

2015-2016, Meriden - School Based Health Centers, Mental Health Services (Grades K-5)

Benjamin Franklin Elementary School, Casimir Pulaski Elementary School, Hanover Elementary School, Israel Putnam Elementary School, John Barry Elementary School, Nathan Hale Elementary School, Roger Sherman Elementary 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.

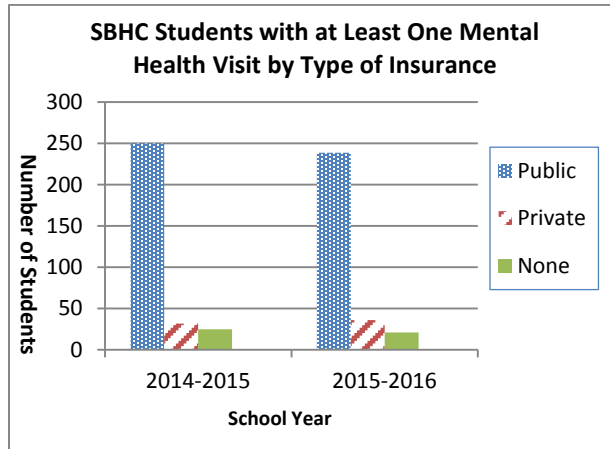
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$145,623	\$0	\$0	\$0	\$2,002,142	\$2,147,765
Estimated SFY 17	\$145,807	\$0	\$0	\$0	\$1,709,505	\$1,855,312

Sponsoring Agency: Community Health Center, Inc.

Partners: Parents, Students, CASBHC, DPH, DCF, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016, the total student population for all 7 schools was 3,805. The total number of enrolled students with at least one visit in the SBHC was 296 (8%). The average number of visits per student was 26 (296 of 7681). There was a slight decrease in the number of students with at least one visit from 2014-2015 (307) to 2015-2016 (296).

In 2015-2016 there was considerable effort made to acquire public insurance for students who had a status of none or unknown in 2014-2015. This

resulted in a slight decrease of 1.2% in the number of students without insurance (from 25 to 21). This also affected the students with no insurance which decreased by 27.6% from 29 to 2. There were no students with other/unknown in 2015-2016 and private insurance remained consistent at 12% (36) of students served. There were 239 students with public insurance (81%).

The SBHC Clinicians made visits to health classes, report card nights, and school open houses to inform the students about both the Mental Health services and Medical services offered at the SBHC.

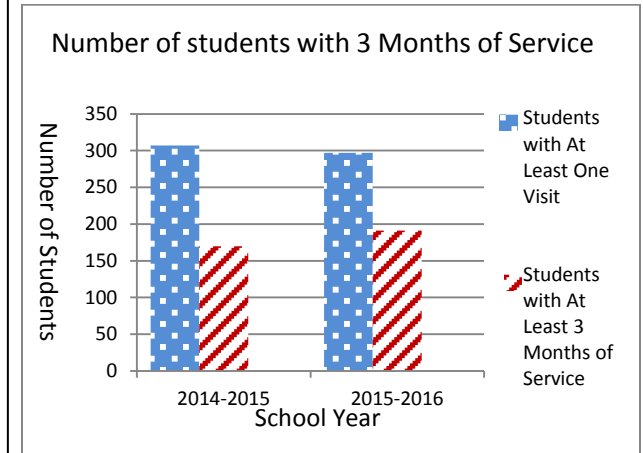
Trend: [◀ ▶]

Students Population, Enrollment, Mental Health Visits and Students Served Meriden's 7 schools				
Schools	Population	Enrolled	MH Visits	MH Served
Ben Franklin	387	37	1,279	37
Casmir Pulaski	557	53	1,496	53
Hanover	628	33	658	33
Israel Putnam	580	46	830	46
John Barry	509	52	979	52
Nathan Hale	646	36	873	36
Roger Sherman	498	39	1,566	39
Total	3,805	296	7,681	296

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

How Well Did We Do?

Students With 3 Month of Service



Story behind the baseline:

In 2014-2015 170 (55%) students served by the SBHCs had at least 12 visits in a 3-month period. In 2015-2016, while the number served decreased slightly, the number served with at least 12 visits in a 3-month period increased to 191 (64%) students. Students were screened more efficiently and engaged in treatment more consistently.

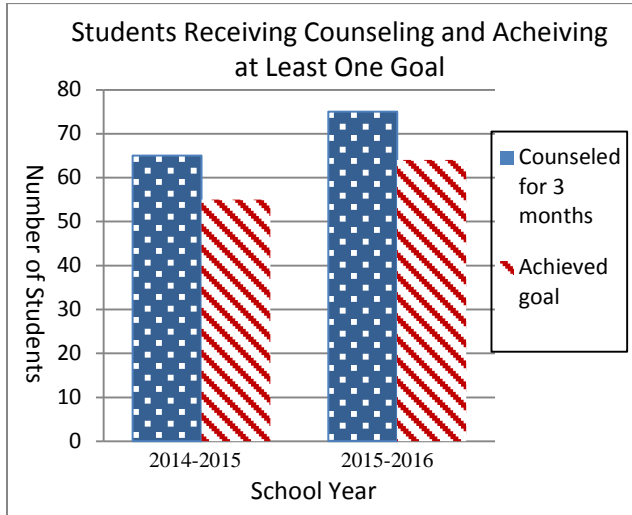
Trend: [▲]

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Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



Story behind the baseline:

In 2015-2016, 75 students received counseling for 3 or more months. Of those, 64 (85%) attained at least one goal. This was an increase from the previous year when 65 students received counseling for 3 or more months and 55 (85%) attained at least one goal.

In 2015-2016, of the 11 (15%) students that did not meet their goals, 6 quit before completing 3 months, 3 decided not to follow up with counseling, 1 was referred to a local psychiatrist and 1 moved to another school in town. The SBHC notified the new school of the student's screener results.

Trend: [▲]

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 (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.