

2014-2015 Middletown - School Based Health Center, Mental Health Services (Grades K-8)

Macdonough Elementary School, Keigwin Middle School, and Woodrow Wilson Middle 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 for school age students, so that they are healthy and ready to learn.

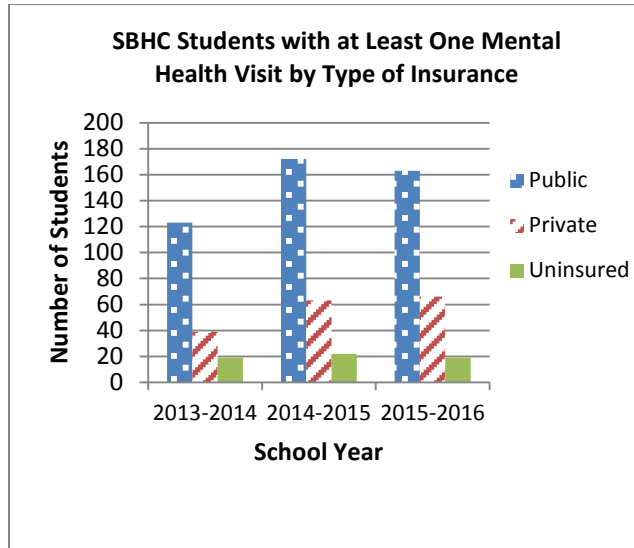
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$369,727*	\$0	\$0	\$0	\$ 316,970*	\$686,697*
Estimated SFY 17	\$369,727*	\$0	\$0	\$0	\$ 316,970*	\$686,697*

Sponsoring Agency: Community Health Center, Inc.

Partners: Parents, Students, CASBHC, DPH, DSS, The CT Chapter of the AAP, School Based Health Alliance, DCF, Board of Education, School Administrators and Faculty, ESSA, Opportunity Knocks. Middletown Health Department, Middlesex Hospital

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016, the total student population for all 3 schools was 1,190. The number of students with at least 1 mental health visit was 248 (21% of population). The average number of visits was 12.3 (3,058 visits for 248 served). There was an increase of 37% in the number of students served from 2013-2014 (181) to 2015-2016 (248).

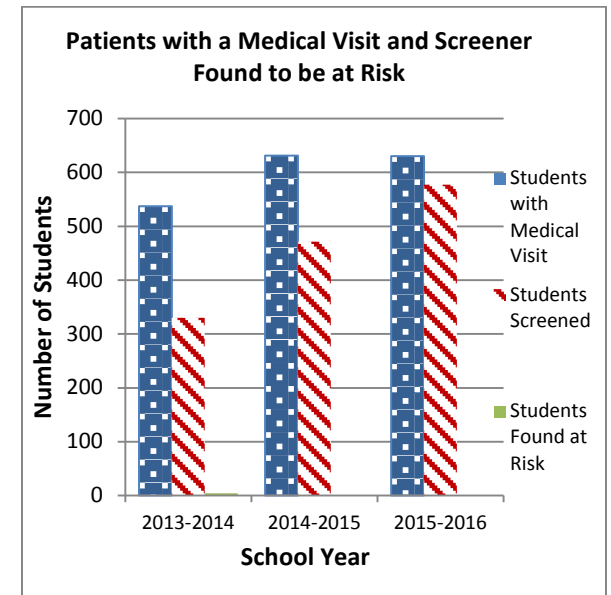
In 2015-2016, out of 248 students that had a Mental Health visit, the number of students with public insurance remained similar to the previous school year (163 students, or 66%). Private insurance grew to 66 (27%), while uninsured students decreased slightly to 19 (8%). The decrease in uninsured is likely due to the Affordable Care Act and our efforts to assist students in obtaining insurance coverage. If a student is uninsured, the student and family are referred to the Access to Care program for assistance with insurance eligibility and enrollment.

School	Population	Enrolled (Undup. Patients)	Mental Health Visits	Students With At Least One Visit
Macdonough	208	42	1,240	42
Keigwin	312	94	548	94
Wilson	670	112	1,270	112
TOTAL	1,190	248	3,058	248

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, 630 students had a medical visit, and 577 of those (92%) received a mental health screener. Only one student screened was considered to be at risk and referred to the SBHC behavioral

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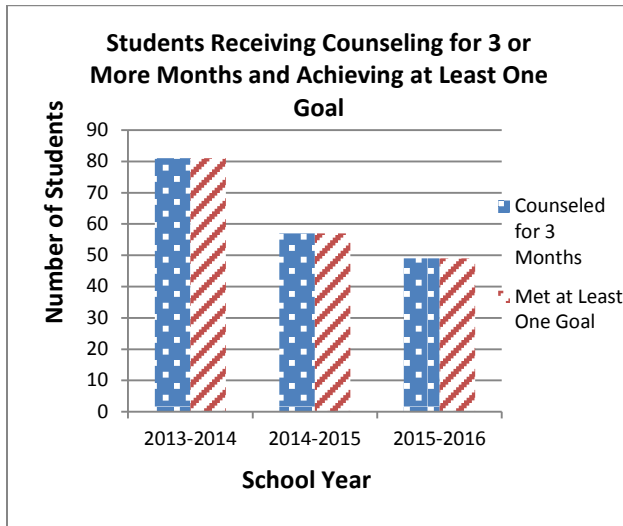
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health provider for a full assessment. The percentage of students receiving a mental health screener increased from the previous year, with only 75% (471 students) of the 631 that had a medical visit receiving a mental health screener.

Trend: [▲]

Is Anyone Better Off?

Students Receiving Counseling Meeting Their Goals



Story Behind the Baseline:

In the 2015-2016 school year, 49 students participated in therapy for 3 or more months. All 49 of those students (100%), achieved at least one therapeutic goal. The most frequently achieved goal was that the participants consistently attend scheduled therapy sessions and participate regularly. The number of students receiving 3 months or more of counseling has decreased over the past three school years, and this is due to a higher number of clients meeting goals sooner, and not staying active in counseling longer than 3 months.

Trend: [◀▶]

Notes:

* Reflects funding provided to the SBHC for Medical and Mental Health.

Proposed Actions to Turn the Curve:

How Much Did We Do:

- The SBHC staff will attend school functions, including parent nights, conferences, and other school functions where families are present.
- Staff will provide presentations to health classes, and enhance the publicity of school based services in a variety of mediums including websites and newsletters.
- Enrollment forms are now available on an electronic platform and posted on district wide websites
- The SBHC staff will work toward decreasing the uninsured rate by improving the process of referrals of uninsured patients to the Access to Care Program.

How Well Did We Do:

- Providers will do screener at more types of visits, beyond new patients and physicals.

Is Anyone Better Off:

- Clinical Regional Directors will provide professional development on care planning and documentation of care planning.
- LCSW's will work closely with clinical supervisors to develop and manage both short and long term goals.
- LCSW's will encourage participants to develop self-management goals, both short term and long term.

Data Development Agenda:

- To align EHR (Eclinical Works) generated reports to meet DPH requirements.
- Work to ensure EHR data can be extracted and sent to DPH.

- To streamline the process of exporting our data from EHR to DPH.
- The SBHC and the business intelligence team will work together to develop a data pull system to track referrals both internally and externally for higher levels of care. This will allow our SBHC clinical staff the ability to track referrals to psychiatrists and outside higher level of care programs.

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