

Models for School-Based Health Clinics During COVID and Beyond

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Disclosures

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I have no conflicts of interest to disclose.



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Mental Health Crisis During the Pandemic

- **Children's Hospital Colorado declared a 'State of Emergency' for Youth Mental Health in May 2021**
 - “a trend of low-level anxiety and depression becoming exacerbated by the isolation and stress of the pandemic then turning into suicide attempts”
 - **90% increase in demand for behavioral health treatment** over past two years¹
- **Youth mental health difficulties during COVID-19 have likely doubled.** The prevalence of clinically elevated depression and anxiety symptoms was 25.2% and 20.5%, respectively.
 - 1 in 4 youth globally are experiencing clinically elevated depression symptoms, while 1 in 5 youth are experiencing clinically elevated anxiety symptoms. A comparison of these findings to prepandemic estimates (12.9% for depression and 11.6% for anxiety)²

Mental Health Crisis During the Pandemic

- **Children's Hospital Colorado declared a 'State of Emergency' for Youth Mental Health in May 2021**
 - *"There have been many weeks in 2021 that the number one reason for presenting to our emergency department is a suicide attempt. Our kids have run out of resilience – their tanks are empty."*¹
- **It's not just in Colorado.** According to the Centers for Disease Control and Prevention (CDC), mental health-related emergency department (ED) visits, involving kids, have increased since last March.
 - In 2019, **ED visits increased 24 percent** for 5 to 11-year-olds, and 31 percent, with 12 to 17-year-olds, in 2020.
 - In May 2020, during the COVID-19 pandemic, **ED visits for suspected suicide attempts began to increase** among adolescents 12–17 years, especially girls.
 - During February 21–March 20, 2021, **suspected suicide attempt ED visits were 50.6% higher among girls** aged 12–17 years than during the same period in 2019; among boys aged 12–17 years, suspected suicide attempt ED visits increased 3.7%.³

Schools During the Pandemic



Social Change in the Time of the Pandemic

- **Mental health and schools: racial justice movement**
 - U.S. Department of Education, 2015-2016 Civil Rights Data Collection (CRDC): **37%** of students in Colorado schools reporting **police but no psychologist, nurse, social worker, and/or counselor** (*higher than average of all states*)⁴
- Several Denver Public schools serving as **model for restorative practices**
 - Focus on **repairing harm rather than punishment**, building relationships that facilitate a positive school culture⁵
 - **Termination of contracts with Denver Police Department**
 - Has led to **reduction in violence and conflict** among students in schools

Social Change in the Time of the Pandemic



POLL:

Have schools in your community made changes due to the national discussion on racial justice?

Vote

- A. Yes, removed resource officers
- B. Yes, changed the name of their school
- C. Yes, have added support groups
- D. Yes, have made other changes
- E. Have had discussions but no changes
- F. No changes

At-Risk Populations During COVID ¹⁸

“The vulnerability of these populations did not start with COVID-19, and won’t end with it”

- **Youth of Color**

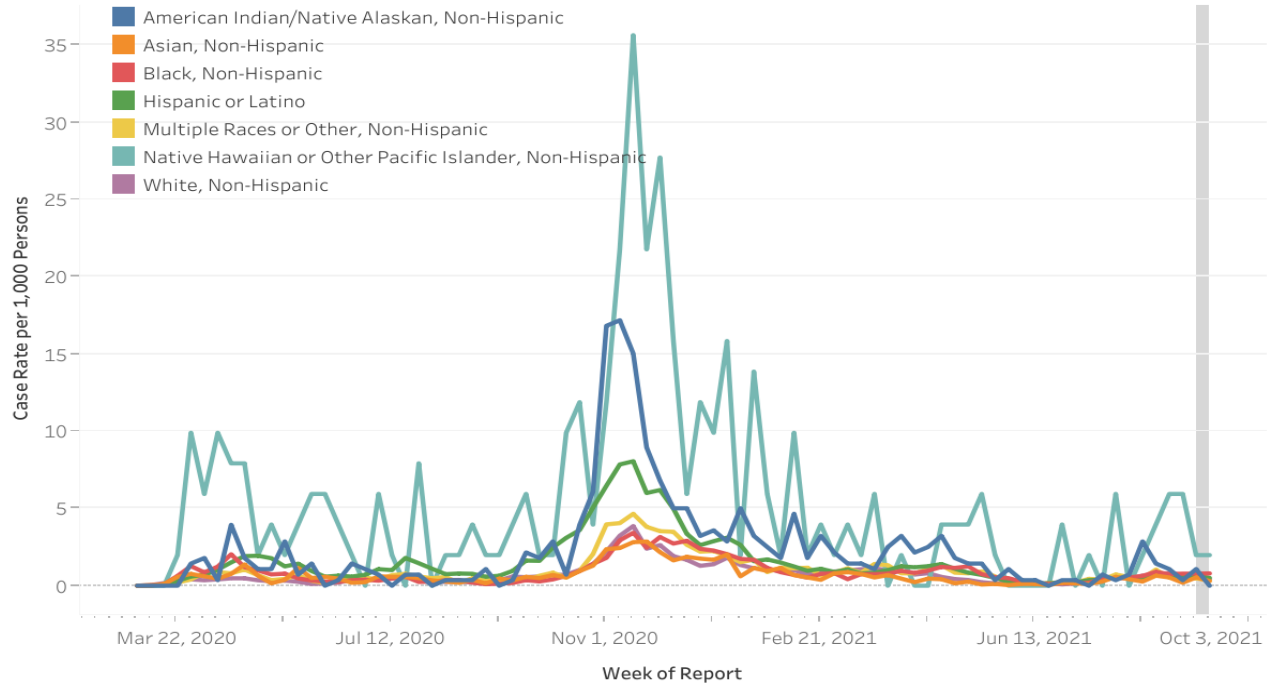
- Higher prevalence of **risk factors** (obesity, asthma, type 2 diabetes and HTN) → **diagnosed more frequently** with COVID → more **severe outcomes**
- More likely to have **lost a loved one** from COVID
- Higher proportion of children living well below the federal **poverty** level, parents lacking secure employment
- More likely to **attend school via online learning**
- Asian-American children and their families are more likely to be victims of **xenophobia and hate crimes**

Racial and Ethnic Disparities

Denver County Weekly COVID-19 Case Rate by Race & Ethnicity

Choose all time or last three months

All Time



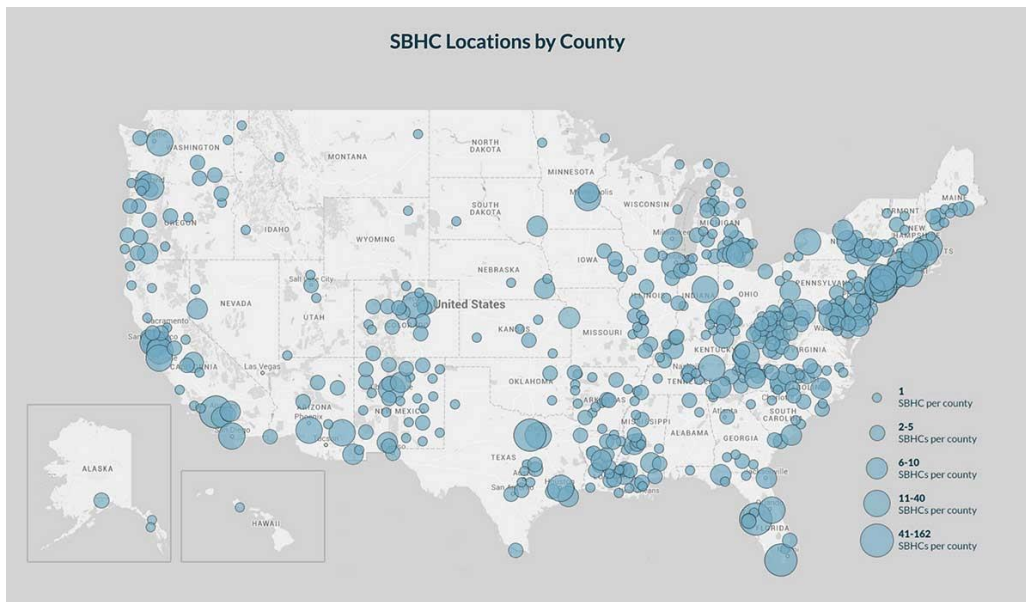
Racial and Ethnic Disparities ¹⁷

City Population	Total Hate Crimes 2019	Total Hate Crimes 2020	% of Change for Total Hate Crimes 2019-2020	% of Population - AAPI	Percent of Change Anti-Asian Hate Crimes	2019 Anti-Asian	2020 Anti-Asian
New York City, NY 8,336,817	428	265	-38%	14.5%	833%	3	28
Los Angeles, CA 3,979,537	326	355	9%	11.6%	114%	7	15
Chicago, IL 2,693,959	100	81	-19%	6.9%	0%	2	2
Houston, TX 2,316,797	25	47	88%	6.5%	-	0	3
Phoenix, AZ 1,680,988	156	204	31%	4.2%	50%	2	3
Philadelphia, PA 1,584,064	35	17	-51%	7.5%	200%	2	6
San Antonio, TX 1,508,083	9	38	322%	2.8%	0%	0	0
San Diego, CA 1,423,852	30	25	-17%	17.2%	-	0	1
Dallas, TX 1,343,565	31	62	100%	3.40%	-	0	6
San Jose, CA 1,021,786	34	89	162%	38.0%	150%	4	10
San Francisco, CA 881,549	64	52	-19%	35.0%	50%	6	9
Seattle, WA 758,888	114	126	11%	16.9%	33%	9	12
Denver, CO 727,211	88	71	-19%	3.7%	-	0	3

Social Change in the Time of the Pandemic

- Mental health team at Denver School Based Clinics had trainings for our therapists and psychiatric providers on **how to talk with youth about racial injustice, and trauma** that they may be experiencing or have experienced.
 - The following questions to our intake process were added:
 - *How has racism, racial trauma, and discrimination impacted your life/your family's life*
 - *If Immigrant/refugee status: Have you faced discrimination in US due to ethnicity or country of origin?*
- In conjunction with pandemic-related shifts in mental health access, these trends open up **opportunities for national conversations on school mental health**

SBHCs and Minority Populations ^{21,22}



- Across the United States, SBHCs are often established in schools that **serve predominantly low-income communities and minority populations**
 - Almost 60% of students enrolled at schools with access to SBHCs were Hispanic or African American (compared to 30% at schools without access to SBHCs)
- **Minority youth have been found to use SBHC services more frequently** than other community health delivery sites

Background of School-based Health Centers (SBHCs)⁷

13%

Of 48 million students nationally with access to SBHCs

71%

Of SBHCs nationally partner with behavioral health professionals

89%

Of SBHCs nationally in schools with high percentage of low-income students

69

SBHCs in Colorado, all of which offer basic mental health screening service

35%

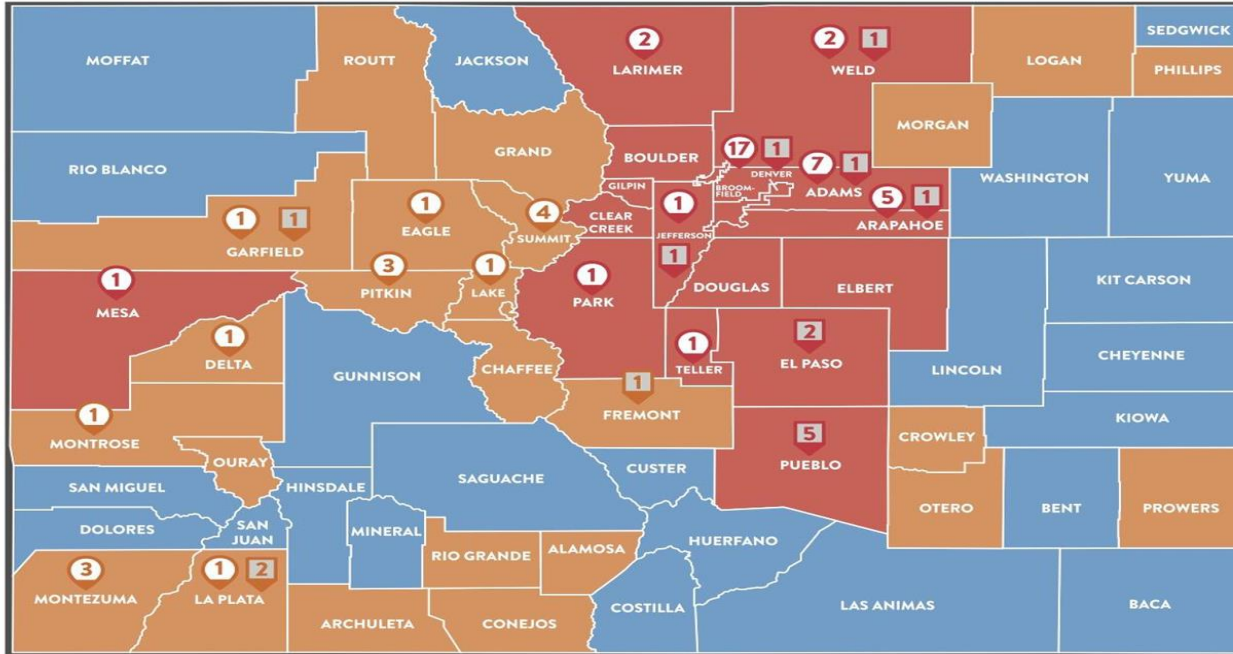
of Colorado high school students reporting symptoms of depression in past year

41,000

children in Colorado eligible but not enrolled in Medicaid, CHP+, or tax credits

SBHCs in Colorado⁶

SCHOOL-BASED HEALTH CENTERS (SBHCs) BY RURAL, URBAN AND FRONTIER COUNTIES, 2021 - 2022



KEY:

CDPHE FUNDED

0

FRONTIER COUNTY SBHCs

16

RURAL COUNTY SBHCs

37

URBAN COUNTY SBHCs

53

TOTAL SBHCs

NON-CDPHE FUNDED

0

FRONTIER COUNTY SBHCs

4

RURAL COUNTY SBHCs

12

URBAN COUNTY SBHCs

16

TOTAL SBHCs

SBHC Structural Changes During Covid⁶

Reductions in patient contact

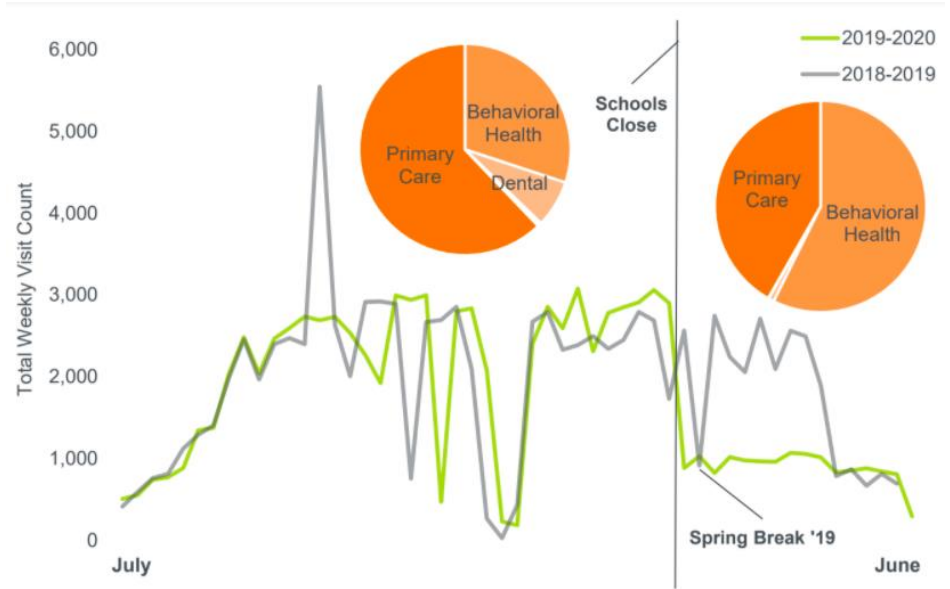
- **Number of patients utilizing SBHC services** dropped significantly in March and April 2020
- **Patients cancelled preventative care** (including mental health screening) appointments

Transition to telehealth

- **State-wide communication of sustained services and transition to telehealth** led to increased visits in May through July 2020
- Pre-Covid, only 2 SBHCs used telehealth; now, **all centers offer telehealth** in some capacity

School Closures and SBHC Visits

- **School closures** led to many SBHCs unable to access clinics to offer care.
- **Behavioral health-related screenings formed the majority** of tele-screenings taking place after school closures, indicating increased mental health concerns in light of pandemic restrictions.¹⁰



Apex Education, Inc. (October 2020). *School-based Health Center Program FY 2019-20 Final Report*. Colorado Department of Public Health and Environment. ¹¹

Well-Child Visits and Mental Health Referrals

- **Three unique structures among Colorado SBHCs** that shape capacity to maintain ongoing services: "embedded", "external access", and "freestanding"
- Embedded SBHCs are the most common and are integrated directly into schools
- School closures led to significant **decrease in well-child visits**, which reduced mental health checks and referrals to mental health resources
 - Colorado Medicaid policies do not reimburse for well-child checks without in-person exams¹⁰

POLL:

What happened to your school-based clinic mental health services during the 2020-2021 school year?

Vote

- A. Continued in person
- B. Continued remotely via telehealth
- C. Continued in a hybrid model (in person and remotely)
- D. Temporarily discontinued during school closures

Denver-Based SBHCs

- 1987: Denver Health received a grant to open the first School Based Health Center at Abraham Lincoln
- As of 2022 we have **19 SBHCs** in the City and County of Denver, CO
- **Every student** enrolled in the Denver Public Schools (DPS) has access to their community school clinic
- Every SBHC has **mental health services** and **8** clinics have **substance use treatment** available directly on site
- Collaborative effort with the community including Denver Health, DPS, Mental Health Center of Denver, and Jewish Family Services



Denver Public Schools ¹³

- Shifted their school based mental health services to meet student needs and adjusted to the current state
- **Offered services in a telehealth model and continued to do so in hybrid** during the return to in person as students could continue to remain virtual for the remainder for the year
- **More outreach and supporting families** to get connected with resources

Increase in Mental Health Referrals During Covid

- Data from two urban school districts including Denver Public Schools reflected **an increase in mental health referrals** and referrals from parents worried about children's school performance and wellbeing ¹³
- Most common mental health referral reasons in 2 major urban school districts in Denver: **depression and not wanting to engage in school.**



Clinical case (May 2020)

- **Demographics:** 13 y/o Hispanic male Alex
- SBHC screening identified **headaches and lack of engagement** in online education
- **Patient Health Questionnaire (PHQ-9)** score of 16
- Mother passed away during Covid and now lives with maternal grandfather, recently expressed suicidal ideation
- **Diagnosis:** MDD single episode moderate severity and PTSD
- **Treatment plan:** grief and loss therapy, family therapy, Clonidine (for nightmares and insomnia), engagement with school
- **September 2020 (4 months):** sleeping better, PHQ-9 score reduction from 16 to 9
- **October 2020 (5 months):** School opened for students struggling with online classes, Alex returned and brought all grades up



Screening **02** Students and Identifying at Risk Populations During COVID

Implementation of Behavioral and Emotional Screening System (BASC-3) ¹⁴



MULTI-METHOD

Rating scales, interviews, and direct observations



MULTI-CONTEXT

Data from parents, teachers, and children (self-report)



MULTI-AGE

Preschool (3-5),
Child (6-11),
Adolescent (12-21)

BASC-3 Survey Dimensions ¹⁴

- Readily administered, no formal training necessary
- **Three broad behavioral dimensions: *Externalizing Risk, Internalizing Risk, Adaptive Skills Risk***
- Several studies have examined reliability and validity for each dimension to establish internal consistency, including in cross-cultural contexts
- All forms (**teacher, parents, and student self-report**) take 3-5 minutes to complete
- Responses provided on 4-point Likert scale ranging between Never and Always

Screening Trends in Colorado

- Should every Colorado student get a mental health exam after enduring coronavirus?
- The state's public school system, alone, serves **883,281** students 2021
- Several Colorado public schools are now implementing mental health screening for all students.
- In response to Children's declaring a state of Emergency in Colorado, Colorado is implementing **the HB1258, which provides 3 therapy sessions to students with a positive screen** who are enrolled in school¹⁷
 - **Current challenges: staffing, implementation**



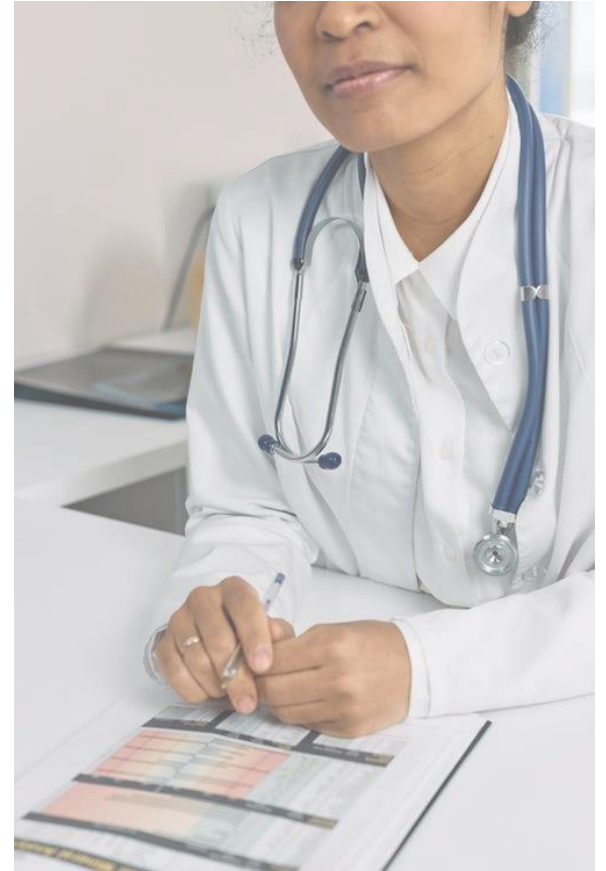
03

Solutions: What Can We Do?

Assess and Acknowledge

“As clinicians, we have an ethical and moral obligation to be aware of and respond to the needs of our patients, particularly during this unprecedented time.”

- **Collect data** in order to define the problem and create a shared vision to achieve specific outcomes (surveys, intake forms)
- **Check in with students** and families of color about their experience



Advocate

- **Empower patients and their families to report** any acts of hate and xenophobia to local law enforcement and online organizations
 - www.stopaapihate.com
 - Denver Police Department Bias Motivated Crimes Hotline
 - biascrimesinfo@denvergov.org, 720-913-6458
- Reach out to professional advocacy committees and write to elected officials to support policies and legislations that denounce racism.

Collaborate

- **Collaborate with organizations** with the mission and expertise to support efforts to **ameliorate education inequities among children and teens**
 - Clergy and faith-based organizations



Support

- Give children and families the **tools and resources** to address their distress, anxiety and grief
 - AACAP Resource Library on Coronavirus
 - APA COVID-19 / Coronavirus Resources
 - Child Mind Institute

Working with Schools

- **“Meeting Students Where They’re At”**
 - Minimizing academic content for the first week of school
 - Allowing students to leave the classroom early to avoid busy hallways
 - Incorporating mindfulness activities into school curriculum



Working with Schools

Supporting School Nurses



<https://www.cnn.com/2021/09/06/health/school-nurses-shortage-covid-19-pandemic-wellness/index.html>

- Shortage of school nurses- about 25% of schools do not have a nurse at all
- Rural schools are less likely to have a nurse
- DPS has been contracting out in order to fill the need.

Working with Parents

- Help **educate parents on** how to ease a child's back-to-school anxiety
 - Regularly check in with children
 - Re-create structure and routine
 - Discuss appropriate expectations for their child's academics/behavior
- **Identify parent burnout** and help them to develop their own self-care plan
 - Parents can model positive behavior for their children

Supporting Mental Health Teams

“The hallmark of trauma is often an over coupling of fear and immobility”.

Behavioral health providers are not immune to the impact of the COVID-19 pandemic!

1. Acknowledge collective trauma- we are going through the same trauma as our students, patients, families in real time
2. Discuss feelings of overwhelm, helplessness, ineffectiveness through group and individual supervision
3. Address severe demand versus capacity issues

Clinical case:

- Presented for a sports physical to play soccer
- **Routine screening** including CRAFTT reveals daily marijuana smoking for past 3 months
- **Patient experienced a recent trauma:** older brother getting shot in neighborhood. Patient endorses insomnia, nightmares, flashbacks and symptoms of hypervigilance.
- Referral to therapist in SBHC trained in both substance abuse and trauma
 - 30 day waiting list. Interim: **weekly meetings with pediatric provider for brief interventions**
- After therapy and intake evaluation by Child & Adolescent Psychiatrist in the SBHC, patient **decreased marijuana use and school performance improved**

Future Directions

- **Denver SBHC continue to offer behavioral health services via telehealth**
- Ongoing program in school clinics: **primary care providers conduct medical follow-ups via telehealth**
- Students in elementary school brought down by school nurse
- Future plans to extend program to **mental health services**



Other Future Directions

- **Denver SBHC pilot program for integrated care**
- 3 of 19 SBHC clinics
- **Child and Adolescent Psychiatrist to train pediatric providers** to assess and treat youth with mental health conditions
- Goal is to **increase accessibility** to psychiatric care



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Questions

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Bridging Access to Care Through School Clinics

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Disclosures

I have no conflicts of interest

Objectives

1. Identify 3 advantages to School Clinics.
2. Discuss funding options to support School Clinics.
3. Identify the potential role of structural racism in limiting access to mental health care.

Why Bridge?

(overview of the 'islands')

- ❖ Mental Health needs
- ❖ Mental Health Treatment
- ❖ Location, location, location
- ❖ Connections
- ❖ Results

Shared Concern

- ❖ Suicide rates among children and adolescents continue to rise
- ❖ The number of hospital beds is declining
- ❖ Clinic wait lists typically delay care for months
- ❖ Minority populations are over-represented, with higher rates of trauma, health problems, and more barriers to accessing care.

Mental Health Services: “Entry” into University of Iowa System

❖ Intake Process

- Call made by family member or referral from other provider
- Insurance/Payor is determined
- Paperwork is sent out
- If school is identified as relevant setting, Consent to Obtain info is obtained, then sent to the school
- Appointment is made when paperwork is obtained, assuming that it is returned, typically 4-6 wk out (Advance Practice Provider) or 3 months (physician)
- If no response, inquiry is closed after 1 month

Leaving the Tower, Making Connections



Why Mental Health Services in a School Clinic?

- ❖ Schools remain the cultural hub - “Home away from home”
- ❖ HOME? ~ 3% of our students are homeless.
- ❖ School is where they live, their community
- ❖ Parents can find the school
- ❖ PRIMARY CARE CLINIC IN ALL THE SCHOOLS
(collaborating with PCPs)

Mental Health Services & Iowa City Community School District Clinic

- ❖ PSYCHIATRY CLINIC: ½ DAY WEEKLY, DIRECT CARE
 - Follow-up in the school; the majority of students transition to mainstream clinics
- ❖ Dialectical behavior therapy (DBT) skills training
- ❖ School has adopted DBT strategies
 - This year, a Psychologist and LISW are training staff in the schools in DBT skills
 - Students are “hand-picked” by teachers, and/or already have an IEP
 - Voluntary teachers and special education teachers, as well as Student Family Advocates (SFA’s) are co-facilitators in the skills groups
- ❖ Additional therapists contracting with the schools for individual therapy.



Intake Process of the School MH Clinic

- ❖ SCHOOL PERSONNEL IDENTIFY CONCERN, either through classroom observation, report of student(s), family member, Juvenile Justice system, homeless program
- ❖ School personnel discuss concern with guardian and obtain consent for a referral
- ❖ Student Family Advocate (SFA) assists in completion of paperwork

School Intake (con'd)

- ❖ An appointment is scheduled (usually within a month), or sooner if necessary, with a one-month follow-up appointment
- ❖ Transition to University clinic or Abbe Mental Health Center
- ❖ Caveat: This is not an ED



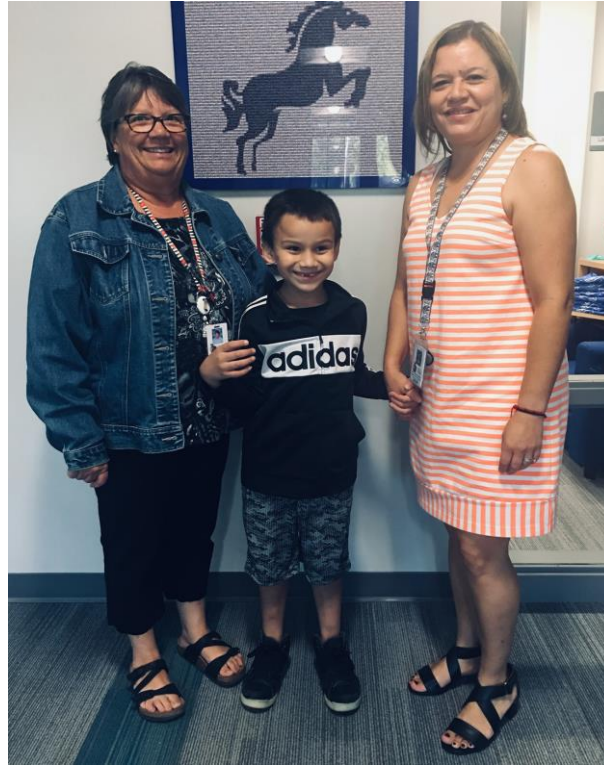
Nono

- ❖ His older sister entered via the hospital, we met in the school
- ❖ Four, now 5 younger siblings, uneducated parents; dad, who had anger management problems, is now out of the home, out of the state
- ❖ Nono has found support in the school.
- ❖ Follows up at Abbe Mental Health Center



Kara and the courts

- ❖ Trauma and ACES:
 - racism, poverty; abuse, domestic violence, neglect
 - community violence is a prevalent form of trauma
- ❖ Incarceration
 - Enormous disparities in incarceration rates
 - In 2015, 69% of incarcerated were youth of color
- ❖ Iowa City students work in the schools with the Juvenile Court Officer (JCO), SFA



Alex, a Horace Mann Mustang, with his principal, Julie Robinson, and Ladiester Janania, his SFA.

Follow-up care

- ❖ 1 follow-up appt in the school clinic offered through University of Iowa community support
- ❖ Subsequent follow-up available through pediatricians, outpatient university clinic or MHC
- ❖ Uninsured students remain with the school, but if they are eligible for insurance, SFAs and Integrated Health provide assistance in obtaining the coverage.
- ❖ Goal: Provide diagnosis and treatment, transitioning to the UI clinic or MHC, private provider or PCP



Elementary beginning

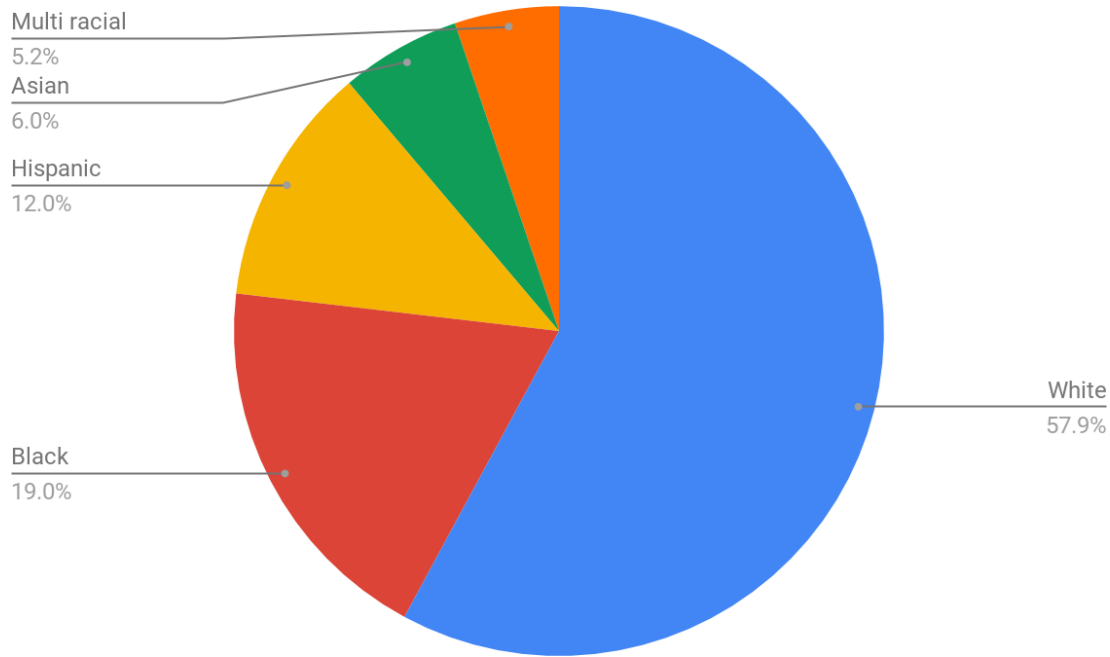
- ❖ Hospitalized at the age of 6 yr for 1 week for aggression, depression, SI 7 months after he arrived in Iowa, by way of Chicago, from Ghana
- ❖ Referred to psychiatrist in both school districts; local report no different
- ❖ 2 subsequent hospitalizations
- ❖ Entering High School next year

A School Clinic in the Iowa City Community School District

❖ Iowa City Community School District

- 14,197.58 students students in Iowa City Community School District (ICCSA '17-'18)
- THIRTY Student family advocates (SFA's)
- 45 schools
- ~ 20% of students & their families received support from SFA's

Demographics - ICCSD



Demographic IMPACT on Access to Care

	2017-18 UI Child Psychiatry Clinic	2017-18 School clinic
White	70%	21%
Non-White	30%	79%

Population Served

- ❖ Those in need of assistance as identified by school personnel, confirmed by family, served in school clinics
- ❖ The stark demographics contrast of comparing the University of Iowa Child and Adolescent Psychiatry clinic and the Health Kids School Clinic underscores a vulnerability in the traditional delivery model
- ❖ Mental Health conversations can start in the school and transition to outside the school, tailored to the needs of the student/family with a goal of serving all populations.

Effectiveness?

- ❖ Increasing diversity in the school, climbing incrementally among all groups except White students, is not reflected in the clinic in the academic center; school clinic clearly is more inclusive of a diverse group.
- ❖ Rates of diagnoses fairly constant over time, EXCEPT ADHD (climbed to 10%), and Anxiety (number nearly doubled over decade).
- ❖ Graduation rates among hispanic students are the lowest (76%) though drop out rate lower (2% vs 4%) compared with AA student, and show no change over the decade.

Advantages

- ❖ Increased services to individuals who likely would not have had access to care.
- ❖ No-show rates declined.
- ❖ Stronger community delivering the services, supporting the students
- ❖ Educational opportunities for trainees
- ❖ Mental Health care providers are “embedded”
- ❖ Alternative setting for clinics that are in need of more space
- ❖ Opportunity for collaboration

Disadvantages

- ❖ Are students losing their right to privacy?
- ❖ Does this approach constitute racial profiling?
- ❖ Inconvenient for providers

A Tsunami?

- ❖ Decreased access to education
- ❖ Decreased access to resources
- ❖ Decreased access to mental health care?

Clinical Impact of the Tsunami

- ❖ Social development
- ❖ Increased anxiety in students
- ❖ Academic impact
- ❖ Financial strain on families

Life Preservers

- School
- Technology
- Humans

SCHOOL HEALTH

“The district health services staff works with students, families, staff and the community to ensure that children's health needs are met so that they can attend school and be healthy and ready to learn. The district employs a Coordinator of Health Services, seven full-time school nurses, and one part-time school nurse who provide nursing coverage to all buildings and off-site programs. The district also employs three certified athletic trainers who oversee and provide athletic trainer services to junior and high school athletes and coaches. Students from the University of Iowa athletic trainer program do clinic rotations in the high schools under the direction of the athletic trainers.”

Conclusions?

- ❖ The Community
- ❖ Are we pathologizing behavior, medicating disadvantaged students?
- ❖ How would these examples fare in the traditional setting?
- ❖ Is this sustainable?
- ❖ What more do we need to do?

Thank you!

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