

Increasing Access to SBHC to Prevent Childhood Trauma

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Gaps in Access to Health Care

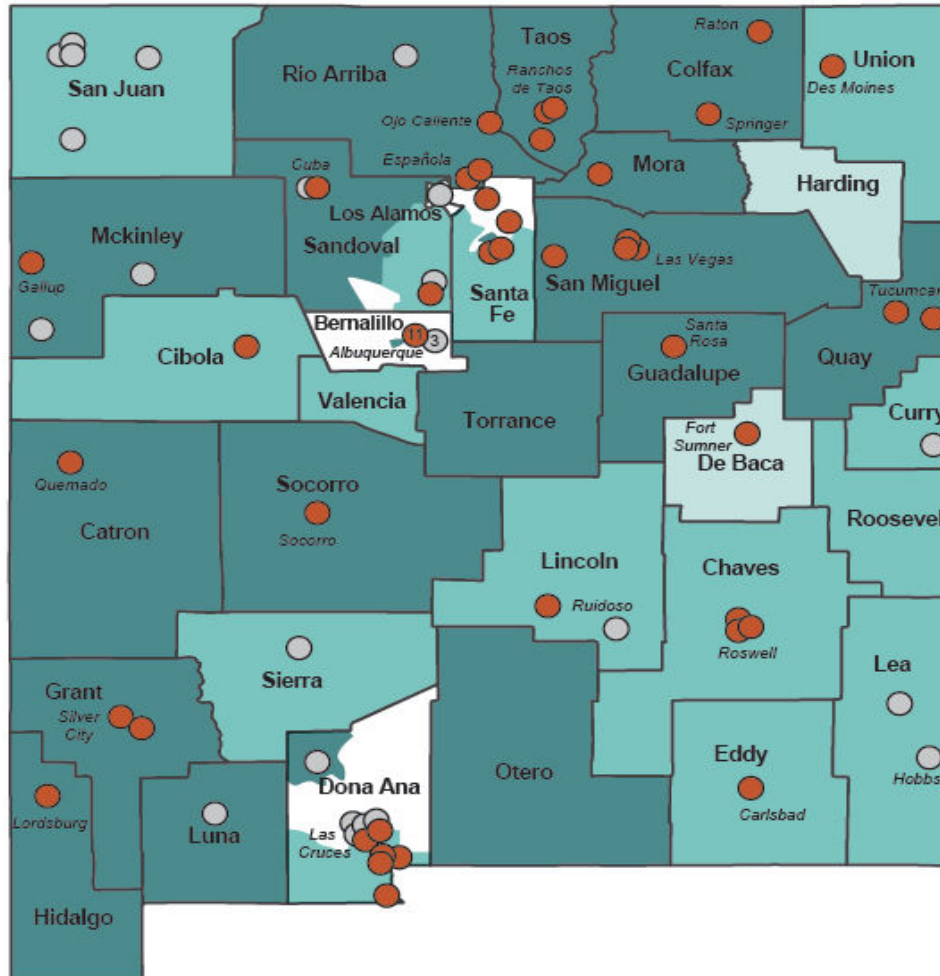
- New Mexico is a health professional shortage state.
- Rural and minority communities are less likely to have access to behavioral health services.
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4833684/>)
- New Mexico is still experiencing lingering effects of 2013 mental health system disruption with fewer than 1 / 3 of licensed mental health providers accepting Medicaid. (<https://oig.hhs.gov/oei/reports/oei-02-17-00490.pdf>)
- Lack of providers and insurance coverage may leave critical gaps in health care access, especially behavioral health, for youth.

Filling the Gaps

- Supplemental operational funding to 16 sponsoring agencies to provide both primary and behavioral health care in 54 SBHC statewide.
 - Health care conveniently available where kids spend most of their day – school.
 - Affiliation connects students and families with local community health organizations that can serve as medical homes and improve continuity of care.

Filling the Gaps

Providing Care in Underserved Communities ¹



Primary Care Provider Shortage



¹ 32 out of 33 counties are also designated Mental Health Professional Shortage Areas.

□ Does not meet the criteria for HPSA designation

● OSAH-funded SBHCs

● non-OSA-funded SBHCs



Filling the Gaps During COVID

- 98% of SBHC implemented telemedicine platforms.
- 59% prioritized visits for SBHC patients at their community clinics ensuring students would still have easy access to care.
- 55% kept SBHC open on a reduced schedule even while their host schools were not in-person.
- All SBHC clinical and evaluation tools transitioned to a secure web-based platform.



Asking Hard Questions

- Comprehensive risk screening is a priority in SBHC.
 - Web-based tool based on American Academy of Pediatrics HEADSS model
 - Imbedded validated screening tools automatically administered based on skip-logic, i.e., PHQ-2 and PHQ-9 for depression; GAD-2 and GAD-7 for anxiety; CRAFFT for substance use; CSSR-S for suicidality
- Guides individual care
- Bridge to conversation
- Aggregated risk reports



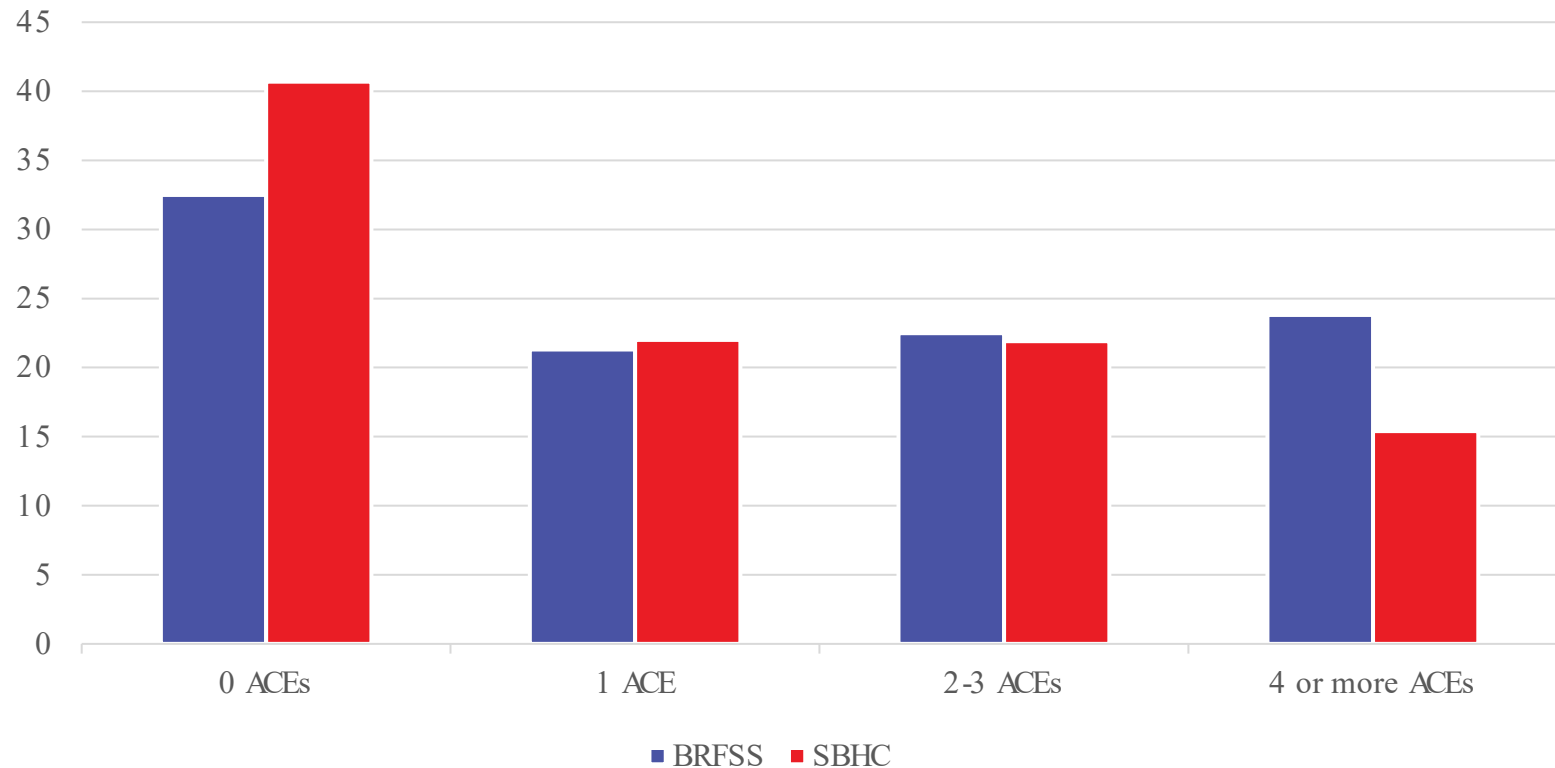
ACEs Identified in Comprehensive Risk Screening

Number of responses= 4571	Yes	Percent
Risk Factors		
Unstable housing	201	4.4
Depression/ Anxiety	1606	35.1
Food Insecurity	431	9.4
Problems at Home	625	13.7
Problems at School	1113	24.3
Have Experienced Physical, Emotional or Sexual Abuse	757	16.6
Feel Afraid, Threatened or Hurt	372	8.1
Carry a Weapon for Protection	758	16.6
Have Spent a Night in Jail or a Detention Center	149	3.3
Have Been in Foster Care, a Group Home or Homeless	320	7
Ever Attempted Suicide	760	16.6



ACEs in SBHC vs. BRFSS Report

[NME-20210614-BRFSSResults.pub \(nmhealth.org\)](https://nmhealth.org/NME-20210614-BRFSSResults.pub)





New Opportunities for SBHC to Connect with Patients

Telehealth Hub and Spoke

Four of the top five diagnoses for telehealth visits were stress, anxiety, attention-deficit hyperactivity disorder, and depression.



Stress



Contraceptive
Management



Anxiety



Attention-Deficit
Hyperactivity
Disorder



Depression

The number two diagnosis was contraceptive management indicating a commitment by SBHC primary care providers and adolescents to prevent unintended teen pregnancies.



Telehealth Hub and Spoke

- Broadband access and infrastructure are increasingly considered social determinants of health and a health equity issue.
- Can provide services for children from several communities per day.
- Can connect with specialty services mostly available in Albuquerque, Santa Fe or Las Cruces.
- Support school health teams and schools without school nurses.



Mobile Health

- More effective for visits that need to be hands on.
- Can provide services for several communities per week.
- SBHC sponsors have used mobile clinics for:
 - Dental check-ups
 - Immunizations
 - Follow-up for chronic conditions
 - Administration of Depo shots
 - Well-visits
 - Delivery of hygiene supplies and food boxes



More Elementary Schools and Pre-K

- To better engage parents.
- To offer better opportunities to assess the family situation and connect with resources.

Moving Forward

- Increase access to primary care and behavioral health for younger children and in rural and frontier communities.
- Continue to improve reporting of data and the tools used to collect it.
- Walk the talk regarding SBHC impact on academics with new data project with the Public Education Department.

Questions?