

## 2015-2016 Putnam – School Based Health Centers, Mental Health Services (grades K-8)

Putnam Elementary School, Putnam 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 access for school aged students, so that they are healthy and ready to learn.

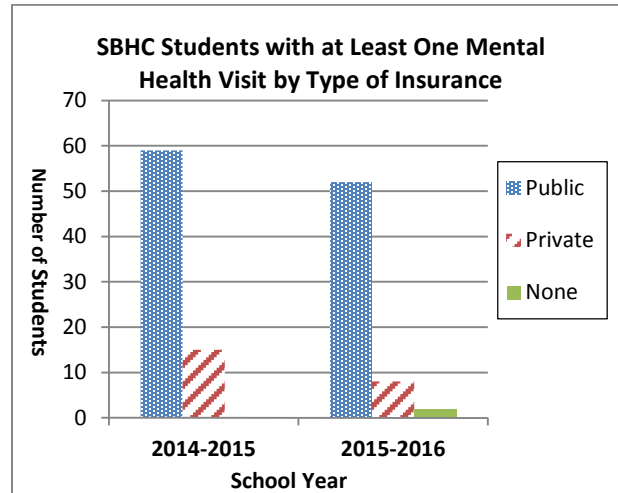
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$117,208 *	\$0	\$0	\$0	\$189,146*	\$306,354
Estimated SFY 17	\$110,305 *	\$0	\$0	\$0	\$189,146*	\$299,451

*Sponsoring Agency:* Generations Family Health Center, Inc.

*Partners:* Parents, Students, CASBHC, DPH, DSS, DCF, Putnam Public schools, Board of Education, School Nurses, School Administrators and Faculty, United Services, Day Kimball Healthcare, Putnam Family Resource Center.

### How Much Did We Do?

Access and Utilization



#### Story behind the baseline:

The total student population for the two schools was 889 in SY 2015-2016. Of that total population, the total number enrolled in the SBHC for mental health (MH) services was 449 (51%). Of those enrolled, the number of students seeking actual services was 62 (14%). The average number of visits per student was 15.7 (975 visits for 62 students). There was a slight decrease (16%) in the number of students served from 2014-2015 (74) to 2015-2016 (62), but a

large increase in the average number of visits per student, from 9.51 (704 visits for 74 students) in SY 2014-2015, to 15.7 in SY 2015-2016.

The proportion of students seen for MH visits with public insurance stayed virtually the same in 2015-2016 at 52 (84%), as compared to 2014-2015 at 59 (80%). Similarly, the number with private insurance remained almost level at 8 (13%) in SY 2015-2016, as compared to 15 (20%) in 2014-2015. The two children seen in SY 2015-2016 without insurance were both screened and enrolled in HUSKY coverage after their visit.

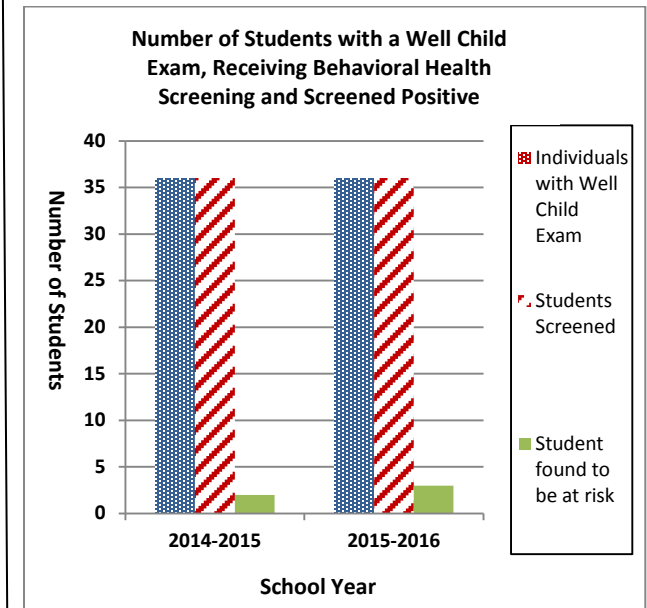
The SBHC did not have a waitlist throughout SY 2015-2016, as we had increased the provider staffing to allow for more students to be seen. Though we did not have an increase in numbers of students wishing to be seen in SY 2015-2016, there were requests for more frequent visits, and this was accommodated, as can be seen in the large increase in visits/student.

**Trend:** [ ◀ ▶ ]

Schools	Population	Enrolled	MH Visits	MH Served
Putnam ES	617	214	389	26
Putnam MS	272	235	586	36
<b>Total</b>	<b>889</b>	<b>449</b>	<b>975</b>	<b>62</b>

### How Well Did We Do?

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



#### Story behind the baseline:

In SY 2015-2016 all students that were seen for a well child exam were to receive a mental/behavioral health screener, as per agency protocol. Of the 36 (32% of those with a medical visit) students that were

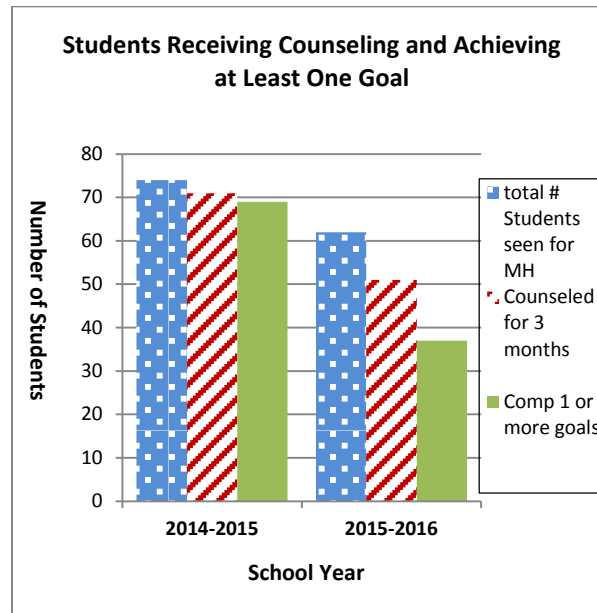
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seen for a well child exam, all 36 (100%) received a mental/behavioral health screener. Of those screened only 3 (8%) were considered at risk (positive). In the previous year 2014-2015, the students that received a physical also had a screener done. This resulted in 36 screeners completed and 2 students found to be at risk (positive). Each year, the students with positive screening results (at risk) were referred to MH services for care.

Trend: [◀▶]

### Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



### Story behind the baseline:

In the 2014-2015 SY, 74 students had been seen for MH care, and of those, 71 (96%) had been seen for three months or more. Of those students, 69 (97%) were reported to have completed at least one treatment goal. In SY 2015-2016, 62 students

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received care throughout the year, and 51 (82%) were in treatment for three months or more. Of those, 37 (73%) were deemed to have completed at least one treatment goal, out of an average of 3-5 goals per student

There are a couple reasons for the decrease in those achieving one or more goals. The therapists at the SBHC reported that the remaining children left care before treatment goals could be met, as most either moved out of the area, or were transferred to an outpatient facility in the community where the family could seek care in the evening hours. The way the achievement of goals was determined was also changed between the two school years, making it look like more of decrease.

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:

Develop a plan to inform parents, students, and teachers of what services the SBHC provides in order to increase usage.

#### How Well Did We Do:

Encourage PCP's in medical at SBHC to do MH screener at more types of visits, beyond new patients and WCC's.

### Is Anyone Better Off:

In the upcoming year a survey and interview will be done on those students who did not attain one or more of their goals, and those who went elsewhere for their counseling.

### Data Development Agenda:

1. Document in EHR goals that students are trying to reach and progress.
2. Track data on trends with students who did not complete treatment goals and whether they continue care elsewhere or not.
3. Work with Greenway EHR to ensure all data can be easily exported to DPH.

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