

2015-2016, Groton - School Based Health Centers, Mental Health Services (Grades K-12)

Fitch High, Cutler Middle, West Side Middle, Catherine Kolnaski Elementary, Claude Chester Elementary

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.

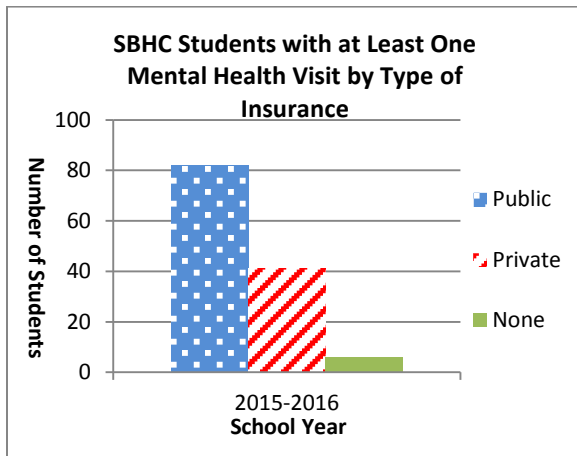
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$617,464*	0	\$5,157**	\$1,883***	\$162,407*	\$786,911
Estimated SFY 17	\$653,969*	0	\$5,732**	\$7,114***	\$157,601*	\$824,416

Sponsoring Agency: Child and Family Agency of Southeastern CT., Inc.

Partners: CASBHC, DPH, DSS, DMHAS, DCF, School Based Health Alliance, School Administrators and Faculty, Behavioral Health Partnership (BHP), Child and Family Agency's Child Guidance Clinics and Home-based programs, Emergency Mobile Psychiatric Services

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016 the total school population was 2,708, with 1,849 (68%) students enrolled in the SBHC. The number served was 129 (7% of those enrolled and 5% of the school population). The average number of visits per student was 22.2 (129 of 2,868)

Of the students served, 82 (64%) were publically insured, 41 (32%) were privately insured and 6 (4%) had no insurance.

Eligible families who do not have HUSKY are directed to the website to complete the application. If they have difficulty accessing/navigating the website, they are referred to Access to Care workers at the local Community Health Centers for assistance.

SBHC staff conducted orientation sessions for students and parents to inform them of the medical and mental health services offered at the SBHC.

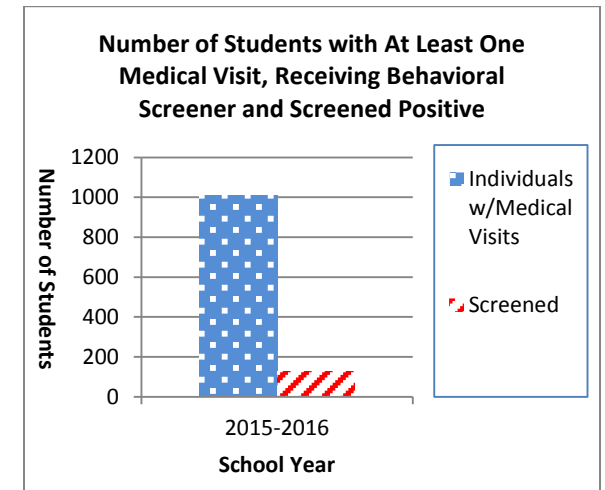
This is the first year that those having a mental health visit by insurance type is being reported.

Student Population, Enrollment, Number of Mental Health Visits And Number Served in Groton Schools 2015-2016				
Schools	Population	Enrolled	MH Visits	MH Served
Fitch	1076	743	556	34
Cutler	501	298	416	19
West Side	436	306	600	25
Claude Chester	323	246	502	19
Kolnaski	372	256	794	32
TOTAL	2,708	1,849	2,868	129

Trend: [◀▶]

How Well Did We Do?

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



Story behind the baseline:

In 2015-2016, SBHC medical providers began to conduct mental health screenings at medical visits using an evidenced-based screener. Of the 1,010 students with medical visits, 130 (13%) received a mental health screening. Of those that were screened, none were found to be at risk.

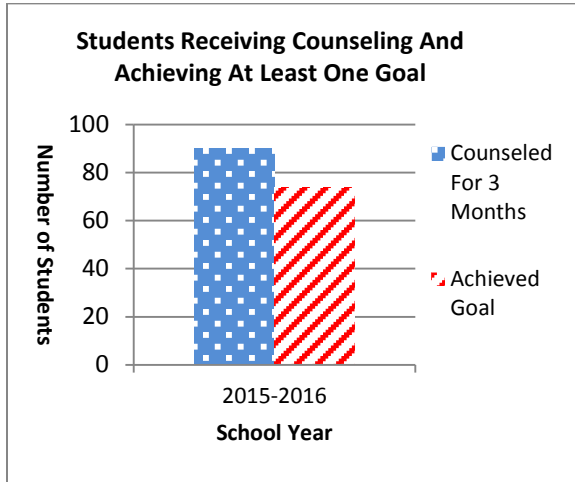
Trend: [◀▶]

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Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



Story behind the baseline:

Of the 129 students served in 2015-2016, 90 (70%) received counseling for 3 or more months. Of those, 74 (82%) achieved at least one treatment goal.

Of the 16 (18%) students who did not achieve their goal, some required a higher level of care and were referred to a Partial Hospitalization Program or an Intensive Home-Based Program, others did not follow through with counseling, either by their choice or by the choice of their parent/guardian, and some moved out of district before 3 months of counseling was completed.

In addition to the individual counseling provided, the SBHC mental health clinicians at four SBHCs facilitated, 10 week group sessions utilizing the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) model. The purpose of CBITS is to decrease symptoms of post-traumatic stress disorder

(PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

Some of the students made significant gains with CBITS, per the model standards. However, they are not included in this data-set.

This community saw a decrease in the number of available mental health hours in 2015-2016 because of budget cuts.

Since 2015-2016 was the first year that information was provided using goal achievement as a measure, this data is considered baseline.

Trend: [◀▶]

Notes:

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

** Maternal and Child Block Grant Funds

*** United Way

Proposed Actions to Turn the Curve:

How Much Did We Do:

- Survey the staff to assess knowledge of the medical and mental health services available at the SBHC.
- Conduct a review of referral criteria with school staff and administration.

How Well Did We Do:

- Establish protocols for conducting mental health screenings at medical visits.
- Provide professional development on interpreting risk assessments and implementing plans to address the need of the student with a high/positive score.

Is Anyone Better Off:

- Educate SBHC mental health clinicians regarding the new benchmark for determining treatment outcomes (using treatment goals vs. using a specific tool with pre and post-tests. In the upcoming year documentation will be done on those students who did not attain at least one goal with an explanation.

Data Development Agenda:

1. Document in eClinicalWorks goals that students are trying to reach and progress.
2. Work with eClinicalWorks to ensure all data can be easily be reported and exported to DPH.