

2015-2016 Danbury – School Based Health Centers, Mental Health Services (Grades 6-12)

Broadview Middle School, Rogers Park Middle School, and Danbury High 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.

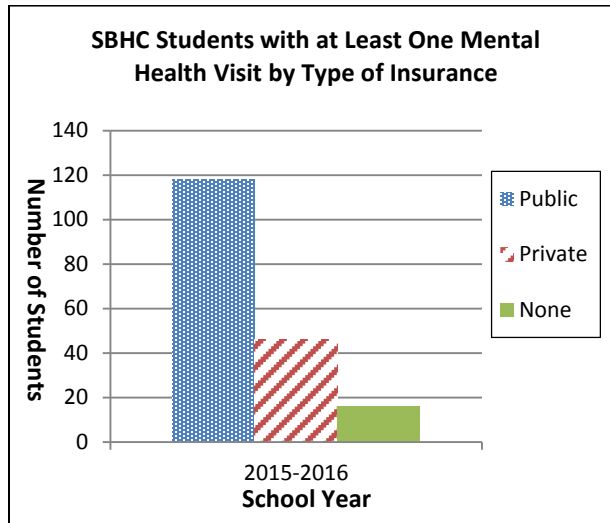
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$671,304*	\$0	\$0	\$0	\$387,023	\$1,058,327
Estimated SFY 17	\$626,893*	\$0	\$0	\$0	\$400,000	\$1,026,893

Sponsoring Agency: Connecticut Institute for Communities – Greater Danbury Community Health Center

Partners: City of Danbury, Western CT Health Network (Danbury Hospital, Samaritan Health Center), Danbury Board of Education (Oral Health Collaborative), Parents, Students, CASBHC, DPH, DSS, School Nurses, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016, the total student population for the three Danbury schools was 4,936. The total number enrolled in the School Based Health Centers (SBHC) was 4,298 (87%). The number of students served with 1 or more Mental Health visits was 183 or 4% of the enrolled students. The average number of visits was 10.5 per patient (183 of 1,928 mental health visits).

Of the students served in 2015-2016, 118 (64%) were publically insured, 49 (27%) were privately insured, and 16 (9%) were uninsured. Insurance status was checked at every visit. Students who were identified as having no insurance were put into contact with multi-lingual Eligibility Specialists who could assist with public insurance applications. The office managers reached out to parents of students whose insurance had lapsed to encourage them to reinstate their insurance.

Outreach was individualized to suit school needs which included outreach to students in classrooms, during lunchtime presentations, and to parents at Open House nights. Registration forms were mailed home to all school enrollees at the beginning of the school year. School staff also gave registration forms to students who entered the school after the initial registration period. Registration forms in English, Spanish and Portuguese were made available on the school district website.

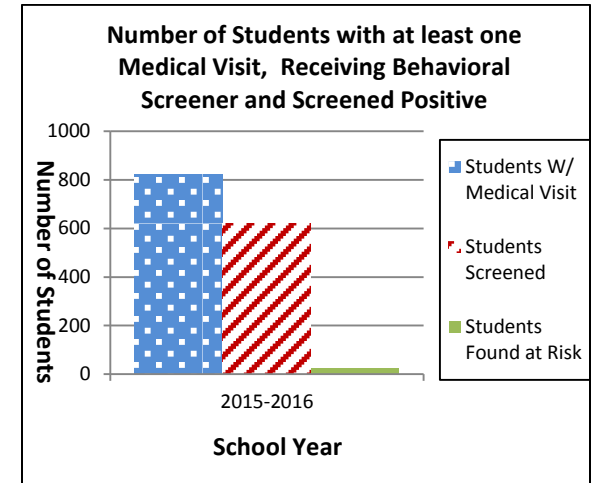
Since 2015-2016 was the first year that information was provided in the current format, all data is baseline.

Students' Population, Enrollment, Mental Health Visits and Students Served at Danbury School Sites				
Schools	Population	Enrolled	MH Visits	MH Served
Broadview	1,016	773	745	71
Rogers Park	966	750	730	71
Danbury HS	2,954	2,775	453	41
Total	4,936	4,298	1,928	183

Trend: [◀ ▶]

How Well Did We Do?

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



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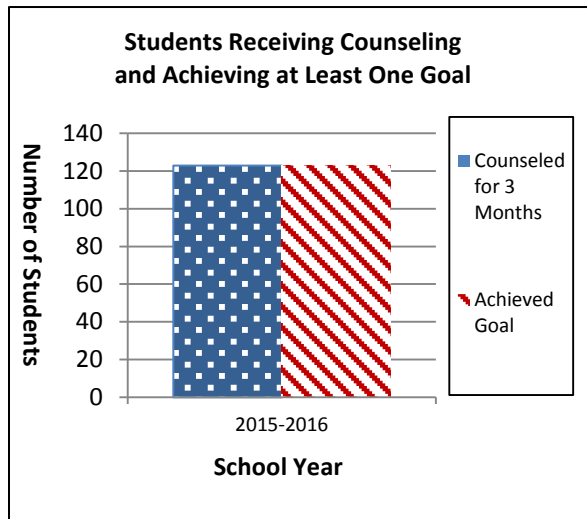
Story behind the baseline:

In 2015-2016, there were 824 students with a medical visit. Of those, 620 (75%) received a behavioral health screener. There were 25 (4%) students screened that screened positive and referred for mental health services.

Trend: [◀▶]

Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



Story behind the baseline:

Of the 183 students seen for mental health services, only 123 (67%) received counseling services for 3 months or more. Of those 123 students, all 123 (100%) attained at least one goal.

Trend: [◀▶]

Notes:

* Reflects funding provided to all the SBHCs 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:

The SBHCs will make an effort to increase the number of students receiving a medical visit also receive a behavioral health screener and to capture that data.

Is Anyone Better Off:

The SBHCs will strive to continue to keep the number of students receiving counseling for 3 months or more who achieve at least one goal at 100%.

Data Development Agenda:

1. Document in EHR (eClinicalWorks) 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.

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