

Partnering with Schools to Get Adolescents Immunized: Innovations and Mental Health Opportunities

August 5, 2021

Vision: Healthy Communities, Healthy People



Webinar Facilitators



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Presenters



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School-Based Health Alliance

Transforming Health Care for Students

- The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995
- We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships

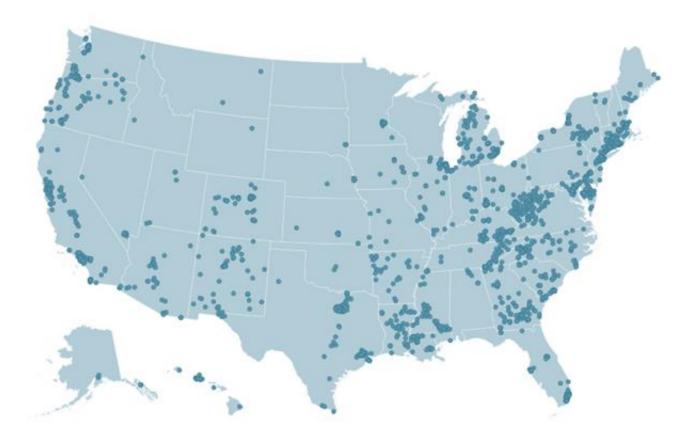
www.sbh4all.org

School-Based Health Center Defined

- Shared commitment between a school, community and health care organization(s)
- Support students' health, well-being and academic success by providing an array of services such as:
 - Medical
 - Behavioral counseling
 - Oral Health Care
 - Vision Care
- Works with existing school services and care providers but do not replace



2016-17 National School-Based Health Care Census



6.3 million* students in 10,629 schools have access to an SBHC

*Exact number is 6,344,907 students representing 13% of students and 10% of public schools nationwide.

Established in 1995 with funding from the Health Resources and Services Administration

The NCSMH mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.





www.schoolmentalhealth.org www.theshapesystem.com



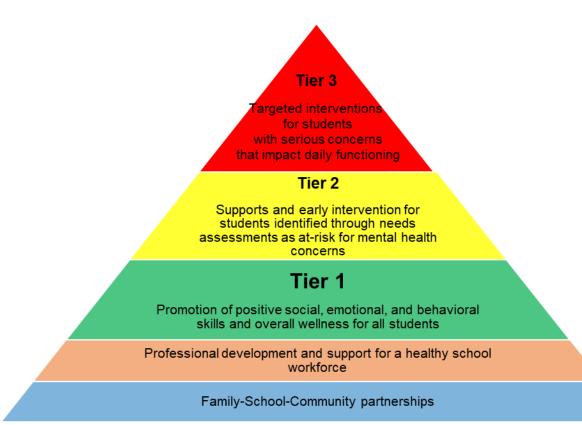






Comprehensive School Mental Health Systems

- provide a full array of supports and services that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness
 - built on a strong foundation of district and school professionals, including administrators and educators, specialized instructional support personnel (e.g., school psychologists, school social workers, school counselors, school nurses and other school health professionals)
 - in strategic partnership with students, families and community health and mental health partners
- assess and address the social and environmental factors that impact health and mental health





IMPROVING HEALTH AND MENTAL HEALTH IN SCHOOLS

National

Quality

nitiative



Challenging comprehensive school-based health centers and school mental health systems to adopt, report, and improve standardized performance measures



NQI Goals

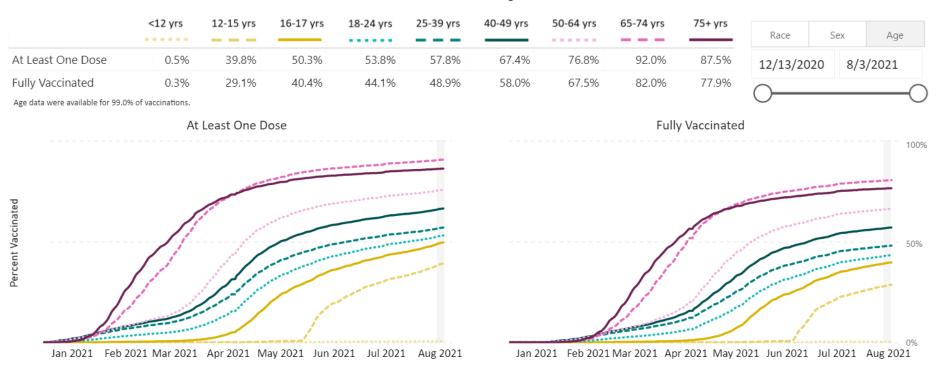
- 1. Improve quality of care and use of best business practices that promote sustainability among 50 percent SBHCs/CSMHSs
- 2. Increase number and utilization of SBHCs/CSMHSs by 15 percent
- 3. Increase state policies and programs that promote quality, sustainability, and growth of SBH services

The Need: COVID and Routine Immunizations

Percent of People Receiving COVID-19 Vaccine by Age and Date Reported to CDC, United States



December 14, 2020 – August 03, 2021





People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box. Texas does not report age-specific dose number information to CDC, so data for Texas are not represented in these figures.

Last Updated: August 03, 2021

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Scientist Team

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

The Need: COVID and Routine Immunizations



CDC's public sector vaccine ordering data show a 14% drop in 2020-2021 compared to 2019, and measles vaccine is down by more than 20%. https://www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html

LET'S GET KIDS CAUGHT UP

https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.htm

As schools, day cares, and camps begin to reopen and offer inperson learning and care, it's particularly important for parents to work with their child's doctor or nurse to make sure they get caught up on missed well-child visits and recommended

vaccines. https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID19.html



The Opportunity: School-Community Partnerships







Identification of Students for Targeted Outreach



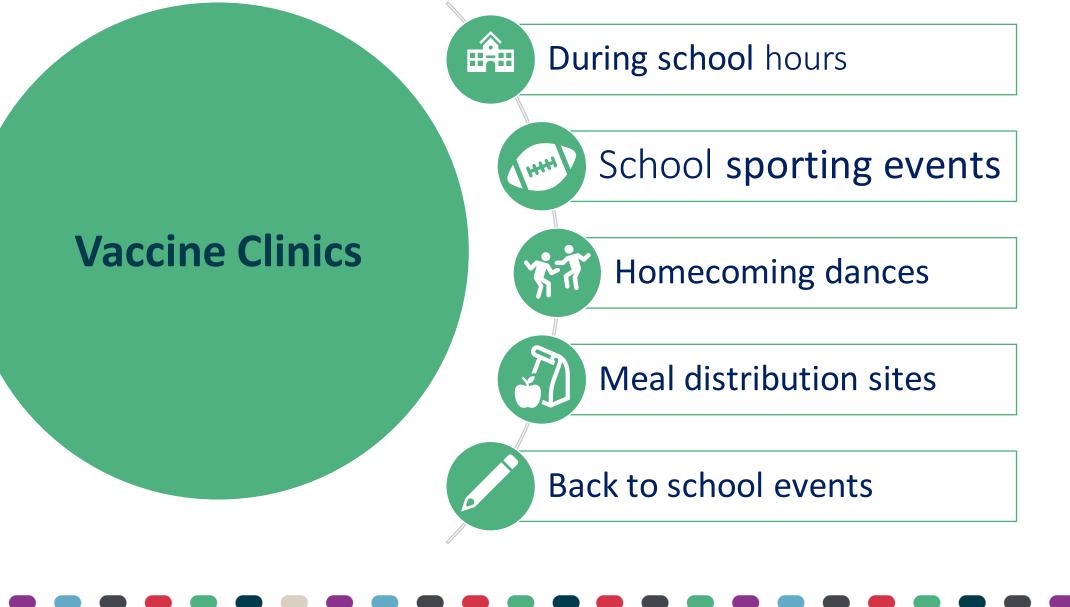
Delivery and Administration



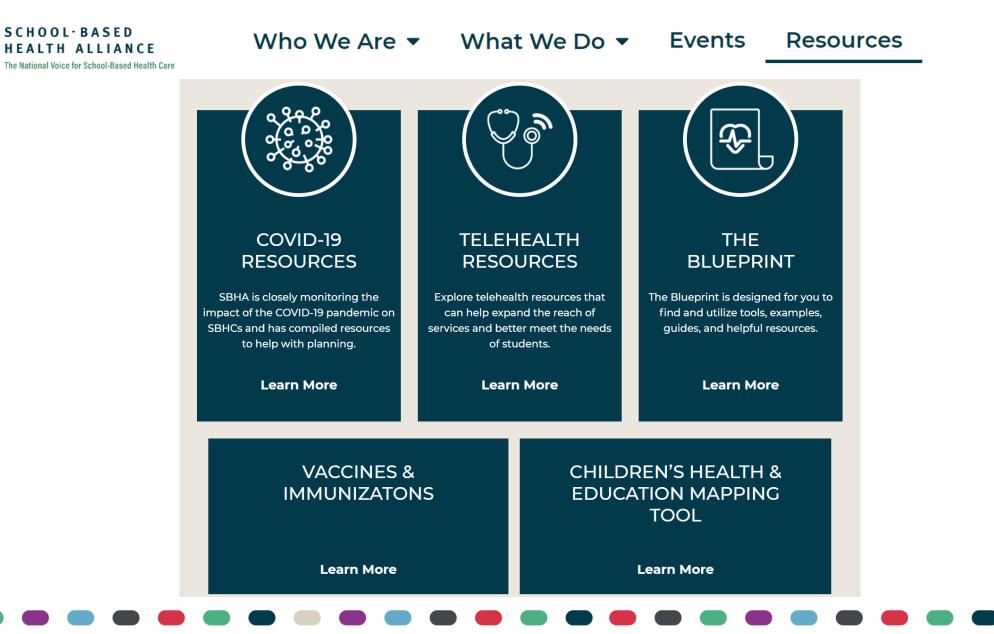
WCV and individual appointments







School-Based Health Resources



(sbh4all.org)

Topical Resources Include Information On:

	Routine Childhood Vaccines and Immunizations	 By administering vaccinations to adolescents, school- based health care can further increase access to care, particularly for adolescents from families most in need.
	School-Based COVID-19 Vaccination	 CDC's Consideration s for Planning School-Located Vaccination Clinics Advancing Health Center & School Partnerships to Improve COVID-19 Vaccination
	Examples & Resources from the Field	 Curbside Immunization Toolkit (Beaumont Health, Michigan) Podcast - Vaccine Strategies for Youth (CHC, Inc./Weitzman, SBHA) Sample flyer, parent letter, FQAs, & COVID-19 Clinic Layout
	https://www.s	sbh4all.org/resources-2/school-based-vaccines-and-immunizatic

Topical Resources Include Information On:

Ideas you can try

School and Community Partnership

General Promotion:

- Collaborate with schools on joint vaccine and communication efforts. The school is often a trusted resource, particularly for the most vulnerable families. Joint vaccine events with schools can increase adolescents' and parents/guardians' comfort level and trust. Schools and school districts communicate with their entire communities daily.
- School districts promote the SBHC and immunization opportunities through existing communications.
- Partner with community leaders, athletic coaches, and school staff that students look up to who can serve as models for vaccine acceptance and support outreach and marketing efforts.
- Host virtual learning events for parents/guardians around or collaborate with existing community gatherings for town halls and discussions.

Identification of Students for Targeted Outreach:

 Collaborate with school partners (school nurses, coaches, or administrators), health departments, and accountable care organizations or insurers to identify children due for routine childhood immunizations or well-child visits through school records, state-wide immunization databases, or claims data.

Delivery and Administration:

- Partner with a local hospital, health department, or community pharmacy to provide vaccines and schools to
 provide space and resource support for vaccination clinics.
- Consider non-traditional partners such as EMS to monitor for reactions or behavioral health to use the time before and after vaccination to screen for needs.

Topical Resources Include Information On:

ADVANCING HEALTH CENTER & SCHOOL PARTNERSHIPS

to Improve COVID-19 Vaccination Administration for Adolescents



NATIONAL ASSOCIATION OF Community Health Centers

JULY 2021

Why Schools?

Administration of COVID-19 vaccines is essential to adolescent health and the health of our nation. Vaccinating the nation's vulnerable and underserved youth is a priority of the Health Resources and Services Administration (HRSA), the National Association of Community Health Centers (NACHC), and the School-Based Health Alliance (SBHA). Serving more than 30 million Americans, health centers play a critical role in achieving this goal. Health centers offer a broad array of primary, behavioral health, and preventive care services. They serve the most vulnerable patients and reduce barriers such as cost and lack of insurance. Too many children experience persistent disparities in health care access, quality, and outcomes. By partnering with schools to administer COVID-19 vaccinations to adolescents, health centers can improve access to care, particularly for adolescents from families most in need.



5 starter plays for managing a COVID-19 vaccine clinic at a school site

Use these 5 starter plays to lay the groundwork for building and operating a successful vaccine clinic at your school.

1. Collaborate with community leaders to develop a plan

Work with health, education, and other community leaders to lay the groundwork for your vaccine clinic.



2. Prepare your facility and staff

Get your facility and staff ready to host a safe and productive vaccine clinic.



3. Develop a robust and equitable communication plan

Build a thorough and inclusive communication plan to ensure you serve all members of your community.



4. Ensure the safety of staff and community

Take the proper steps while operating the clinic to keep your staff, volunteers, and community safe.



5. Build trust in vaccine safety and efficacy

Instill trust and confidence in the vaccine by addressing the concerns in your community.



Important Note

Please work with your vaccine provider to assign responsibilities accordingly in each play.









13%-20% Percentage of U.S. children

who meet criteria for a mental disorder each year

5%

Percentage of U.S. adolescents who meet criteria for a substance abuse disorder each year

12%

Percentage of these youth who receive any services to address the mental health and/or substance abuse concerns

or more school days is an early warning sign of academic risk and school dropout.

Missing

Mental, behavioral, social and emotional health issues are a leading contributor to chronic absenteeism

Youth are 6 times

more likely to complete evidence-based treatment when offered in schools than in other community settings¹²





Mental Health Challenges are Rising

- In a nationally representative survey of young people aged 13-19 (April/May 2020):
 - Approximately **25%** felt disconnected from peers and adults.
 - More than **1 in 4** reported:
 - increase in sleep loss due to worry
 - feeling unhappy or depressed
 - feeling constantly under strain
 - loss of confidence in themselves

Mental health-related **emergency department visits are up** 24% for children (age 5-11) and 31% for youth (age 12-17). (November 2020).

Twenty-two percent of parents report their child's **mental health or emotional health is worse than before the pandemic** (March 2021).







Advancing Comprehensive School Mental Health Systems Guidance From the Field



Guidance from the Field

- Why Address Mental Health in Schools
- A Public Health Approach to School Mental Health
- The Value of School Mental health
- Core Features of a Comprehensive School Mental Health System
- Opportunities, Challenges and Recommended Strategies
- Local Spotlights
- State Spotlights
- Moving Forward

Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Washington, D.C.: National Center for School Mental Health.





www.theSHAPEsystem.com

Assess your district and school comprehensive school mental health system quality





Welcome to SHAPE

From our school mental health quality assessment and resource library, to custom reports and a library of free and low-cost screening and assessment measures, SHAPE has the tools teams need to improve school mental health programming and sustainability in schools, districts, and states/territories. Take the toor to learn more.

Improve student mental health in your schools, districts, states/territories, and entities. Sign up for:







Conduct well-being check-ins at school

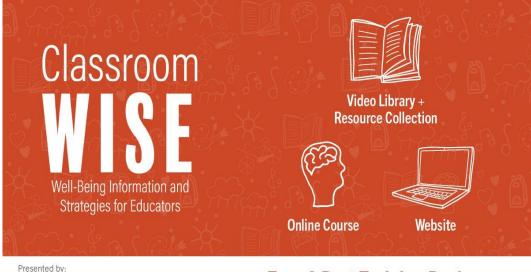






Build social emotional learning and mental health literacy into school curricula and staff professional development







Free 3 Part Training Package www.classroomwise.org





Provide robust school mental health staffing, both schooland communityemployed





Effective School-Community Partnerships to Support School Mental Health

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), in partnership with community health and mental health professionals. States, districts, and schools often grapple with how to strategically staff a full continuum of mental health supports and services, sometimes exclusively relying on either schools or community partners. This strategy fails to leverage the strengths and resources of each system (education and health/behavioral health) and may lead to siloed and fragmented supports. This document provides an overview of the key elements of school-community partnerships and specific action steps for states, districts, and communities to foster effective collaboration between schools and community health and behavioral health partners.

When it comes to school-employed and community partners supporting school mental health: It is not either/or, it is both/and!

Background

The mental and behavioral health of students is a necessary focus of education. Approximately **75 to 80 percent of children and youth in need of mental health services do not receive them**.¹ Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.² Further, youth are six times more likely to complete evidencebased treatment when offered in schools than in community settings³. As such, schools are often considered the natural and best setting for comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities^{4,5}

School mental health supports and services must be a critical component of any educational system on par with high quality academic instruction.

Benefits of Comprehensive School Mental Health Services

Comprehensive school mental health promotes well-being and social emotional health for all students and staff, while also supporting those with mental health challenges. As our nation continues to advance equity in access to resources and opportunity, school mental health services can be a key factor in reducing disparities in academic achievement, physical and mental health, and access to quality care. Comprehensive school mental health services can reduce health disparities, especially for low income and minoritized youth.

Access to school-based mental health services **improves**:

Physical and psychological safety

Access to school-based mental health services reduces negative outcomes such as: Disciplinary referrals

http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/Effective-School-Comm-Partnerships-to-support-SMH-Final.pdf

Innovations From the Field



Maureen Murphy, DNP, APRN, FNP-BC Beaumont Health Teen Health Center, MI

Innovation

- COVID-19 Pandemic An interruption of care.... especially immunizations
- Michigan reported an overall 44.5% decrease & 65.5% decrease in adolescents compared to the previous two years (Roelofs, & French, 2020)

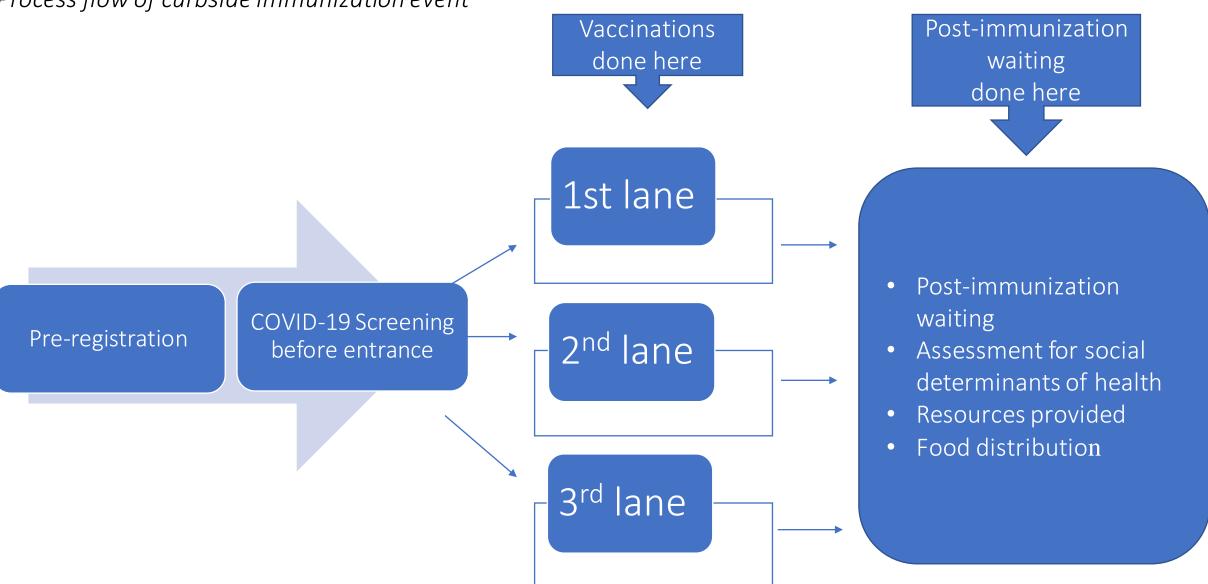


Beaumont

School-based Curbside Immunization Event A perfect fit!

- Designated medically underserved areas (River Rouge & Taylor, Michigan)
- Strategically located in vulnerable populations where health equity and health disparity exist
 - Clinics limited staffing an event allowed shared staffing and better outreach
- Culturally competent and trusted resource in community
 - Knowledgeable in the immunization process
 - Certified training in Vaccination management
 - Great teachers!

Activity: *Process flow of curbside immunization event*



Each car follows the arrows to complete full immunizations and social determinant assessment and assistance



The Tent experience!

- Chair with small table
- Computer
- Other table
 - with tape, gloves sharp container, ice pack, yoga mat, tape gauze, PDI wipes, trash can



MH Connection



What partnerships and opportunities to connect to mental health promotion exist?

Post-immunization A great opportunity!!!

Social Workers

- Medical care close available
- Survey on process/social determinants of health
- Social determinant Resources
- Medicaid resource
- Food

Outcomes

100% of patients and families felt the precautions that the center took helped them feel more comfortable and that the process was easy & safe!



Cost neutral!

- > UPTAKE of Immunization very successful
 - 97% UTD status post immunization event
 - That's with 69% of the participants before the event greater than 1 year behind in scheduled immunizations

More immunizations given than routine clinic day

- 48.2 % of this population had concerns about SDOH
- > 34.5% have food insecurity concerns

Guidance



What advice do you have for others who may want to do something similar?

What do you wish you knew? What would you change?

Do a SWOT analysis as – be prepared for the what if...

➤Utilize tool kit

Utilize Evidence-based check list for best practice

Date closer to school start date

Resources



Tool kit for Curbside immunizations

- https://www.sbh4all.org/resources-2/school-based-vaccines-andimmunizations/
- <u>https://www.clickondetroit.com/health/2020/07/30/beaumont-health-offers-curbside-vaccinations-to-keep-kids-up-to-date/</u>

> Published article in Nursing Administration Quarterly

- "Nurse-Led Model of Care That Helps a community Heal. Curbside Immunizations with Assistance in Social Determinants" July-September 2021 Vol.45 pp. 219-225.
- Contact me if any questions....
 - Maureen.Murphy@beaumont.org
 - Maureenmurphy5286@gmail.com

Innovations From the Field



Tammy Greenwell, MPH

Chief Operating Officer Blue Ridge Health, NC



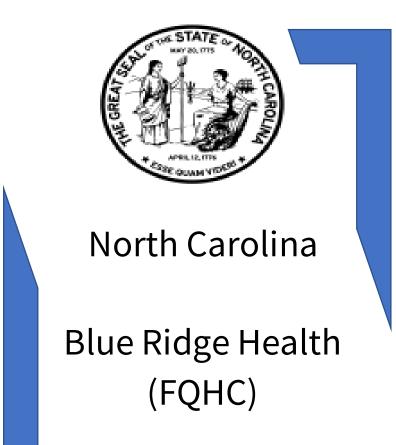
Innovation



In an effort to get more students vaccinated for COVID-19 and to catch them up on any missing required immunizations that had been missed because of COVID:

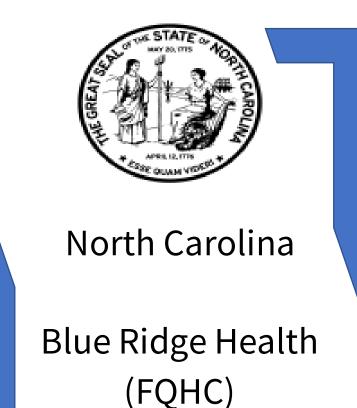
- For COVID-19 vaccinations, prepped with school districts (8 of them) on providing vaccines to students & parents on days and times convenient for the family
 - Sent survey as part of parent newsletter and used voicemail system
 - Administered vaccines at the school or via drive-up
- Provided same day access for any missed required immunizations at SBHC sites, pediatric locations, and other clinic sites
 - Also provided a drive-up option for parents/guardians to just get needed immunizations (no WCC)

Outcomes



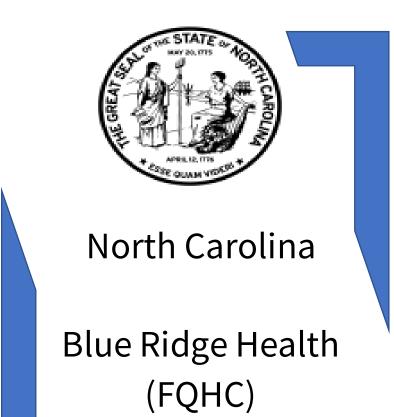
- To date, BRH has held 14 COVID vaccine events with various school districts and provided over 1500 vaccines to students and parents. Overall, the organization has provided more than 30,000 vaccines since mid-January to the communities we serve.
- Immunizations this have been a little harder to track, because of the various locations that are providing them. For our current data tracking, we are trending at 95% immunization rates for students who are primary care to our organization. We continue to be flexible to provide immunizations to students who are not primary care to BRH.

Guidance



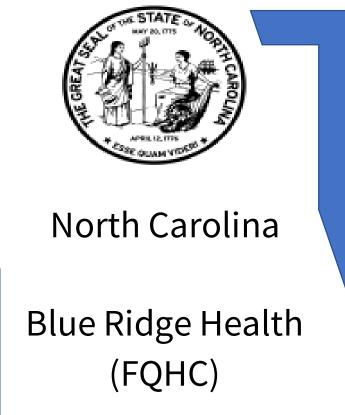
- Always have data tracking identifiers (**dummy codes**) to ensure you can track efforts regardless of the location within the organization
- "Keep steady; keep the course" educating community members on misinformation and continuing to promote COVID vaccinations
- Having students be "the face" for the COVID-19 vaccine has increased uptake – use their voices and images on vaccine promotions within their communities
- Identify ways that your organization can be flexible with outreach and vaccination efforts (mobile versus fixed)

Resources



- Not a lot of products were used basically word-of-mouth and consistent messaging with local community partners and health department (school nurses). Created a referral system that provided same day access and flexibility for days and times that parents and students could receive needed immunizations and COVID-19 vaccinations.
- Being flexible has to work for everyone determine what you can be flexible about in regards to providing services:
 - Location? Mobile versus fixed
 - Times of services? Evening hours or weekends
 - Staffing? Can you share staffing with another community partner?

MH Connection



As students were provided **immunization services** at any of our locations, **RAAPS** (Rapid Adolescent Screening), were **administered** on a consistent basis, along with **PHQ-2 or PHQ-9**. This allowed our medical providers to send referrals for behavioral health counseling or pediatric psychiatry.

Innovations From the Field



Hannah Simon, MPH

Program Manager LA State University Health Sciences Center New Orleans Department of Pediatrics

Kathleen Stevens, LCSW

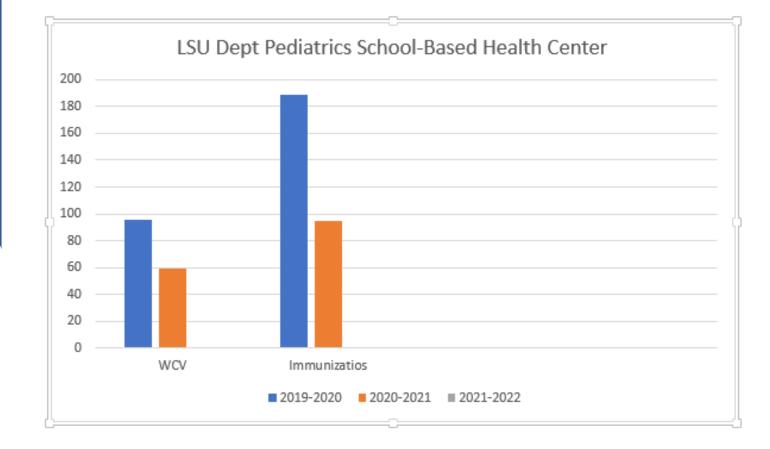
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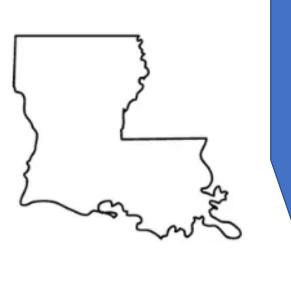
Innovation

Partners: HRSA P4 Challenge, LSUHSC, Children's Hospital New Orleans, New Orleans Charter Science and Math High School





Process + Outcomes



Louisiana



Time period of innovation: May 17-November 17

Results: 67% intra-clinic fulfilled referrals (12 referrals, 8 successful appointments)

-5 covid vaccines

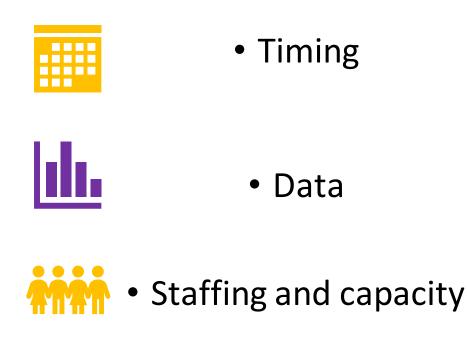
-3 regular schedule vaccines

-0 well visit

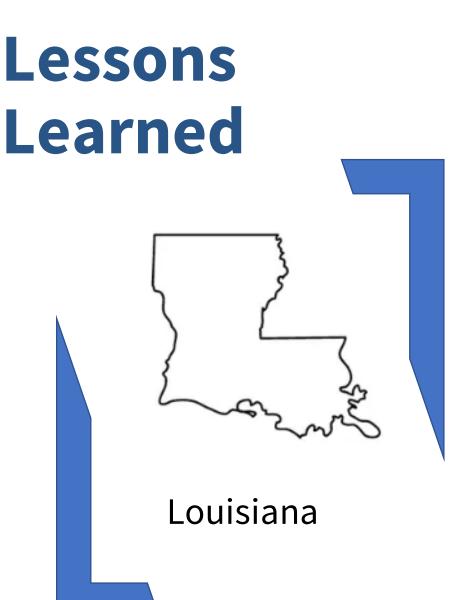
Barriers + Guidance



Louisiana







Mental health and physical health are inextricably linked and we have to be prioritizing caring the whole child

More links between behavioral health and medical health should be developed and cultivated

Excited to proceed with this innovation and report back on reverse flow!

Panel Discussion





Connect with School-Based Health Alliance and the National Center for School Mental

Learn more about our work at: <u>www.sbh4all.org</u> <u>www.schoolmentalhealth.org</u> <u>www.theshapesystem.com</u>

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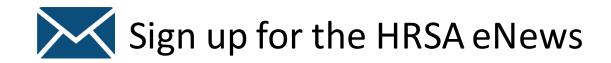
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