

## 2015-2016, Bloomfield - School Based Health Centers, Mental Health Services (grades 6-12)

### Metropolitan Learning Center

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

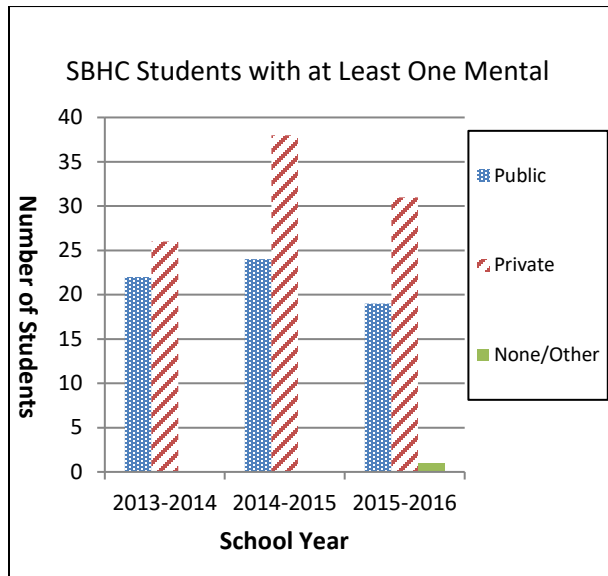
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$73,886*	\$0	\$0	\$0	\$0	\$73,886*
Estimated SFY 17	\$69,534*	\$0	\$0	\$0	\$0	\$69,534*

*Partners:* Parents, Students, CASBHC, DPH, DSS, DMHAS, The CT Chapter of the AAP, School Based Health Alliance, KIDS' FAN Program, Board of Education, Local Mental Health Agency, School Administrators and Faculty.

#### How Much Did We Do?

Access and Utilization



#### Story behind the baseline:

The total student population for the Metropolitan Learning Center was 694. The total number enrolled in the SBHC was 499 (72%). The number of students

served was 51 or 10% of the total population. The average number of visits per student was 8.4 (51 of 608). This was a decrease in the number of Students seen from 63 to 51 (19%), but an increase from 48 in 2013-2014. Total number of visits went from 536 in 2013-2014, to 535 in 2015-2015, to 608 (14%) in 2015-2016.

Over the three year period the percentages in types of insurance has remained relatively the same. Sixty percent (31 of 51) of the unduplicated user had private insurance in 2015-2016 the same percentage as in 2014-2015 with 38 out of 63.

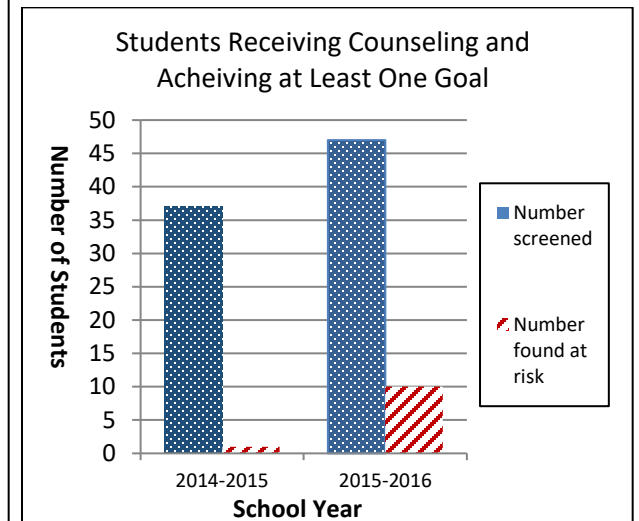
The SBHC Clinician made a visit to every health class to inform the students about both the Mental Health services and Medical services offered at the SBHC.

Students' Population, Enrollment, Mental Health Visits and Students Served at Metropolitan Learning Center				
Schools	Population	Enrolled	MH Visits	MH Served
MLC	694	499	608	51

Trend: [◀▶]

#### How Well Did We Do?

Screen All Students for Mental/Behavioral Health Issues that received a Medical Visit.



#### Story behind the baseline:

Starting at the end of 2015-2016 all students that were seen for a medical visit were to receive a mental/behavioral health screener at their first visit.

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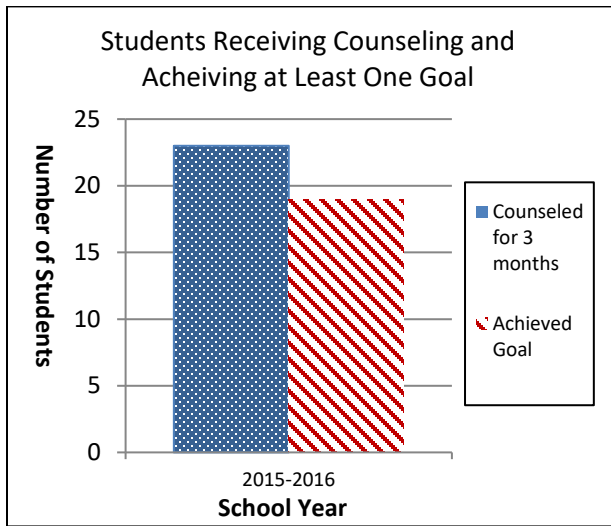
### Metropolitan Learning Center

This was a change in criteria from the previous year where only students that had a physical were getting a screener. Forty-seven students were screened, of which 10 were found at risk/positive (21%). In the previous year 2014-2015 only the students that received a physical were required to have a screener done, this resulted in 37 of 54 that had a physical having a Mental Health Screener and only 1 at risk.

**Trend:** [▲]

#### Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



#### Story behind the baseline:

Since more Students were screened in 2015-2016, more students ended up receiving counseling and had services for 3 or more months, from 37 in 2014-2015 to 51 in 2015-2016, an increase of 34%.

Of the 4 (21%) students that did not meet their goals in 2015-2016, 2 quit before completing 3 months, 1 decided not to follow up with counseling, and one was referred to the a local psychiatrist.

**Trend:** [▲]

#### Notes:

\* Reflects funding provided to all of the SBHC for Medical, and Mental Health Services.

#### Proposed Actions to Turn the Curve:

##### How Much Did We Do:

Survey staff to assess their knowledge of what services are available for both Mental Health and Medical at the SBHC.

##### How Well Did We Do:

Provide professional development on how to complete a risk assessment.

##### Is Anyone Better Off:

In the upcoming year a survey and interview will be done on those students who did not attain their goal, and those that went elsewhere for counseling.

#### Data Development Agenda:

1. Document in EHR goals that students are trying to reach and progress.
2. Do pre and post-test screeners on all students that receive counseling.

3. Work with EHR to ensure all data can be easily exported to DPH. (Any updates made to the EHR should be written out here.)