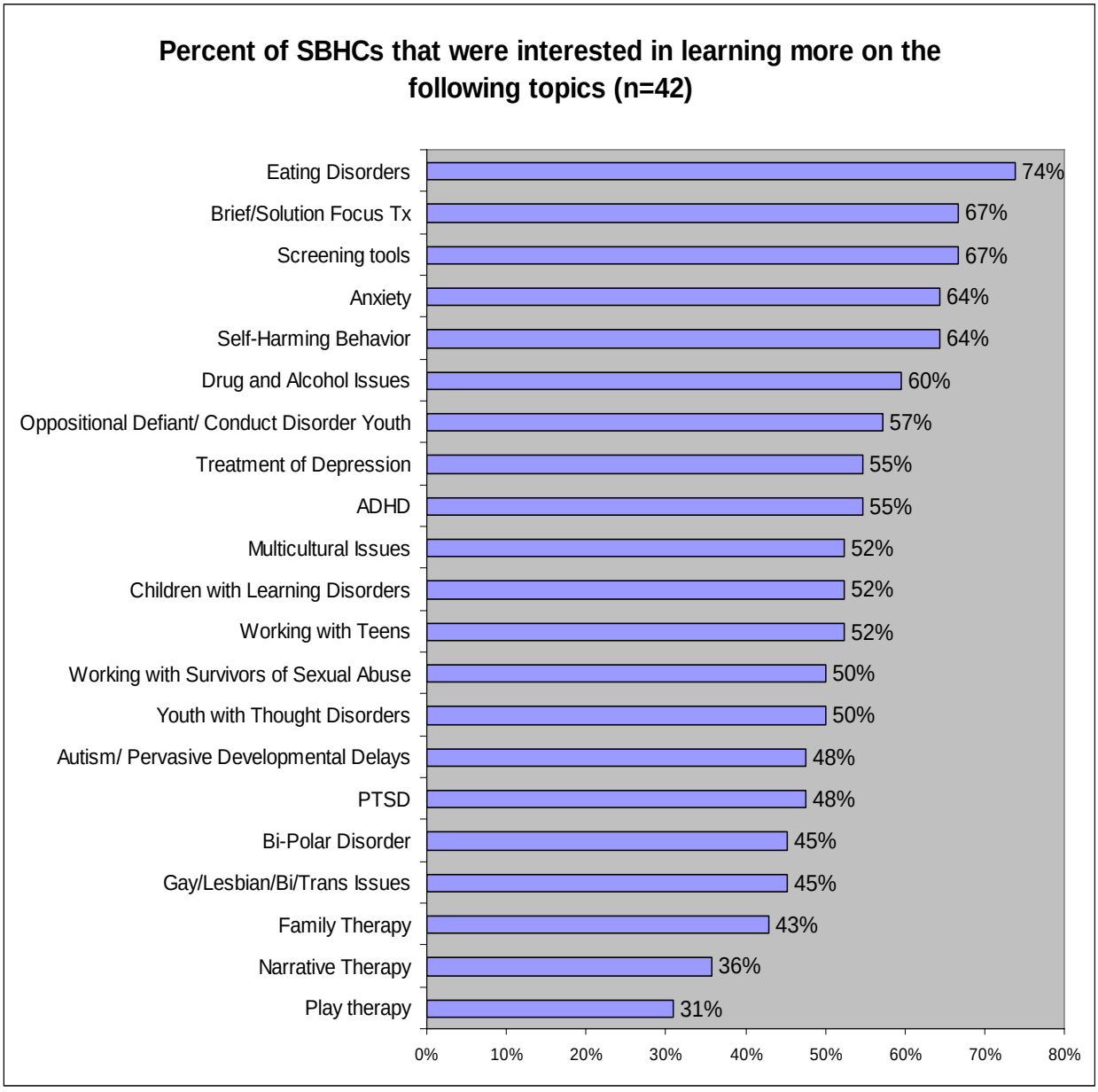
Figure 13:

Depression Screening Tools	# of sites using this tool
Beck	15
PHQ	11
CESD	4
Mood Disorder Questionnaire	3
Burns Inventory	3
Children's Depression Inventory	3
GAPS	3
TeenScreen	2
DSM-4	2
Hamilton	1
BASC SRP-C	1
Patient Questionnaire-Prime MD	1
Connors	1
Zung	1
Child and Adolescent Depression Scales	1
self-rating test from Forest Pharmaceuticals	1
Decision protocols for Acute Phase Recognition & Management	1
risk assessment	1
OMA Adol Risk Screen	1
Anxiety Screening Tools	**# of sites using this tool**
SCARED	7
Beck	5
Burns	4
GAPS	4
risk assessment	3
Hamilton	2
Connors	2
TeenScreen	2
DSM-4	2
Allina	1
Mood Disorder Questionnaire	1
OMA Adol Risk Screen	1
Patient Health Questionnaire	1
Brief MH Questionnaire	1
PHQ-9	1
Suicide Screening Tools	**# of sites using this tool**
TeenScreen	3
Beck	3
Local suicide protocol	3

Burns	2
DSM-4	2
risk assessment	2
Respond	1
self-interview	1
PHQ-9	1
OMA Adol Risk Screen	1
Mood Assessment Checklist	1
Connors	1
Developmental Screening Tools	**# of sites using this tool**
Beck	2
Burns	2
DSM-4	2
risk assessment	2
Denver Developmental Screening II	1
AAP guidelines	1
Connors	1
Education Questionnaire	1
KHC risk factor	1
Revised Developmental Screening Instrument	1
Early Screening Inventory,	1
DACE (speech)	1
ADHD Screening Tools	**# of sites using this tool**
Connors	11
Vanderbilt	9
Beck	4
Burns	2
DSM-4	2
ADHD	1
School Questionnaire	1
Parent Questionnaire	1
Ackenbach	1
Behavior Inventory Questionnaire	1
School Screen Tool	1
ADD clinic tool	1
Substance Use/Abuse Screening Tools	**# of sites using this tool**
PESQ	8
SASSI	4
GAPS	3
TeenScreen	2
Risk Assessment	2
Tobacco Education Group	1

Tobacco Awareness Program	1
self-interview	1
Adolescent Alcoholism Development Curve	1
OMA Adolescent Risk Screen	1
Motivational enhancement therapy	1
Other Screening Tools	**# of sites using this tool**
Obsessive Compulsive Inventory (CY-BOCS)	2
Behavioral And Emotional Rating Scale	2
Prevention Visit form	1
Child and Adol Services Intensity Instrument	1
Pediatric Bipolar Questionnaire	1
Child Disassociative Inventory (CDI)	1
Critical Risk Factors	1
Bipolar questionnaire from Forest Pharmaceuticals	1
Mood Disorder Evaluation	1
Mood Assessment Checklist	1
Asperger's Autism Scale	1

Figure 14:


Percent of SBHCs that were interested in learning more on the following topics (n=42)
Eating Disorders 74%
Brief/Solution Focus Tx 67%
Screening tools 67%
Anxiety 64%
Self-Harming Behavior 64%
Drug and Alcohol Issues 60%
Oppositional Defiant/ Conduct Disorder Youth 57%
Treatment of Depression 55%
ADHD 55%
Multicultural Issues 52%
Children with Learning Disorders 52%
Working with Teens 52%
Working with Survivors of Sexual Abuse 50%
Youth with Thought Disorders 50%
Autism/ Pervasive Developmental Delays 48%
PTSD 48%
Bi-Polar Disorder 45%
Gay/Lesbian/Bi/Trans Issues 45%
Family Therapy 43%
Narrative Therapy 36%
Play therapy 31%
0% 10% 20% 30% 40% 50% 60% 70% 80%