

Welcome

What do you call a
sleep walking nun?
A roamin' Catholic.

bhworks
Mental Health Software for Schools
mdlogix.com

Thank you for your work to bring more joy to students' lives!

Tell Us Who You Are

- In the chat, please put your name, organization, state and assessments you currently use (Columbia Suicide; GAD; BHS, etc).
- Share with your colleagues what you are doing right! Others could adapt it.
- During the presentations please put your questions in the chat and we will make sure they are addressed. We will also have time for discussion, comments, and questions.

18 States Represented Today

- Arkansas
- California
- Colorado
- Delaware
- Georgia
- Kansas
- Maine
- Maryland
- Michigan
- Minnesota
- Nevada
- New Jersey
- New York
- Ohio
- Pennsylvania
- Utah
- Vermont
- Washington



2nd Quarter Multi State Collaborative Meeting

The Multi State Collaborative, organized by mdlogix, *home of the [bhworks](#) student mental health software system*, was established in spring 2022 to enable those working to prevent, treat, and solve youth behavioral and mental health issues to collectively share best practices across states.

The collaborative meets every quarter (invitation only) for one hour on pressing topics chosen by the group. Its web page is <https://mdlogix.com/community/>

The Bigger Picture: Improve Mental Health & Save Lives

Share Best Practices in: Referral; Screening & Assessments; Safety Planning; Care Management/Coordination; Billing; Reporting

bhworks software platform as the integrated technology infrastructure

Share resources for grants and other funding source/availability (Project AWARE; GLS; etc.)

Share national policy and leading evidence-based trainings

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Presenters

Sean Perry, We R H.O.P.E., Founder and CEO,
and bhworks user for three years

**Marjorie McKee, Overview of the Behavioral
Health Screen (BHS) in bhworks.**



We R H.O.P.E. Inc.

"Preparing The People Of Today For The Anxieties Of Tomorrow"

We R H.O.P.E. Is Dedicated To Bringing Affordable And Accessible Education, Normalization And A Message Of Hope To Individuals struggling With Anxiety

Overview:

- ❖ Tier two intervention MTSS
- ❖ Private affordable coaching services to individuals of all ages
- ❖ School-based programs operating five days a week
(Sessions are half-hour long, part of a 60-90 day program.)
- ❖ Education and Training – Provided to youth, parents, schools, educators, etc.

Progress and Tracking:

- ❖ BH Works - Utilizing GAD-7 scales for assessment and diagnostics
- ❖ Measurements taken at the start, 30 days, 60 days, end (90 days).

Mental Health Literacy:

- ❖ [Pathways to Empower] Offering brain-based mental health literacy and wellness programs
- ❖ [National Empowerment Center] Providing Emotional CPR (eCPR) for individuals to gain the necessary skills to connect, empower, and revitalize themselves or others to handle emotional crises
- ❖ Trauma-informed interactive services, suicide prevention, and collaborative problem-solving



SEAN PERRY

PRESIDENT / CO FOUNDER



- ❖ Two decades of coaching experience and working with youth
- ❖ Managed two residential treatment centers for mental health
- ❖ Observed firsthand that mental health care was supporting "the haves" rather than the "have nots"

Certified:

- Life Coach
- Cognitive Behavioral Coach
- Nonviolent Crisis Intervention Specialist
- Instructor, certified in Childhood Trauma
- Exposure Response Prevention Specialist
- Signs of Suicide Prevention trainer
- Trained in collaborative problem solving
- International trainer in Emotional CPR

Board Director:

- National Empowerment Center (NEC)
- New England Mental Health Technology Transfer Center Network (MHTTC).

THE IMPACT OF MENTAL HEALTH LITERACY ON YOUTH



Success stories shared by our coaches, family members, or educators are a huge example of just how we can psychically see the growth and reduction of mental health struggles in youth.



THE STORY OF STUDENT CALEB:

Background:

- ❖ History of Violence
- ❖ Previous placement (TWICE) in a behavioral institution
- ❖ Family upheaval:
 - Mother incarcerated
 - Siblings split into multiple foster homes
- ❖ Trouble in school/class with physical confrontations with peers

What Worked?

- Mental Health Literacy/ understanding the what and why
- Identifying triggers and finding effective coping skills to prevent physical confrontation
- Problem solving with scripted scenarios
- Having a support system

The Outcome:

- ✓ Achieving straight A's in school
- ✓ Found a stable and supportive family who are moving forward with adoption
- ✓ Not engaging in physical violence
- ✓ Feeling more "Resilient and supported to choose better behavior"



WE ALSO LOOK AT THE DATA

We recently collaborated with Karen L. Fortuna, PhD, LICSW to study our data and it's effectiveness.

Examining:

- Supporting Youth Mental Health Challenges and Wellness in Rural New England

(Recently sent to the American Journal of Health Education for publication)

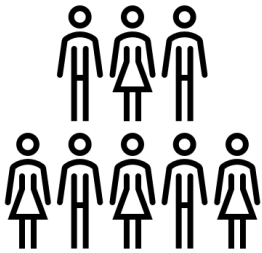
- ∅ The feasibility, acceptability, and preliminary effectiveness of School-Aged Mental Health Literacy.



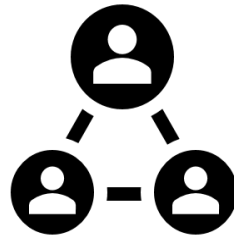
SCAN TO VIEW THE STUDY



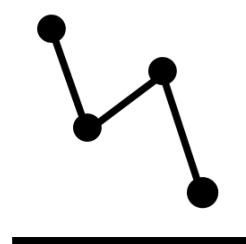
USING A POWERFUL SAMPLE



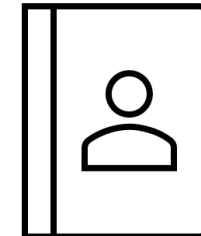
194 youth
participated



30.9% Female (n=60)
26.8% Male (n=52)
1 identified as other
81 did not respond



Ages 5 – 18
Average Age: 10.7



28 – White
16 – Black/ African American
1 – Asian
1 – (Two+ races)
Of the participants who reported race



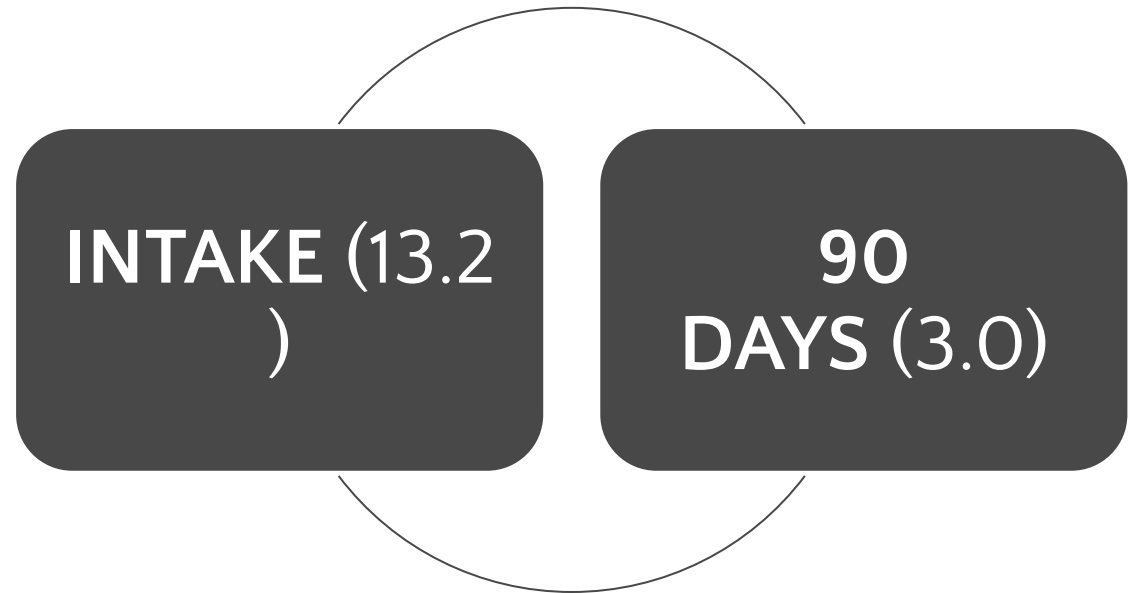
WE SEE THE RESULTS!

What does this show?

A) Just how effective of our approach is in delivering evidence-based interventions beyond traditional clinical environments with a focus on Mental Health Literacy.

B) Our methods deliver a promising and practical approach to decrease anxiety in children and adolescents

A paired sample t-test was run on 230 participants



Statistically significant decrease of 77.4%



SENDING YOU HOME



YOU ARE NOT ALONE!
WE R H.O.P.E. IS AVAILABLE 24/7



www.werhope.org



Info@werhope.org
(802) 440 - 1428



[@werhopeinc](https://www.facebook.com/werhopeinc)



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School-Based Anxiety and Mental Health Coaching Statistics

GAD-7 Results

The following are the average scores for students using the GAD-7. The GAD-7 is a scale that is commonly used to give an idea of how severe a person is experiencing anxiety based on their answers. Typically, they are scaled using the following:

0-4 = Minimal Anxiety

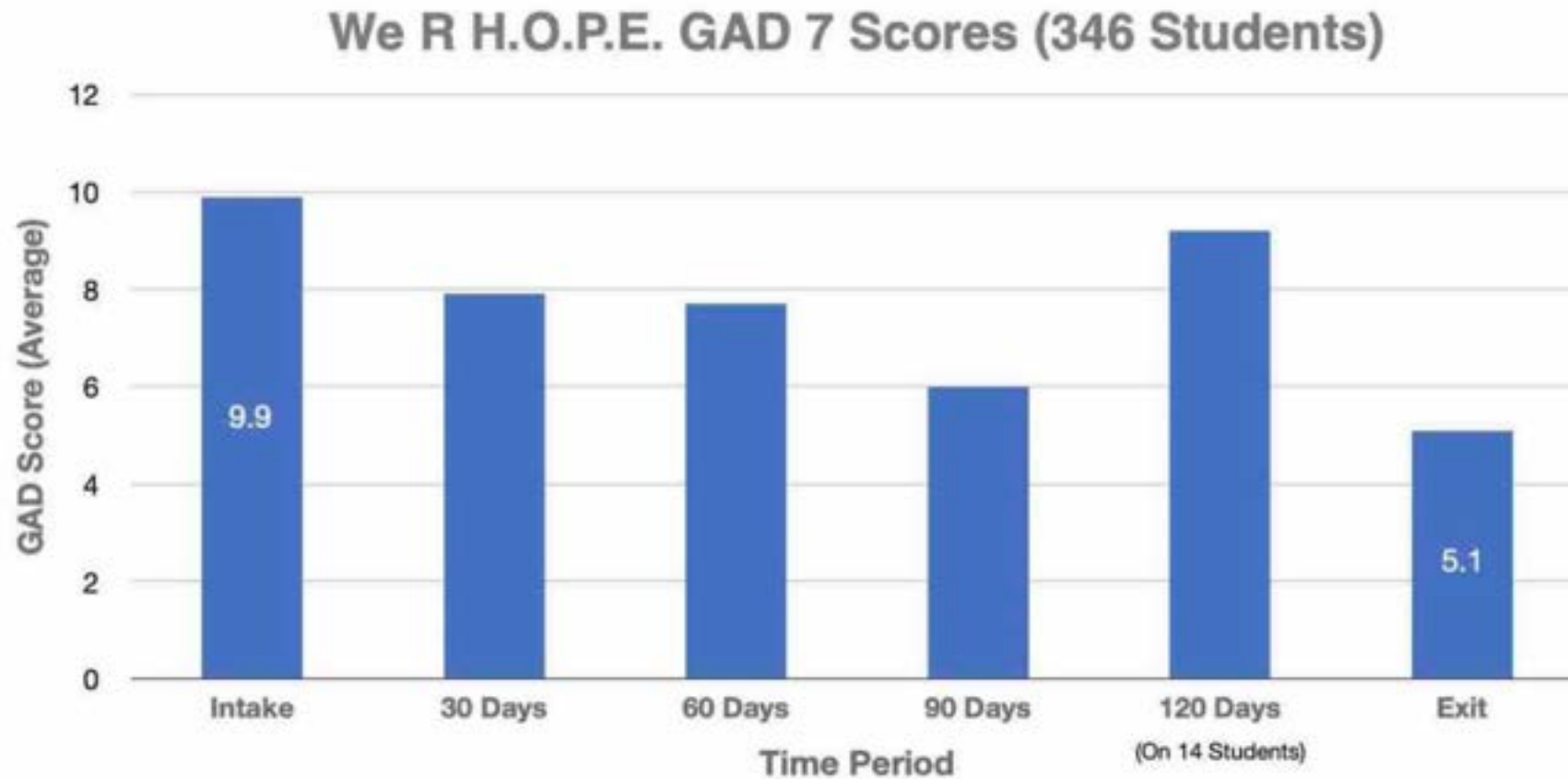
5-9 = Mild Anxiety

10-14 = Moderate Anxiety

15-21= Severe Anxiety

GAD-7

During the end of the 2022-2023 school year, We R H.O.P.E.'s second batch of GAD-7 data includes 346 students across 18 schools in total that received GAD-7 surveys at intake, 30 days, 60 days, 90, 120 days, and exit with We R H.O.P.E. coaches. On average, students began with a score of 9.9 on the first GAD-7 that they took at intake and finished with a 5.1 on the last GAD-7 administered after their last coaching session after their exit from coaching.



Behavioral Health Screen (BHS)

The BHS identifies mental health problems and psychosocial risk factors. It consists of psychiatric symptom scales and risk behaviors that cover all the psychosocial areas suggested by best practice guidelines. Results are immediately scored, summarized, and securely sent to a designated clinician for review. Most clinicians can scan the report within 10 seconds.

The BHS screens across the following domains:

- Suicidality
- Anxiety
- Depression
- Substance Use
- Eating Disorders
- Traumatic Stress
- Self Harm
- Psychosis
- Gun Access
- Exercise
- Bullying
- Physical/Sexual Abuse
- Work/School Activities
- Family Environment
- General Medical
- Safety Practices

Different versions of the BHS have been developed for multiple age groups and care settings. In addition to the BHS, bhworks gives users access to a variety of screeners, intake forms, and outcomes measures.

ABC Organization - A.R.Intake

ABC Organization Dude

MRN/ID

1231231234

SCREENING DATE

12/19/2019 10:47AM

COMPANY/PROGRAM

ABC Organization

INSTRUCTIONS/VERIFICATION	RESPONSE
Number of questions chose not to answer ("I can't answer...")	0

CRITICAL ITEMS	RESPONSE
Have you ever been physically or sexually hurt by someone who lives in or frequently stays in your home?	Yes

DOMAINS	SCORE RANGE 0 - 4	CLINICAL SIGNIFICANCE
Depression	1.6	0 - 0.36 = Not Significant 0.37 - 1.26 = Mild Depression 1.29 - 1.61 = Moderate Depression 1.62 - 4 = Severe Depression
Anxiety	0.0	0 - 1.15 = Not Significant 1.16 - 4 = Significant Anxiety
Suicide Lifetime	0.0	0 - 0.99 = No History 1 - 4 = History of Suicide Ideation
Trauma	1.0	0 - 0.94 = Not Significant 0.95 - 4 = At risk for PTSD
Substance	0.0	0 - 1 = Not Significant 1.1 - 4 = At risk for Substance Abuse problem
Eating Disorder	0.0	0 - 2 = Not Significant 2.1 - 4 = At risk for Eating Disorder

ADDITIONAL MEASURES	DOMAIN	SCORE	CLINICAL SIGNIFICANCE
PHQ-9	Depression	13.0	0 - 4 = Minimal or no depression 5 - 9 = Mild 10 - 14 = Moderate 15 - 19 = Moderately Severe 20 - 27 = Severe
WHO-5	Well-Being	10.0	0 - 7 = Likely Depression 8 - 12 = Poor Well Being 13 - 25 = Well
GAD-7	Anxiety	6.0	0 - 4 = Minimal or No Anxiety 5 - 9 = Mild Anxiety 10 - 14 = Moderate Anxiety 15 - 21 = Severe Anxiety

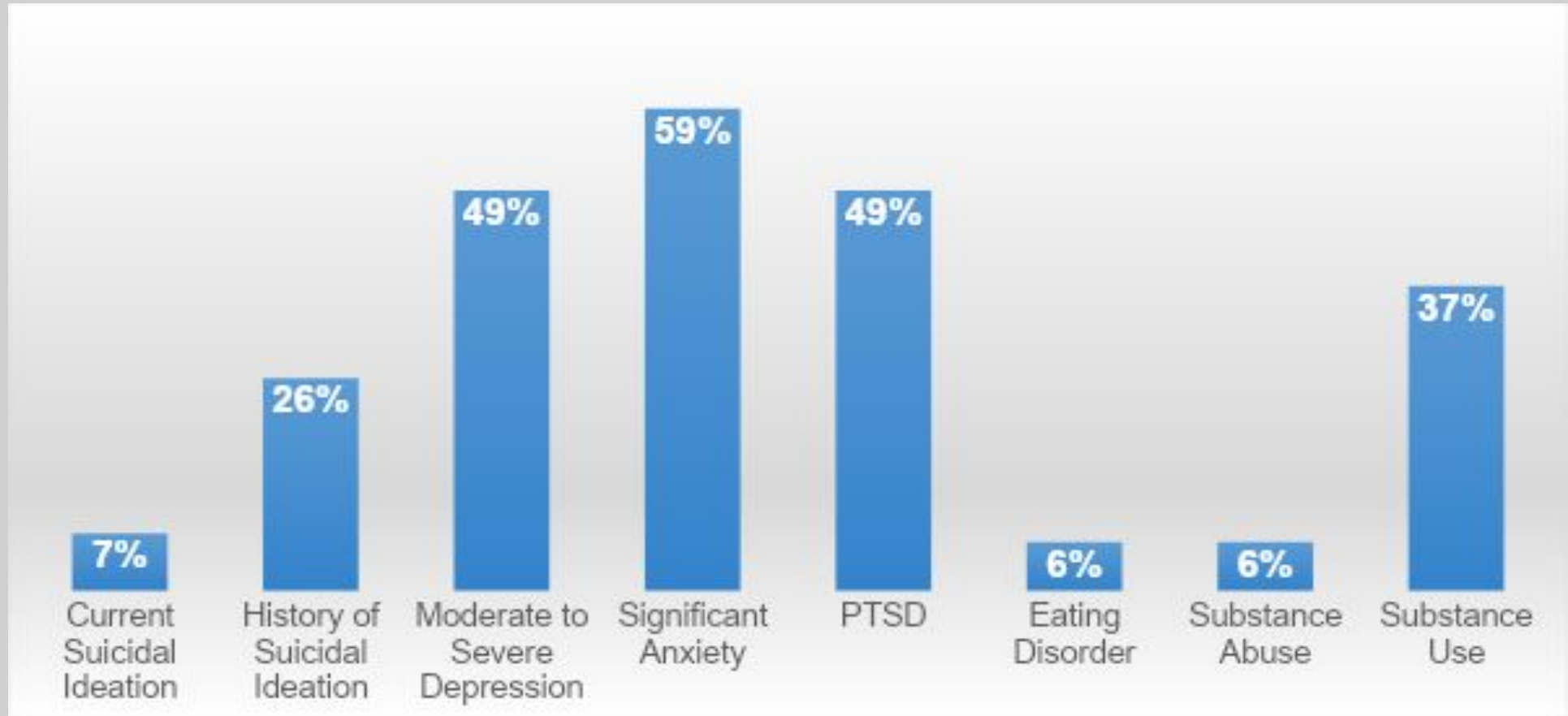
Empirical Support for the BHS


Initially developed through a collaboration with [Children's Hospital of Philadelphia \(CHOP\)](#), bhworks and the BHS have been validated and researched by clinicians and experts in the fields of psychiatry, psychology, and pediatrics.

BHS SAP SCREENING OVERVIEW

- Since 2014, SAP agencies have screened over:
 - 35,000 BHS School/PC screens
 - 4500 BHS Child screens

SAP BHS 12-24 Suicide and Related Risk Factors





**Questions, Discussion,
Share Experiences**

Wrap Up

- Meeting follow-up: You will receive the speaker slides and a link to the video recording as well as to the Multi State Collaborative web landing page
- The Third Quarter Multi State Collaborative Meeting will be held in late August, topic, time and date TBD. Send topic suggestions to marjoriem@mdlogix.com.

Team mdlogix

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