

# 2015-2016, Hartford Public Schools - School Based Health Centers, Mental Health Services (Grades PK-12)

Clark, Sanchez, MD Fox, HPHS, JMA, Bellizzi

*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

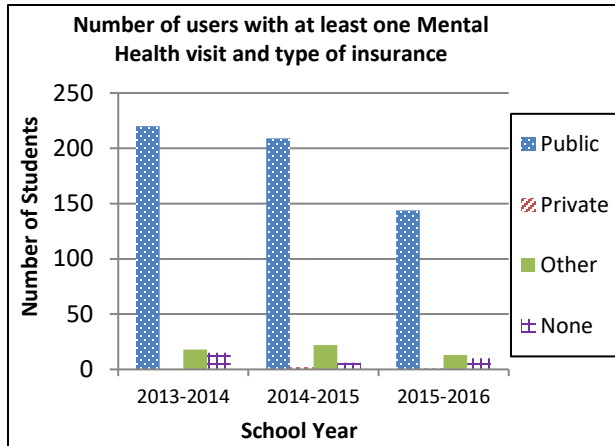
*Partners:* CASBHC, DPH, DSS, DMHAS, DCF, School Based Health Alliance, School Nurses, Mental Health Clinicians, Administrators, and Faculty, DSS, Board of Education, Institute of Living, Child and

| 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        | \$839,361*       | \$0                 | \$125,000**                  | \$6,041***  | \$578,019               | \$1,548,421        |
| Estimated SFY 17     | \$781,161*       | \$0                 | \$125,000**                  | \$6,041***  | \$575,000               | \$1,487,202        |

Family Services, Catholic Family Services, Hispanic Health Council, Charter Oak Health Center, Women's Ambulatory Health Services, University of Hartford, University of St. Joseph, University of Ct., Southern Ct. State University, American Institute, Porter and Chester, Lincoln Technical Institute, Central Ct. State University, Goodwin College, Quinnipiac University, Stone Academy, Yale, CCMC Easy Breathing for Schools, CCMC CASE, CT Dental Association, Hartford Care Coordination Collaborative, CT Interscholastic Athletic Conference, Healthy Eyes Alliance, Greater Hartford Lions Club, Brain Injury Alliance of CT, AMR CPR Training, Community Health Centers, Inc.

## How Much Did We Do?

Access and Utilization



### Story behind the baseline:

The total student population for the schools where clinic sites were located was 4,491 in 2014-2015 and 3,613 in 2015-2016 (20% decrease). The total number of students enrolled within the School Based Health Centers was 4,144 in 2014-2015 and 3,334 in 2015-2016 (20% decrease). In 2015-2016, 168 students had at least one Mental Health visit with 144 (86%) on public insurance, 1 (1%) on private insurance, 13 (8%) with other/unknown insurance, and 10 (6%) with no insurance. This was a 30% decrease in students with a medical visit from 2014-2015 (239 students). That school year, 209 (87%) were on public insurance, 2 (1%) were on private insurance, 22 (9%) had other/unknown insurance status, and 6 (3%) had no insurance. There was considerable effort made to acquire public insurance for students who qualified in 2015-2016.

There were 2,087 mental health visits in 2015-2016 (12.4 visits per student). This was a decrease in the number of visits but an increase in number of visits per student from 2013-2014 when there were 2,270 visits (9 per student) and from 2014-2015 when there were 2,717 visits (11.4 per student).

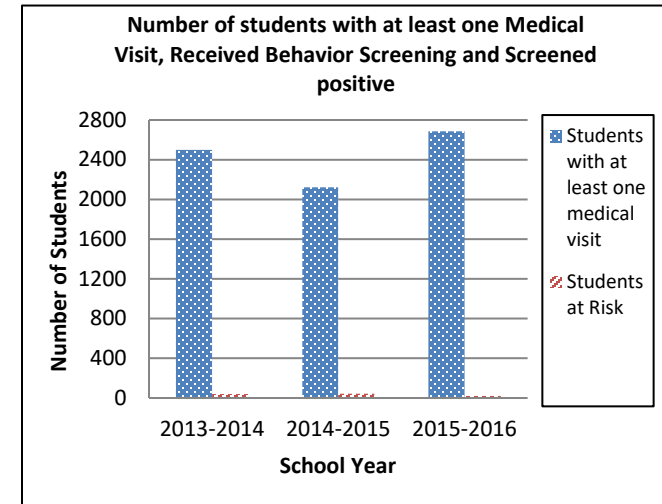
As noted above, there were decreases in utilization of the SBHC. There was a districtwide reduction in student population. This resulted in a reduction in enrollment, visits, and users. A secondary reason for the decline in the numbers is due to staffing changes. A mental health clinician resigned from Hartford Public Schools in April 2015, with the position remaining unfilled until December 2015 and eliminated at the end of the 2015-2016 school year because of budgetary rescissions. The SBHC providers had increased workload and limited availability to see additional students as they needed to ensure that students already in mental health treatment plans were attaining their services. The numbers overall reveal a relatively flat trend despite the decrease in numbers.

| Schools       | Population   | Enrolled     | MH Visits    | MH Served  |
|---------------|--------------|--------------|--------------|------------|
| Clark         | 240          | 225          | 359          | 18         |
| Sanchez       | 485          | 479          | 266          | 35         |
| JMA           | 208          | 168          | 95           | 20         |
| HPHS          | 1,258        | 1,206        | 623          | 50         |
| Bellizzi      | 703          | 647          | 538          | 25         |
| MD Fox        | 719          | 609          | 206          | 20         |
| <b>Totals</b> | <b>3,613</b> | <b>3,334</b> | <b>2,087</b> | <b>168</b> |

Trend: ▼

## How Well Did We Do?

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



### Story behind the baseline:

In 2013-2014, 2499 out of the 2943 enrolled users had at least one medical visit, 39 of those 2499 users had mental health screenings done at their medical visit and were referred to the Mental Health Clinician. In 2014-2015, 2122 out of the 4,144 enrolled users had at least one medical visit. 42 users were screened at the medical visit and referred to the mental health screenings. In 2015-2016, 2,686 out of the 3,334 enrolled students had at least one medical visit. 21 of the users were screened and referred to the Mental Health Clinicians.

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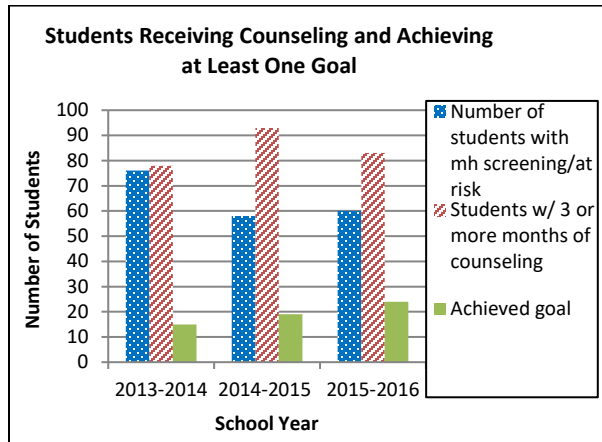
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A major reason for the limited data on the number of screened and referred students between 2013-2016 is due to a lack of uniform screening, referral, and documentation tools. The numbers indicated above refer to all documented screenings at medical visits. Without a uniform system in place, providers did not document screening assessments or referrals to the Mental Health Clinicians electronically within the database system.

**Trend:** [▼]

### Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



### Story behind the baseline:

In 2013-2014, 15 out of 78 students with 3 or more months of counseling achieved the goal of an increase in GAP score (19%). In 2014-2015, 19 out of 93 students with 3 or more months of counseling achieved the goal of an increase in GAP score (20%). In 2015-2016, 24 out of 83 students with 3 or more months of counseling achieved the goal of an increase in GAP score (29%). This is a 10% increase over the 3 school years.

Despite staffing and budgetary challenges, the Mental Health Clinicians were able to assist many students deemed to be at risk achieve the goal of an increase/positive change in GAP score. The data also revealed that a large number of students saw the Mental Health clinicians for less than three consecutive months.

This is due to students relocating from one school to another, no longer requiring mental health services, or being referred to an outside specialist.

**Trend:** [▲]

### Notes:

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

\*\* Maternal and Child Block Grant Funds

\*\*\*Planned Parenthood of Southern New England Grant

### Proposed Actions to Turn the Curve:

#### How Much Did We Do:

- The goal is to increase enrollment numbers to ensure that the students are receiving the proper services. In order to accomplish this goal, the staff needs to increase avenues of communication with families. The staff must increase outreach in regards to registrations, spreading the word about services offered within schools, etc., which can be done through attending health fairs, Parent-Teacher organization meetings, school functions, teaming with administrators and teachers to send notices home, and leaving flyers and pamphlets in the main office. A second goal is to develop a uniform system for screenings and referral, thus increasing the communication between the medical staff and the Mental Health Clinicians so that more referrals are made and more students serviced. In order to achieve this goal, the medical staff will need to reach out to the Mental Health Clinicians after screening students and determining that they need to be referred. The Mental Health Staff will then need to follow up on the referrals and perform an initial intake/further evaluate the student to determine the student's mental health needs.

#### How Well Did We Do:

- The Application and Data Management Specialist will develop a uniform screening tool and referral system, to be used starting in the 2017-2018 school year within the Electronic Health Record System that Hartford Public Schools will transition to. This will involve collaboration of medical providers and mental health clinicians through the determination of what types of questions should be asked based upon the age group

of students, what topics should be screened for, and how and where within the Electronic Health Record System documentation will occur.

- Mental Health Screenings will be completed on all students at physicals.

### Is Anyone Better Off:

- Mental Health clinicians will be able to enter better data into the database by using a uniformly established definition for "at risk" and "goal achievement"
- Mental Health Clinicians will perform a secondary screener once referrals from a medical visit are made using the GAF assessment to determine if a student is at risk.
- The Medical Clinic staff will continue to focus on screening students at physicals and referring students that they believe indicate flags/risk signs to the in-house School-Based Mental Health Clinicians. Furthermore, they will document these referrals in the database.

### Data Development Agenda:

- Document referrals, intake GAP scores, and changing scores in the database.
- Work to ensure all data can be easily exported to DPH.
- Ensuring that the providers are entering all appropriate disposition, procedure, and cpt codes on CPO forms.