



American Hospital Association

AHA Members-Only Webcast

***School Based Health Centers: Integrating Physical and Mental
Health – Meeting and Treating Students Where They Are***

**Presented by the AHA Sections for Maternal and Child
Health and Psychiatric and Substance Abuse Services**

May 26, 2015

School based health centers: Meeting and treating students where they are!

Denver School Based Health Centers

May 26th, 2015

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Denver Health Medical Center aka Denver General



Denver Health

Denver Health (founded in 1860)- integrates acute hospital and emergency care with public and community health to deliver preventative, primary, and acute care services.

- Denver Health - with 525 licensed beds is one of Colorado's busiest hospitals with more than 25,000 admissions annually.
- Treating 1/3 of Denver County residents and 66,000 children are served each year.
- Level 1 trauma center certified in both children and adults

Denver Health

- Family Health Centers – 8 family health centers
- School based health centers SBHC – 16 SBHC's
- 911 Response – Denver Health operates Denver's 911 medical emergency response system
- Denver Public Health – serves as center for communicable disease reporting, surveillance, investigation and control for City and County of Denver.
- Rocky Mountain Poison and Drug Center – minor poisoning emergencies handled via telephone. Staffing toxicologists to care for seriously ill hospitalized patients

Denver Health

- Denver CARES – 100 bed non medical facility which provides a safe setting for more than 29,000 detoxifying episodes annually.
- Among 116 leading academic health centers in the University HealthSystem Consortium, Denver Health has ranked in the best 5% for inpatient survival for the last five years and is the only safety net hospital in the US to be ranked in the top 10 in overall quality.

What is a SBHC?

School based health centers (SBHC's) represent an innovative model of care with the potential to improve access to health care for many of Colorado's most vulnerable children. The health centers serve students with limited access to care, often because they are low-income, uninsured or live in isolated areas (Colorado Health Institute).

What is a SBHC?

- Services include:
 - Well child and well adolescent exams
 - Immunizations
 - Reproductive health education and birth control including LARC
 - Mental health assessment, treatment, med management
 - Chronic condition management – asthma, diabetes etc..
 - Illness and injury treatment
 - Dental exams - fluoride varnish and sealants
 - Health insurance – enrollment assistance

SBHC – health/mental health

Memory lane:

- 1986/87 – Robert Wood Johnson Foundation funds steering committee and task force forms to establish interagency collaboration. Start up funds secured.
- 1988 – Public hearing held by Denver City Council reviews subcontract to support the delivery of medical services at Lincoln High School by Denver Health. 150 supporters appeared to testify in favor, only 6 opposed.
 - The first SBHC doors open at Lincoln High school

SBHC – health/mental health

- 1990 – Arapahoe House joins forces with DSBHC to include substance abuse assessment and treatment
- 1993 – Mental Health Center for Denver partners with DSBHC's to bring comprehensive mental health services to school clinics
- 1994- Formal Memorandum of Understanding (MOU) signed leading to increased commitment of resources
- 1996- Denver Health partners with Denver Public Schools to run Adolescent Immunization Program

SBHC – health/mental health

- 2000 – A needs assessment and key Informant Survey finds that at all school levels DPS student population exhibits a high degree of need for physical and mental health services.
- 2005 – DH receives grant from Caring for Colorado to fund DPS dental sealant program. In first seven weeks of services 300 children were screened
- 2007 Reproductive Health Education program begins with funding from Colorado Dept of Public Health and Environment.

SBHC – health/mental health

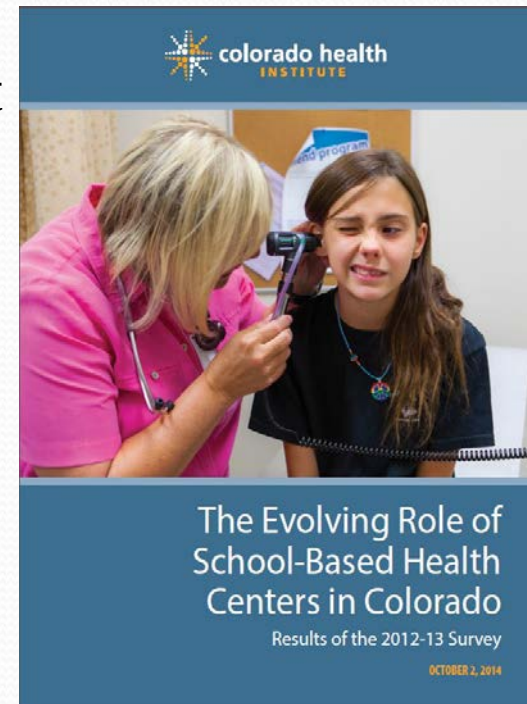
- 2011 – SBHC begins dispensing contraception in school clinics
- 2013 – Jewish family service Kids Success program joins the partnership to increase mental health support in SBHC's
- 2015 – SAMSHA awards DSBHC recognition as one of 6 programs nationally providing excellence in integrated health/behavioral health care
- 2015 – Aug 2015 - scheduled to open 17th SBHC at school serving pregnant and parenting teens – First OB SBHC

SBHC – health/mental health

- Funding/financial support over the years:
 - Operational support from hospital management
 - Robert Wood Johnson Foundation
 - The Colorado Trust
 - Bureau of Maternal and Child Health
 - Colorado Dept of Public Health and Environment
 - Caring for Colorado (KIND) – Kids in need of dentistry
 - McCormick Tribune Foundation
 - Colorado Health Foundation
 - Temple Hoyne Buell Foundation

SBHC – health/mental health

- Site selection for SBHC
 - Area with limited access to health/mental health care
 - Area with lower SES - Socioeconomic Status
 - School with higher rates of FRL – Free and Reduced Lunch
- School with administrative support
 - allowing students out of class
 - providing confidential space
 - Joint Commission compliant space



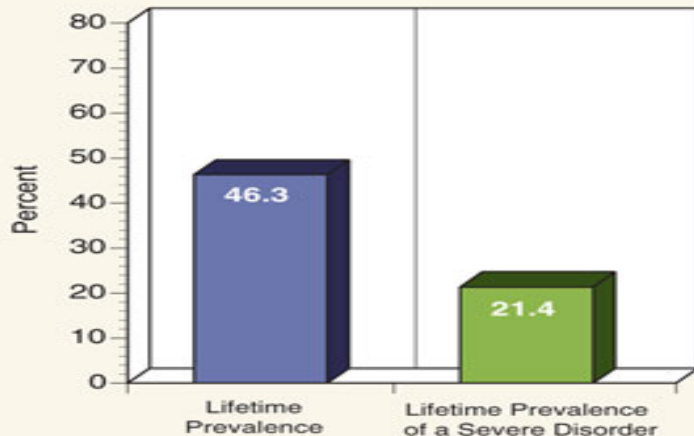
SBHC – mental health

- According to National Institute of Mental Health -Just over 20 percent (or 1 in 5) children, either currently or at some point during their life, have had a seriously debilitating mental disorder.

Any Disorder

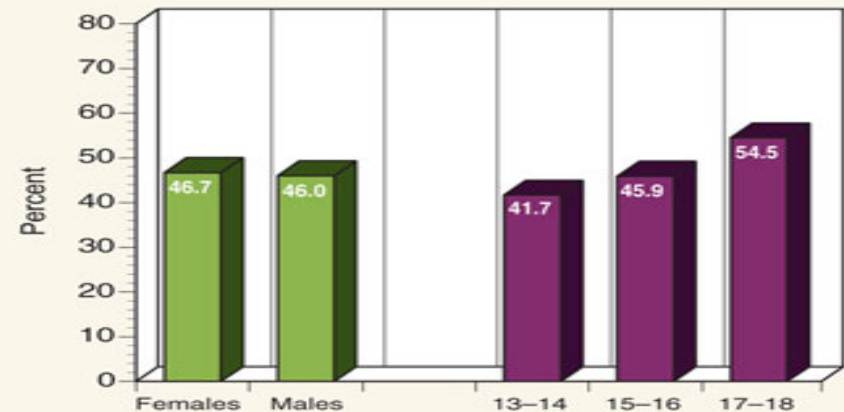
Lifetime Prevalence of 13 to 18 year olds

- **Lifetime Prevalence:** 46.3% of 13 to 18 year olds
- **Lifetime Prevalence of “Severe” Disorder:** 21.4% of 13 to 18 year olds have a “severe” disorder



Demographics (for lifetime prevalence)

- **Sex:** Not statistically different
- **Age:** Statistically different

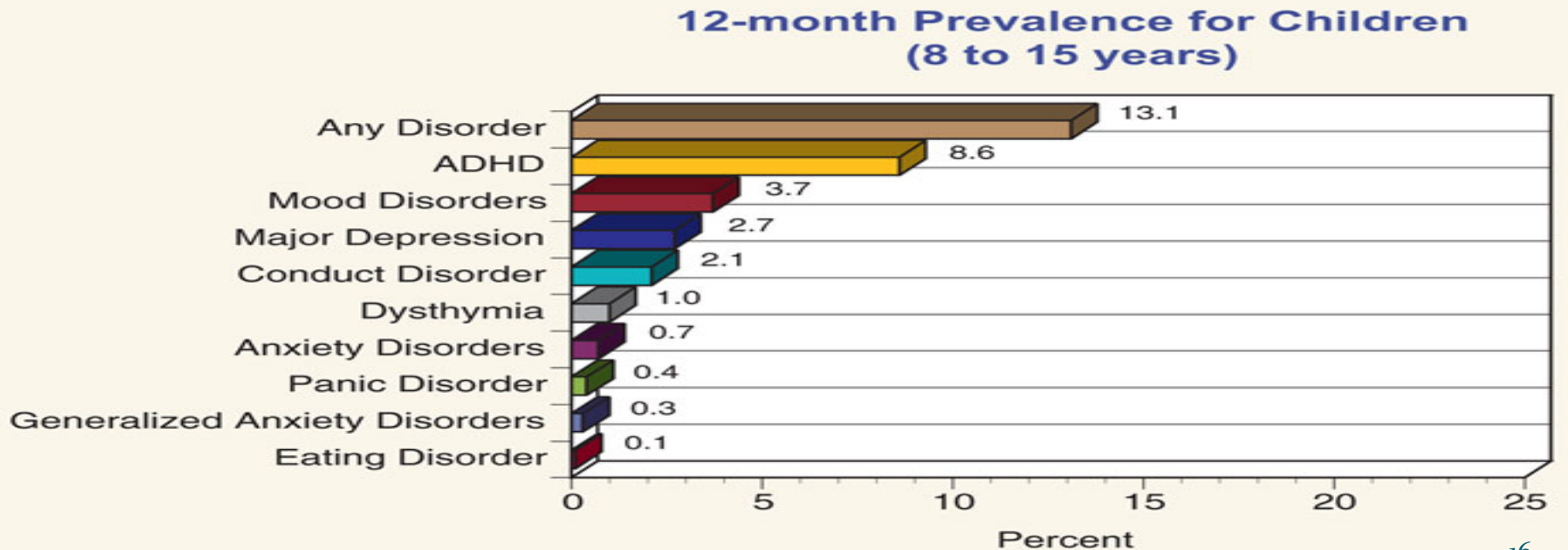


- **Race:** Statistically significant differences were found between non-Hispanic whites and other races

Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-989.

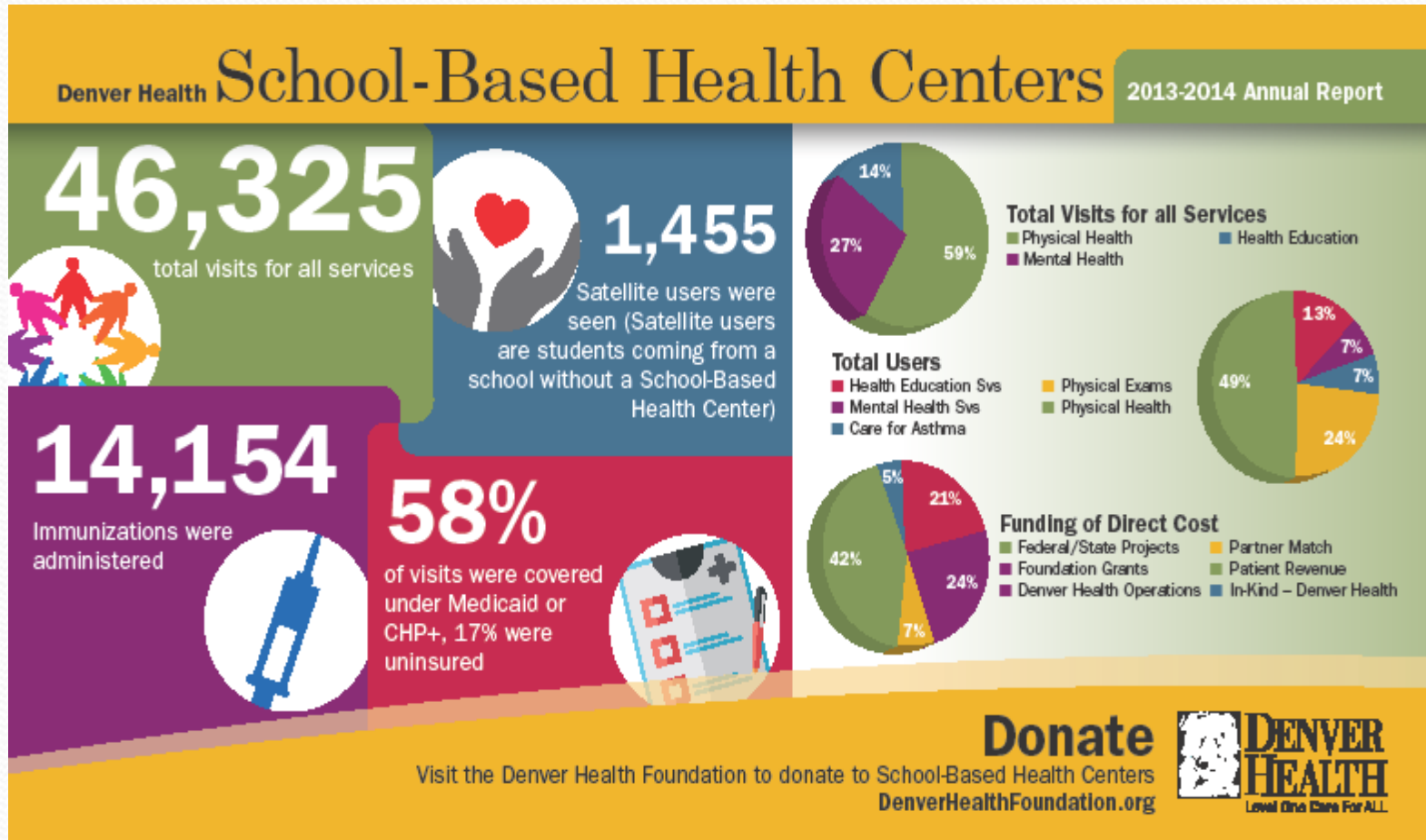
SBHC – mental health

The Centers for Disease Control and Prevention's [National Health and Nutrition Examination Survey \(NHANES\)](#) includes prevalence data for children ages 8 to 15. These data show that approximately 13 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. The most common disorder among this age group is attention-deficit/hyperactivity disorder (ADHD), which affects 8.5 percent of this population. This is followed by mood disorders broadly at 3.7 percent, and major depressive disorder specifically at 2.7 percent. This is followed by mood disorders broadly at 3.7 percent, and major depressive disorder specifically at 2.7 percent.



SBHC –health/mental health

SY 13/14



SBHC –mental health

- SY 14/15 – August- April 2015 (current)
 - Therapists are trauma-informed experienced Master's trained Licensed Clinical Social Workers (LCSW's – licensed and credentialed to bill for services)
 - 1521 Children/Adolescents have been served for mental health treatment (12205 sessions and counting)
 - 8860 Individual tx sessions
 - 2004 Family tx sessions
 - 1262 Group therapy tx sessions
 - 79 Suicide risk evaluations (Suicide - 3rd leading cause of death in children/adolescents) – Colorado ranking 8th in nation for suicide rates 18.5%
 - 34% of current students in tx receive psychotropic medication
 - Family involvement 60-70% on average, as children 15/over can consent to treatment without parental involvement

SBHC –mental health

SY 13/14 a total of 10,498 children served in SBHC

- Racial demographic
 - Hispanic – 69%
 - African American – 16%
 - Caucasian – 9%
 - Asian/Pacific Islander – 4%
 - Other/Unknown – 2%
- Insurance type
 - Medicaid – 55%
 - CHP – 5.5%
 - Private -Commercial – 8.5%
 - No insurance – 20%
 - CICP/CHS/DHMP – 11%

SBHC –mental health

- Some benefits of Integrated Mental Health care in SBHC
 - Less time out of class, improved academic performance
 - Easy referral process - warm handoff between medical and mental health providers creating medical home for students
 - Reduces stigma, increases access for children and parents unable to access community mental health centers
 - Depression tracking – PHQ9
 - Transportation barriers are reduced
 - Communication regarding tx goals and progress between providers flows more easily
 - Psychiatrist helps to support medical providers in building capacity to prescribe for ADHD and Depression

SBHC –mental health

- Some challenges of providing mental health tx in SBHC's
 - Demand at times overwhelms capacity
 - Parent involvement can be more challenging
 - Confidentiality challenges – FERPA (educational) and HIPPA (medical)
 - Role confusion among school staff – important to highlight the medical provider is not substitute for school nurse, and MH therapist is not substitute for school social worker/psychologist
 - Space in building to work in
 - Challenges to fund substance abuse tx interventions

SBHC –mental health

Leveraging community resources and building partnerships is key!

The Mental Health Center of Denver and Jewish Family Service offers total of 9 staff positions to support SBHC mental health goals for Denver SBHC's

Currently substance abuse tx agencies being courted to join partnership in SBHC's

Psychiatry Case Scenarios

- 14 year old Hispanic male – expelled from previous school
 - Hx of multiple hospitalizations and diagnosis of – Bipolar disorder otherwise specified, Autism Spectrum d/o, ADHD combined type, PTSD.
 - Lead poisoning and learning disability
 - Expelled for weapons at school, marijuana at school, and assault of student at school
 - Mother with severe complex medical conditions

Psychiatry Case Scenarios

- 6 year old Caucasian female
 - Hx of ADHD on an Individual Education Plan (IEP)
 - Disruptive in kindergarten – mother being called daily
 - Reduced to half days by principal
 - Single mother working 40+ hours a week and can't afford to lose her job

Psychiatry Case Scenarios

- 17 year old African American male
 - Discharged from residential treatment home
 - Severe PTSD – witnessed aunt being shot at age 8
 - Diagnoses Major Depression Disorder Recurrent severe with psychotic features
 - Gang involvement – legal charges/probation officer
 - Substance Use
 - Parent challenging to engage in treatment “why does my son need mental health treatment, he is not crazy, he is just stressed out”

Questions???

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