

# Welcome

## A Decade of Advancements in Behavioral Health Technology for Pennsylvania Students

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

**bhworks**  
Mental Health Software for Schools  
**mdlogix.com**

# Tell Us Who You Are

- In the chat, please put your name, organization, state and if you have or had a GLS grant for youth suicide prevention
- 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.



# 3rd 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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# The Benefits of Technology

A comprehensive student mental health system connected with technology identifies conditions early, and early detection and treatment saves lives.

This presentation summarizes the 10-year journey in Pennsylvania to decrease youth suicide by expanding student mental health screening, increasing staff training, and adding technology as its infrastructure along with greater access to it. Reviewing our accomplishments and meeting to discuss where we need to head next.

# Speakers

## **Tita Atte, MPH, CPH**

*Director of Screening and Program Evaluation*

*Director of CQI Data Analytics*

David Farber ASPIRE Center

Thomas Jefferson University, Philadelphia, Pa.

Vickie and Jack Farber Institute for Neuroscience

Department of Psychiatry & Human Behavior

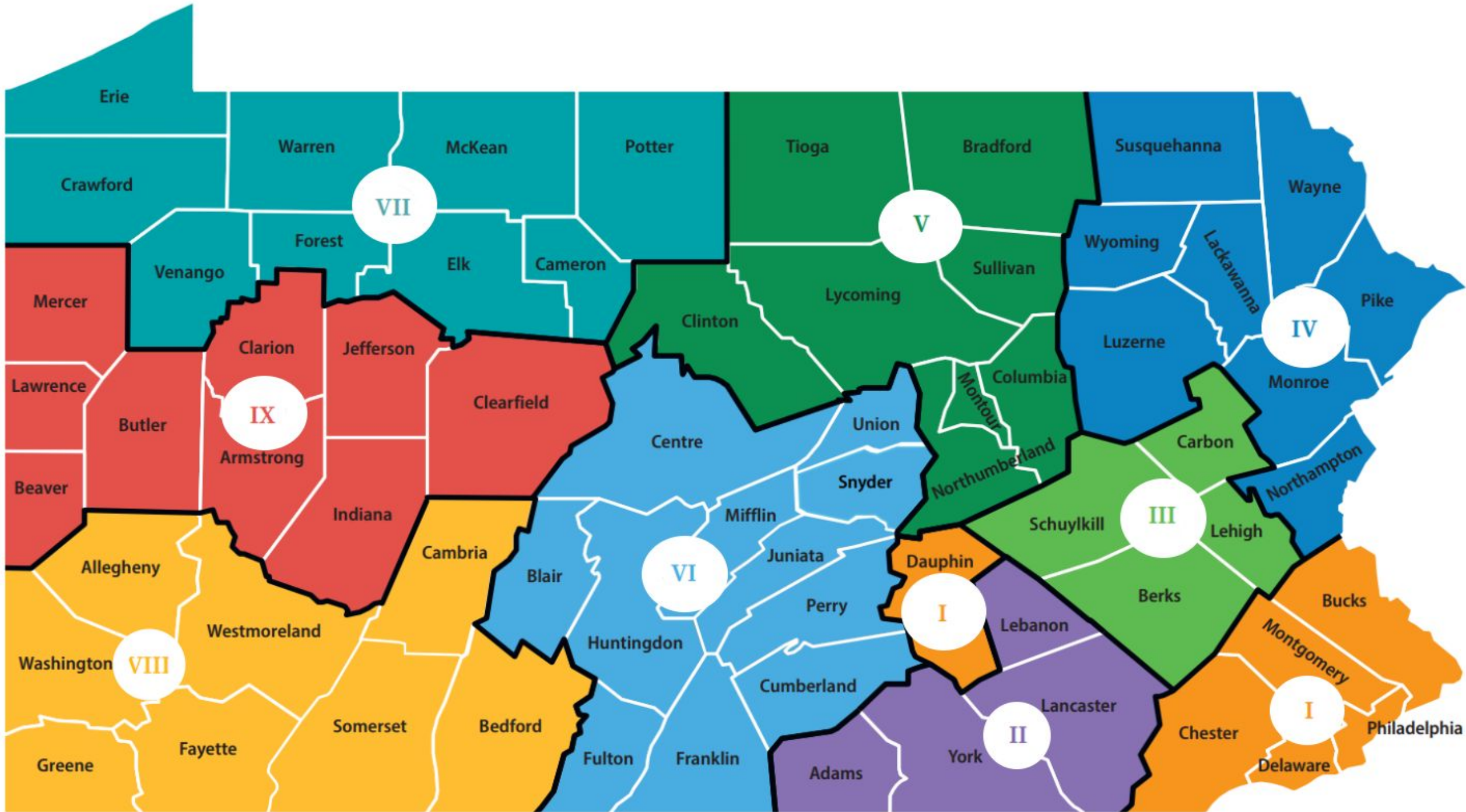
## **Marjorie McKee**

*Vice President, marketing/communications, **bhworks** software*



## **SUICIDE AND MENTAL HEALTH SCREENING IN SAP: A SCHOOL-BASED MODEL**

GLS Grant Funding from 2014–2024





## 2014 - 2019 GLS YOUTH SUICIDE PREVENTION GRANT “Suicide Prevention in PA Schools and Colleges Initiative”

Awarded a 5-year, \$736,000 annually, Garrett Lee Smith (GLS) federal SAMHSA grant for youth suicide prevention. During this time, our main goals were to:

- Increase the number of:
  - staff in schools, colleges, and universities trained to identify/refer youth at risk for suicide
  - youth screened and referred for treatment
  - clinical service providers trained to assess, manage, and treat youth at risk for suicide
- Increase awareness about youth suicide prevention among youth, families, educators, and community members
- Promoting state-wide, systems-level change to advance suicide prevention efforts using the **bhworks** software platform

## SCHOOL SUICIDE PREVENTION LEGISLATION IN PA: ACT 71

- Was passed at an opportune time, coinciding with our GLS grant
- Beginning with the 2015-2016 school year, each school entity **had to**
  - Adopt suicide prevention policies and procedures
  - Develop a professional development plan to provide 4 hours of suicide awareness and prevention training every 5 years for educators in grades 6-12
- Any policy adopted by a school entity **had to** include
  - Protocols for administering youth suicide awareness and prevention education to staff and students

# STUDENT ASSISTANCE PROGRAM (SAP) SCREENING

- After surveying several agencies across the state, we discovered that many agencies
  - Did not use empirically supported and validated screening tools
  - Did not have uniformity in what questions they asked and how they asked them
  - Struggled to compile their data in a meaningful way for themselves and their county oversight
  - Reported that when they used screens, it took long
  - Hand calculate quarterly reported data for the state

# 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 - 1.28 = Mild Depression <b>1.29 - 1.61 = Moderate Depression</b> 1.62 - 4 = Severe Depression
Anxiety	0.0	<b>0 - 1.15 = Not Significant</b> 1.16 - 4 = Significant Anxiety
Suicide Lifetime	0.0	<b>0 - 0.99 = No History</b> 1 - 4 = History of Suicide Ideation
Trauma	1.0	0 - 0.94 = Not Significant <b>0.95 - 4 = At risk for PTSD</b>
Substance	0.0	<b>0 - 1 = Not Significant</b> 1.1 - 4 = At risk for Substance Abuse problem
Eating Disorder	0.0	<b>0 - 2 = Not Significant</b> 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 <b>10 - 14 = Moderate</b> 15 - 19 = Moderately Severe 20 - 27 = Severe
WHO-5	Well-Being	19.0	0 - 7 = Likely Depression 8 - 12 = Poor Well Being <b>13 - 25 = Well</b>
GAD-7	Anxiety	6.0	0 - 4 = Minimal or No Anxiety <b>5 - 9 = Mild Anxiety</b> 10 - 14 = Moderate Anxiety 15 - 21 = Severe Anxiety

## bhworks SAP Screening Overview

- 45 SAP agencies across 36 counties (54%)
- Participating agencies served over 300 school districts (60% of the total number of school districts in PA)
- Over **13,000** BHS screens
- 33% of students screened through SAP using BHS self-reported some level of suicide ideation
- Over **10,000** students were referred for services

# Outcome

- Using this software technology increased identification of youth at risk for suicide in the targeted population from 8% to 33%
- Offered a way to measure behavioral health across demographics, regions, and shared risk factors.

# 2019 - 2024 GLS Grant

Awarded a \$3.68 million GLS grant

Involved collaborations between investigators at Thomas Jefferson University and Drexel University, as well as partnerships with county and local leaders from several target counties around Pennsylvania.

“Pennsylvania Resource for Continuity of Care in Youth-Serving Systems and Transitions (PRCCYSST) – “PERSIST.”



# Youth Ages 10-24

- Using a two-tiered model, this project targeted youth ages 10-24.
- Tier 1 was statewide and provides awareness, training, and screening activities to equip mental health professionals and the general public to increase identification and improve outcomes for youth at risk.
- Tier 2 worked with target counties to promote systemic change to improve continuity of care between youth-serving systems for those at risk of suicide. Again, we relied on the same **bhworks** software infrastructure to continue our progress.

# Data Collection Process

The program focused on an extensive data collection process whereby representatives from youth-serving systems completed the Pennsylvania Organizational Self-Study (POSS), a needs assessment adapted for each system to fit their anticipated needs and best-practice goals.

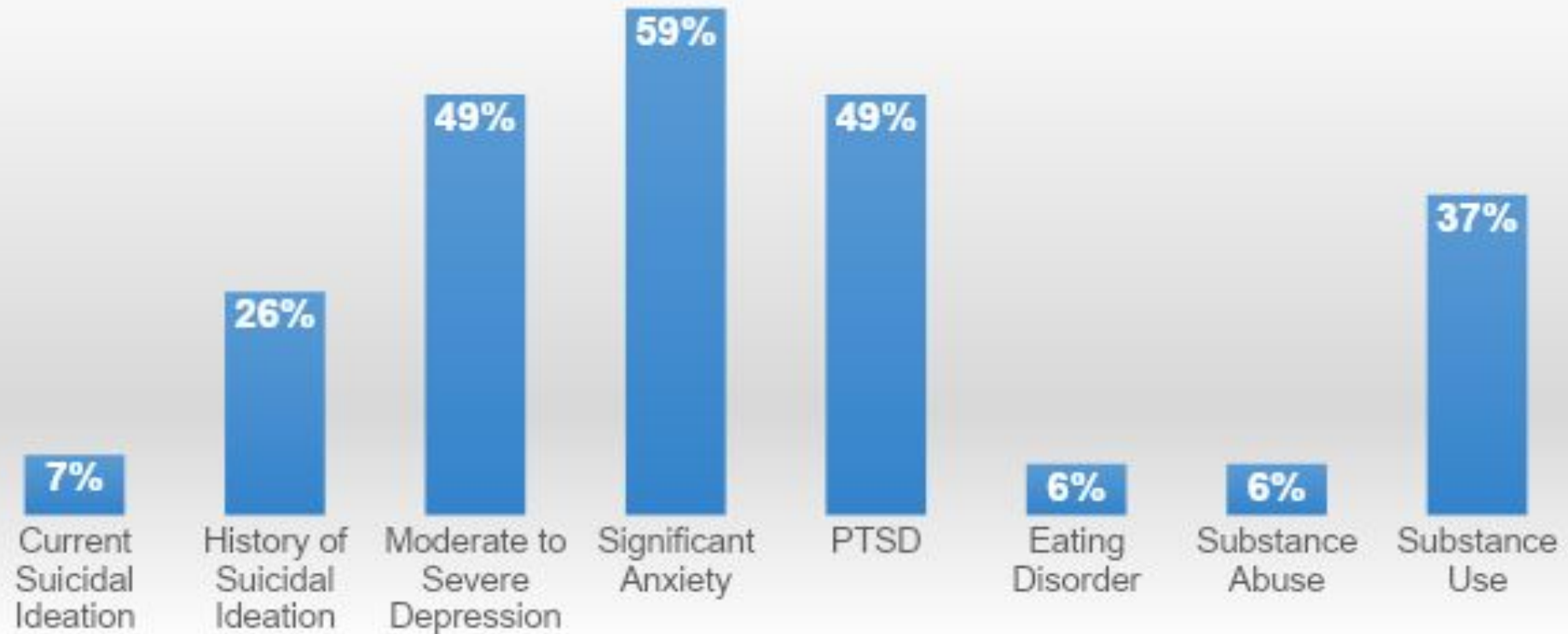
The results of this assessment were aggregated by county and presented back to county and system leaders so that they might see where their strengths and needs exist.

# 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





**bhworks**

## Functionality Progress

When it comes to technology, additions, improvements, and innovation is constant.

The software platform evolved over the 10 years and SAP agencies benefited each year from:

- enhanced referral management for documenting attended services;
- a BHS child version;
- SAP assessment file;
- interactive dashboards for screening and assessment data;
- the launch of a case notes module, a telehealth module and an indirect services module; and
- a BHS Spanish version.

# Oct. 1, 2024: GLS Grants

Nevada

New York - Staten Island

*Both will use **bhworks** software platform*

Joining current GLS clients:  
Minnesota & Pennsylvania

# Upcoming GLS December 2024

**Document Type:** Grants Notice

**Opportunity Number:** SM-25-008

**Opportunity Title:** Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program

**Opportunity Category:** Discretionary

**Opportunity Category**

**Explanation:**

**Funding Instrument Type:** Cooperative Agreement

**Category of Funding Activity:** Health

**Category Explanation:**

**Expected Number of Awards:** 9

**Version:** Forecast 1

**Forecasted Date:** Aug 07, 2024

**Last Updated Date:** Aug 07, 2024

**Estimated Post Date:** Dec 16, 2024

**Estimated Application Due Date:**

**Estimated Award Date:**

**Estimated Project Start Date:**

**Fiscal Year:** 2025

**Archive Date:**

**Estimated Total Program Funding:** \$ 7,000,000

**Award Ceiling:**

**Award Floor:** \$ 0

<https://grants.gov/search-results-detail/355924>

**Eligible Applicants:** Others (see text field entitled "Additional Information on Eligibility" for clarification)

**Additional Information on Eligibility:** Eligibility for this program is statutorily limited to states and territories; a public organization or private non-profit organization designated by a State to develop or direct the state-sponsored statewide youth suicide early intervention and prevention strategies; or federally recognized Indian tribes or tribal organizations (as defined in the Indian Self-Determination and Education Assistance Act) or urban Indian organizations (as defined in the Indian Health Care Improvement Act) that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.

## Additional Information


**Agency Name:** Substance Abuse and Mental Health Services Adminis

**Description:** The purpose of this program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, institutions of higher education juvenile justice systems, substance use and mental health programs, foster care systems, and other child and youth-serving organizations.

**Link to Additional Information:**

**Grantor Contact** Johari Eligan





**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 Fourth Quarter Multi State Collaborative Meeting will be held in early December, on MTSS, with time and date TBD.


Will review new written guidance on replicable differentiated pathways for schools to successfully implement comprehensive school-based mental health care. It will focus on using technology to mutually reinforce supports and interventions, along with data-driven decision making, progress, monitoring and outcome tracking to promote whole child wellness. Will include Tier 1-3 Entrance/Exit Criteria and Data-based Decision Rules for Tier 2 and 3 for example. You have the ability to do this with bhworks!

FEATURING: bhworks behavioral and mental health software for K-12 schools. [Learn More »](#)



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# The Leading K-12 Schools Mental Health Software Toolkit

Serving millions of students' behavioral and mental health needs in states across the country



# Team bhworks

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