

## 2015-2016, Norwalk – School Based Health Centers, Mental Health Services (grades 9-12)

Norwalk High School, Brien McMahon High School & Norwalk Pathways Academy

*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.

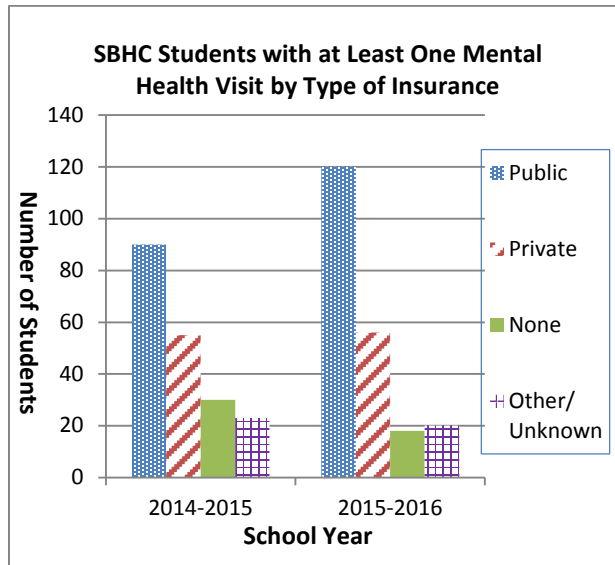
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$315,444*	\$0	\$0	\$0	\$113,191*	\$428,635
Estimated SFY 17	\$296,865*	\$0	\$0	\$0	\$115,000*	\$411,865

*Sponsoring Agency:* Human Services Council of Mid Fairfield

*Partners:* CASBHC, DPH, DSS, DMHAS, DCF, School Based Health Alliance, School Administrators and Faculty, Norwalk Community Health Center, Family & Children’s Agency, Norwalk Health Department, Child& Family Guidance, Norwalk Hospital, Norwalk Board of Education, Students, Parents Faculty, school nurses

### How Much Did We Do?

Access and Utilization



#### Story behind the baseline:

The total student population for all 3 schools was 3,409. The total number enrolled in the SBHC was 1,547 (45%). The number of students served was 214 or 14% of those enrolled in the SBHC. The average number of visits per student was 9.2 (214 students with 1,966 visits). There was a slight

increase (8%) in the number of students served from 2014-2015 (198) to 2015-2016 (214).

In 2015-2016 there were 120 (56%) users with public insurance, 56 (26%) with private insurance, 18 (8%) with no insurance, and 20 (9%) with other/unknown insurance status. There was an increase in users with public insurance from 90 (45%) to 120 (56%) and a decrease in users with no insurance from 30 (15%) to 18 (8%). The number of users with private insurance and with other/unknown insurance remained consistent.

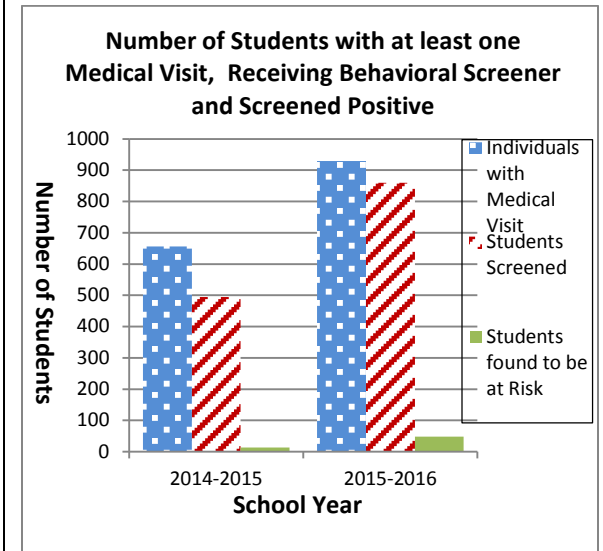
Students’ Population, Enrollment, Mental Health Visits and Students Served at Norwalk’s 3 High Schools				
Schools	Population	Enrolled	MH Visits	MH Served
Norwalk HS	1,611	654	863	110
Brien McMahon HS	1,683	784	803	59
Norwalk Pathways Academy	115	109	300	45
<b>Total</b>	<b>3,409</b>	<b>1,547</b>	<b>1,966</b>	<b>214</b>

**Trend:** [▲]

#### How Well Did We Do?

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

Screen All Students that received a medical visit for Mental/Behavioral Health Issues



#### Story behind the baseline:

Starting in 2014-2015, students that were seen for a physical visit were to receive a mental/behavioral health screener. For school year 2014-2015, the RAAPS screen was used as part of the comprehensive physical visit. In the 2015-2016 school year, all users had to have the assessment; however, the smaller high school’s principal asserted that the survey not be included at her school’s site

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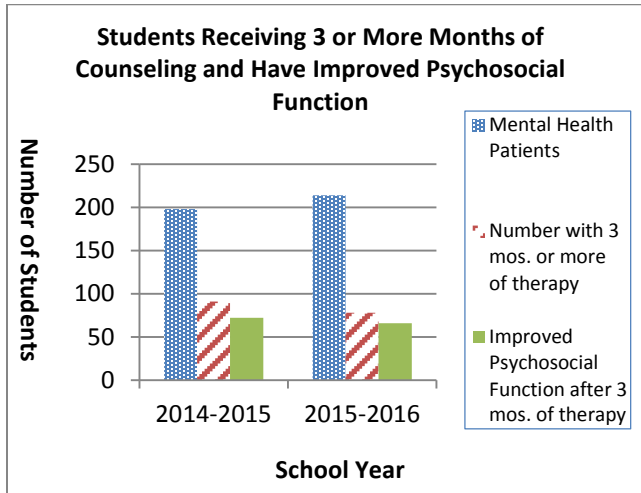
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which resulted in a lapse of that data. Presently the RAAPS is in place at all sites and there is possibility that the survey tool will be changed to S-BIRT. Out of the 929 students with a medical visit, 859 (93%) received a screener. Of those screened, 48 (6%) were considered at risk (positive) and referred to the SBHC mental health services. Of those, 36 (75%) continued counseling with the SBHC while 12 were referred to other providers related to scope and specificity of their care needs (intensive outpatient or substance related supports). In the 2014-2015 school year, only the students that received a physical were required to have a screener done, this resulted in only 494 screens completed and 13 students with risk status appropriate for mental health referral were referred to SBHC mental health provider

**Trend:** [▲]

### Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



### Story behind the baseline:

Across all sites, the frequency of students receiving mental health services for 3 or more months

decreased from 91 (46%) in the 2014-2015 school year, to 78 (36%) in the 2015-2016 school year.

Of those student users who remained in counseling for 3 months or more, the number of those with improved psychosocial function was 72 (79%) in the 2014-2015 school year and 66 (85%) in the 2015-2016 school year. All 12 students in the 2015-2016 school year that did not meet the goal within the 3 months continued to work with the SBHC staff and 4 of those were referred for additional community based supports for a specific health need.

While percentile improvement has increased it is apparent that SBHC reach to the greater school population has not occurred in the current model. Increased screening and outreach would likely impact the number of students reached. In order to accommodate those students and to reach greater numbers for assessment a more concerted enrollment, marketing and outreach strategy is needed. Group work and prevention service education would also enhance access for students at these high schools.

**Trend:** [▲]

### Notes:

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

### Proposed Actions to Turn the Curve:

#### How Much Did We Do:

- School outreach and collaboration with the guidance program to identify high need students for enrollment into care.

#### How Well Did We Do:

- Provide professional development on how to complete a risk assessment to expand who can facilitate that survey.

- Provide professional development of case management and coordination of care to assure that progress toward goal is facilitated and discharge planning assured.

### Is Anyone Better Off:

- In the upcoming year goal review and treatment progress measurement to be better established.

### Data Development Agenda:

1. Document in Advanced HD EHR goals that students are trying to reach and progress.
2. Do pre and post-test screeners on all students that receive counseling using evidenced based measures.
3. Work with EHR to ensure all data can be easily exported to DPH.