

# SCHOOL-BASED BEHAVIORAL HEALTH

## **Meeting the Needs of Adolescents**

# TODAY'S OBJECTIVES

- Removing learning barriers through school-based health centers at YDI-Elev8 New Mexico community schools
- Understanding adolescents' behavioral health needs
- Community Service Agency Model benefits

## **Student, SBHC Patient:**

- *“The [SBHC] is a very safe, helpful, and confidential place to ask for help or ask questions. Thank you.”*



*"Could someone help me with these?  
I'm late for math class."*

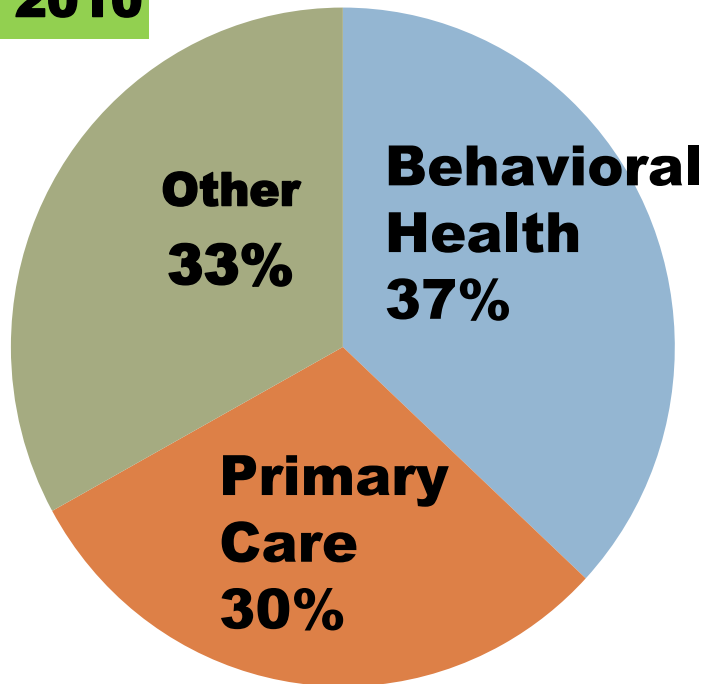
# **Investments in Behavioral Health**

## **Reduce Public Costs**

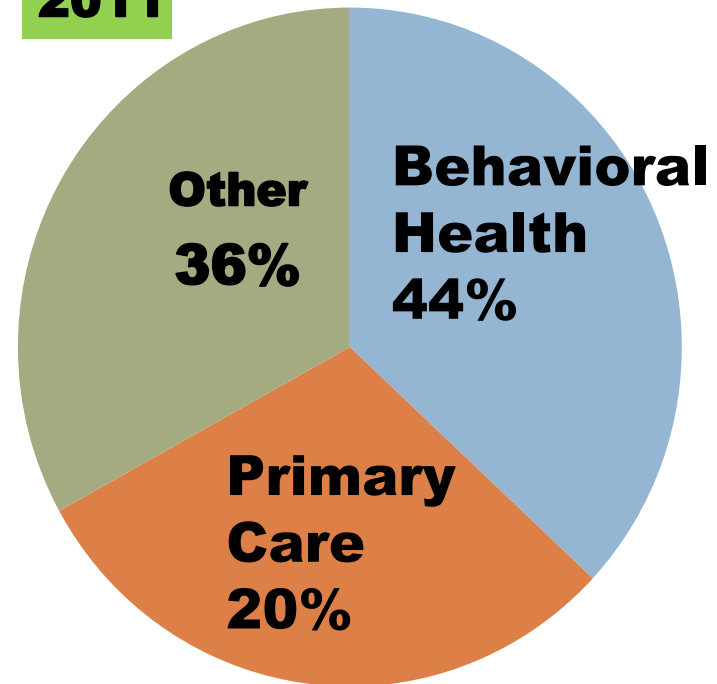
- NM costs for untreated mental health and substance abuse disorders = \$3 billion annually
- Every \$1 in invested in mental health services saves \$10 in other expenses
- Cost per inmate in NM is \$30,000
- \$4 billion is spent nationally, each year, on unnecessary emergency room visits

# INCREASING BEHAVIORAL HEALTH NEEDS AT YDI-ELEV8 NEW MEXICO COMMUNITY SCHOOLS

**2010**



**2011**

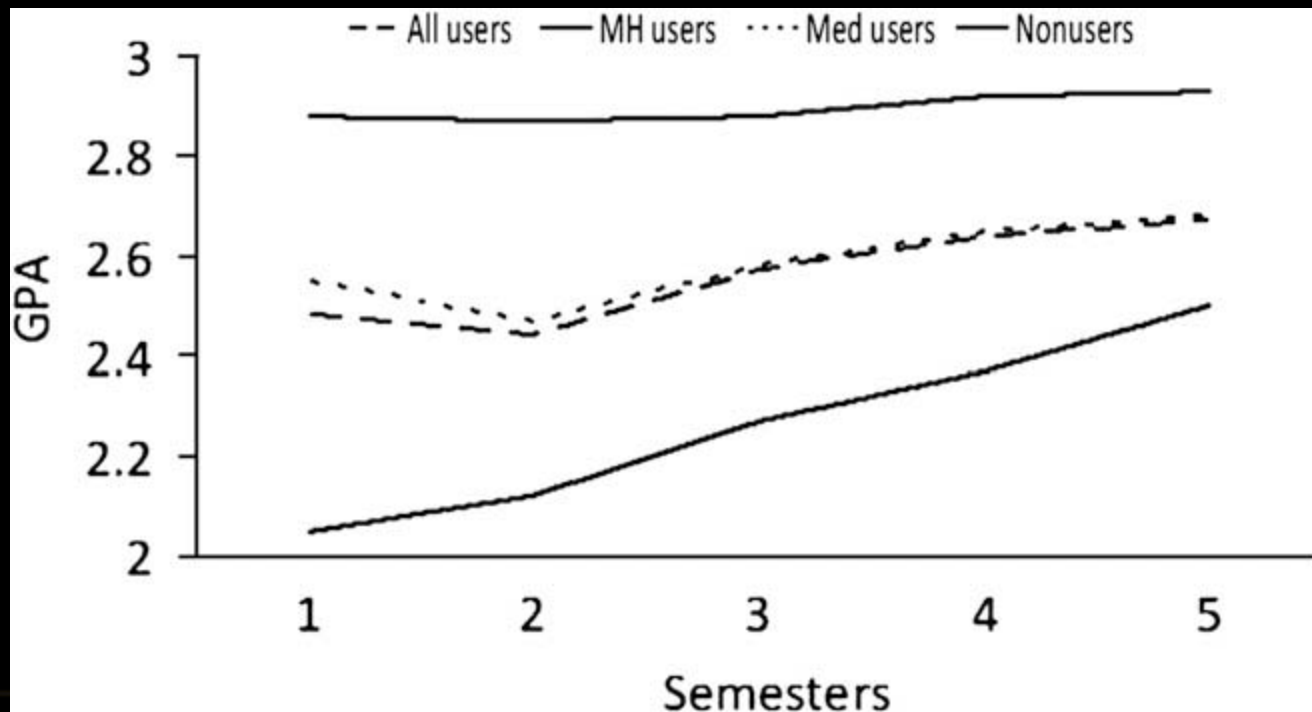


# LINKING BEHAVIORAL HEALTH TO LEARNING

- \$17 million levy supports 16 SBHCs in Seattle. Focus: Closing achievement gaps.
- Each has 1.0 FTE mental health counselor
- SBHC study from 2005-2007 found most common reasons for MH visit (n=108) are:
  - Academic difficulties (28%)
  - Family problems (22%)
  - Depressive disorders (13%)

# ACADEMIC FINDINGS FROM SEATTLE STUDY

- Mental Health SBHC use was associated with increased GPA





# **REFLECTIONS FROM DEREK WARD, ALBUQUERQUE GRANT MIDDLE SCHOOL THERAPIST**

- Students are experiencing anxiety, mood instability stemming from issues at home
- Substance abuse, alcohol use by parents are increasingly common
- SBHC is alleviating undue stress by developing treatment plans, teaching self de-escalation techniques and life skills
- All his patients are on Medicaid

# What Grant Middle School SBHC Needs:

- Two more full-time mental health therapists
- Group therapy of 6-10 students each:
  - Transition from elementary to middle school
  - Risk Behavior
  - Coping with divorce
  - Mood & Anger Management



## **FY 14 BEHAVIORAL HEALTH APPROPRIATION**

- \$2.5 million for behavioral health services to 6<sup>th</sup> through 12<sup>th</sup>-grade students in C, D and F public schools with school-based health centers
- Dollars flow to DOH's OSAH
- The request draws on Elev8's best practices
- Each of the 56 DOH SBHCs to receive \$44,000
- Recommend recurring investment

## **ONLY 9 SCHOOLS WITH SBHCs HAVE A OR B GRADES**

- 9 schools with SBHCs have A or B grades
- About 50 BH providers work in our SBHCs
- Last year, about 610 hours of BH provided per week service across all 56 DOH SBHCs
- FY 09 (2008-2009) SBHC funding \$3.53 million; FY 13 (2012-2013) SBHC funding \$2.61 million

# NM'S SCHOOL-BASED HEALTH CENTERS



- SBHC movement in NM evolved within a larger context of coordinated school health
- 1<sup>st</sup> SBHC opened 1981 at Espanola VHS
- 1995 first school health bill passed
- Mid-1990s DOH & Medicaid funding expanded
- 2005 \$2 million to expand SBHCs

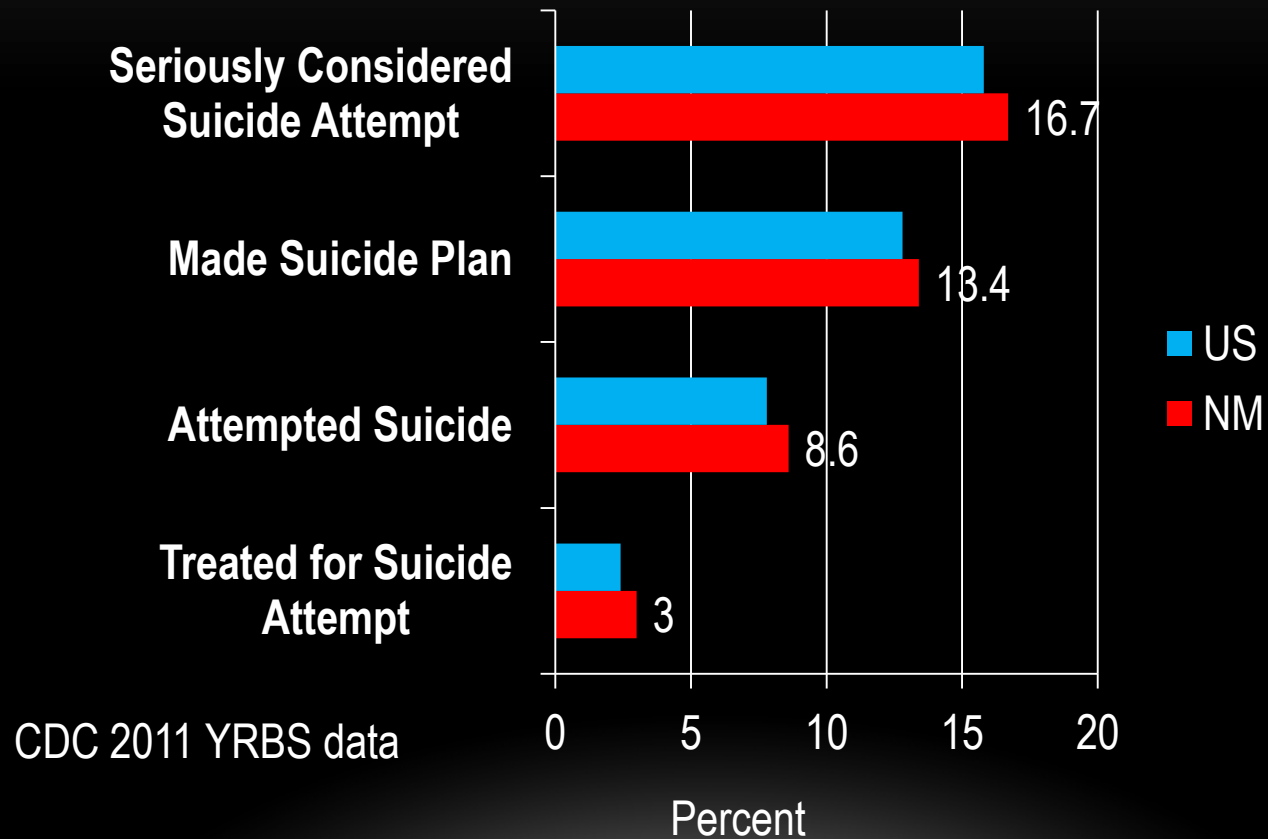
# ADOLESCENT BEHAVIORAL HEALTH NEEDS

- 1 out of every 4-5 adolescents has behavioral health problem with severe impairment
- Median age for onset:
  - 11 yrs old – behavior disorder (conduct)
  - 13 yrs old for mood disorder (depression)
  - 15 yrs old – substance use (alcohol/drugs)

# ADOLESCENTS WITH BEHAVIORAL HEALTH NEEDS COMPOUNDED

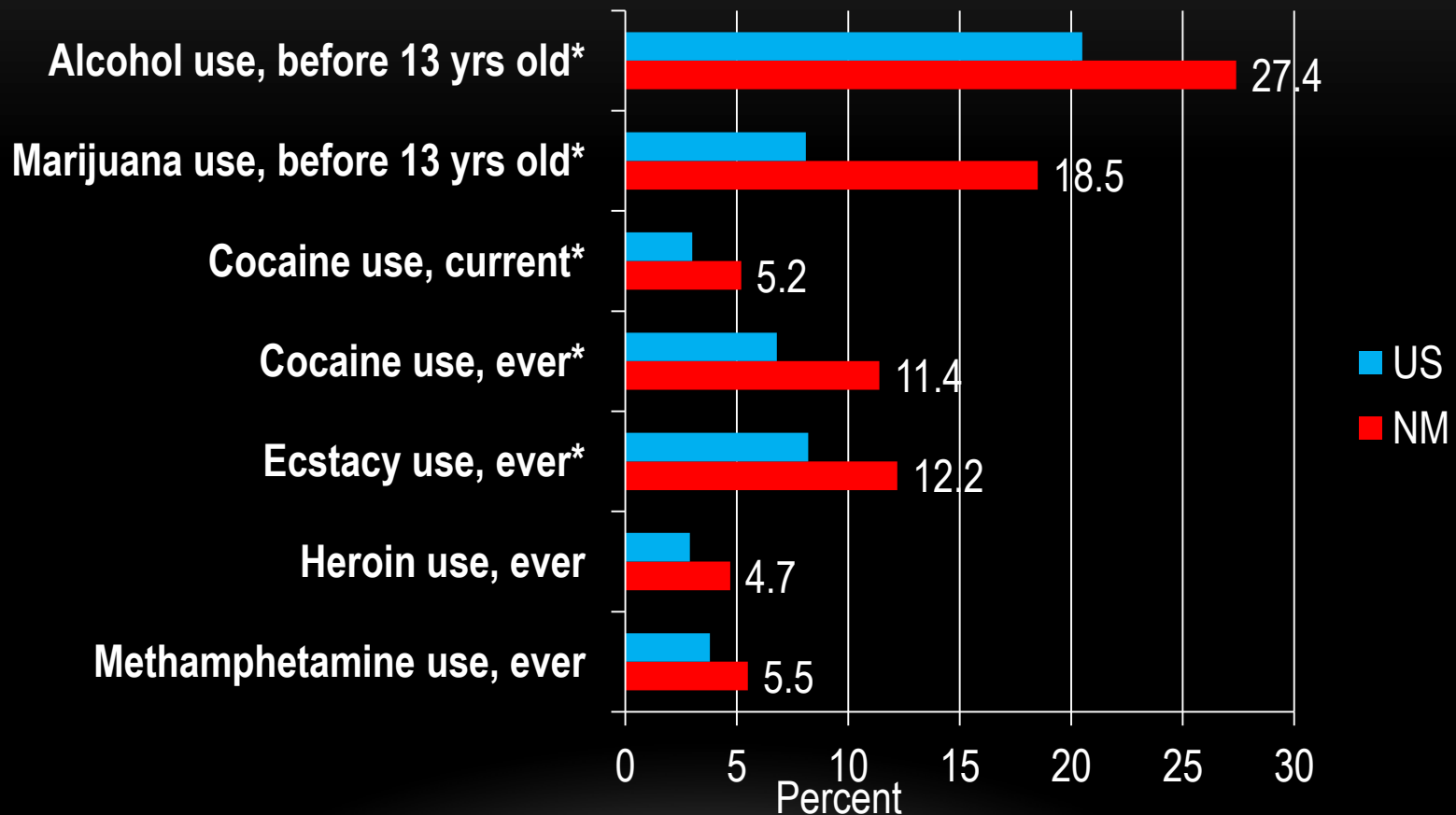
- **More likely**
  - Poor grades
  - Poor self-rated health
  - Use drugs/alcohol
  - Be sexually active
  - Use emergency department
- **Less likely**
  - Participate in school activities
  - Participate in community activities

# ADOLESCENT SUICIDE, US AND NM



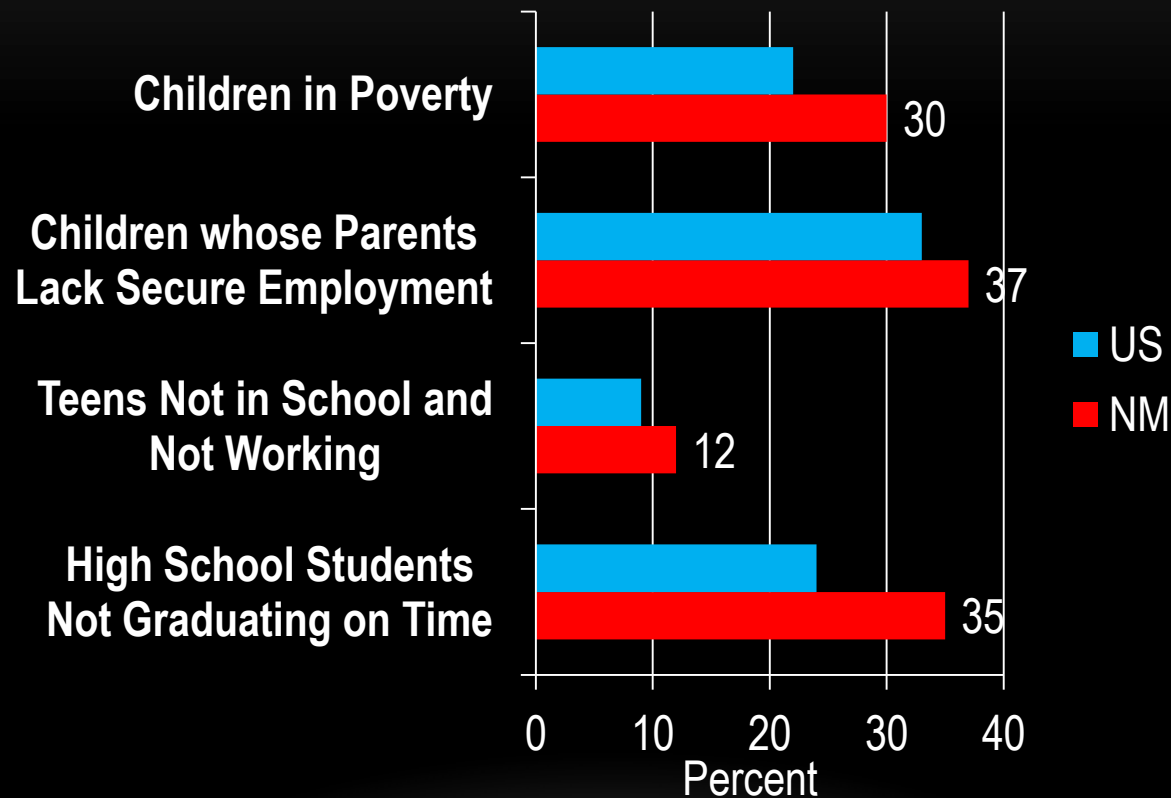


# ADOLESCENT SUBSTANCE USE, US AND NM



CDC 2011 YRBS data

# CHILD AND ADOLESCENT WELLBEING IN NM



Annie Casey Foundation, 2012 Kids Count Data Book

# ADOLESCENT BEHAVIORAL HEALTH NEEDS - UNMET

- Most youth with BH needs receive no behavioral health care.
- Most Primary Care sites offer no BH care
- Most Primary Care sites do not screen for BH problems

J Amer Acad Child Adol Psych 49(2010) 980-989

Pediatrics 125 (2010)75-81

J Adol Health 41(2007) 153-160

## **ADVANTAGES OF NM SBHC PROGRAM**

- SBHCs do BH screenings for all patients
- Student Health Questionnaire
  - evidence based screens
  - Depression (PHQ-2)
  - Substance abuse (CRAFFT)
  - anxiety
- SBHCs have BH specialists on site

## **ADVANTAGES OF NM SBHCS**

- SBHCs meet students where they are
- SBHCs can address transition issues
- Early identification, treatment, coordination
- Setting of reduced stigma
- SBHCs get to hard to reach populations, males and minorities

## **ADVANTAGES OF SBHCS**

- Those with access to a SBHC are 10 times more likely to have a BH visit than adolescents without access to SBHCs.

Arch Pediatr Adolesc Med 152 (1998)

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## **ADVANTAGES OF NM SBHCS**

- Visits by adolescents are 20 times more likely to be initiated for mental health reasons at SBHCs than at Community Health Center network.

J Adol Health 32S (2003) 109-118

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# WHO WE HELP: KIDS LIKE YOURS





# **Behavioral Health Services in School-Based Health Centers (SBHCs)**

**A low-cost setting serving high-need students**

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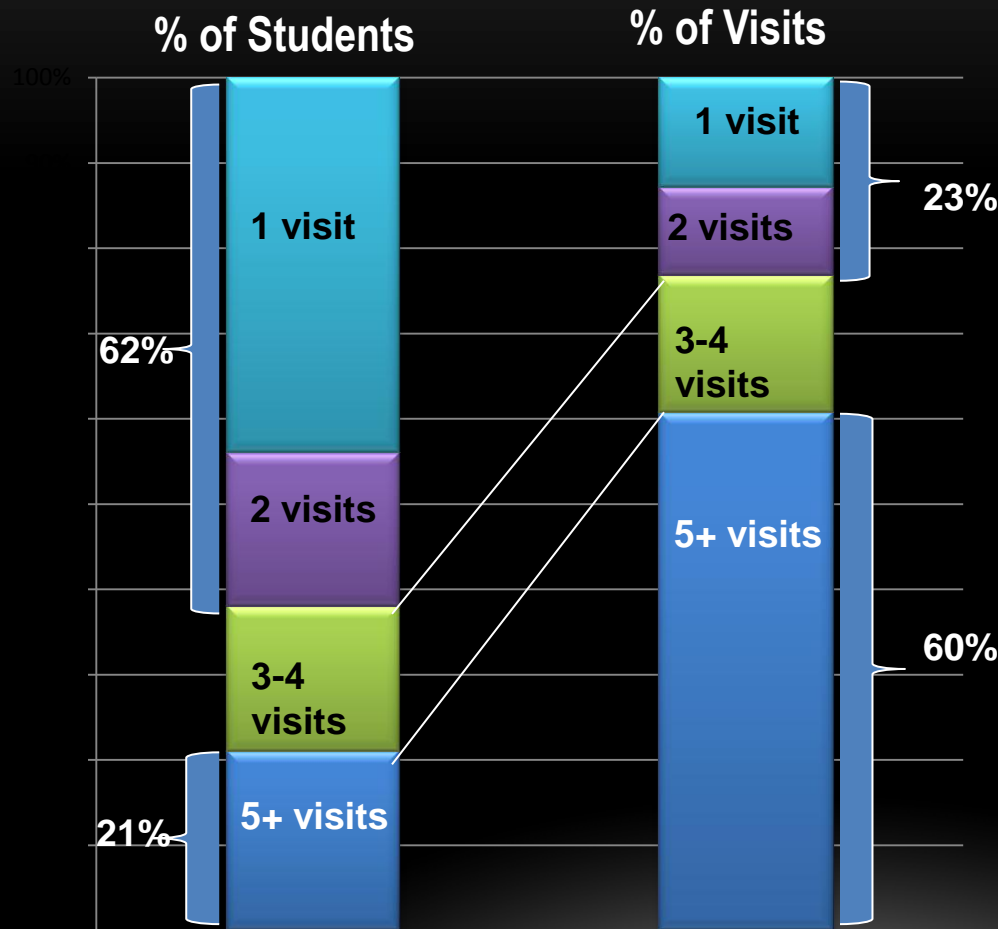
## **DATA FROM NM SBHC PROGRAM, 2009-2010**

- 61 SBHCs in NM
- N=16,088 students
- We selected teenagers 14-19 yrs of age from this original dataset
  - Total students 14-19 yrs = 10,018 (62% of all youth)
  - Total Visits to SBHCs for students 14-19 yrs= 33,859 (70% of total visits)

# BEHAVIORAL HEALTH SERVICES USED BY ADOLESCENTS AT SBHCS

- 35% of all students 14-19 who used the SBHC had at least one Behavioral Health visit
- 41% of SBHC visits are for Behavioral Health

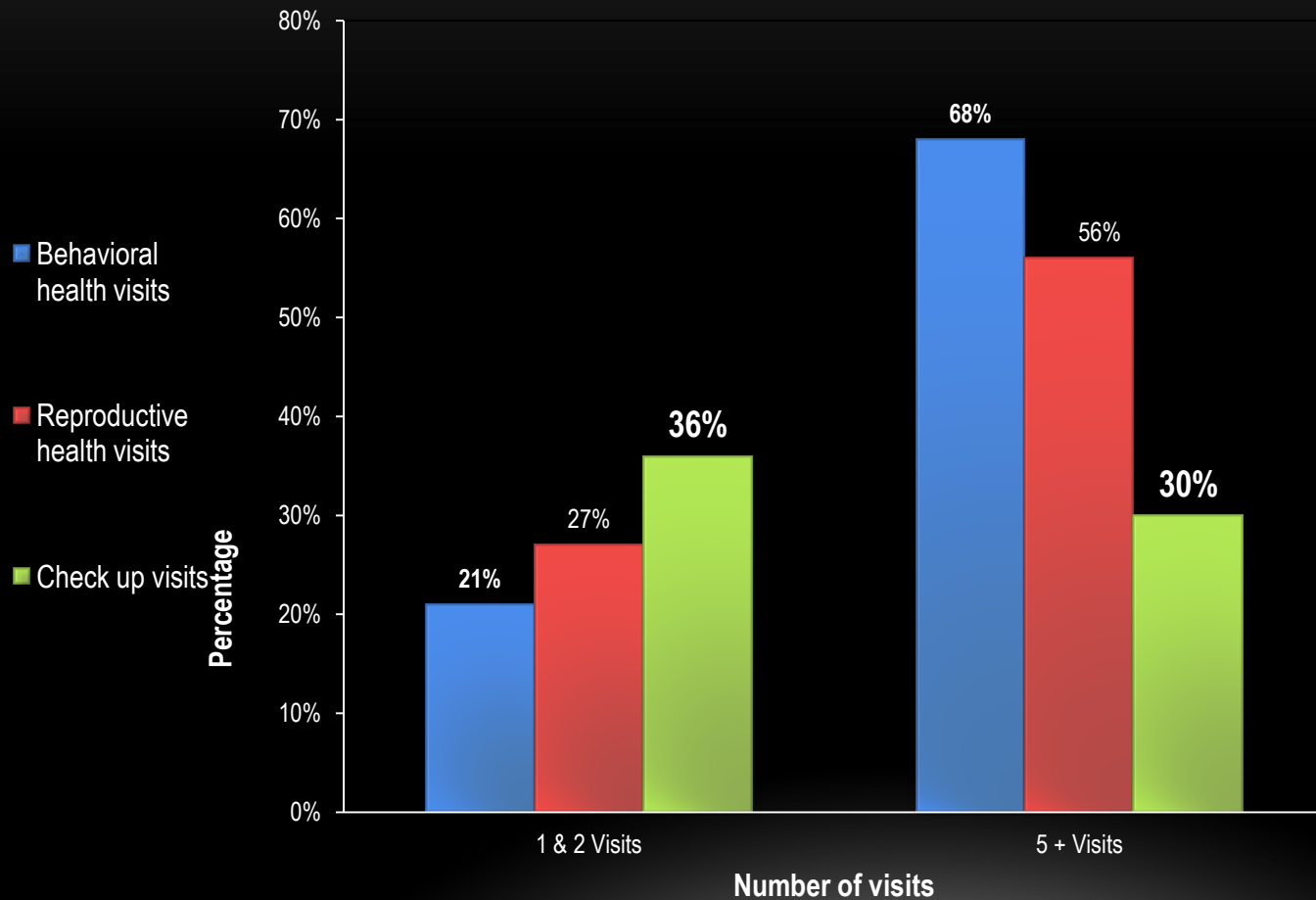
# Some Students Have Substantial Needs



**62% of Students Use  
23% of Services**

**21% OF STUDENTS  
USE  
60% OF SERVICES**

# Heavy Users Have Behavioral Health Needs



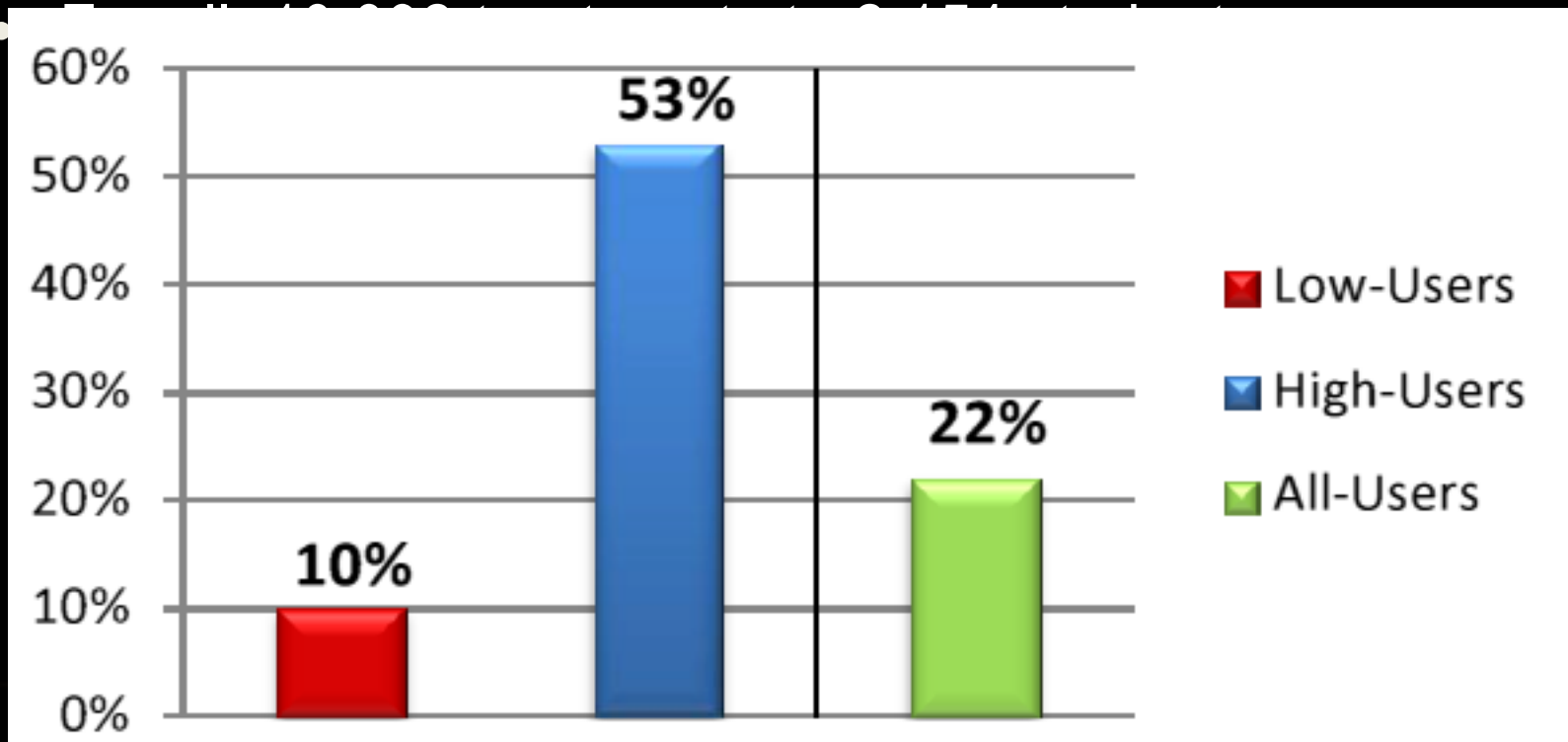
Light users often receive health checkups and heavy users often receive behavioral health services

# BEHAVIORAL HEALTH DIAGNOSES BY FREQUENCY

| Diagnosis                            | Number of visits | % of total visits | % of behavioral health visits |
|--------------------------------------|------------------|-------------------|-------------------------------|
| Adjustment Reaction                  | 4,482            | 13.2%             | 32.6%                         |
| Counseling*                          | 2,801            | 8.3%              | 20.3%                         |
| Major Depressive Disorder            | 2,658            | 7.9%              | 19.3%                         |
| Family Disruption*                   | 912              | 2.7%              | 6.6%                          |
| PTSD (subset of Adjustment Reaction) | 733              | 2.2%              | 5.3%                          |
| Anxiety                              | 646              | 1.9%              | 4.7%                          |
| Psychosocial Academic Problems*      | 583              | 1.7%              | 4.2%                          |
| Dysthymic Disorder                   | 527              | 1.6%              | 3.8%                          |
| Disturbance of Emotion               | 510              | 1.5%              | 3.7%                          |
| Attention Deficit Disorder           | 328              | 1.0%              | 2.4%                          |
| Bipolar                              | 241              | 0.7%              | 1.8%                          |

## ONE IN FIVE RECEIVES PSYCHOTHERAPY

- 22% of SBHC users received at least one psychotherapy treatment, compared to 53% of SBHC high users



# **SBHC PROGRAM TODAY**

- **Most SBHCs open only 1-2 days/week**
- **Demand for SBHC BH services far exceeds what is currently funded and available**



# YDI DESIGNATED AS CORE SERVICE AGENCY

- YDI is designated as a Core Service Agency (CSA) by the Behavioral Health Purchasing Collaborative
- CSAs coordinate care, provide essential services to children, youth and adults with serious mental illnesses, severe emotional disturbance, alcohol/drug dependency
- YDI provides, coordinates psychiatric services, medication management, crisis services & comprehensive community support services



## CONCLUSION

- School-Based Health Centers are uniquely qualified to address adolescent health needs
- We must provide funding to support the needs of students. These needs clearly include behavioral health
- Please support recurring funding for behavioral health for students in C, D and F-rated schools

## CONTACT INFORMATION

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**YDI - "Developing Lives" Since 1971**

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