

2014-2015 Mental Health Services Program Report Card: Stamford School Based Health Centers (Grades 6-12)

Stamford High School, Westhill High School, Rippowam Middle School/Academy of Information, Technology and Engineering High School, Dolan Middle School and Cloonan Middle School

Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

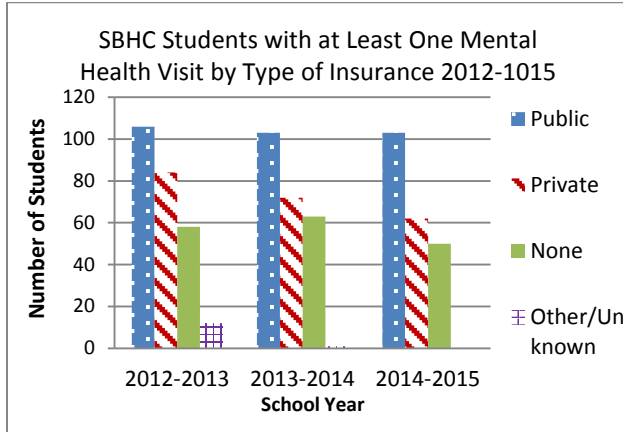
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Program Funding
Actual SFY 15	\$852,795	\$0	0	\$415,985*	\$129,404	\$1,398,184
Estimated SFY 16	\$852,795	\$0	0	\$395,389*	\$150,000	\$1,398,184

Sponsoring Agency: Family Centers Inc.

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, The CT Chapter of the AAP, School Based Health Alliance, KIDS' FAN Program, Stamford Board of Education, Child Guidance of Southern Connecticut Emergency Mobile Psychiatric Services, Family Centers SBHC Advisory Board, Young Parents Program, Nurturing Families Network, Connecticut Oral Health Initiative, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline: Marketing efforts were increased this past school year in addition to an increased number of health education events in schools where our clinics are sited leading to an overall increase in enrollment. Also, SBHC mental health clinicians and administrator were asked to sit on various mental health panels throughout the school year, leading to an increase in enrollment outreach and overall number of mental health visits over the prior year. English and Spanish pamphlets with a focus on health literacy were sent home with every student. SBHC Staff also presented information about the SBHC all incoming students' parents and at open houses. SBHC staff visited every classroom in school to present information about the clinic and resources available. This

has made 2014-2015 year have the highest amount of visits in a year yet, 2148.

The number of students who utilized the center for mental health visits has decreased over the past three years, from 260 in 2012-2013, to 238 in 2013-2014, and to 215 in 2014-2015, an overall decrease of 17%. Of the 215 students that had at least one mental health visit in 2014-2015, 103 (48%) were publically insured, 62 (29%) were privately insured, and 50 (23%) had no insurance. (103/215) in 2014-2015 from just 40% (106/160) in 2012-2013. While Private and no insurance have shown less of a dramatic change they did decrease in number from 142 to 112 and percentage over these years. The average number of sessions per student in 2014-2015 was 10 sessions (215/2148), up from a 7.4 and 7.1 sessions per student in the preceding years. This could be a reflection of the increasing complexity of the issues students are working on, which requires more time. It could also be a reflection of an increasing success in student's engagement rates in therapy.

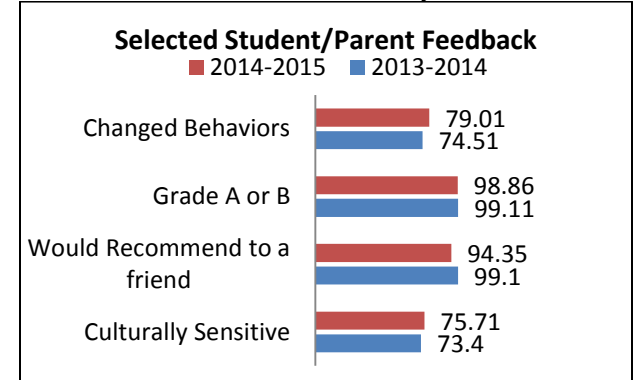
Student Population, Enrollment, Mental Health Visits and Students Served at Stamford's SBHCs, 2014-2015				
SBHC/ Site	# School Population	# Enrolled	# MH Visits	# Unduplicated Users
Dolan MS	497	230	283	29
Ripp/ AITE	1,446	712	385	50
Stamford HS	1,729	705	629	61
Westhill HS	2,090	701	406	40
Cloonan MS	533	220	442	35
Total	6,295	2,568	2,148	215

Trend: [▲]

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

How Well Did We Do?

Student/Parent Satisfaction Survey Results



Story behind the baseline: Each year, Family Centers SBHC administers a client survey to clinic users and their parents. The survey is used to measure satisfaction with services, utilization, referrals and perceptions of outcome. Family Centers SBHC selects 3 weeks in the Spring to ask any health center users to fill out a survey – including parents that come through. There is no statistically significant difference between middle school and high school results as they are reviewed with those filters when the summary is created. Surveys are anonymous. Overall, the demographics of the returned surveys mirror the demographic of clinic users, more females than males, more Hispanics (44%) than African Americans (38%) or Caucasian (34%). Of the respondents, 4% were parents.

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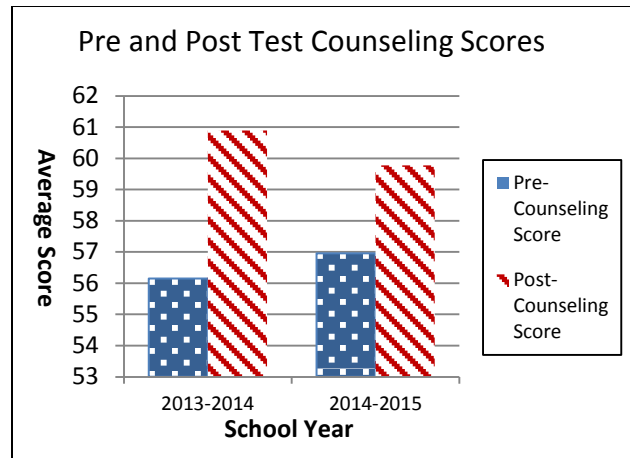
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The clinics continue to maintain a high rating among users. The feedback indicates that school personnel are more involved in referrals than previously thought (we thought that friends provided more referrals than any other cohort). This helps inform our outreach strategies. The cultural responsiveness could be higher but it is undoubtedly tied to language barriers. We make every effort to have at least one Spanish speaking staff at each site, but it is not always ideal having to translate. Our recruitment efforts emphasize the need for Spanish speaking professionals, but we have difficulty finding qualified candidates. Overall, Family Centers School Based Health Centers are doing an excellent job at meeting the needs of their student users.

Trend: [▲]

Is Anyone Better Off?

Pre and Post Counseling Wellness Scores



Story behind the baseline:

The results shown in the chart only go back two years as we have only been using this particular Wellness tool modeled after the Wisconsin Scorer since the fall of 2013. Prior to that, Social Workers used a different pre-and post-tool that scored differently and not easily compared here.

One hundred and twenty-seven (127) students in 2013-2014 enrolled in the SBHC had at least one mental health visit during the school year. Of those that had at

least one mental health visit, 117 students (92%) received a mental health assessment and were administered the Ohio Scales for Youth (OSY) at intake to obtain a baseline level of functioning. Of the 117 that received a mental health assessment and problem severity score, 89 (76%) completed three months of regular therapy and were re-administered the OSY to see if any changes in overall problem severity occurred.

Before participation in therapy, the average problem severity pre-treatment scores was 56.15 in 2013-2014 and 56.95 in 2014-2015 – starting off that year in a slightly better wellness condition. Closing scores evidence interesting results as well. While both school years analyzed show an overall average improvement. The improvement in 2014-2015 was not as marked. Looking back over the school year, it is clear the school population was struggling with student suicide, administration/student sex scandal and a prolonged winter. An average score of 60.88 upon closing of therapy was achieved in 2013-2014 when in 2014-2015, the average closing score of 59.77 was achieved. During the highlighted school years (2013-2015), an increasing number of students with more severe psychiatric and behavioral symptoms were seen in the health center in 2014-2015 than in prior years. This is also reflected in the number of students engaged in psychiatry at our clinics.

Trend: ◀▶

Notes:

Other funding:

*Family Centers is committed to raising funds need to keep SBHC program whole, especially when fiscal cuts threaten continued service provision. Grants were received from Stamford Public Schools, Inner City Foundation, Near and Far Aid, Hearst Foundation and proceeds from Family Centers annual fundraising event.

** Reflects funding provided to the SBHCs for Medical, and Mental Health Services.

Proposed Actions to Turn the Curve: Access and Utilization:

SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches the households of students attending the school.

Student Parent Satisfaction:

Focus on cultural diversity training for staff and if there are staff openings, continue to make extra efforts to hire multi-cultural and bilingual staff.

Mental Health Services:

SBHC staff will provide SBHC orientation sessions to all new and existing school personnel. Orientation will include information on the mental health services offered through the Center, the referral process and the importance of linkages with community service providers and other resources. SBHC will work collaboratively with school staff to identify students at risk and ensure a coordinated approach to addressing student/family need. SBHC staff will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity of care and access to needed resources.

Data Development Agenda:

1. Work with Electronic Health Record Vendor:
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our data from EHR to DPH
 - Develop data pulls in EHR that provide results for outcomes in a dashboard presentation.
2. Survey school personnel separately next year.