



The 2019 Annual Conference on
Advancing School Mental Health

Where Education and Medicine Meet:
A Collaborative Approach to Mental Health
in Schools

Kristie Ladegard, M.D.

- Dr. Kristie Ladegard a Child and Adolescent Psychiatrist who works in the school based clinics.
- At eight School Based Health Centers (SBHC) in Denver, CO
- Substance Abuse Treatment Education & Prevention program (STEP)
- Worked with Denver Health since completing child and adolescent fellowship.
- Works with fellows from the University of Colorado Residency Training Program



Kristie Ladegard Disclosures:

I HAVE NO CONFLICTS OF INTEREST



Vicky Virnich M.A.

Denver South High School

Assistant Principal of South High School

Vicky Virnich, an Assistant Principal at South High School and a DPS staff member will discuss her experience working with the Denver Health team to better serve students.

With regard to utilization of public school services, School Based Health Clinic (SBHC) and Denver Public School (DPS) staff work collaboratively to identify students at risk and provide appropriate care. She will discuss how the school functions with a clinic on site, how educators make referrals and work on treatment planning with the medical team.

The goal for DPS and SBHC staff is to minimize overlapping of services, foster unity in a team approach, and support academic and health care professionals who provide services to mutual students. To help bridge the gap and overlap of care, the development of a social and emotional meeting between school staff and medical staff was formed. This program enables all professionals to come together to address issues in a case format.

Vicky Virnich Disclosures:

I HAVE NO CONFLICTS OF INTEREST



Outline



Illustrate the need for mental health services in youth



Identify how mental health conditions in youth may impact academic outcomes and school functioning.



Describe the program at Denver Health School Based Clinics and how our team collaborates with the school. Discuss successes and barriers of our program



Review mental health and educational outcomes in Denver urban school based clinics and discuss case examples.

Mental Health Diagnosis: One in Five¹



The Pervasive Need

Most children – nearly 80% who need mental health services won't receive them.³

Minority and uninsured children even less likely to receive services.³

Of those who receive services over 75% received services in school.⁴



What are the Consequences?

50 percent dropout rate in kids 14 years old and older with mental health disorders. ²

Untreated mental illness in children and adolescents are associated with:

- School failure
- Teenage pregnancy
- Unstable employment
- Substance use
- Violence including suicide and homicide
- Development of co-occurring mental disorders
- Poor medical outcomes

- Youth with emotional and behavioral disorders have a lower graduation than all other students with disabilities.²
- Children with mental health conditions face more challenges that may interfere with their ability to learn and succeed in school.

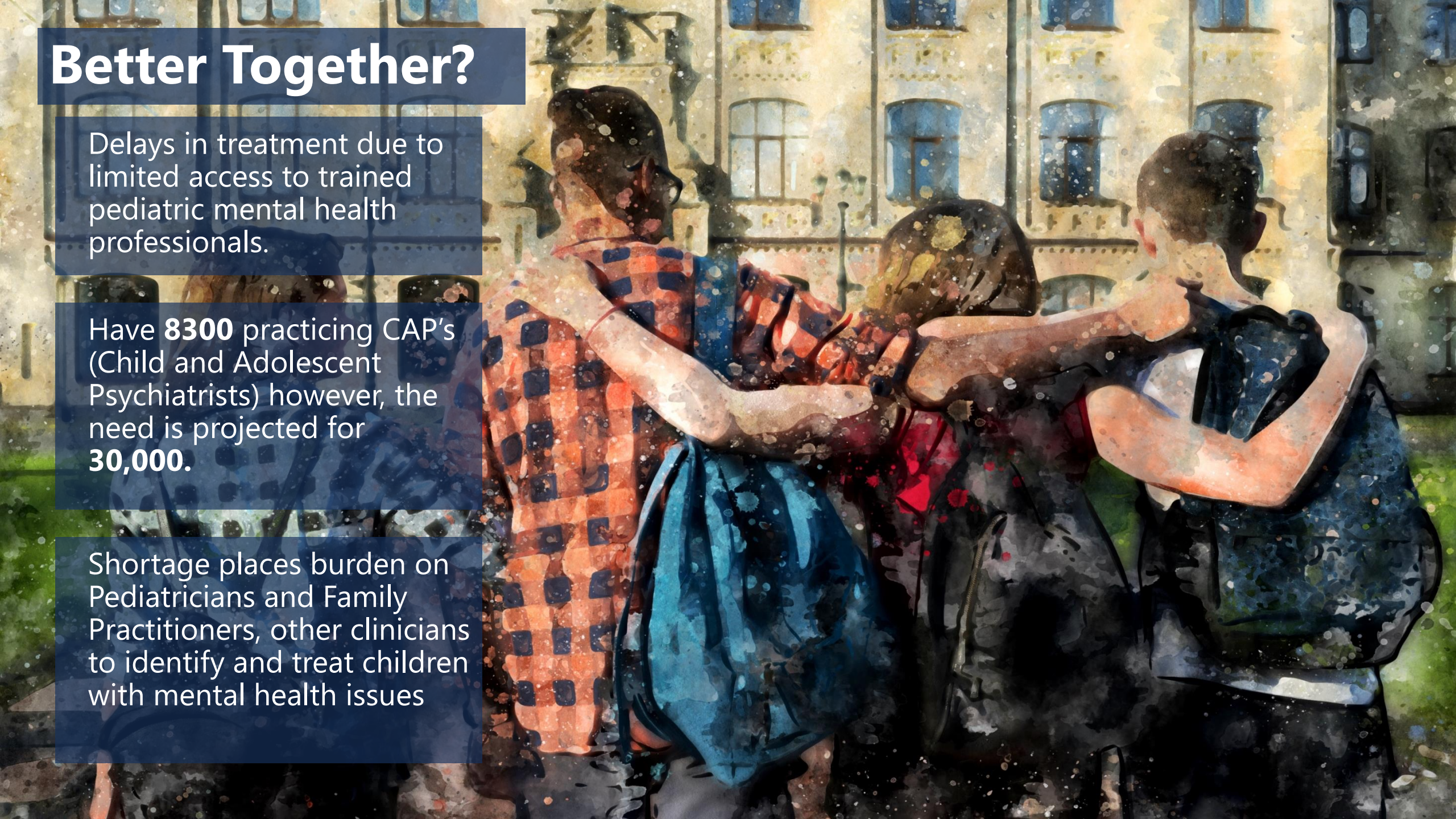


Better Together?

Delays in treatment due to limited access to trained pediatric mental health professionals.

Have **8300** practicing CAP's (Child and Adolescent Psychiatrists) however, the need is projected for **30,000**.

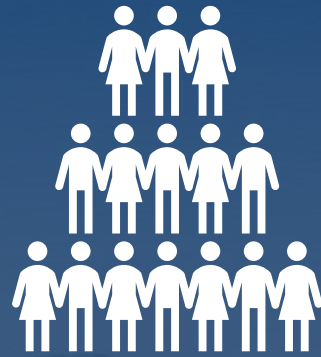
Shortage places burden on Pediatricians and Family Practitioners, other clinicians to identify and treat children with mental health issues



Why Schools?



Schools are the most universal natural setting for delivering services to children.



When groups are held in schools compared to community mental health clinics, there is more attendance to the groups in schools.¹²



11-17%

Schools with social emotional learning programs had an average increase of 11–17 percentile points on standardized tests compared with scores from non-intervention schools.¹¹

The background is a soft watercolor illustration. It features several fluffy, white and light blue clouds scattered across the frame. A warm, golden-orange glow emanates from the right side, creating a hazy, atmospheric effect. The overall color palette is gentle and ethereal, with pastel blues, whites, and warm oranges.

Who We Serve



Denver Health School Based Health Centers

1987-
Denver
Health
received a
grant to
open the
first School
Based
Health
Center at
Abraham
Lincoln.

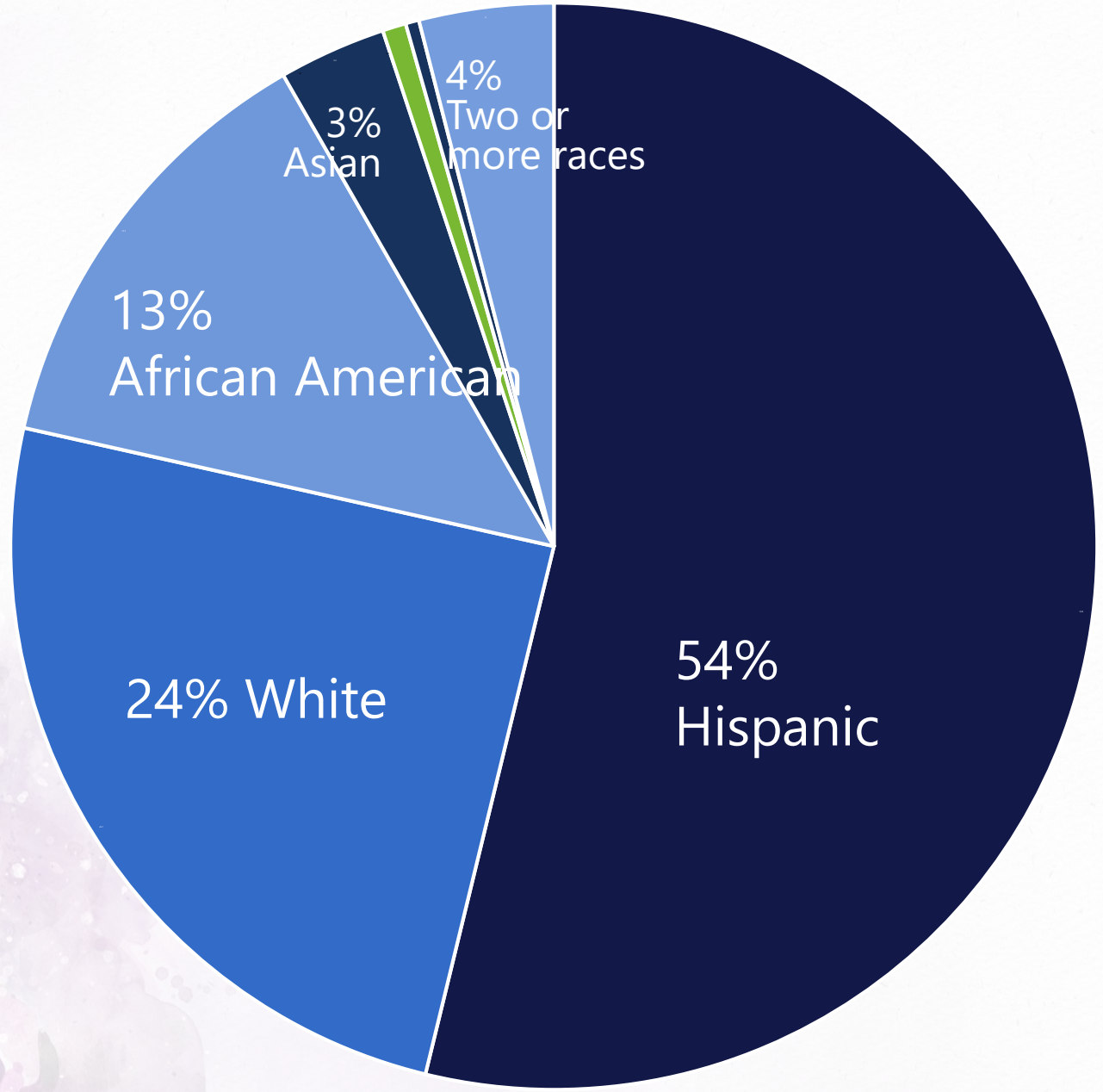
As of 2019
we have 18
SBHCs in
the City
and County
of Denver,
CO.

Every
student
enrolled in
the Denver
Public
Schools
(DPS) has
access to
their
community
school clinic

Every SBHC
has mental
health
services and
7 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.

Who We Serve¹⁰



- Hispanic
- White
- African American
- Asian
- Am Indian - Alaskan Native
- Nat. Hawaii or Pac. Island
- Two or More Races

Total Student
Enrollment: 93,356
(October 2018)

Free/Reduced-Price
Lunch Eligible
Students: 68.51%

37% are Spanish
speaking students

Who We Serve¹⁰



Not a traditional medical hierarchy model

School Staff

A diagram featuring a large, dark blue umbrella with a black handle, set against a background of soft, watercolor-style clouds in shades of blue, white, and light orange. The umbrella's canopy is open, and its central pole runs vertically down the center. The text 'School Staff' is written in large, white, sans-serif font across the top of the umbrella's canopy. Below the canopy, five dark blue rectangular boxes are arranged in a roughly circular pattern around the central pole. Each box contains white text representing a different professional role. At the bottom of the umbrella, a wide, dark blue horizontal bar spans across the width of the canopy, containing white text for two more roles. The overall composition suggests a unified, non-hierarchical team structure.

Psychiatrists

Clerks/Medical
Assistants

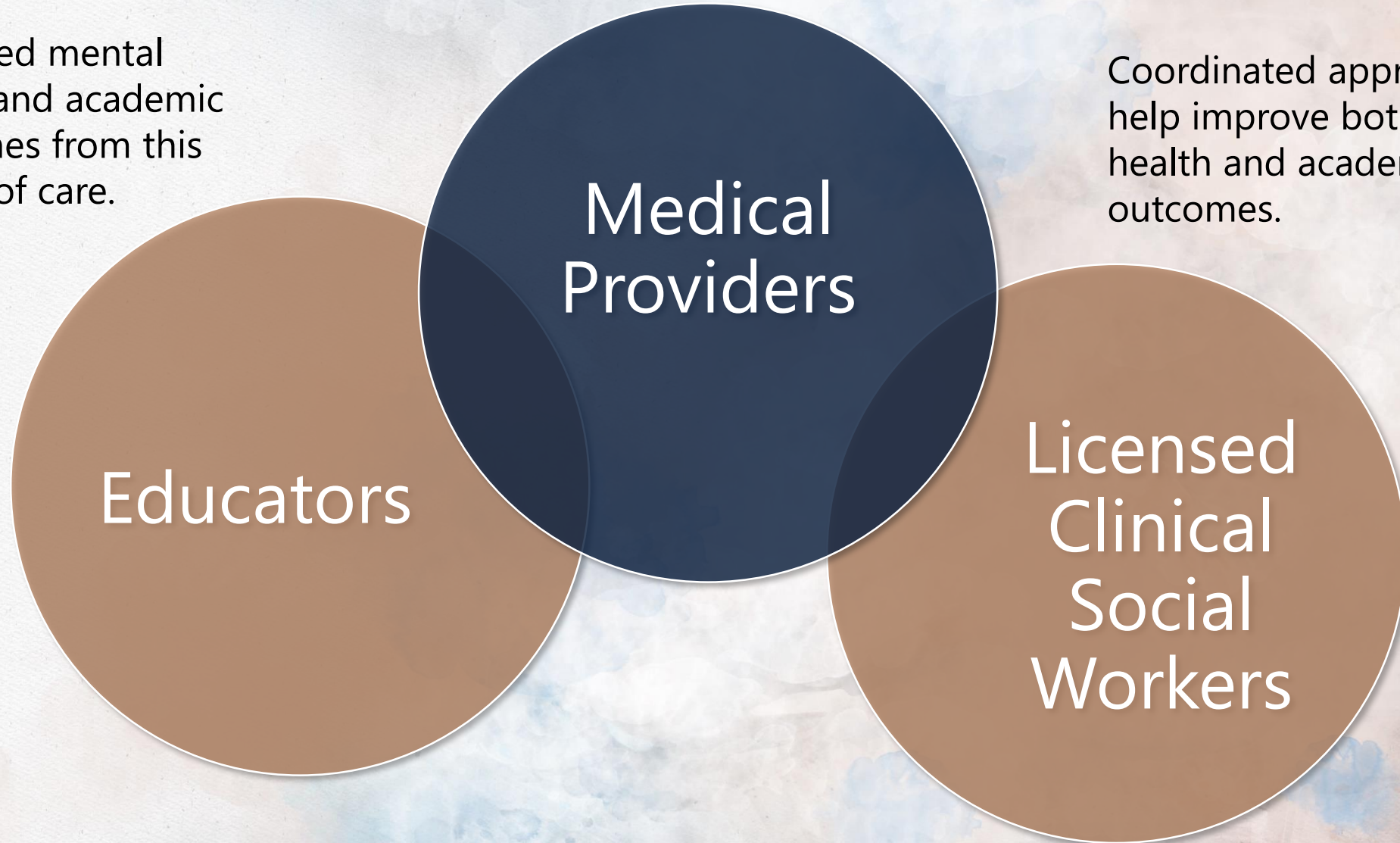
Health
Educators

Therapists

Pediatricians/ Nurse Practitioners Physician Assistants

Model of Care

Improved mental health and academic outcomes from this model of care.



Coordinated approach to help improve both mental health and academic outcomes.

School Support Versus SBHC Support

South SE Team

2 School
Psychologists

6 School
Counselors

1 Health
Educator

1 Social Worker

Principal; Assistant Principal; 5 Interns; Counseling Support Secretary

School Based Health Centers Denver Fill Mental Health Gap





SBHC Fill Mental Health Care Gap

Recent findings from Oregon: mental health services in SBHC's may reduce suicide risk and substance use among at-risk adolescents. ¹³

Compared to community mental health centers SBHC's are 10 times more likely to evaluate and follow up with youth for treatment of mental health or substance use disorders ⁹

How to Assess Efficacy
SBHC's have so many advantages to increasing access to care we wanted to try and assess the efficacy of the mental health care that we provide.

Ohio Youth Problems, Functioning and Satisfaction Scales (OYPFS)

Developed by Benjamin M. Ogles a professor of Psychology and Dean of the College of Family, Home and Social Sciences at Brigham Young University.

Inexpensive, practical measures with demonstrated validity and reliability in order to accurately monitor change as a result of treatment.⁷

Valuable tool in measuring mental health services at several school-based health centers in Denver.

Available in seven languages



Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Youth Rating – Short Form (Ages 12-18)

Y

Name: _____ Date: _____ Grade: _____

ID#: _____
Completed by Agency

Date of Birth: _____ Sex: Male Female Race: _____

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.		Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.				
		Not at All	Once or Twice	Several Times	Often	Most of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

<p>Instructions: Please circle your response to each question</p> <p>1. Overall, how satisfied are you with your relationship with your child right now?</p> <ol style="list-style-type: none"> Extremely satisfied Moderately satisfied Somewhat satisfied Somewhat dissatisfied Moderately dissatisfied Extremely dissatisfied <p>2. How capable of dealing with your child's problems do you feel right now?</p> <ol style="list-style-type: none"> Extremely capable Moderately capable Somewhat capable Somewhat incapable Moderately incapable Extremely incapable <p>3. How much stress or pressure is in your life right now?</p> <ol style="list-style-type: none"> Very little Some Quite a bit A moderate amount A great deal Unbearable amounts <p>4. How optimistic are you about your child's future right now?</p> <ol style="list-style-type: none"> The future looks very bright The future looks somewhat bright The future looks OK The future looks both good and bad The future looks bad The future looks very bad <p>Total: _____</p>	<p>Instructions: Please circle your response to each question</p> <p>1. How satisfied are you with the mental health services your child has received so far?</p> <ol style="list-style-type: none"> Extremely satisfied Moderately satisfied Somewhat satisfied Somewhat dissatisfied Moderately dissatisfied Extremely dissatisfied <p>2. To what degree have you been included in the treatment planning process for your child?</p> <ol style="list-style-type: none"> A great deal Moderately Quite a bit Somewhat A little Not at all <p>3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child</p> <ol style="list-style-type: none"> A great deal Moderately Quite a bit Somewhat A little Not at all <p>4. To what extent does your child's treatment plan include your ideas about your child's treatment needs?</p> <ol style="list-style-type: none"> A great deal Moderately Quite a bit Somewhat A little Not at all <p>Total: _____</p>
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Instructions: Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Mental Health Outcomes Illustrating the Effectiveness of our Program

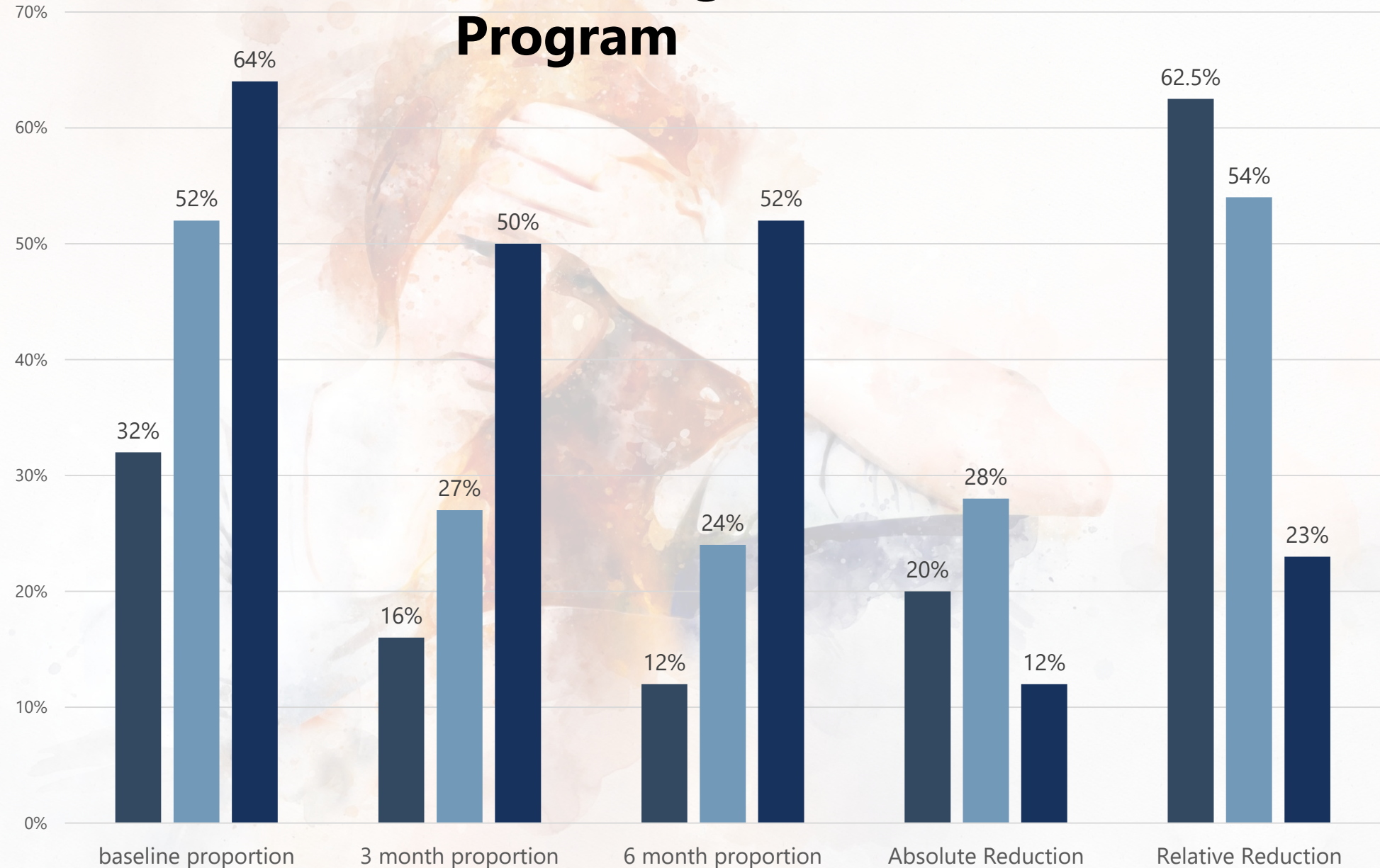
Self-harm



Talking/Thinking about Death



Feeling sad or depressed



Potential Impact of our Program

Educational Outcomes: Attendance and Behavior

Attendance and Behavior	N	Mean \pm SD	P-Value
Attendance Per Year Prior to Treatment	475	67 \pm 44	0.0192
Attendance Per Year During Treatment		64 \pm 34	
Behavioral Incidents Per Year Prior to Treatment	490	1.2 \pm 1.8	<.0001
Behavioral Incidents Per Year During Treatment		0.6 \pm 0.7	

Improved Outcomes

This integrated model in DSBHC has continually shown improved mental health and educational outcomes.

Overall four year graduation rate for the district: 70.2%

High Schools with a SBHC	
Abraham Lincoln	73.0%
Bruce Randolph	89.0%
Montbello	82.7%
(East)*	93.2%
JFK	86.8%
Kunsmiller	95.8%
Manual	71.9%
MLK	57.9%
North	85.1%
South	89.4%
Thomas Jefferson	83.0%
West	69.8%
*They have a SBHC now, but did not at the time of this data	

Average of 81.4% if we include East and 74.08% if we do not.

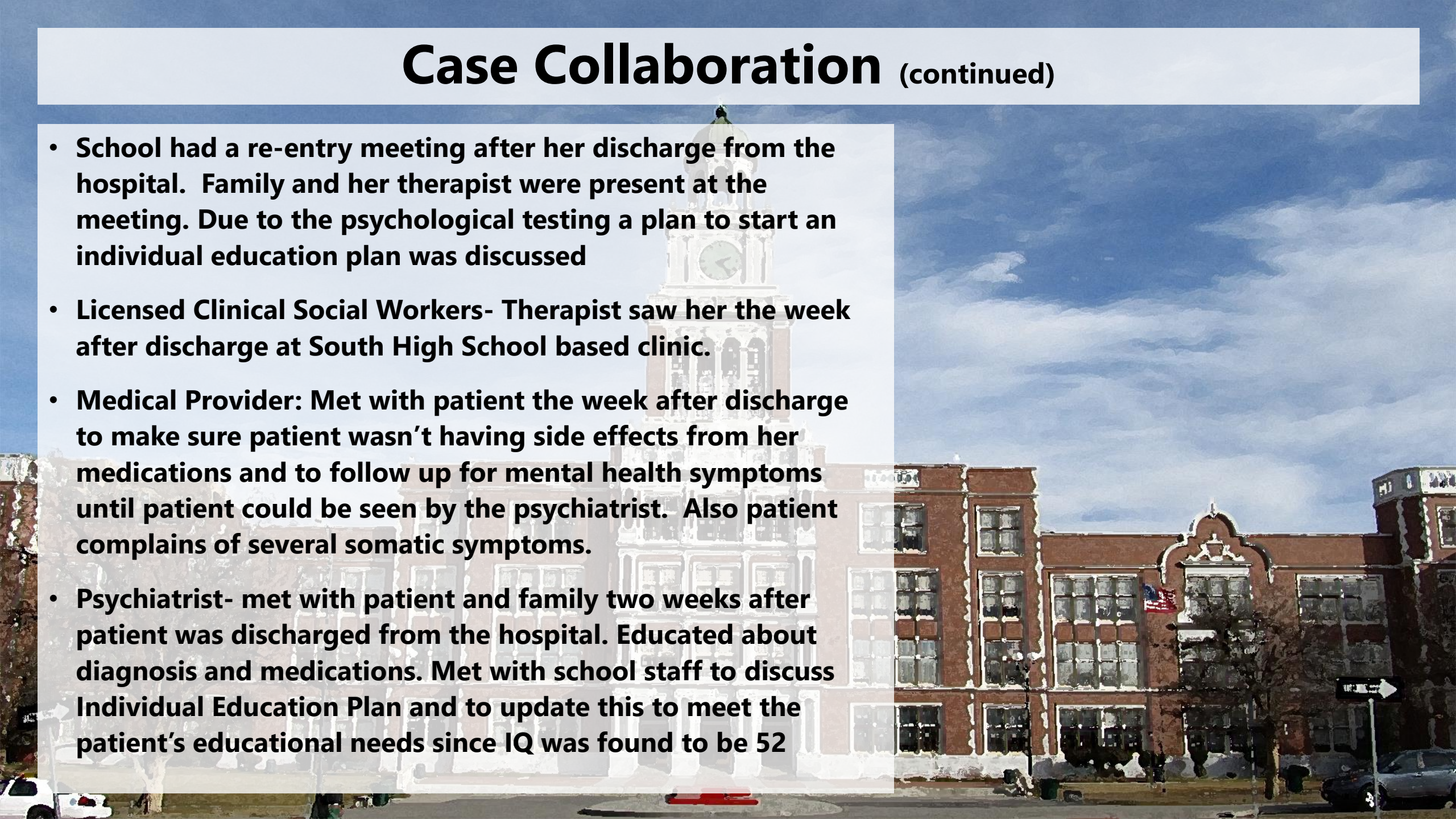
Florence Crittendon has a clinic and a 14% grad rate. This school is for pregnant teens and their children.

Case Collaboration

- **16 y/o Arabic female who presented with illogical, disorganized speech reporting elevated mood in the setting of not sleeping for three days without fatigue.**
- **FOC noticed when he took her to school she was convinced people were following her and trying to hurt her. And she was often speaking to people that weren't there.**
- **Patient was hospitalized for severe psychotic and elevated mood symptoms. During hospitalization patient was stabilized and placed on medications. Psychological testing completed while hospitalized and patient found to have IQ of 52**
- **There was concern about her abilities given she had not had any schooling prior to immigrating from Iran in 2013 and was working at a first grade level**
- **Patient did have to repeat the 8th grade because she didn't understand reading or writing.**
- **Patient returned to school after hospitalization.**

Case Collaboration (continued)

- **School had a re-entry meeting after her discharge from the hospital. Family and her therapist were present at the meeting. Due to the psychological testing a plan to start an individual education plan was discussed**
- **Licensed Clinical Social Workers- Therapist saw her the week after discharge at South High School based clinic.**
- **Medical Provider: Met with patient the week after discharge to make sure patient wasn't having side effects from her medications and to follow up for mental health symptoms until patient could be seen by the psychiatrist. Also patient complains of several somatic symptoms.**
- **Psychiatrist- met with patient and family two weeks after patient was discharged from the hospital. Educated about diagnosis and medications. Met with school staff to discuss Individual Education Plan and to update this to meet the patient's educational needs since IQ was found to be 52**



Small Group Discussion

- **What are the next steps that you would take?**
- **How would you collaborate with the school and teachers?**
- **What classroom interventions would you suggest?**
- **How would you coordinate with the school and family?**
- **How do you envision the primary care provider and the psychiatrist working together in this case?**



After two years of collaboration between SBHC and school:

Amber completed an internship working on the school garden learning basic job skills.

- **Coffee Cart**
- **McDonald's**
- **Criminal Justice**
- **Internship**
- **18 – 21**
- **Mental health symptoms are stable**



Barriers and Successes



Barriers

- **Confidentiality**
 - **Not always guaranteed in a school setting**
 - **Have to follow health privacy laws**
- **Truancy**
- **Limited resources in schools**
- **Lack of mental health training among educational staff**

Schools are Reaching out for Support



**Increased
suicide rate in
teens ⁵**



School violence



**Substance use
as many states
legalize
marijuana ⁸**

Team Strategies

- Team approach mental health issues
- Difficult outcomes occur in youth

Primary Care Providers

Psychiatrists

School Officials

Educators

Successes

- **Students have access to several services including psychiatric care in a familiar environment**
- **Able to serve students who would never make it to a community mental health clinic.**
- **Access to school administration and staff with potential to educate, advocate and positively influence the school environment**
- **Able to positively impact youth with severe mental health conditions that interfere with school functioning**
- **Access to a team of professionals at every visit**

Sample MH Referral and Documentation



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Calibri

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B

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S

Student Last Name

A	B	C	D	E	F	G	H	I	J	K	L
Student Last Name	Student First Name	Student ID	Referring Person	Referral Made To	Date Referred	Referral Concern	Date of Check In & Notes	Treatment Plan	Action Items	Documented in IC?	
	Jane	#####	ABCS Team	Scott/Lindsey	9/19/2019	decision making (behavior incidents in IC), failing grade, possible substance use	10/15: attempted SE check in. Student was absent.		Scott will check in with student and determine need for ongoing support. Jacie will follow up with Scott re: support.		
er	Margaret	#####	ABCS Team	Botnick	9/19/2019	family stress & conflict, family responsibilities	Hattie met with her she is coming in for weekly checkins. Refer Denver Health, Kelly said she has an outside therapist that comes to the home		Larry will check in & offer support. 9/30/19- Hattie referring to Denver Health. Kelly met with her last year.		

School Based Team Approach

- **School based team approach to mental health issues**
- **Role of medical providers**
- **Both psychiatrists and primary care providers**
- **Educators and School administrators**
- **How to interface to provide the most helpful team approach to addressing mental health issues in their schools.**



Barriers to Partnering with MH Providers in the Community:

- **Access to care**
 - **Kaiser locations in relation to South**
 - **Long waiting lists for private providers**
 - **High cost for middle income families**
- **Absenteeism for students**
 - **Leads to additional stress and anxiety**
 - **Working parents need to leave work**

Barriers to working with Medical Staff in School Based Clinics

Fewer Barriers for working with the School Clinic Staff.....but barriers still exist:

- **Teachers are sometimes reluctant to honor passes sent by the School Based Clinic Staff**
- **Some students who become “over-served”
See counselor, nurse, School SW, SBHC staff**





Collaboration Outcome

Mental health conditions among children are of the utmost concern and often negatively impact academic functioning.

School Based Clinics are an important growing model of care

Not only does this profoundly impact long-term outcomes, but also academic performance, school safety and generational outcomes.

A watercolor illustration of a woman's face and upper body. She has long, dark hair and is wearing a white top. The background is a soft, textured wash of light brown and beige colors. The style is artistic and painterly.

Collaboration

Collaborate with school staff to coordinate care for students effectively.

Build on social and emotional learning (SEL)

With this creative team approach, leveraging various areas of talent through a coordinated fashion Denver Health SBHC and DPS are heading in the right direction to meet the growing needs of the community.

Case Collaboration

- **14 y/o female who presents to a primary care appointment in a school based clinic complaining of stomach pain. Her physical exam was noted to be unremarkable. In the room she presents as hyperactive with a possible developmental delay.**
- **Patient referred to mental health therapist and psychiatrist for an evaluation.**
- **Patient presented to the therapist and psychiatrist with symptoms of hyperactivity, inattention, irritability, argues with authority figures (teachers and parents), actively defies rules, and struggling with school for the past 3 years.**
- **Patient recently moved from Liberia Africa to the United States in July 2018. She does have a history of exposure to violence since she was raised in a war torn country but she is unwilling to describe details about this.**



Case Collaboration (continued)

- **Patient starts individual therapy and medication (Prozac and Tenex) to help target mood and ADHD symptoms.**
- **Tried to communicate and collaborate with the school, however medical staff were unable contact them.**
- **Patient referred for psychological testing**
- **Tried to educate parents on obtaining a 504 or Individual Education Plan**
- **A month after the intake patient is handcuffed by the resource officer at school after she physically hit a teacher.**

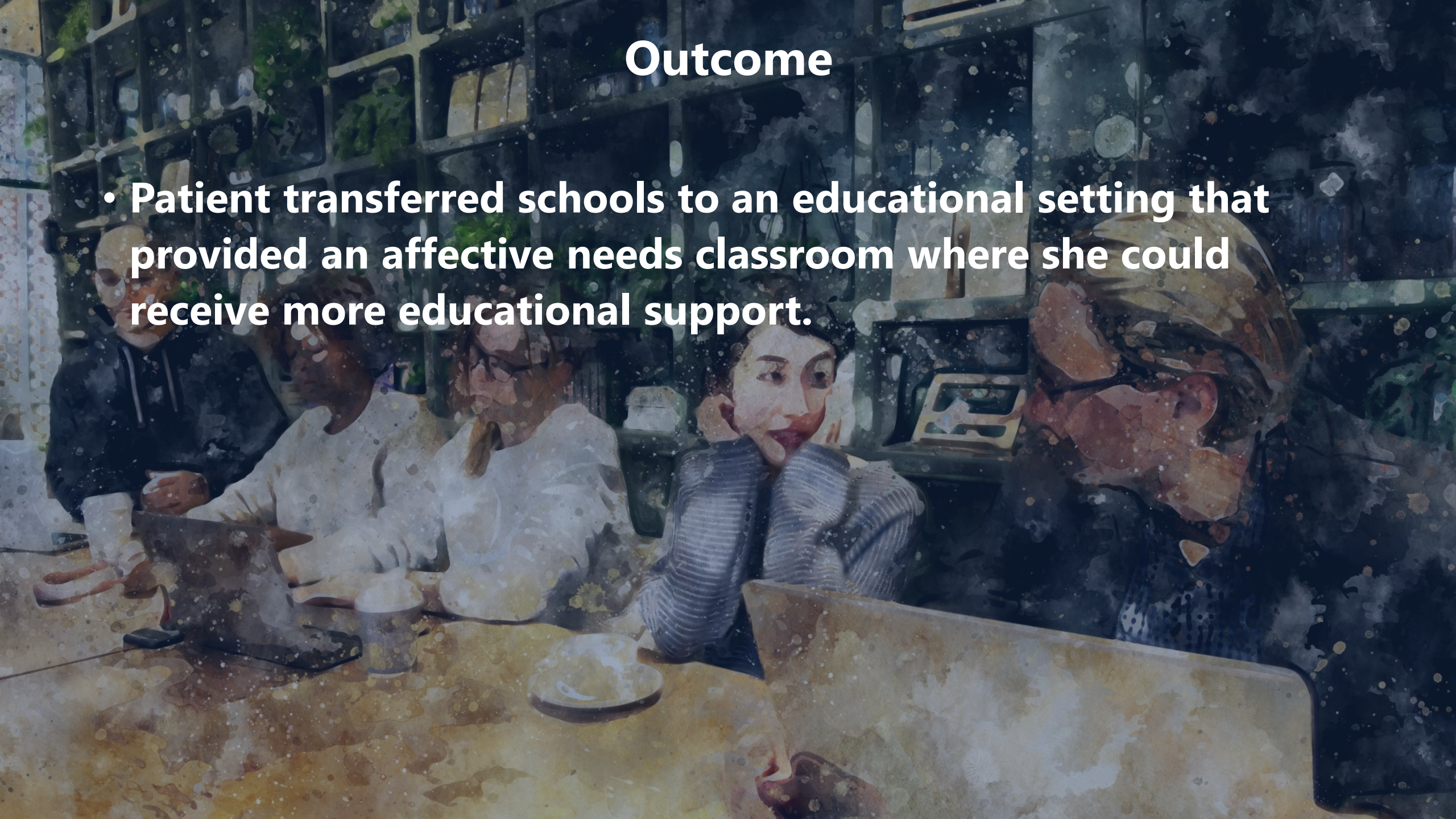


Small Group Discussion

- **What are the next steps that you would take?**
- **Are there steps that could have been taken to prevent patient being handcuffed at school?**
- **What classroom interventions or educational supports would you suggest?**
- **How would you coordinate with the school and family?**
- **How do you envision the primary care provider and the psychiatrist working together in this case?**

Outcome

- **Patient transferred schools to an educational setting that provided an affective needs classroom where she could receive more educational support.**





DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY


Lisa Kelly P.A.

Denver Health Hospital Authority

Behavioral Health Physicians Assistant Fellow

Lisa Kelly Physician Assistant who provides medical care in DSBC will discuss how the incidence of mental illness and demand for mental health services in our communities and country has increased in recent years. While the demand for medical care has remained stable at DSBCs the demand for mental health services has increased significantly. Between 2017 and 2018 medical care visits actually decreased just under 3% to 27,693, while mental health visits increased almost 10% to 18,857.

The challenges of meeting the increasing mental health needs of the pediatric and adolescent population in the school setting are numerous. Pediatric and adolescent clinicians are now, more than ever, called upon to learn how to become more comfortable with recognizing and treating mental health conditions in their practice, as well as learn how to collaborate with school staff, mental health therapists and child and adolescent psychiatrists (CAPS).

An aerial photograph of a city, likely Denver, Colorado, showing a dense urban area with a mix of greenery and buildings. In the background, a range of mountains is visible under a clear blue sky. The text is overlaid on the upper portion of the image.

Lisa Kelly, PA Disclosures:

I HAVE NO CONFLICTS OF INTEREST

Objectives

- Demonstrate how to identify at risk students by providing both universal and as indicated screening tools to diagnose common mental health disorders
- Decide how to differentiate which patients should be referred to a behavioral health professional (therapist and/or child and adolescent psychologist)
- Compare and contrast Family Educational Rights and Privacy Act (FERPA) with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and how to communicate with school staff to ensure coordinated care for students

The Whole Child

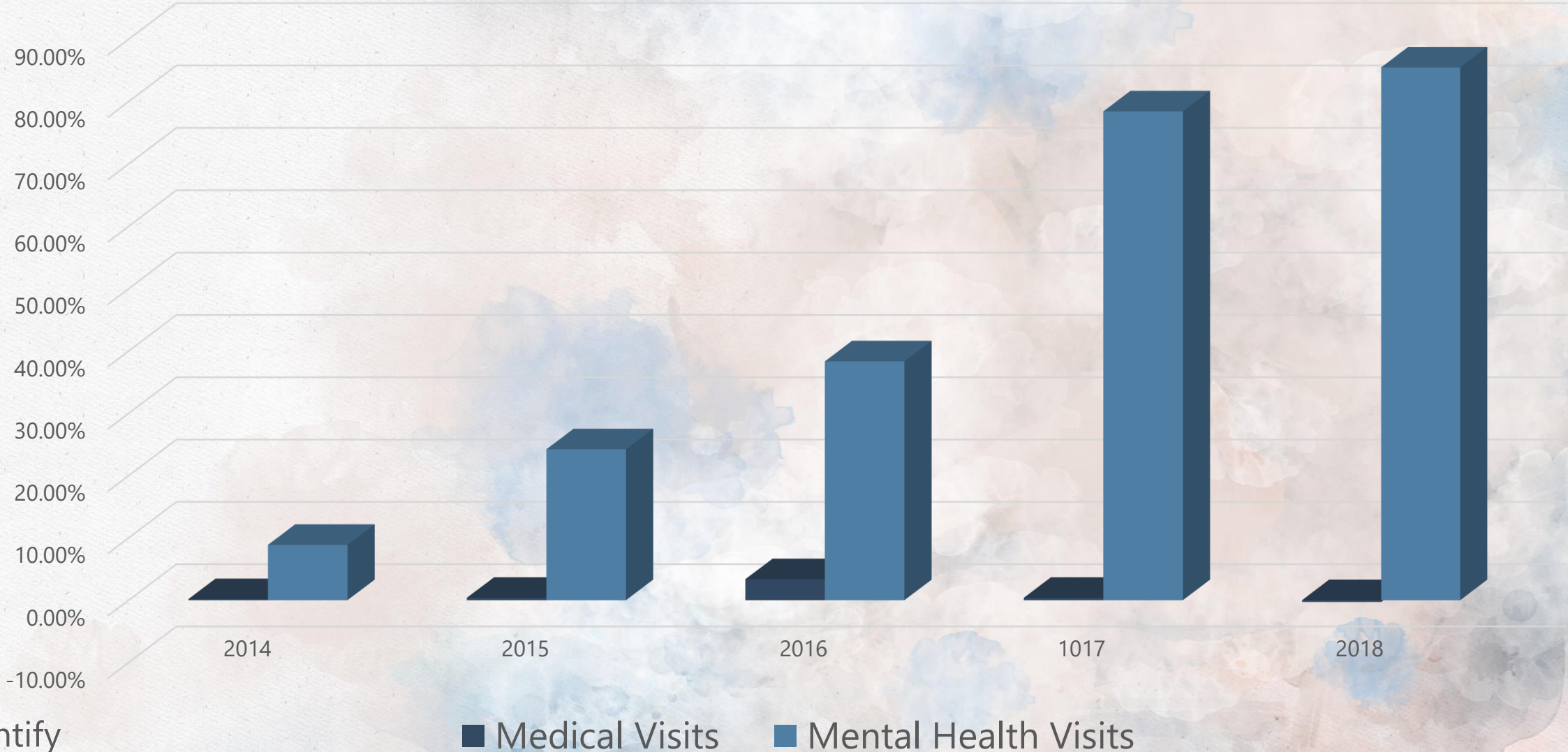
Medical

Behavioral
Health

Education

Dramatic Rise in Mental Health Needs vs. Medical Needs

Percent Growth in Visits from 2013



Identify

The Primary Care Approach

How do I get started on this case?

Approach

What exactly is going on here?

Diagnosis

What needs to be done outside of this visit for the ongoing care plan?

Management

What can I do for this patient today in my office?

Treatment

PHQ 9*

- Nine questions in a simple format
- Covers depression criteria
- Last question identifies suicidal ideation
- Scoring is simple but interpretation can be tricky:
 - 0-4: Normal
 - 5-9: Mild
 - 10-14: Mild-Moderate
 - 15-19: Moderate
 - 20+: Severe

* Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Identify

PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Health Questionnaire

STUDENT HEALTH QUESTIONNAIRE

For High School Students

NOTE: The information you provide on this form is CONFIDENTIAL and will not be shared outside of this clinic without your permission. The only exceptions to this are if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill this form out completely, but you can choose to skip questions you do not want to answer. This form will help us give you the best care possible.

Name: _____ Date of Birth: _____
Last First Middle Initial

Age: _____ Grade: _____ Today's Date: _____

Which of the following best describes you? (check all that apply) Male Female Transgender Self-identify: _____

Are you Hispanic or Latino/a? Yes No
 What is your race? (Check all that apply)
 American Indian or Alaskan Native White Native Hawaiian or other Pacific Islander
 Black or African American Asian

Which of the following best describes you? Heterosexual (straight) Gay or Lesbian Bisexual Not sure

HOME/SCHOOL

1. Who do you live with? (Check all that apply)
 Two mothers Two fathers Mother Father
 Step-Mother Step-Father Mother's boyfriend/partner Father's Girlfriend/partner
 Foster parent Sister Brother Grandparent(s)
 Aunt Uncle Cousin Friend
 Other _____

2. Who do you feel you can really talk to? (check all that apply)
 Friend Parent Other adult _____
 Brother/Sister Teacher Online friend _____
 Other _____ Other relative _____

3a. Are you having any of the following problems at home? (Check all that apply)
 Violence Concerns with a family member Other _____
 Fighting Parent/guardian out of work I don't have any of these problems

3b. Are you having any of the following problems at school? (Check all that apply)
 Missing school Grades Other _____
 Suspension Bullying (in person, or through social media) I don't have any of these problems

HEALTH BEHAVIORS

4. Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day? Yes No

5. Do you usually watch TV, play video games, or spend time on a computer, tablet or smartphone for more than 2 hours per day (not including computer time for school or work)? Yes No

6. Do you usually eat 5 or more servings of vegetables and fruits every day? Yes No

7. Do you usually get 8 or more hours of sleep every night? Yes No

8. In the last 6 months, have you seen a dentist or gone to a dental clinic? Yes No

9. Do you have any tooth pain right now? Yes No

SAFETY/INJURIES

10. Do you always wear a seatbelt when driving or riding in a car, truck or van? Yes No

11. Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding? Yes No Does not apply to me

12. Do you text, talk or surf the internet on your cell phone while you are driving? Yes No Does not apply to me

13. Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you or hurt you? Yes No

14. Have you ever been physically, sexually or emotionally abused? Yes No

15. In the past 12 months did your boyfriend/girlfriend ever hit, slap or hurt you on purpose? Yes No

16. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself? Yes No

17. Have you ever been in foster care, a group home, or homeless? Yes No

18. Have you ever been in jail or in a detention center? Yes No

FEELINGS/WELL-BEING

19. Do you often worry about or feel like something bad might happen? Yes No

20. Are you often tense, stressed out, and/or have difficulty relaxing? Yes No

*21. Over the past 2 weeks, how often have you been bothered by any of the following problems?

- a) Little interest or pleasure in doing things?
 0= Not at all 1= Several days 2= More than half the days 3= Nearly every day
- b) Feeling down, depressed, irritable or hopeless?
 0= Not at all 1= Several days 2= More than half the days 3= Nearly every day

22. Have you ever purposefully hurt yourself without wanting to die, such as cutting or burning yourself? Yes No

23. Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself? Yes No

RELATIONSHIPS/SEXUAL ACTIVITY

24. Have you ever had sex (including vaginal, oral or anal sex)? Yes No

If you answered "Yes" to question 24, please complete questions a-e

- a) Do you and your partner(s) always use condoms when you have sex? Yes No
- b) Are you using a method to prevent pregnancy? which types Condoms Pills Depo (the shot) Patch Nexplanon/Implanon Foam Sponge Withdrawal Ring IUD Yes No
- c) Have you ever been pregnant or gotten someone pregnant? Yes No
- d) During your life, with whom have you had sexual contact? Females Males Females and Males
- e) Do you think you or your partner could have a sexually transmitted infection? Yes No

HEALTH BEHAVIORS/SUBSTANCE USE

25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)? Yes No

*26. Have you ever ridden in a car driven by someone (including yourself) who was high or was using alcohol or drugs? Yes No

27. During the PAST 12 MONTHS, did you:

- a) drink any alcohol (more than a few sips)? Yes No
- b) smoke any marijuana or hashish? Yes No
- c) use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") Yes No

*If you answered "Yes" to questions 27, please complete questions a-e

- a) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in? Yes No
- b) Do you ever use alcohol or drugs while you are by yourself, alone? Yes No
- c) Do you ever forget things you did while using alcohol or drugs? Yes No
- d) Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes No
- e) Have you ever gotten into trouble while you were using alcohol or drugs? Yes No

DEVELOPMENT/FUTURE PLANS

28. Do you have any concerns or questions about the size or shape of your body or your physical appearance? Yes No

If yes, please describe: _____

29. What are your future plans for both having a family and career goals?

30. On the whole, how much do you like yourself? Not much 1 2 3 4 5 A lot

How can we contact you if we need to talk to you privately (for test results, etc.) besides through school? Choose one:

e-mail: _____ cell phone: _____ friend's number?: _____

THANKS!

*PROVIDERS: These questions are from a validated scale (PHQ-2, CRAFFT) that should be scored, with appropriate follow-up for a positive screen

Reviewed By: _____ Date: _____
 Referred To: _____

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametric Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS), Grant Award Number 1Z0C30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government. The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico. Some of the questions included in this survey were adapted from the following sources: Bright Futures (American Academy of Pediatrics), Kaiser Permanente Division of Research, Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan), Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention), CRAFFT (Children's Hospital Boston), and Guidelines for Adolescent Preventive Services (American Medical Association). The U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for federal government purposes. The Colorado Department of Health Care Policy and Finance, the Colorado Department of Public Health and Environment, and the New Mexico Human Services Department also have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for their School-Based Health Center Improvement Project as extended or renewed. This survey may be revised and updated by the Colorado Department of Health Care Policy and Financing and the New Mexico Human Services Department in their discretion at any time and for any reason, subject to the rights of the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services.

Identification At Risk Students

Collaborate with school staff to
coordinate care for students
effectively

Triaging patients to school mental health support staff
verses behavioral health professionals

Licensed Clinical Social
Worker and/or a

Child and Adolescent
Psychiatrist

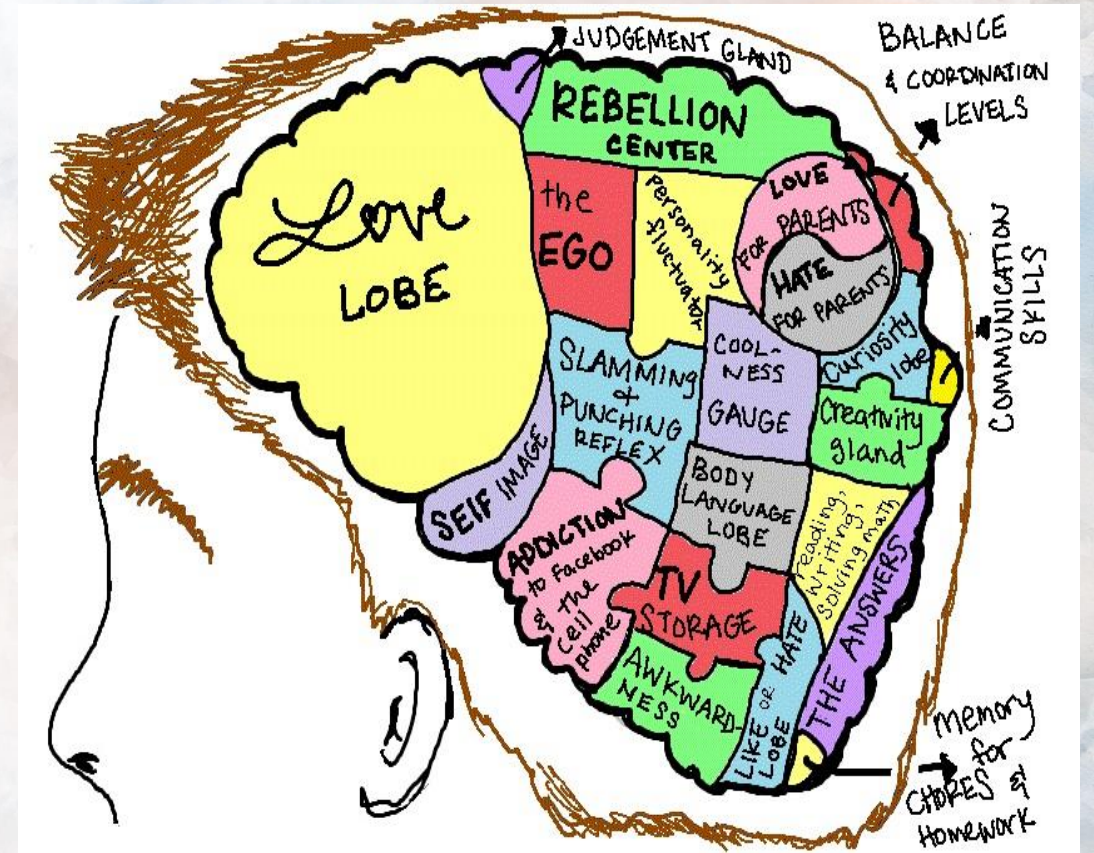
Diagnosing Depression

Identify

Two main areas

Two aspects of the emotional brain
(limbic system)

- Dysfunction of the pleasure/reward system
- Sleep/wake disturbance



Depression Symptoms



Pleasure Reward System Dysfunction

Systems Likely to Report:

- Don't Care, No Motivation for School
- Less Interest in Music/Recreational Activities
- Less Interest in Friends – Social Withdrawal
- Irritable/ Argumentative

Sleep/Wake Disturbance

Classic Symptom:

- Waking in Middle of Night for 20+ Minutes
- Waking in Morning Before Alarm and Not Returning to Sleep
- Staying Up Late – “Not Tired” – Wanting to Sleep In
- Wanting to Sleep All the Time

Emma, a 16-Year-Old Junior at South High School

Chief Complaint/Presenting Problems

- Sad
- Unmotivated
- Decreased energy
- Sleep disturbance
- Guilty
- Hopeless
- Worthless
- Isolating
- Worrying
- Anxious
- Palpitations
- Decreased concentration

Diagnostic Process



- Screening Tools: PHQ-9 / Risk Assessment
- History of Present Illness – PHQ9
- Family Dynamics
- Psychiatric Treatment History
- Family Psychiatric History
- Abuse History
- Social Functioning
- Family Psychosocial and Cultural Assessment
- Substance Use History
- Review of Symptoms: Risk Assessment
- Assessment/Goals/Plan

Tools to Assist with Diagnosis

SIGECAPS

- Diagnostic Criteria for MDD
- At least five of the following must be present for at least two weeks:
 - **S**leep – increased or decreased (if decreased, often early morning awakening)
 - **I**nterest – decreased
 - **G**uilt/worthlessness
 - **E**nergy – decreased or fatigued
 - **C**oncentration/difficulty making decisions
 - **A**ppetite and/or weight increase or decrease
 - **P**sychomotor activity – increased or decreased
 - **S**uicidal ideation

MFCRIS

- Diagnostic Criteria for GAD
- At least three of the following must be present for at least six months
 - Muscle tension
 - Fatigue
 - Concentration problems
 - Restlessness, feeling on edge
 - Irritability
 - Sleep problems

Assessment/Goals/Plan Details

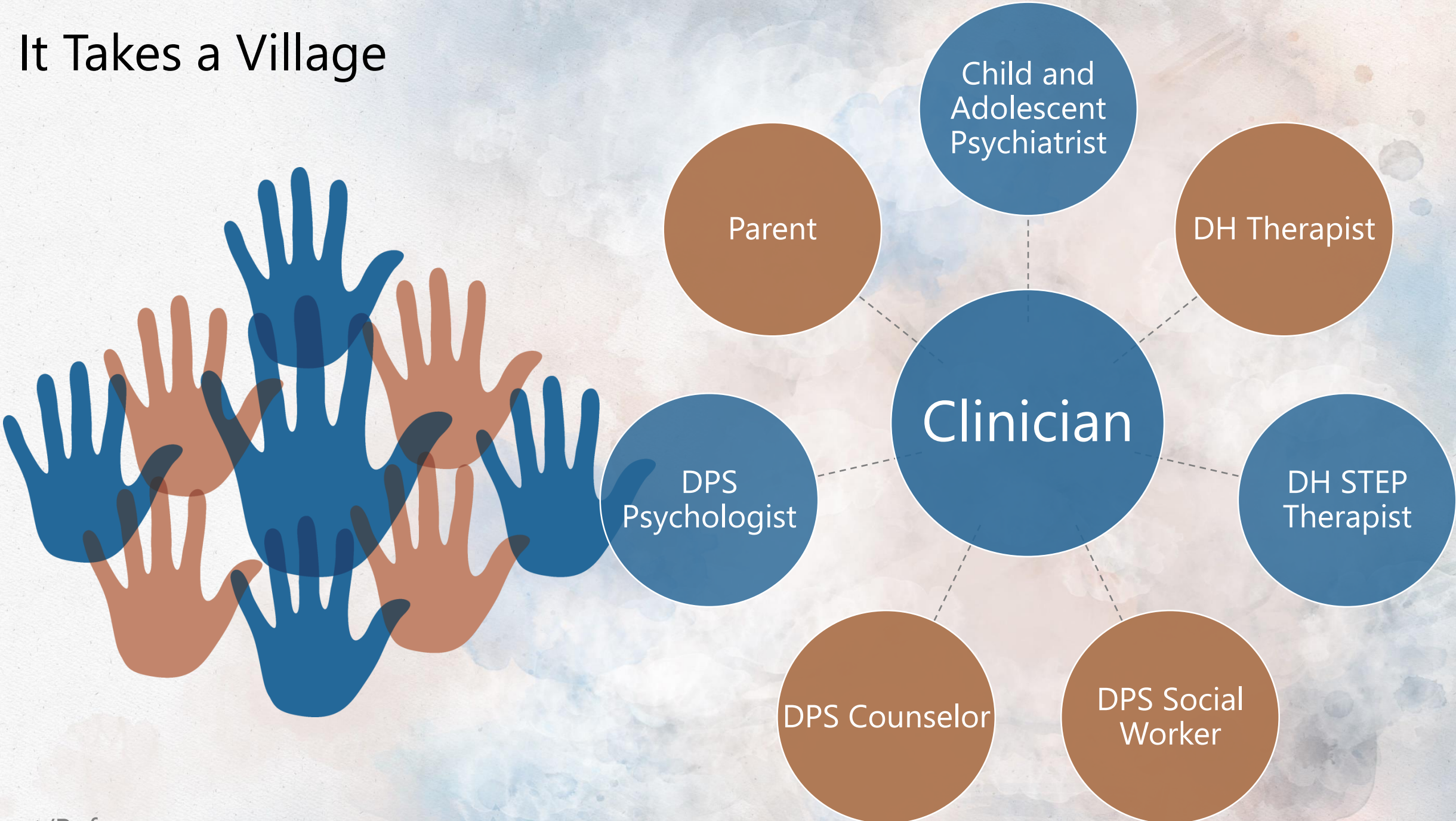
Initial Goals for Treatment: Improve mood and anxiety levels, improve energy level

- Emma is a 16yo young woman who currently meets criteria for MDD and GAD.
- Biologically predisposed to mood/anxiety issues given both of her parents have struggled with this in the past.
- Parents are adopted: unclear how strongly she is biologically disposed to mental health issues.
- Stress in her home environment
- It is likely her anxieties about her future also play into her mood
- Stress on herself to excel in multiple areas of life.
- Promising that she is hopeful to the idea of combination treatment with medications and therapy, as this is likely to benefit her most going forward.

Plan:

- Discussed common side effects of SSRI's with both MOC and PT who agree to a trial of Prozac
- Start Prozac 10mg PO daily
- Start individual therapy
- Will call FOC to also discuss medications

It Takes a Village



Indications for direct referral to CAPS: bipolar, psychosis, etc....

DIGFAST Mnemonic	
D	Distractibility
I	Indiscretion (Risk Taking)
G	Grandiosity (Increased Confidence)
F	Flight of Ideas
A	Increased Activity
S	Sleep Deficit
T	Talkative



<https://www.integration.samhsa.gov/images/res/MDQ.pdf>

STABLE RESOURCE TOOLKIT

Mood Disorder Questionnaire

Patient Name _____ Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...

	YES	NO
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
...you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you got much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
...you were more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
...you had more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? YES NO

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

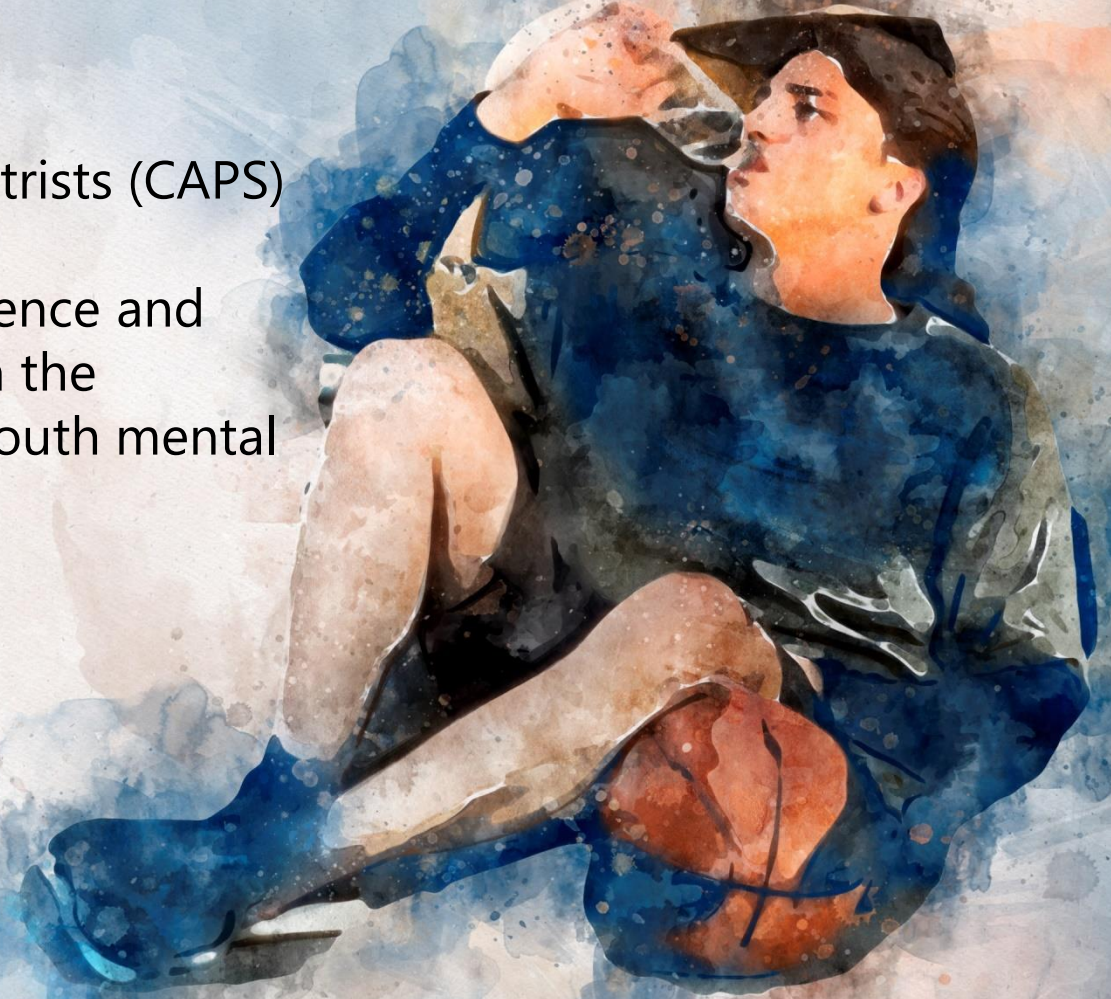
No problems Minor problem Moderate problem Serious problem

This instrument is designed for screening purposes only and not to be used as a diagnostic tool. Permission for use granted by RMA Hirschfeld, MD

Consultation with Child and Adolescent Psychiatrists (CAPS)

Consultation with Child and Adolescent Psychiatrists (CAPS) can support Pediatric Providers and schools in implementation of practices that promote resilience and enhance mental health, reducing the burden on the nation's mental health system and promoting youth mental wellness.

CAPS partner with Pediatric Providers in Denver School-Based Clinics (DSBC) to provide comprehensive mental health treatment to inner city youth while collaborating with school systems to improve academic functioning for all students.



Quiz: Patient Health Rights and Responsibilities

True or False?

- Teens can see a doctor about mental health issues, drug and alcohol use, or sexually transmitted infections without their parent's consent.
- Colorado laws allows persons 15 or older obtain care for mental health issues without parental consent. Teens of any age can consent to care for sexually transmitted infections or drug and alcohol issues without parental consent.

TRUE

Click for "True"
Second paragraph will automatically follow with a delay.

Quiz: Patient Health Rights and Responsibilities

True or False?

- A teen can always see a doctor without a parent's permission.
- Teens cannot see a doctor without their parents' permission for health services like treatment of injuries, colds, flu and physicals. The doctor will need a parent/guardian's consent for these services. (i.e. DH SBHC parental written consent)

FALSE

Quiz: Patient Health Rights and Responsibilities

True or False?

- A teen can ask a doctor about what will stay private in a visit, and what information will be shared with parents/guardians.
- There are many laws about what information your parent/guardian will be given. It is important to talk to your doctor about what will stay private. In some situations, you get to decide what is shared.

TRUE

Quiz: Patient Health Rights and Responsibilities

True or False?

- Under FERPA school employees are not allowed to disclose records to teachers and other “school officials” without a release.
- School employees can disclose records as long as that school official has a “legitimate educational interest” in the information.

FALSE

Quiz: Patient Health Rights and Responsibilities

True or False?

- Under HIPAA health providers can disclose a patient's health information to another provider.
- HIPAA allows health providers to disclose individual health information for treatment purposes to a provider working with the same client in another agency or clinic.

TRUE

Quiz: Patient Health Rights and Responsibilities

True or False?

- Under both FERPA and HIPAA, providers may disclose protected information when a youth is in danger.
- How the danger is defined under each law and to whom the provider may disclose differs between HIPAA and FERPA.

TRUE

Confidentiality Issues

A blue umbrella is centered in the image, with its handle curving downwards. The background consists of soft, watercolor-style clouds in shades of blue, white, and light orange. Four dark blue rectangular boxes are placed on the umbrella's canopy, each containing white text. The text boxes are arranged in a 2x2 grid.

Family Educational Rights and Privacy Act (FERPA)

Health Insurance Portability and Accountability Act (HIPAA)

These acts can slow and even prevent the provision of needed services.

Accessing written parental and student/patient consent.

Comparison of Regulatory Rules

Family Educational Rights and Privacy Act (FERPA)

Health Insurance Portability and Accountability Act (HIPAA)

Similarities Between HIPAA and FERPA

- Both contain exceptions that allow sharing information without a written release in some cases.
- A few of these exceptions are similar – for example, both HIPAA and FERPA contain exceptions that allow sharing protected information for:
 - Research purposes
 - Emergencies
 - Child abuse reporting without need of a release

Comparison of Regulatory Rules

Family Educational Rights and Privacy Act (FERPA)

Health Insurance Portability and Accountability Act (HIPAA)

Differences Between HIPAA and FERPA

- There are exceptions under each law that do not exist under the other. For example:
 - FERPA allows school employees to disclose records subject to FERPA to teachers and other “school officials” without need of a release, as long as that school official has a “legitimate educational interest” in the information. No similar exception exists in HIPAA
 - By contrast, HIPAA allows health providers to disclose individual health information for treatment purposes to a provider working with the same client in another agency or clinic. FERPA does not contain a similar exception.
- Even where similar exceptions exist, they can apply in different ways. For example, under both FERPA and HIPAA, providers may disclose protected information when a youth is in danger, but how danger is defined under each law and to whom the provider may disclose that information is different under HIPAA and FERPA.

Questions?



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- ² U.S. Department of Education, Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act, Washington, D.C., 2001.
- ³ <http://www.npr.org/sections/ed/2016/08/31/464727159/mental-health-in-schools-a-hidden-crisis-affecting-millions-of-students>
- ⁴ Bostic JQ, Bagnell A. Psychiatric School Consultation, an Organizing Framework and Empowering Techniques. *Child and Adolescent Psychiatric Clinics of North America*. 2001; 10(1):1-7
- ⁵ Child and Adolescent Psychiatry Workforce Crisis: Solutions to Improve Early Intervention and Access to Care American Academy of Child and Adolescent Psychiatry May 2013
- ⁷ The Ohio Scales Youth Form: Expansion and Validation of a Self-Report Outcome Measure for Young Children (PDF Download Available). Available from: <https://www.researchgate.net/publication/225337223> The Ohio Scales Youth Form Expansion and Validation of a Self-Report Outcome Measure for Young Children [accessed September 28th, 2019]
- ⁹ Benningfield MM, Riggs PD, Stephan SH. (2015). "The Role of Schools in Substance Use Prevention and Intervention." *Child and Adolescent Psychiatry Clinics of North America*. 24: 291-303.
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- ¹¹ Payton, J., Weissberg, R.P., Durlak, J.A., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
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- ¹³ Paschall, M. J., & Bersamin, M. (2017). School-based mental health services, suicide risk, and substance use among at-risk adolescents in Oregon. *Preventive Medicine*, 106, 209–215.

Helpful Links:

Minor consent and confidentiality-related resources available online / FERPA / HIPAA:

1. National Center for Youth Law: <http://www.youthlaw.org>
2. Center for Adolescent Health & the Law: <http://www.cahl.org>
3. Society for Adolescent Health and Medicine:
<http://www.adolescenthealth.org>

Pediatric Psychiatry ECHO series

1. <https://echo.unm.edu/locations/global>
2. <https://echo.unm.edu/locations/us>